HEALTHY WOMAN

News from the Office of Women's Health

Illinois Department of Public Health • Rod R. Blagojevich, Governor • Eric E. Whitaker, M.D., M.P.H., Director

Special Section: Eating Disorders   Spring/Summer 2006

GOVERNOR EXPANDS IBCCP

On Mother's Day 2006, Governor Rod R. Blagojevich joined doctors, nurses and breast cancer survivors to announce an expansion of the state's program to help uninsured women get access to screening and treatment for breast and cervical cancer. The new plan expands the income threshold for the Illinois Breast and Cervical Cancer Program (IBCCP), enabling thousands more women to get free cancer screenings and treatment.

The expansion will mean that over the next two years, IDPH is projecting to screen 7,000 additional women (3,000 of those women will be screened in fiscal year 2007). The expansion is tentatively scheduled to begin September, 2006. It consists of two important changes: 1) Income eligibility for IBCCP will expand from 200 percent of poverty to 250 percent, and 2) More women will be able to access treatment. Currently, if a woman is eligible for IBCCP but is diagnosed with breast and/or cervical cancer outside the program, then she is not eligible for treatment. The Governor's expansion allows women who meet IBCCP eligibility requirements but are diagnosed outside the current IBCCP sites to go straight into treatment—so they may be eligible to receive treatment at no cost through the Department of Healthcare and Family Services.

To be eligible, a woman must be uninsured and between the ages of 40 and 64 for mammograms and breast exams, and between 35 and 64 for pelvic exams and Pap tests. On a case-by-case basis, younger, symptomatic women who meet the financial and insurance guidelines are considered for the program. Since the program was launched in Illinois in 1995, approximately 150,000 breast and cervical screenings have been provided.

"The Illinois Breast and Cervical Cancer Program has helped screen thousands of Illinois women for breast and cervical cancer. Many of those women are what is called the working poor. They go to work each day, but can't afford health insurance. IBCCP reaches out to these women and lets them know there is help for mammograms and Pap tests. I want to thank Governor Blagojevich for expanding this successful and much needed program," said Dr. Eric E. Whitaker, state public health director.

Sharon Green Departs

Acting Deputy Named

Sharon Green, who served as deputy director for the Office of Women's Health for eight years, left the Illinois Department of Public Health in November 2005, having accepted a new position with the Robert H. Lurie Comprehensive Cancer Center of Northwestern University in Chicago. Sharon is directing a new office of special population initiatives and will be working on clinical trial recruitment, fertility options for female cancer patients and other special outreach activities.

"It has been wonderful working with so many women's health advocates over the years," Green said. "With your help, the Illinois Office of Women's Health continues to be a leader among the states and the envy of many. This administration is very committed to women's issues, and there is no doubt the office will continue to thrive."

Dr. Eric E. Whitaker, state public health director, praised Green for her leadership and commitment and named Jan Costello as acting deputy director for Women's Health. Costello also has been serving as the division chief for Information and Education since 2003, and previously spent 21 years as communications director for the Illinois Department on Aging.

Governor's Award Honors Women's Health Programs

Gov. Rod R. Blagojevich named the Sarah Bush Lincoln Health Center of Mattoon and the Madison County Health Department in Wood River as recipients of the People Are Today's Heroes (PATH) Award for their exemplary implementation of programs that educate hundreds of women and girls about cardiovascular disease, nutrition and exercise.

The Sarah Bush Lincoln Health Center was honored for their implementation of the Heart Smart for Women program, and the Madison County Health Department was honored for its success related to the Heart Smart for Teens program.

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(Governor's Path Award continued from page 1)

The Governor's PATH Award recognizes groups or individuals who, through their hard work and commitment, have improved the lives of those in their community and have helped Illinois move forward in the areas of health care, public safety, education and economic development.

Dr. Eric E. Whitaker, state public health director, presented the PATH Award to representatives of the respective programs.

Heart Smart for Women is a 12-week community-based education program that allows 15 to 20 participants to meet about an hour a week with a trained facilitator who helps them reduce their cardiovascular risk, promotes the benefits of exercise and nutrition, and assists them with developing a healthier lifestyle. Lori Richardson, the program facilitator at Sarah Bush Lincoln, teaches classes in Coles, Edgar, Jasper, Moultrie and Cumberland counties.

Heart Smart for Teens is a nine-week education program that educates and empowers school-aged girls toward a healthier lifestyle. The Madison County Health Department, under the guidance of Amy Yeager and Beth Darling, provides training to girls in Edwardsville, St. Jacob, Highland, Bethalto, Venice, Madison, Alton and Collinsville.

Dr. Eric E. Whitaker (left), state public health director, presents the PATH Award to representatives of the Sarah Bush Lincoln Health Center in Mattoon: Lori Richardson, program coordinator for the Heart Smart for Women program; Molly Daniels, grants administrator; and Gary Barnett, president and CEO.

Office of Women's Health (OWH) staff joined Dr. Whitaker in presenting a PATH Award to the Madison County Health Department's Heart Smart for Teens Program.

Pictured from left to right are: Pam Spagnola, an OWH grant monitor; Beth Darling and Amy Yeager, who administer the program in Madison County; Jan Costello, OWH acting deputy director; and Sarah O'Connor-Bennett, OWH grants administrator.

Ticket for the Cure Launched

Continuing her ongoing efforts to promote breast cancer awareness in Illinois, First Lady Patti Blagojevich joined State Senate President Emil Jones (D-Chicago), State Sen. Mattie Hunter (D-Chicago), Illinois Lottery Superintendent Carolyn Adams, and Illinois Department of Public Health Director Dr. Eric E. Whitaker on January 9, 2006, to unveil a new Illinois Lottery game called *Ticket for the Cure* - the nation's first lottery ticket dedicated to helping fund breast cancer early detection, education, research, and patient services throughout the state.

Breast cancer is the most common type of cancer among women 20 years of age and older, with an estimated 9,000 women expected to be diagnosed in Illinois this year. In July, Gov. Rod R. Blagojevich signed legislation initiated by Senate President Jones and Sen. Mattie Hunter that created the *Ticket for the Cure*.

"As a mother, I know that most women spend their time looking after everyone else. We have to realize that one of the best things we can do for our families is to keep ourselves healthy," said Patti Blagojevich. "Breast cancer is a devastating disease that can affect any woman, at any time. One of the many things you can do to fight it is protecting yourself, and your loved ones by having regular screenings as it could mean the difference between life and death. The funds generated from the *Ticket for the Cure* will help fight breast cancer through early detection, education, and research - our best hope for finding a cure."

The *Ticket For The Cure* is available at Illinois Lottery retail locations across the state. Each ticket costs $2 and the top prize is $20,000. Net revenue from the sale of *Ticket For The Cure* tickets are deposited into an interest bearing account in the State Treasury called the *Ticket For The Cure* Fund. The Illinois General Assembly will appropriate this money solely to the Illinois Department of Public Health, which will award grants to public and private entities in Illinois for the purpose of funding breast cancer research, education and services for breast cancer patients and their families. All grants funded by *Ticket For The Cure* revenue will be reviewed and approved by a special advisory board called the *Ticket For the Cure* Board.

It is anticipated that approximately $3.9 million grant funding will be awarded in the coming year. Organizations interested in receiving a grant application should contact the Illinois Department of Public Health's Office of Women's Health, (217) 524-6088. Applications are expected to be ready in July 2006, with actual funding of awards expected to be made in October or November 2006.

A Report on Eating Disorders

Overview of The Problem

Eating disorders are often key health challenges for young women. Currently, 1 percent to 4 percent of all young women in the United States are affected by eating disorders. They are complex, chronic illnesses that are largely misunderstood and misdiagnosed. Anorexia nervosa, for example, ranks as the third most common chronic illness among adolescent females in the United States. Eating disorders have numerous physical, psychological and social ramifications, including significant weight preoccupation, inappropriate eating behavior, and body image distortion.[1]

Types of Eating Disorders

The most common eating disorders – anorexia nervosa, bulimia nervosa and binge-eating disorders – are on the rise in the United States and worldwide.

Anorexia Nervosa

Anorexia nervosa is a condition in which people can literally starve themselves to death. People with this disorder eat very little though they are already thin. They have an intense and overpowering fear of body fat and weight gain, repeated dieting attempts, and excessive weight loss.[1] People who have anorexia develop unusual eating habits such as avoiding food and meals, picking out a few foods and eating them in small amounts, weighing their food, and counting the calories of everything they eat. Also, they may exercise excessively. One out of every 100 adolescent girls develops anorexia.

Bulimia Nervosa

Bulimia nervosa is a disorder in which one has frequent episodes of secretive, uncontrolled or binge eating (ingesting an abnormally large amount of food within a set period of time) followed by behaviors to rid the body of food consumed. This includes self-induced vomiting and/or the misuse of laxatives, diet pills, diuretics (water pills), excessive exercise or fasting.[1] This cycle is usually repeated at least several times a week or, in serious cases, several times a day.[2] Bulimics are not visibly underweight; yet, like anorexics, they use food as a means of coping with psychological problems. Unlike anorexics, bulimics feel out of control and recognize their abnormal behaviors. Two to five young girls out of 100 develop bulimia.

Binge-Eating Disorder (BED) (also known as COMPULSIVE OVEREATING)

Binge-eating disorder (BED) is the newest clinically recognized eating disorder. BED is primarily identified by repeated episodes of uncontrolled eating. The overeating or binging does not typically stop until the person is uncomfortably full. Unlike anorexia nervosa and bulimia nervosa, however, BED is not associated with inappropriate behaviors such as vomiting or excessive exercise to rid the body of extra food.[3] To the lay person, BED can be difficult to distinguish from other causes of obesity. However, the overeating in individuals with BED is often accompanied by feeling out of control and followed by feelings of depression, guilt, or disgust.[1] Unlike anorexia and bulimia, BED occurs almost as often in men as in women.

Prevalence

In the United States, **as many as 10 million females and 1 million males** are fighting a life and death battle with an eating disorder such as anorexia or bulimia. Approximately **25 million more** are struggling with binge-eating disorder.[3] More than 90 percent of those with eating disorders are women. Further, the number of American women affected by these illnesses has doubled to at least 5 million in the past three decades.[1] Research shows that more than 90 percent of those who have eating disorders are women between the ages of 12 and 25. However, an increasing number of older women and men have these disorders.[4]

Anorexia nervosa affects from 0.5 percent to 1 percent of the female adolescent population with an average age of onset between 14 and 18 years.[3] Bulimia afflicts approximately 1 percent to 3 percent of adolescents in the United States with the illness usually beginning in late adolescence or early adult life.[3] Because many individuals with bulimia binge and purge in secret and maintain normal or above normal body weight, they can often hide the disorder from others for years. Binge-eating disorder is, according to some researchers, the most common eating disorder, affecting 15 percent to 50 percent of participants in weight control programs. In these programs, women are more likely to have BED than males. Current findings suggest that BED affects 0.7 percent to 4 percent of the general population.[1]

- In the United States, eating disorders are more common than Alzheimer's disease (5 million to 10 million people have eating disorders

compared to 4 million with Alzheimer's disease).
- Five to 10 million girls and another 1 million boys in the United States suffer from eating disorders. This is more than five times the number of people living with HIV and AIDS in America.
- Anorexia nervosa is more expensive to treat than schizophrenia, yet insurance coverage for treatment is exceedingly insufficient. The average direct medical costs for treating anorexia nervosa is $6,054 a year compared to $4,824 a year for schizophrenia.
- Research dollars spent on eating disorders averaged $3 per affected individual, compared to $107 per affected individual for schizophrenia.[3]

The Drive for Thinness

According to the National Eating Disorders Association dieting has become a national pastime, especially for women.

- Americans spend more than $40 billion dollars a year on dieting and diet-related products. That's roughly equivalent to the amount the federal government spends on education each year.
- It is estimated that 40 percent to 50 percent of American women are trying to lose weight at any point in time.
- Researchers discovered that 42 percent of first through third grade girls surveyed reported wanting to be thinner.
- And, 35 percent of "normal dieters" progress to pathological dieting. Of those, 20 percent to 25 percent become partial- or full-syndrome eating disorders.

Body Image and Eating Disorders

Statistics reveal that a lot of these eating disorders begin in adolescence. Adolescence is a period of rapid physical and emotional changes. Body image develops as appearance changes during adolescence. A child who has threatening, stressful and confusing thoughts about her/his body image and weight during adolescence can develop disordered eating patterns leading to anorexia, bulimia or binge-eating disorder. Sixty-six percent of high school girls and 17 percent of high school boys are on diets at any given time.

Most fashion models are thinner than 98 percent of American women. The average American woman is 5'4" tall and weighs 140 pounds, whereas the average model is 5'11" tall and weighs 117 pounds.[3] A majority of American women are dissatisfied with their appearance. More than 50 percent of high school girls want smaller hips, thighs, and/or waists. Young women need to understand that this might not be achievable and that most models are underweight and at an unhealthy weight. In order to address issues of body image in youth, adolescents and young adults need to be taught about the underlying messages in advertisements.

Risk Factors of Eating Disorders

Eating disorders are complex conditions that arise from a combination of long-standing behavioral, emotional, psychological, interpersonal, and social factors such as the following:

- **Gender and Ethnicity**[5]
  Female gender, particularly adolescent or young adult females, is a strong predisposing factor.
  Certain ethnic groups such as Asians, Native Americans, and African Americans appear less likely to have eating disorders than other ethnic groups.

- **Genetics**[5]
  For both anorexia nervosa and bulimia nervosa, behavioral genetic studies indicate that certain brain chemicals, such as serotonin, may be abnormal in individuals with eating disorders.

- **Psychological Factors**[3]
  Low self-esteem
  Feelings of inadequacy or lack of control in life
  Depression, anxiety, anger, or loneliness

- **Interpersonal Factors**[3]
  Troubled family and personal relationships
  Difficulty expressing emotions and feelings
  History of being teased or ridiculed based on size or weight
  History of physical or sexual abuse

- **Social Factors**[3]
  Cultural pressures that glorify "thinness" and place value on obtaining the "perfect body"
  Narrow definitions of beauty that include only women and men of specific body weights and shapes

Symptoms of Eating Disorders

Eating disorders can have a profoundly negative impact on an individual's quality of life. Self-image, interpersonal relationships, financial status, and job

performance are often negatively affected. Self-induced vomiting seen in both anorexia nervosa and bulimia nervosa can lead to swelling of salivary glands, electrolyte and mineral disturbances, and dental enamel erosion. Laxative abuse can lead to long-lasting disruptions of normal bowel functioning. Rarer complications are tearing the esophagus, rupturing of the stomach, and life-threatening irregularities of the heart rhythm.[5]

Anorexia Nervosa

Approximately one in 10 women afflicted with anorexia will die of starvation, cardiac arrest, or other medical complication, making its death rate among the highest for a psychiatric disease.[1]

Symptoms of anorexia nervosa

- Resistance to maintaining body weight at or above a minimally normal weight for age and height
- Intense fear of gaining weight or becoming fat, even when one is underweight
- Unusual eating habits such as carefully weighing and portioning food
- Repeatedly checking body weight
- Possibly engage in other techniques to control weight, such as intense and compulsive exercise, or purging by means of vomiting and abuse of laxatives, enemas and diuretics

Bulimia Nervosa

Binges can range from once or twice a week to several times a day and can be triggered by a variety of emotions such as depression, boredom or anger. Individuals with bulimia are often characterized as having a hard time dealing with and controlling impulses, stress and anxieties. Bulimia nervosa can and often does occur independently of anorexia nervosa, although half of all anorexics develop bulimia. Some individuals with bulimia struggle with addictions such as drugs and alcohol or compulsive stealing. Like those with anorexia, many people with bulimia suffer from clinical depression, anxiety, obsessive-compulsive disorder and other psychiatric illnesses.[1]

Symptoms of bulimia nervosa

- Recurrent episodes of binge eating, characterized by eating an excessive amount of food within a discrete period of time and by a sense of lack of control over eating during the episode
- Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting or misuse of laxatives, diuretics, enemas, or other medications (purging); fasting; or excessive exercise
- Self-evaluation is unduly influenced by body shape and weight

Binge-Eating Disorder (BED)

People with BED are often overweight because they maintain a high-calorie diet without expending a similar amount of energy. Researchers have shown that individuals with BED also have high rates of depression.[1]

Symptoms of binge-eating disorder

- Recurrent episodes of binge eating, characterized by eating an excessive amount of food within a discrete period of time and by a sense of lack of control over eating during the episode
- The binge-eating episodes are associated with at least three of the following: eating much more rapidly than normal; eating until feeling uncomfortably full; eating large amounts of food when not feeling physically hungry; eating alone because of being embarrassed by how much one is eating; feeling disgusted with oneself, depressed or very guilty after overeating
- Marked distress about the binge-eating behavior
- The binge eating is not associated with the regular use of inappropriate compensatory behaviors (e.g., purging, fasting, excessive exercise)

Consequences of Eating Disorders

Anorexia Nervosa

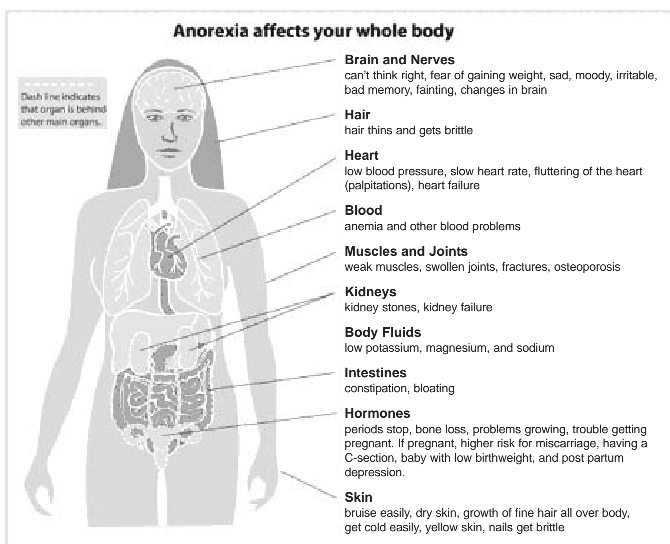
In anorexia nervosa's cycle of self-starvation, the body is denied the essential nutrients it needs to function normally. Thus, the body is forced to slow down all of its processes to conserve energy, resulting in serious medical consequences.

Consequences of anorexia

- Abnormally slow heart rate and low blood pressure, which mean that the heart muscle is changing; the risk for heart failure rises as the heart rate and blood pressure levels sink lower and lower
- Reduction of bone density (osteoporosis), which results in dry, brittle bones
- Muscle loss and weakness
- Mild anemia
- Severe constipation
- Loss of menstrual cycle
- Severe dehydration, which can result in kidney failure
- Fainting, fatigue, and overall weakness
- Dry and brittle hair and skin; hair loss is common

- Internal body temperature falls leading to cold intolerance
- Growth of a downy layer of hair called lanugo all over the body, including the face, in an effort to keep the body warm[3]

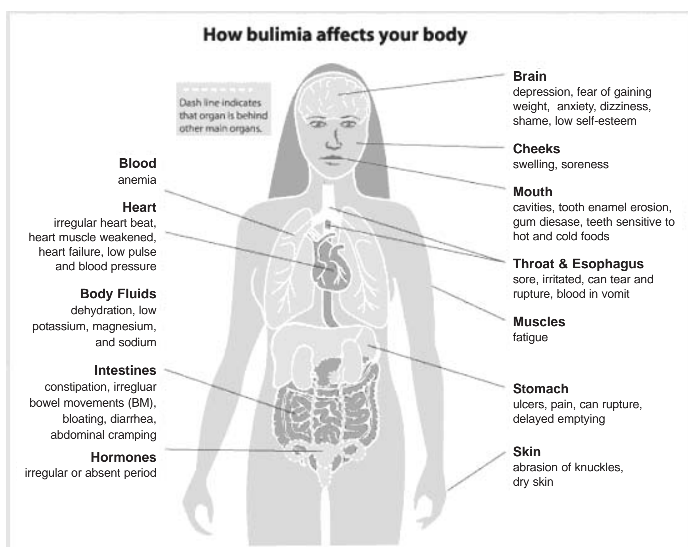
Figure 1 depicts how anorexia affects a woman's health.[6]



The mortality rate among people with anorexia is estimated to be about 12 times higher than the annual death rate due to all causes of death among females ages 15 to 24 in the general population.[5] The most common causes of death are complications of the disorder, such as cardiac arrest or electrolyte imbalance and suicide.[7]

Bulimia Nervosa

Bulimia can be very harmful to the body. Figure 2 below depicts how bulimia affects a woman's health.[6]



<u>Consequences of bulimia nervosa</u>

- Electrolyte imbalances that can lead to irregular heartbeats and possibly heart failure and death. Electrolyte imbalance is caused by dehydration and loss of potassium, sodium and chloride from the body as a result of purging behaviors.
- Potential for gastric rupture during periods of bingeing
- Inflammation and possible rupture of the esophagus from frequent vomiting
- Tooth decay and staining from stomach acids released during frequent vomiting
- Salivary glands in the neck and below the jaw become swollen; cheeks and face often become puffy, causing sufferers to develop a "chipmunk" looking face
- Chronic irregular bowel movements and constipation as a result of laxative abuse
- Peptic ulcers and pancreatitis[3]

Binge-Eating Disorder

People with binge-eating disorder have frequent episodes of compulsive overeating, but unlike those with bulimia, they do not purge their bodies of food.[4] Binge-eating disorder often results in many of the same health risks associated with clinical obesity.[3]

<u>Consequences of BED</u>
- High blood pressure
- High cholesterol levels
- Heart disease as a result of elevated triglyceride levels
- Type II diabetes mellitus
- Gallbladder disease

Diagnosis

Because of the secretive habits of many individuals with eating disorders, their conditions often go undiagnosed for long periods of time. In the cases of anorexia nervosa, signs such as extreme weight loss are more visible. Bulimics who maintain normal body weight, on the other hand, may be able to hide their condition to the casual observer. Family members and friends might notice some of the following warning signs of an eating disorder.

A Person with Anorexia may[1]. . .

- Eat only "safe" foods, usually those low in calories and fat
- Have odd rituals, such as cutting food into small pieces
- Spend more time playing with food than eating it
- Cook meals for others without eating
- Engage in compulsive exercising
- Dress in layers to hide weight loss
- Weigh at least 15 percent below what is considered normal for others of the same height and age
- Miss at least three consecutive menstrual cycles
- Spend less time with family and friends, become more isolated, withdrawn, and secretive

The diagnosis of anorexia nervosa includes two subtypes of the disorder that describe two behavioral patterns. Individuals with the restricting type of anorexia maintain their low body weight purely by restricting food intake and, possibly, by exercise. Individuals with the binge-eating/purging type of anorexia usually restrict their food intake as well, but also regularly engage in binge eating and/or purging behaviors such as self-induced vomiting or the misuse of laxatives, diuretics or enemas.[5]

A person with Bulimia may[1]. . .

- Become very secretive about food, spend a lot of time thinking about and planning the next binge
- Take repeated trips to the bathroom, particularly after eating
- Steal food or hoard it in strange places
- Engage in compulsive exercising
- Lack control over eating behavior
- Seem obsessed with her or his body shape and weight

The formal diagnosis of bulimia nervosa requires that the individual not simultaneously meet criteria for anorexia nervosa. In other words, if an individual simultaneously meets criteria for both anorexia nervosa and bulimia nervosa, only the diagnosis of anorexia nervosa, binge-eating/purging type is given.[5]

Binge-eating disorder

The term, binge-eating disorder, was officially introduced in 1992 to describe individuals who binge eat but do not regularly use inappropriate compensatory weight control behaviors such as fasting or purging to lose weight. The binge-eating may involve rapid consumption of food with a sense of loss of control, uncomfortable fullness after eating, and eating large amounts of food when not hungry. Feelings of shame and embarrassment are prominent.[5]

If an individual is displaying any of these characteristics, they should be taken to a physician, nutritionist or other professional with expertise in diagnosing eating disorders.

Treatment

Eating disorders are most successfully treated when diagnosed early. The longer abnormal eating behaviors persist, the more difficult it is to overcome the disorder and its effects on the body. In some cases, long-term treatment and hospitalization is required. Families and friends offering support and encouragement can play an important role in the success of the treatment program. Presently, there is no universally accepted standard treatment for anorexia nervosa, bulimia nervosa or binge-eating disorder. Ideally, an integrated approach to treatment would include the skills of nutritionists, mental health professionals, endocrinologists and other physicians. Various types of psychotherapy may be employed, including cognitive-behavioral therapy, interpersonal therapy and family and group therapy. Self-esteem enhancement and assertiveness training also may be helpful. Antidepressants and other drugs have been part of some therapeutic regimes.
The status of eating disorders as curable diseases has been controversial, since relapse rates for disturbed eating patterns can be very high.[1]

At the time of diagnosis, the clinician must determine whether the person is in immediate danger and requires hospitalization.

- ***Anorexia nervosa -*** The first goal for the treatment of anorexia is to ensure the person's physical health, which involves restoring a healthy weight.[4] Reaching this goal may require hospitalization. Once a person's physical condition is stable, treatment usually involves individual psychotherapy and family therapy during which parents help their child learn to eat again and maintain healthy eating habits on his or her own. Behavioral therapy also has been effective for

helping a person return to healthy eating habits. Supportive group therapy may follow, and self-help groups within communities may provide ongoing support.

- ***Bulimia nervosa -*** Unless malnutrition is severe, any substance abuse problems that may be present at the time the eating disorder is diagnosed are usually treated first. The next goal of treatment is to reduce or eliminate the person's binge-eating and purging behavior.[4] Behavioral therapy has proven effective in achieving this goal. Psychotherapy has proven effective in helping to prevent the eating disorder from recurring and in addressing issues that led to the disorder. Studies also have found that Prozac, an antidepressant, may help people who do not respond to psychotherapy. As with anorexia, family therapy also is recommended.
- ***Binge-eating disorder -*** The goals and strategies for treating binge-eating disorder are similar to those for bulimia. Binge-eating disorder was recognized only recently as an eating disorder, and research is under way to study the effectiveness of different interventions.[4]

The American Psychiatric Association has published a set of practice guidelines for the treatment of patients with eating disorders.[8] There is general agreement that good treatment often requires a spectrum of treatment options. These options can range from basic educational interventions designed to teach nutritional and symptom management techniques to long-term residential treatment (living away from home in treatment centers).

Initial Assessment

Initial assessment involves a thorough review of the patient's history, current symptoms, physical status, weight control measures, and other psychiatric issues or disorders such as depression, anxiety, substance abuse, or personality issues. Consultation with a physician and a registered dietitian is often recommended. The initial assessment is the first step in establishing a diagnosis and treatment plan.

Outpatient Treatment

Outpatient treatment for an eating disorder often involves a coordinated team effort between the patient, psychotherapist, physician, and dietitian.

Psychotherapy

There are several different types of outpatient psychotherapies with demonstrated effectiveness in patients with eating disorders. These include cognitive-behavioral therapy, interpersonal psychotherapy, family therapy, and behavioral therapy. Some of these therapies may be relatively short term (i.e., four months), but other psychotherapies may last years.

Psychopharmacology

Psychiatric medications have a demonstrated role in the treatment of patients with eating disorders. Most of the research to date has involved antidepressant medications such as fluoxetine (Prozac®), although some clinicians and patients have found that other types of medications may also be effective.

Nutritional Counseling

Regular contact with a registered dietitian can be an effective source of support and information for patients who are regaining weight or who are trying to normalize their eating behavior. Dietitians may help patients to gain a fundamental understanding of adequate nutrition and also may conduct dietary counseling, which is a more specific process designed to help patients change the nature of their eating behavior.

Medical Treatment

Patients with eating disorders are subject to a variety of physical and medical concerns. Adequate medical monitoring is a cornerstone of effective outpatient treatment. Individuals with anorexia nervosa may be followed quite closely (i.e., weekly or more) because of the significant medical problems that this disorder poses for patients. Individuals with bulimia nervosa should be seen regularly, but may not require the intensive medical monitoring often seen in anorexia nervosa. Individuals with binge-eating disorder may need medical treatment for a variety of complications of obesity, such as diabetes and hypertension.

Day Hospital Care

Patients for whom outpatient treatment is ineffective may benefit from the increased structure provided by a day hospital treatment program. Generally, these programs are scheduled from three to eight hours a day and provide several structured eating sessions per day, along with various other therapies, including cognitive behavioral therapy, body image therapies, family therapy, and numerous other interventions. Day hospital care allows the patient to live at home when they are not in treatment, and often continue to work or attend school.

Inpatient Treatment

Inpatient treatment provides a structured and contained environment in which the patient with an eating disorder has access to clinical support 24 hours a day. Many programs are now affiliated with a day hospital program

so that patients can "step-up" and "step-down" to the appropriate level of care depending on their clinical needs. Although eating-disorder patients can sometimes be treated on general psychiatric units with individuals experiencing other psychiatric disorders, such an approach often poses problems with monitoring and containing eating disorder symptoms. Therefore, most inpatient programs for eating disordered individuals only treat patients with anorexia nervosa, bulimia nervosa, binge-eating disorder, or variants of these disorders.

Residential Care

Residential care programs provide a longer term treatment option for patients who require longer term treatment. This treatment option generally is reserved for individual[5] who have been hospitalized on several occasions, but have not been able to reach a significant degree of medical or psychological stability.[5]

Prevention

Basic Principles for the Prevention of Eating Disorders[3]

1. Eating disorders are serious and complex problems. We need to be careful to avoid thinking of them in simplistic terms, like "anorexia is just a plea for attention," or "bulimia is just an addiction to food." Eating disorders arise from a variety of physical, emotional, social, and familial issues, all of which need to be addressed for effective prevention and treatment.

2. Eating disorders are not just a "woman's problem" or "something for the girls." Males who are preoccupied with shape and weight also can develop eating disorders as well as dangerous shape control practices like steroid use. In addition, males play an important role in prevention. The objectification and other forms of mistreatment of women by others contribute directly to two underlying features of an eating disorder: obsession with appearance and shame about one's body.

3. Prevention efforts will fail, or worse, inadvertently encourage disordered eating, if they concentrate solely on warning the public about the signs, symptoms and dangers of eating disorders. Effective prevention programs also must address:
   - Cultural obsession with slenderness as a physical, psychological and moral issue
   - Roles of men and women in our society
   - Development of self-esteem and self-respect in a variety of areas (school, work, community service, hobbies) that transcend physical appearance

4. Whenever possible, prevention programs for schools, community organizations, etc., should be coordinated with opportunities for participants to speak confidentially with a trained professional who has expertise in the field of eating disorders, and, when appropriate, receive referrals to sources of competent, specialized care.

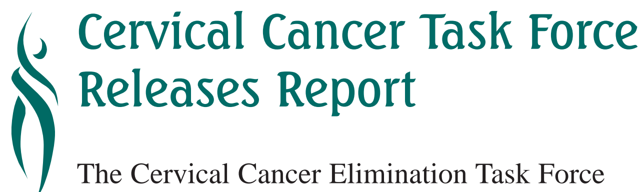
Sources

1. U.S. Department of Health and Human Services, Office of Women's Health; Eating Disorders at www.4woman.gov/owh/pub/factsheets/eatingdisorders.pdf
2. American Psychiatric Association; "Let's Talk Facts about Eating Disorders," 2005.
3. National Eating Disorders Association at www.nationaleatingdisorders.org
4. SAMHSA: Substance Abuse and Mental Health Services Administration – National Mental Health Information Center, U.S. Department of Health and Human Services; Eating Disorders at www/mentalhealth.org/publications/allpubs/ken98-0047/default.asp
5. Academy of Eating Disorders at www.aedweb.org/eating_disorders
6. The National Women's Health Information Center (NWHIC) at www.4woman.gov
7. National Institute of Mental Health, National Institutes of Health; "Eating Disorders – Facts about Eating Disorders and the Search for Solutions," 2001
8. "American Psychiatric Association Work Group on Eating Disorders, Practice Guideline for the Treatment of Patients with Eating Disorders," American Journal of Psychiatry, 2000; 157 (1 Suppl): 1-39

For more information on eating disorders, contact:

1. Academy for Eating Disorders 703-556-9222 www.aedweb.org
2. Eating Disorder Recovery online 888-520-1700 www.edrecovery.com
3. Harvard Eating Disorders Center 617-236-7766 www.hedc.org
4. National Association of Anorexia Nervosa and Associated Disorders 847-831-3438 www.anad.org
5. National Eating Disorders Association 800-931-2237 http://www.nationaleatingdisorders.org
6. National Institute of Mental Health 866-615-6464 www.nimh.nih.gov
7. National Women's Health Information Center 800-994-WOMAN(9662) www.4woman.gov

Special thanks to Veenu Randhawa and Lisa Keeler for their contributions to this special report on Eating Disorders.



Cervical Cancer Task Force Releases Report

The Cervical Cancer Elimination Task Force released its annual report on April 1, 2006, after studying the prevalence of cervical cancer in Illinois, while Dr. Eric E. Whitaker, state public health director, issued a call to action to all health care providers, medical associations and both public and private schools in Illinois to step up their efforts to eliminate cervical cancer.

In August 2004, Gov. Rod R. Blagojevich signed legislation sponsored by State Sen. Debbie DeFrancesco Halvorson (D-Chicago Heights) and State Rep. Sara Feigenholtz (D-Chicago), to create the State of Illinois Cervical Cancer Elimination Task Force. The volunteer task force has three responsibilities: to study the prevalence of cervical cancer, to raise public awareness of the causes and to develop a statewide prevention and control plan.

The task force report shows there are substantial racial, ethnic and regional disparities in Illinois for cervical cancer incidence, death, and stage of diagnosis. The cervical cancer "hot spots" center on African Americans and Hispanics in inner-city areas and Caucasian women in rural areas. Within these "hot spots," women who have little education and are a racial/ethnic minority, older, disabled, uninsured or underinsured are more susceptible to cervical cancer.

"Unfortunately, many women do not receive proper preventive care because they don't have the insurance or money to pay for it, and they don't qualify for publicly funded programs," said Stacie Geller, Ph.D., task force member and associate professor at the University of Illinois at Chicago. "Other women, especially in rural areas, can't spare the time to drive two hours (one way in some cases) to get an exam, and there are other women who are uncomfortable talking about reproductive or sexual issues and therefore do not receive proper preventive care."

Preventive care can mean the difference between life and death when it comes to cervical cancer.

"Cervical cancer is highly preventable and there are a lot of needless deaths that can virtually be eliminated," said Dr. Whitaker. "A simple pap test will detect cervical cancer at a precancerous or early stage, when it can be most effectively treated. You don't have to get cervical cancer; it typically can be prevented by early detection."

Based on the task force report, Dr. Whitaker called on the medical community to: develop protocols or standards to assure that all women who enter a health provider system are made aware of the need for a pap test and are encouraged to receive this test; develop educational programs that emphasize the importance of the pap test to medical providers and students so they inform their female patients; and develop solutions that break down the barriers to pap testing among underserved populations.

Copies of the report may be obtained by contacting the Women's Health-Line, 888-522-1282 or TTY (hearing impaired use only), 800-547-0466.

Women's Health Week Celebrated

National Women's Health Week is a nationwide observance that is annually recognized the week following Mother's Day. The celebration involves the U.S. Department of Health and Human Services (DHHS), along with states, counties, cities, towns and neighborhoods that have an interest in promoting women's health.

The purpose of Women's Health Week, observed May 14-20, 2006, is to raise awareness about manageable steps women can take to improve their health. The idea is to help women incorporate simple preventive and positive health behaviors into their everyday lives. Of particular importance are regular, preventative check-ups and screenings that can detect heart disease, diabetes, cancer, sexually transmitted diseases, osteoporosis and other conditions.

As a part of the 2006 observance, the Illinois Department of Public Health's Office of Women's Health joined with the DHHS Region V Office of Women's Health in providing $500 sponsorship grants to 24 local health departments that conducted health awareness and screening activities.

Another highlight of the week focused on celebrating the Illinois Breast and Cervical Cancer Program, which has provided more than 75,000 mammograms to Illinois women since the inception of the program in 1995.

Illinois Women's Health Line
888-522-1282
One Resource for all Women

First Lady Celebrates National Wear Red Day

First Lady Patti Blagojevich, the Illinois Department of Public Health (IDPH), and the American Heart Association teamed up in February to celebrate Women's Healthy Heart Month by encouraging women to take steps to help prevent heart disease, the leading cause of death among women. The event at the James R. Thompson Center in Chicago was held in conjunction with National Wear Red Day and included cooking demonstrations by Chef Jay Hugh McEvoy and Virginia Erwin and fitness demonstrations by the East Bank Club.

"Heart disease is the leading cause of death for American women," said Mrs. Blagojevich. "By raising awareness about heart disease in women, and teaching women how they can lower their risk of having a heart attack, we can help them lead longer and healthier lives."

Illinois First Lady Patti Blagojevich, along with her daughter, Annie, (at podium), joined the Illinois Department of Public Health and the American Heart Association in launching Women's Healthy Heart Month on February 3 in Chicago. Seated from left to right are Dr. Diane Wallis, a cardiologist from Midwest Heart Specialists in Downers Grove; Dr. Eric E. Whitaker, state public health director; and Valerie Werner, American Heart Association spokesperson.

National Wear Red Day is a day when women and men are encouraged to wear red as a sign of support, sponsored by the National Heart, Lung and Blood Institute (NHLBI). The NHLBI provided all female members of the Illinois General Assembly with red dress pins for National Wear Red Day. The NHLBI is part of the National Institutes of Health (NIH) and provides leadership for a national program in diseases of the heart, blood vessels, lung, and blood; blood resources; and sleep disorders.

The IDPH's Office of Women's Health administers three specific cardiovascular programs: Heart Smart for Women, Heart Smart for Teens and the Illinois WISEWOMAN Program.

Annual Women's Health Conference Held

On December 7-8, 2005, more than 300 women health advocates gathered at the Hyatt Regency Hotel in Rosemont for the seventh annual Women's Health Conference. The two-day conference, sponsored by the Illinois Department of Public Health (IDPH), covered everything from chronic stress, heart health, domestic violence and cultural sensitivity to issues related to Human Papillomavirus (HPV) and cervical cancer, physical activity, adolescent health, Alzheimer's disease and the latest information on stem cell research. Participants included local health department staff, health professionals and community agencies.

The opening session featured Dr. Lauren Streicher, a well-known gynecologist in Chicago who writes a regular column for the Chicago Sun-Times titled, "Ask the Ob-Gyn." She also has appeared on "The McNeil Lehrer Hour" and has been featured in the Wall Street Journal and the Chicago Tribune.

The featured speaker was Michelle Obama, vice president for community and external affairs at the University of Chicago Hospitals and the wife of U.S. Sen. Barak Obama (D-Illinois). Michelle Obama provided tips on how to balance work and family.

Dr. John Kessler, Chairman of the Department of Neurology and Director of the Evelyn Frances Feinberg Clinical Neuroscience Research Institute at Northwestern University in Chicago, delivered the keynote address and discussed stem cell research. Dr. Kessler is considered a pioneer in his field and has worked with other researchers in the development of techniques for treatment of spinal cord injury and stroke.

Plans are underway for the eighth annual Women's Health Conference, scheduled for December 6-7, 2006, at the Hyatt Regency Hotel in Rosemont.

Annie Pope (left), a Heart Smart for Women grantee from St. Ailbe Catholic Church in Chicago, talks with Michelle Obama, a featured speaker at the Women's Health Conference, who provided tips on how to balance work and family.

OWH AWARDS FY 07 GRANTS

The Office of Women's Health (OWH) is funding nearly $2.3 million in grant awards during fiscal year 2007, which begins July 1, 2006 and continues through June 30, 2007. Women's Health Initiative grants totaling more than $1.4 million were awarded to 69 grantees, including local health departments and other non-profit organizations that will provide educational programs focusing on cardiovascular disease, osteoporosis and menopause. Research grants totaling $700,000 were awarded to eleven universities and one hospital through the Penny Severns Breast, Cervical and Ovarian Cancer Research Fund. In addition, several pilot projects and mini-grants addressing women's overall health will be funded in the coming year.

Grants awarded through the Illinois Department of Public Health may be viewed at the Department's Website, www.idph.state.il.us. The button titled "Public Health Programs in Your Community" provides detailed information about various grant note programs.

SAVE THE DATES

2006 Illinois Women's Health Conference

December 6-7, 2006

Hyatt Regency O'Hare, Rosemont, IL

For information, visit www.idph.state.il.us
or call 1-888-522-1282

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Rod R. Blagojevich, Governor

Eric E. Whitaker, M.D., M.P.H., Director

Illinois Department of Public Health

Jan Costello, Acting Deputy Director

Office of Women's Health

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