

Eight Guideposts for Recovery from Anorexia Nervosa

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It can be difficult to define recovery from anorexia nervosa (AN), just as it can be difficult to define what it means to be happy or successful. Recovery will look different from person to person, and the process of achieving recovery will be unique for each individual. But the following eight guideposts to recovery can help you determine if your child is headed in the right direction. Recovery includes both physical and psychological elements, highlighting the importance of working with a team that includes a physician experienced with treating eating disorders and a mental health professional. Also, it is important to talk with your treatment team about what your hopes and expectations are with regard to recovery, so you can move forward with the same goals in mind.

Physical Signs of Recovery:

1. Your child has reached a healthy weight and steadily maintained her weight within a healthy range. Determining a “healthy” weight range for any individual is complex. Health professionals look beyond weight and instead use body mass index (BMI) percentiles, which take into account a child’s height, age and gender. You may have seen a growth chart in your pediatrician’s office that displays percentile curves. These charts are based on a very large sample of children and can help determine normal weight ranges as well as underweight and overweight ranges. Another number that is often used is percent of ideal body weight, which is derived from BMI percentiles. Clues to a healthy weight range:

An individual’s healthy weight range may be in part determined by their individual growth history: Has your child always been in the 40th percentile on the weight-for-height growth chart? Or has he/she always been in the 75th percentile? If your child consistently tracked along the same growth curve percentile before the eating disorder, then this may be the more appropriate percentile to aim for.

Family history of weight: If everyone in the family tends to be naturally slim, the percentile you aim for may not be as high. For instance, many Asian families tend to have smaller body frames, so your treatment team may predict a percentile somewhere lower than the 50th as being healthy.

Weight at menstruation: For girls who have gotten their first period, but lost it when restricting their food intake, it can be informative to recall at what weight she lost her period. Aiming for this weight, plus 5-10 lbs (and a little more if it has been longer than a year) provides another estimate of what a healthy weight may be.

Finally, perhaps the most telling sign of a healthy weight – and also the most subjective – is the loosening of rigid thinking about weight and eating. One study has shown that a reduction in these thoughts may not occur until a year after weight

restoration. So don't get discouraged if you do not immediately see changes in the way your child is acting around food or body image.

2. Resumption of sexual development. Boys' and girls' sexual development may halt during AN due to the effects of starvation. In girls who are recovered, we would expect regular periods to occur without the help of prescribed hormones (birth control pills). For girls who are too young to menstruate, or for boys, a physical exam can determine if they're progressing toward full sexual development. Interest in sexual matters – a normal thing for teenage boys – can also be a good indicator of healthy sexual development during recovery. Improved bone density, which results from weight gain and resumption of menses, also points toward physical recovery.

3. Lack of restrictive eating patterns. When an adolescent has recovered from AN, he/she will be able to make healthy and appropriate food choices without close oversight by a parent. Being able to eat a variety of foods in a flexible manner is a sign of recovery. (See Guidepost #7 to find out more about the psychological aspect of eating.)

4. Elimination of binge eating and purging (self-induced vomiting, inappropriate use of laxatives/diuretics, excessive or driven exercise). The absence of these behaviors is another sign of recovery.

Psychological Signs of Recovery:

5. Getting back to normal adolescent life. In terms of normal adolescent development, recovery means getting the anorexia out of the way so you can get your hands dirty with the normal issues of adolescence: conflicts over curfews, dating concerns, arguments over text messaging at the dinner table...what fun! Although these issues may seem tricky to handle as a parent, it is important and exciting to see progress in this arena during recovery. Some behaviors that your treatment team might look for during recovery are an increased interest in spending time with friends (all ages), a desire to be involved in activities apart from family members (12 years and up), interest in dating (14 years old and up), and a greater and more realistic focus on post-high school plans (16 years old and up). In later adolescence, being able to go away to college or getting a full-time job can mark positive steps in recovery as well. Finally, think about your child's unique qualities, which may have faded when the anorexia took over – her sarcastic sense of humor, his compassion for his younger siblings – and ask yourself if these qualities have returned. This may be another indication of recovery. If you become concerned with your child's behavior, speaking with the therapist on your team will be helpful in determining whether his/her behavior psychologically reflects continued problems with AN, if it's the result of another psychological problem like depression, or if it's within the normal range of adolescent behaviors.

6. Lack of body image distortion. The goal here is for child to accurately perceive and accept his/her body. Positive body image may take more time to develop and may be addressed in later therapy if negative body image becomes problematic.

7. Improvements in your child's attitudes toward food and body image. This might include a lessening of the fear of weight gain and a less intense interest or lack of interest in losing weight. Some real-life examples of signs of recovery in this area: your child being able to eat the same foods in the same amounts as her friends at a birthday party, consistently eating meals without needing to be reminded, eating spontaneously when given the opportunity (e.g., someone brings cupcakes to school), getting rid of clothes that no longer fit because they are too small, and feeling comfortable going shopping for new (larger) clothes.

8. Increased self-esteem. Self-esteem is something that is "under construction" for all adolescents, so perfect self-esteem should not necessarily be expected after recovery from AN. However, you should be able to detect an increase in self-confidence. Parents can foster self-esteem by encouraging involvement in activities and interests that the healthy adolescent enjoys. Praising accomplishments and providing opportunities for social, artistic, and intellectual development are ways that parents can help foster adolescents' self-esteem.

It can be helpful to think of recovery as a process rather than a destination; each person has his or her own path. Adolescents who recover from an eating disorder may occasionally be more vulnerable to eating-disordered thoughts. During times of stress or transition, body dissatisfaction may increase and they may be tempted to change their eating habits. Relapse prevention should be a key topic discussed toward the end of treatment to help prepare you and your child for any slip-ups in the future. Good luck to you and your family in your child's path toward recovery.