It isn’t only teenage girls who suffer with eating disorders. Illnesses like anorexia nervosa and bulimia affect both sexes and all ages – from eight to 80 – and have the highest mortality rate of any mental health problem. Jackie Butler talks to a woman in her fifties who is finally learning to conquer anorexia, and to a consultant psychologist from the Cornwall Foundation Trust’s eating disorders service

**WHERE TO GET HELP AND ADVICE**

- Visit your GP
- Cornwall Foundation Trust’s Eating Disorders Service, based in Truro, offers a community-based treatment for people with a clinical diagnosis of an eating disorder.
- Call 01483 221434, Monday to Friday 8am to 5pm.
- For urgent out-of-hours help contact the CFT mental health services on 01208 251300.
- The Beat website (b-eat.co.uk) is a resource for anyone who wants information about or help with eating disorders. Helpline 0345 634 1414.
- If you are feeling suicidal or desperate, call Samaritans on 116 123. It has a 24-hour service, every day of the year. You can also email jo@samaritans.org

**Fighting eating disorders is an ongoing battle**

**WHAT WOULD YOU LIKE TO TELL YOUR STORY?**

If you would like to help stamp out the stigma and share your experience of mental illness and recovery, please email the communications team at Cornwall Partnership NHS Foundation Trust (CPT) at cpm-tccommunications@nhs.net with the reference ‘Of Sound Mind’.

**NEXT WEEK**

How a groundbreaking collaborative project between police and forensic mental health teams, pioneered in Cornwall, is working in the community to keep people with mental health problems out of police cells and away from the criminal justice system, saving thousands of pounds in legal costs, and steering them instead towards appropriate social care and psychological or psychiatric treatment.

**Of Sound Mind**

Rose was eating vast quantities of vegetables. No meat, no chicken, no fish, no dairy products, no carbohydrates, no sugar and no fats passed her lips. They were all on her personal forbidden foods list. But at the same time she was cooking and serving up big, nourishing meals containing all those elements for her family. She baked light and floury cakes, but never allowed herself the tiniest slice. Only things that were very low in calories like green vegetables, black coffee and sugar-free tea. Tap or jelly were “approved” for herself.

As a trained, educated professional woman in her fifties, with a husband and three grown-up sons, Rose’s weight was dropping to a dangerous level. Even though she knew the thoughts that plagued her about her own food intake were illogical, she felt unable to change her behaviour and she was literally starving herself.

“I love cake; I love food. My appetite is probably no different to anyone else’s, I just feel like I can’t have it, I can’t do it,” she admits. “It’s as though something is fighting for control.”

There’s a common misconception that eating disorders are simply anorexia – it kind of what you eat, or purging after eating, because you don’t like what you see in the mirror. But the reality is more complex.

“It’s nothing to do with what you like. Sometimes you think it’s about fading…,” adds Rose. “But psychologically, I see it as a way of directing my whole life. If you can’t have something in one area, you direct it into something else.”

“Eating disorders are a mental health problem and a response to distress,” explains Dr Lyn Oliver, consultant psychologist with Cornwall Foundation Trust’s eating disorders service. “While weight and shape and body image do have a part, they are not a primary cause of an eating disorder. It is more a way of managing difficult emotions. Genetic, environmental, personal and neurological factors are all involved too, as well as things that happen in people’s lives.”

“It is very hard to tackle an illness like this. It is a fight of sorts. Sometimes it is easier to live with it. The eating disorder contains and holds people to some degree, but they are still in distress and the physical consequences are that they can die from starvation or electrolyte imbalances.”

Rose thinks she was 24 or 25 when she became anorexic and it has been with her since.

“It almost becomes who you are… It started when my sister went on a diet and I joined her. From there it became a set of rules about what I couldn’t eat and stuck to it absolutely. Then gradually I took more and more control of my eating. I found that one really big step has taken me from there to here.”

As Rose went on a diet and I joined her.

“Then gradually I took more and more control of my eating. I found that one really big step has taken me from there to here.”

From there it became a set of rules that are pleasurable for me, it left me high and dry.

“I have been listened to. I have had so much encouragement from people who really understand that something that might seem a small step has taken me a long way to achieve.”

In Rose’s family, her mother was seriously overweight, her father is overweight and has diabetes, her sister’s weight fluctuates, gaining a lot and then losing it. As a child she had more of her father’s leaner build, but she grew tall at a young age; when she went to secondary school she was already 5ft 4in, with size seven feet. “My friends were significantly smaller. I felt big and I hated it. I just grew earlier than some of the others, but I’d become a big girl. Big girls cope with things… little girls are looked after;” she observed.

“The treatment Rose had in her twenties was very prescriptive and put her off asking for help again for a long time. Her relationship with food didn’t change, but like most people with an eating disorder, she did her best to keep it secret, wearing baggy clothes and making excuses for why she wasn’t eating.”

“Not to tell anybody what is happening and what you are doing feels quite lonely,” she says.

Rose’s low weight caused her periods to stop for several years, but then in her early thirties she got pregnant.

“When I was having the children I was in a better place for a while, but not normal. It was still part of what I was thinking all the time,” she says.

“Literally rules your life. Thinking about meals and planning what you can and what you can’t eat. It’s exhausting.”

It was after her mother died that things escalated to a point where she knew she had to get some help. “The grief was the start of something getting out of control. There was a series of things happened and it got much worse,” she says. “But I do think that it was losing Mum that really made me think that I have got to make my life worthwhile.”

She had noticed increasing physical and cognitive problems, although she never needed help because she was accustomed to difficulties and necessarily link them with her lack of nourishment. She was constantly tired and cold to the point where her hands and arms would go white and numb if she walked past a street food hot dog cart. She’d had to take time off work.

Some eating in order to make Rose determined that she was going to address her eating disorder and “get it sorted”. “The courage came from seeing somebody else got me not putting up with it any more,” she says. She went to the GP, did her own search on the Internet, called the Eating Disorders Services and was put on a waiting list.

“I now feel like I am being held all the way through. I have been in hospital and helped, but not in an aggressive way,” she says. “The psychological consultation has helped me begin to understand what it is in my life that has led me to feel that way and what I did and then use some of those things to deal with it.”

She began to learn more about her illness and was shocked by facts and figures about what eating disorders can actually do to your body. Some people use laxatives as a way of preventing weight gain from whatever they needed to eat. “Some use one used and then use some of those things to deal with it.”

As Rose’s weight started to rise, she felt she had recovered. “Her cognitive function improved,” she found herself sliding into a battle with her body image.

Dr Oliver explains: “Being overweight and malnourished dils the ability to cope with things… Rose is a big girl… It is easier to live with what you can eat and purging after eating, because you don’t want to be depressed… it is easier to do what you’ve always done. I want to get out and exercise.”

Nevertheless, Rose is persevering with the help of the team and her family.

“I am making plans to try and get back to work. I am getting better at finding things that I enjoy;” she says. “I now feel like I am on a voyage of discovery and it’s hard to keep the overview to find out some more.”

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