

PATIENTS AS PARTNERS

Brought to you by The South African Depression and Anxiety Group

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Binge Eating Disorder's link to obesity

By Karin Duma

In 2010, South Africa was ranked as the third-most obesity stricken nation following the United States and the United Kingdom. With one out of four people in South Africa being obese or morbidly obese, this figure has alerted international health bodies such as the World Health Organization (WHO) about the rising pandemic of obesity. But what exactly is happening to the waistlines of South Africans?

Health experts have proposed that a more sedentary lifestyle and the consumption of Westernised foods have widened the girth of millions of South Africans across the colourline. It has been proposed that up to 80% of obese South Africans fall prey to an eating disorder named Binge Eating Disorder (BED).

Although BED typically affects obese people, it can also affect normal weight individuals. BED is categorised as overeating and involves the consumption of excessive amounts of food while feeling out of control and having an inability to stop. Binge eating episodes usually last two hours, but some of those affected graze all day.

Typical symptoms of binge eating include:

- The inability to control the quantity of food consumed
- Eating large amounts of food even when not hungry
- Suffering from severe, clinical depression
- A desperation to control weight and eating habits
- Unlike bulimia, there are no regular attempts to compensate for the binges through purging, fasting or over-exercising

People with BED report more health problems, stress, sleep disturbances and suicidal ideation than people without eating disorders. The most apparent effect of BED is weight gain and obesity.

Several contributing factors have been linked to this disorder, including genetics, emotions and life experiences. A person's physiology, social and cultural experiences and mental health also play a role in the development of BED. Abnormalities within the brain can contribute to binge eating. For instance, there is evidence that low levels of the brain chemical, serotonin, plays a role in both overeating and depression.

Psychologically, depression and binge eating are strongly correlated. Many binge eaters have depression or a history of depression. According to eating disorders specialist and psychologist, Jasmin Kooverjee: "Many people who are affected by binge eating struggle with depression, saying 'no' and asserting themselves."

A holistic treatment approach to BED is more effective than just addressing physical symptoms and self-sabotaging behaviours.

SELF-HELP FOR BED

- **Manage stress** by exercising, meditating and practicing simple breathing exercises
- **Structure meals:** eat 3 meals plus healthy snacks in between
- **Avoid temptation:** get rid of fatty, sugary and unhealthy foods or your binge trigger foods
- **Fight boredom:** distract yourself when the need to binge comes. Take a walk, talk to a friend or family member. Do anything but don't binge!
- **Regulate your sleep:** get at least 8 hours of sleep every day
- **Get support:** Talk to someone. SADAG offers support to people affected by eating disorders. Call 0800 21 22 23 or visit www.sadag.org You can also contact Overeaters Anonymous on 011 640 2901 or www.oa.org.za



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An effective programme should address the problem at hand – depression, anxiety, stress, or past traumas. Four types of therapies have been found to be effective in the treatment of BED:

- **Cognitive Behaviour Therapy (CBT):** which focuses on maladaptive thoughts and behaviours involved in binge eating
- Interpersonal psychotherapy: which involves the addressing of relationship problems and interpersonal problems that contribute to binge eating
- **Dialectical Behaviour Therapy (DBT):** This therapy incorporates CBT and encourages binge eaters to accept themselves, tolerate stress and regulate their emotions
- **Drug Therapy:** Appetite suppressants and antidepressants have been useful in addressing BED. They are most effective when used in conjunction with psychotherapy. Always consult a qualified medical practitioner before taking any medication.

Paola* is a binge eater and struggled with this disorder since the age of 13. Part of her binge eating habits formed because she felt alone and isolated. "Food was a release and a friend," she says. After many years of binge eating, she sought help from dietitians, psychologists and psychiatrists. "I no longer binge eat because I use the 12-step programme from Overeaters Anonymous, take medication and go to therapy regularly." Paola stresses that it is important for people with BED to get the necessary support. She suggests that you can offer support to a loved one by:

- **Encouraging him/her to seek help.** The longer an eating disorder remains undiagnosed and untreated, the longer it takes to overcome.
- **Giving unconditional support.** Actively listen without judgment. Provide encouragement even when your loved one slips up.
- **Setting a good example.** By eating healthily, exercising and managing stress without food you can inspire your loved one to do the same.
- **Encouraging him/her to take better care of themselves.** Encourage your loved one to take care of his/herself and other aspects of his/her life, which may have been neglected due to binge eating such as spirituality, bills or even personal hygiene.

Binge Eating Disorder is a condition that can be managed and recovery is possible! For more information on various mental health issues, visit www.sadag.org or call 0800 21 22 23 to speak to a SADAG counselor.

*Not real name

IMPORTANT NUMBERS TO REMEMBER

Suicide Crisis Line: 0800 567 567 or SMS 31393

Pharmadynamics Police and Trauma Line: 0800 20 50 26

AstraZeneca Bipolar Line: 0800 70 80 90

Sanofi Aventis Sleep Line: 0800-SLEEPY (0800 753 379)

Dept. of Social Development Substance Abuse Line: 0800 12 13 14 or SMS 32312

Dr Reddy's Helpline: 0800 21 22 23

Office Lines: 011 262 6396

Website: www.sadag.co.za

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Lack of knowledge feeds stigma surrounding bipolar

A physical illness marked by extreme changes in mood, energy, thinking and behaviour, bipolar disorder is a very disruptive mental illness that affects a person's family, work and social life. Unfortunately, it is often misunderstood and stigmatised, leaving loved ones sceptical about the disorder and patients feeling like it's something to be ashamed of.

For the more than 450 000 South Africans living with bipolar disorder, claims that they are not really ill or are using the illness as an excuse for their behaviour make it difficult for them to seek help and support – at times, even from their loved ones. This emotional isolation heavily contributes to poor recovery and, for some, suicidal thoughts.

The South African Depression and Anxiety Group's (SADAG's) Operations Director, Cassey Chambers, says: "Fear, shame, even guilt keep many people suffering in silence. Patients and loved ones keep things bottled up and don't always ask for or get support. This can make mental illness, especially a condition like bipolar, so much worse because there is no one to help you cope with what the diagnosis entails."

In South Africa, a lack of knowledge about bipolar disorder is compounded by the spread of inaccurate and often harmful information about the condition. It is this stigma that SADAG works to minimise, while helping thousands of patients with bipolar through its support programmes and counselling lines, including the Bipolar Toll-free Helpline on 0800 70 80 90. "Some people suffer for years before they are properly diagnosed and treated," says Chambers. The disorder usually develops in the late teens or in early adulthood and often symptoms seem like separate issues – he drinks too much, she's moody – not recognised for what they are: a long-term illness that must be carefully managed throughout a person's life, much like diabetes or heart disease.

"People with bipolar disorder experience unusually intense emotional states," explains psychiatrist Dr Frans Korb. "These emotional swings usually occur in distinct, identifiable time frames." The symptoms of bipolar disorder include:

Mania – the 'highs'

- Increased physical and mental activity and energy, like staying up all night and talking very fast
- Heightened mood, exaggerated optimism and self-confidence
- Excessive irritability, aggressive behaviour
- Decreased need for sleep without experiencing fatigue, such as working on the computer for 20 hours straight
- Grandiose delusions, inflated sense of self-importance, such as maxing out credit cards
- Racing speech, racing thoughts, flight of ideas
- Impulsiveness, poor judgment and distractibility, such as gambling
- Reckless behaviour, like having unprotected sex with strangers
- In the most severe cases, delusions and hallucinations

Depression – the 'lows'

- Prolonged sadness or unexplained crying spells
- Significant changes in appetite and sleep patterns
- Irritability, anger, worry, agitation, anxiety
- Pessimism, indifference
- Loss of energy, persistent tiredness
- Feelings of guilt, worthlessness
- Inability to concentrate, indecisiveness
- Inability to take pleasure in former interests
- Unexplained aches and pains
- Recurring thoughts of death or suicide
- Social withdrawal



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Dr Korb says: "A manic person may believe he/she has special powers or is famous." Substance abuse is also common – some people with bipolar may try to treat their symptoms with alcohol or drugs, like many other sufferers of mental health disorders. "Substance abuse may also trigger or worsen the symptoms of bipolar," explains Dr Korb.

Bipolar disorder is a chronic illness and treatment is life-long – as is support, which is vital to a patient's long-term well-being and adjustment. "There is no cure for bipolar disorder, but proper treatment helps most people with the disorder gain control of their mood swings and their lives," says Dr Korb. Treatment includes medication and psychotherapy to prevent relapse and help patients and their loved ones cope with the symptoms of the illness. Furthermore, support groups are a wonderful resource where people can find genuine concern, understanding and encouragement.

Chambers says: "Educating patients and their families about bipolar is very important to ensure that people stick to their treatment and quickly recognise symptoms of relapse." Dealing with this illness is not easy for the patient or for their friends and family – but knowledge of the condition leads to acceptance and to the recognition of any existing symptoms. "Support and understanding can prevent a lot of unnecessary pain and suffering for all concerned," says Chambers.

Taking the first step to getting help can be very difficult – mental illness is still highly stigmatised and many people fear admitting there's a problem. SADAG is there to help - visit www.sadag.org or contact SADAG on 0800 70 80 90 for bipolar information, free counselling and support.

THE FACTS ABOUT BIPOLAR

- Bipolar disorder was previously known as manic-depressive illness
- Bipolar is the 6th leading cause of disability in the world
- This illness is not restricted to any social or educational class, race or nationality
- Men and women are equally affected; however, men tend to have more manic episodes while women experience more depressive episodes
- Bipolar disorder is believed to be a combination of biochemical, genetic and psychological factors
- Bipolar can also affect children, however diagnosis is difficult as many symptoms mimic emotions and other behaviours, some part of ADHD

INSTRUCTIONS FOR AUTHORS **African Journal of Psychiatry (AJP)**

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