Eating Disorders and Older People

This article is adapted for educational purposes with permission from Anorexia Nervosa and Related Eating Disorders, Inc., http://www.anred.com.

Eating disorders are usually thought of as problems afflicting teenagers and people in their twenties. However, there are a significant number of middle-aged people, especially women, who never recovered from adolescent eating problems or who develop these disorders for the first time in middle age. There are also older people whose behavior may resemble anorexia nervosa or bulimia, disorders that are rare in a senior population.

- **EATING DISORDERS AND MIDDLE-AGED WOMEN**

Risk factors

- Body dissatisfaction and despair. As women (and men) age, they move further and further from the cultural ideal of young, thin, firm and unblemished. Women and many men in Western countries measure their self-worth in terms of appearance. Other people measure them that way as well.
- Improved access to rich food as careers move into high gear or increased leisure time allows more restaurant meals and indulgent home cooking.
- Higher stress levels. The need to care for parents as well as children and perhaps grandchildren. Perhaps a divorce. Probably economic worries as retirement approaches. Maybe health concerns as well.
- Loneliness. Marriage problems. Lack of romance and intimacy. Concern that one is no longer desirable.
- Less regular exercise. Less strenuous exercise.
- An empty nest. If people define their worth in terms of their roles as parents, mothers in particular, they may wonder if they have any value when their children leave home for school, work or relationships of their own.

Related problems

- Use of or addiction to cocaine and other stimulants in the service of weight management. Misuse of alcohol and prescription drugs to numb emotional pain.
- Excessive exercise.
- Unnecessary plastic surgery.
- Depression, anxiety, cynicism and disillusionment as one acknowledges that youth and physical beauty are important measures of desirability in Western culture. Despair and perhaps anger as one acknowledges that, as time passes, the chances of recapturing youthful beauty and thinness are increasingly unrealistic and unachievable goals.

Treatment and recovery

- Treatment should include discussion of the normal, natural physiological changes experienced by the aging body. Waists thicken. Hips enlarge. So do thighs. Buttocks and bellies sag, as do breasts. Skin wrinkles. Hair turns gray and may thin. Some cultures see these changes as proof of wisdom and experience. Older people are treasured as civic and family resources. Treatment should provide Western women with opportunities to create similar identities for themselves.
- As with younger people, some older patients and clients will recover, some will improve, and some will remain chronically eating disordered. Because older bodies cannot tolerate the same degree of abuse as younger bodies can, treatment should begin as soon as possible to prevent permanent damage or even death.

(over)

- **EATING DISORDERS AND SENIORS**

  An elderly relative of mine has suddenly lost his appetite. He is losing quite a bit of weight, and I am concerned. Do older people get anorexia nervosa?

  Yes, but it is rare in elderly people. There are other, more common reasons why seniors stop eating. They include:

  - An undiscovered illness or infection can cause loss of appetite.
  - Some medications cause loss of appetite.
  - Other medications cause stomach upset or pain that discourages eating.
  - Missing or decaying teeth make it difficult to eat.
  - Poorly fitting dentures may cause pain so the person avoids eating.
  - Alcohol is an appetite depressant.
  - Memory lapses may be a factor. Person cannot remember if she/he ate.
  - Lack of enthusiasm for grocery shopping and food preparation can discourage eating.
  - Poverty is a problem for many seniors. They have little money to buy food.
  - Depression is a major appetite depressant. So are loneliness and lack of meaningful connections with other people. Some older folks have given up on life and resigned themselves to approaching death. All of these psychological states are treatable.

Arrange to have your relative evaluated by a physician. If you suspect depression, include a psychiatrist or other mental health counselor in the process. Go with your relative to the appointments and tell the doctor and counselor what you have observed.

If you would like additional information about eating disorders, please reference the following Web sites:

Anorexia Nervosa and Related Eating Disorders, Inc. (ANRED)
http://www.anred.com/

EmpoweredParents
http://www.empoweredparents.com

National Eating Disorders Association
http://www.NationalEatingDisorders.org

National Eating Disorders Screening Program: NEDSP
http://www.mentalhealthscreening.org/

National Association of Anorexia Nervosa and Associated Disorders (ANAD)
http://www.anad.org