

Science Times

The New York Times

Health

WELL | Tara Parker-Pope

An Older Generation Falls Prey to Eating Disorders

More than 10 million Americans suffer from anorexia, bulimia and other eating disorders. And while people tend to think such problems are limited to adolescence and young adulthood, Judith Shaw knows otherwise.

A 58-year-old yoga instructor in St. Louis, Ms. Shaw says she was nearing 40 when she decided to “get healthy” after having children. Soon, diet and exercise became an obsession.

“I was looking for something to validate myself,” she told me. “Somehow, the weight loss, and getting harder and firmer and trimmer and fitter, and then getting recognized for that, was fulfilling a need.”

Experts say that while eating disorders are first diagnosed mainly in young people, more and more women are showing up at

More and more women are having problems in midlife or even later.

their clinics in midlife or even older. Some had eating disorders early in life and have relapsed, but a significant minority first develop symptoms in middle age. (Women with such disorders outnumber men by 10 to 1.)

Cynthia M. Bulik, director of the Eating Disorders Program at the University of North Carolina, Chapel Hill, says that though it was initially aimed at adolescents, since 2003 half of its patients have been adults.

“We’re hearing from women, no matter how old they are, that they still have to achieve this societal ideal of thinness and perfection,” she said. “Even in their 50s and 60s — and, believe it or not, beyond — women are engaging in extreme weight- and shape-control behaviors.”

Younger or older, patients tend to engage in the same destructive behaviors: restricted eating, laxative abuse, excessive exercise and binge eating. And the trigger is often a stressful transition — in a young person, perhaps going away to college or living through her parents’ divorce; in later years, having a baby, sending a child to college or going through her own divorce.

“I think there is a probably much higher percentage than we’ve been able to identify,” said



IN TREATMENT Judith Shaw created art which can be seen at the Center for Eating Disorders at Columbia University Medical Center through mid-April.

Tamara Pryor, clinical director of the Eating Disorder Center of Denver, who has been studying about 200 cases of midlife eating disorders. “I think out there in the workaday world there are a large percentage of women who just fly under the radar. They are subclinical and you don’t question them, because in so many other areas of their life they look so functional.”

One concern, she and other experts say, is that as women get older they are more adept at concealing the problem, and symptoms may be attributed to aging rather than to an eating disorder.

For instance, when a thin adolescent stops menstruating, doctors typically raise questions about

weight and eating habits. But in Ms. Shaw’s case, they assumed it was early menopause. When she developed anemia and osteoporosis, they didn’t guess that the true cause was years of malnourishment.

And though one doctor suggested that Ms. Shaw looked as if she needed to “eat a cheeseburger,” most praised her efforts to keep her weight down and her commitment to exercise.

“One of the things we’re working very hard to do is to make sure this stays on physicians’ radar screens so they can recognize and distinguish between menopause-related changes, real health problems and eating disorders,” Dr. Bulik

said. “Often they don’t ask the question because they have in their mind this stereotypical picture of eating disorders as a problem of white, middle-class teenagers.”

For Ms. Shaw, diet and exercise overtook her life. She spent more and more hours at the gym — even on family vacations, when she would skip ski outings with her husband and sons in favor of work-out time.

“None of my friends, my ex-husband, no one ever said anything,” she said. “It was no one’s job to fix me, but I wish someone had said to me: ‘I miss you. You’re gone. You’re so obsessed.’”

Finally, a yoga instructor sounded the alarm after Ms. Shaw had twice fallen, breaking an elbow and then later her pelvis. “There’s nothing left of you,” the instructor told her. “Only you can decide if you’re going to change that by feeding yourself.”

At 53, carrying just 85 pounds on her 5-foot-3 frame, Ms. Shaw checked herself in to an eating disorders program.

In treatment, she struggled with writing exercises aimed at helping her identify the origins of her illness. Instead, she began creating art, starting with a life-size silhouette of her body, covered with cut-out newspaper headlines like “Help Wanted,” “Conceal” and “Find Real Value.”

Later, she created a plaster cast of her thighs. Like many others with anorexia, she had thought her legs were too big; now she could see how thin she had become.

Last year Ms. Shaw’s art went on display at Washington University in St. Louis, and now her exhibition, “Body of Work: The Art of Eating Disorder Recovery,” can be seen through mid-April at the Center for Eating Disorders at Columbia University Medical Center in Manhattan.

“It’s certainly not the typical story, but we’re hearing about it more commonly,” said the center’s director, Dr. Evelyn Attia. “We need to let everybody know that it’s possible to develop these illnesses across the life span.”

Ms. Shaw says she often notices women who appear to be too thin or obsessed with exercising, and she hopes that telling her story will help others see the problem in themselves.

“In the course of my day, I can spot it,” she said. “I am 25 to 30 pounds heavier, but I feel lighter. The weight of those emotions is what it was really all about.”