What You Should Know About Eating Disorders
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Introduction

Andrew Schorr:
Good morning. Andrew Schorr here broadcasting from Seattle as we do every week with Patient Power. This is the only show on radio where week after week we talk about serious chronic conditions. I’ve lived with one, leukemia, but somebody in your family probably has a chronic health concern.

Today we’re going to talk about one that always gets a lot of publicity, and that is eating disorders. The typical thought is that well they are young girls, college girls, teenagers, maybe even as young as 13 who want to be like some model or somebody in “People Magazine” or an actress, and that is true often, but it’s not often the only way this happens. There can even be a family connection, and now researchers are looking at a genetic connection.

I want to introduce you to one of my guests who is helping lead the way in that and that’s Dr. Cynthia Bulik. She is an eating disorders expert. She’s at the University of North Carolina Chapel Hill, and this is what she does and helps lead conferences as researchers around the world try to better understand eating disorders; anorexia, bulimia; which often when they are not checked, and I think you’ve seen stories of this like the model in Brazil who recently died, it can be fatal. It certainly has devastating effects on a girl’s life typically or a woman’s life but also the family too. Dr. Bulik, are you there with us?

Dr. Bulik:
I’m here Andrew.

Andrew Schorr:
Thank you so much for joining us today. So we’re going to meet one of your patients in just a minute, but I know that this is really a big problem, and it’s often one that’s not always understood. Isn’t that right?
Dr. Bulik:
Well I think you’re right, and I think your introduction just shows how many myths there are about eating disorders, and maybe something we can do is bust some of those myths, and get people some plain truth about what eating disorders really are.

Andrew Schorr:
Right. I was looking at the current issue or last week’s issue of “People Magazine” and there’s a woman they’ve been following with eating disorders, Jennifer Shortis, and now she’s had a relapse of it. So it’s often an ongoing concern for somebody, not just when they’re a teenager or a college student, but it certainly could come back again too.

Dr. Bulik:
Well I think that that’s something you really need to make sure people understand is this isn’t limited to teenage girls at all. We see it in girls, we see it in boys, and we see it all the way down as young as six and seven years old up until women who are in their 60’s, and yes indeed it can be a recurrent problem.

Michele’s Story

Andrew Schorr:
I know lately we’ve been reading about Nicole Riche, you know Paris Hilton’s pal, and they are all so thin. I mean sometimes some of these women weigh 89 or 90 pounds. Let’s meet somebody who has lived through this, and that is Michele Crisafulli. Am I saying that right Michele?

Michele:
Yes you are. I’m Michele Crisafulli.

Andrew Schorr:
Okay, well Michele you are 21 years old now, and you are a senior actually at the University where Dr. Bulik is, the University of North Carolina Chapel Hill, but you are originally from the Washington D.C. area. What happened, what started happening when you were about 13?

Michele:
When I was just about 13 I kind of started off very innocently deciding that I wanted to develop healthy eating and exercise habits for later in life, and that just really rather quickly within the course of a couple of months kind of spiraled out of control, and eventually landed me in the hospital with a diagnosis of anorexia.

Andrew Schorr:
And so you’d become critically thin?
Michele:
I did. Yes.

Andrew Schorr:
And then I think you told me the other day on the phone that you spent five days or a week in the hospital, but then there were many, many, many weeks where you went to a hospital or a center every day to try to get your life back on track.

Michele:
Right. That’s right. I went to a partial hospitalization program for about six weeks after having been in an inpatient unit for a few days, and then even after that engaged in several years of outpatient therapy to really try to get my life back on track, and in addition to dealing with anorexia also crossed over into binge eating for a couple of years in there. So kind of ran the gamut.

Andrew Schorr:
So you went from starving yourself, if you will, to then sort of eating like crazy to fatten yourself up.

Michele:
Well the idea certainly wasn’t to fatten myself up, but I did gain a considerable amount of weight, and yes it was a pretty painful process too because feeling still rather like an anorexic in my mind, you know still being very restrictive and not wanting to eat, but feeling out of control, and unable to stop myself from eating.

Andrew Schorr:
Now Michele you are 21 now, and you are studying psychology, and I know on the campus there you help lead a group so college students can have better self esteem. Certainly that’s an issue related to eating disorders. Is this something you still have to work at? I mentioned the young woman in “People Magazine” who thought she would never have a relapse, and she has. Is this something that you really stay on top of for yourself?

Michele:
I think it’s something that I’m certainly always conscious of. I feel like I’m in a very good place and have been for several years now, but you know I’m always very conscious of any unhealthy cognitions or behaviors that I might see creeping in during times of stress, but I think one of the greatest things that came out of my recovery process was realizing that it’s not a bad thing to ask for help, and really the best thing that you can do is ask for help early. So when I transitioned into college for example I started having a little bit of trouble but was able to catch that really quickly and get myself help immediately, and so it didn’t get out of control at all.
Andrew Schorr:
And I know you have very loving parents who are there for you every step of the way. They were really concerned.

Michele:
Yes. They absolutely were concerned. I know that it was an incredibly difficult process for them. I think there was a lot of guilt tied up in it for them and then also just or course watching your daughter waste away is an incredibly scary experience, but they have been there for me every step of the way, just supporting me and loving me and letting me know that they’re there for me.

Andrew Schorr:
Well you are blessed. Now one of the things that I’ve wondered about is you were a National Honor Society student, just really a top student. How could somebody so smart participate in such a harmful activity for yourself?

Michele:
Yes, that’s a really good question. It’s funny because I remember a couple of years before I got sick learning about anorexia in one of my science classes, and actually thinking to myself, ‘Who would ever do that? How could you be so stupid?’ But it really, it’s not a choice, and it’s not a matter of being smart or stupid or anything like that. I think oftentimes people are already within the throes of an eating disorder before they even realize what’s going on and how unhealthy it is.

Andrew Schorr:
And what would be the kind of things you would eat, or what was your diet when you were so thin?

Michele:
Well you know I try when I talk about it not to get into exact specifics of what my diet was just because I know how triggering that can be for somebody who is currently dealing with an eating disorder, and also because I really don’t want to promote this idea that you are only sick once you get to “X” pounds or you are only sick once you are eating “X” amount of calories in a day, but certainly I was eating very, very little, you know considerably less than a normal person and definitely not enough to give my body the energy that it needed.

Andrew Schorr:
Let’s go back to Dr. Bulik, who is an expert in eating disorders and doing a lot of research. Dr. Bulik now you have told me that you are beginning to understand that there can be a genetic connection, something that can even run in families, and you still have a long way to go, but the science is starting to reveal some of it’s secrets, isn’t it?
Dr. Bulik:
Well that’s right, and I’m actually going to go back to something that you asked Michele and also congratulate Michele on not answering that question about how much did you weigh and what did you eat because it really conveys the wrong part of what we want people to understand about eating disorders. When you asked her how could someone so smart develop an eating disorder, and in my mind that’s like saying to someone who has diabetes, ‘How come somebody who is so smart, just how come they’re not producing insulin anymore?’ I think we have to realize just like Michele said that this isn’t just a choice of young girls to try to look like models because when you see somebody with an eating disorder you know that they have gone far beyond anything that you would see in a fashion magazine.

So part of what we are really focusing on is the fact that this is not just a choice. In fact at one point, just like Michele said, your biology just takes over. Some young girls and some women can go on a diet and leave it at that. Other people go on a diet and then their body does what we expect it to do, and that’s binge eat, but for other people it just takes on a life of its own.

Andrew Schorr:
And you are beginning to see a genetic connection, correct?

Dr. Bulik:
Well that’s right. Eating disorders we know run in families, and we’ve done twin studies now in multiple countries that show that the inheritability...

Andrew Schorr:
We’re going to take a break. Welcome back to Patient Power. I’m Andrew Schorr, and this is what we do every week is talk about serious health concerns. Today we are visiting with Dr. Cynthia Bulik and she is a distinguished professor of eating disorders at the University of North Carolina Chapel Hill. Go Tarheels. I went to school there. Wonderful place and a wonderful medical center, and Dr. Bulik is one of the leading researchers as we begin to understand what’s going on with eating disorders, and no disrespect when I asked the question of Michele who has dealt with this for a long time, ‘Well gee, you were such a smart high school student. Didn’t you know better?’ and I think Dr. Bulik corrected me appropriately and all of us in the last section saying, ‘It’s not that people want to do this.’

Genetic Connection to Eating Disorders

Andrew Schorr:
So help us understand. We started to talk before the break Dr. Bulik about a genetic connection. Is there some predisposition towards this? What’s going on? What do we know now, and then what do we do about it?
Dr. Bulik:
Right. Well it’s been a multistage, almost ten-year of series of studies we’ve done. We know that eating disorders run in families, but things can run in families for different reasons either because of genes or because of environment. So we had to go one step further and do large-scale twin studies, which can help you unpack why something runs in families, and what we’ve found in these studies is that the inheritability of anorexia nervosa and bulimia nervosa is well over 50 percent. So over 50 percent of your risk for developing these disorders has to do with genetic factors.

Now we’ve taken that one step further, and we are actually honing in on areas in the human genome where those genes might reside, and we know it’s not just going to be one gene for anorexia nervosa, but there will be multiple genes, and those genes are probably going to be activated by environmental factors like dieting. So one of the things I always say is that the genes might load the gun but it’s the environment that pulls the trigger.

Andrew Schorr:
Okay. So let’s take in Michele’s case. Michele is 21 now, but in the next five or ten years she may have a daughter and ten or fifteen years later that’s a teenager much at the age when things really started going for her related to an eating disorder. What does a family like that do if there is a concern is there something genetic going on?

Dr. Bulik:
That’s a great question Andrew. One of the things we always talk about is you know when you go into your general practitioner’s office they have a checklist. You know is there any heart disease in your family? Is there high blood pressure in your family? Well you might notice eating disorders aren’t on that list, but perhaps they should be because we know now that family members are at increased risk, and one thing is that there is still shame and stigma associated with these disorders.

So that where we might talk to our children about high blood pressure we are a little bit less likely to talk to them about depression and substance abuse and eating disorders, but yet we know now that these moms and dads who have had eating disorders should really be vigilant for the emergence of signs in their children, and like Michele said, early detection is so important. So it doesn’t make sense to wait too long. It’s a question in your head, ‘Might she?’ or ‘Might not she?’ it’s better to get in and get a specialist’s evaluation early so you can be aware of what things to keep your eyes open for.

Andrew Schorr:
Good point. I know that a lot of research is going on in this, and I have a note here. Isn’t there some international research and actually clinical trials looking for families where they have had eating disorders in the families to have these folks participate in research?
Dr. Bulik:
That’s exactly right. This is a network that we have of ten sites. It’s actually an international study, and what we are looking for is families that have more than one person with anorexia nervosa, and that’s not uncommon to look at families like that. We have a toll-free number. It’s 1-888-895-3886, and also a website that you can go to, and I believe you’re going to have that up on your website too. Is that correct Andrew?

Andrew Schorr:
Sure, go ahead and mention it though.

Dr. Bulik:
Well if I had it in front of me I’d be able to.

Andrew Schorr:
Okay what’s the phone number again Dr. Bulik?

Dr. Bulik:
That phone number is 1-888-895-3886.

Andrew Schorr:
Okay, and we’ll mention it again later in the program, and we will have a link on the Patient Power site so that you can link to it, and if it’s been something in your family like Michele I’m sure that you would recommend to people that they participate in research because I’m sure your family would like to better understand, and as we talked about, maybe that day when you have a daughter you’d really like to know what’s going on genetically.

Michele:
Oh, absolutely. I think it is such an important area of the research, and it seems like there’s a lot going on and a lot up and coming. So absolutely, anybody that is eligible to participate in the research I would definitely encourage them to do so.

Andrew Schorr:
But for you it was not just reading teen magazines or entertainment magazines and saying, ‘I’ve got to look like that.’

Michele:
No I would say that that wasn’t really the case at all. Certainly as Dr. Bulik said, environment does pull the trigger. So being in a culture where thinness is so valued I’m sure it certainly was the reason why I latched on to dieting in particular, but I grew up as an incredibly anxious kid; always had a very tough time being away from home, and was also incredibly perfectionistic, you know always getting straight A’s, very much a people pleaser, wanted to be the best at everything, and from what I understand from the
research these sorts of personality traits can play in and also might be linked genetically. So I think that a lot of that really had an impact as well.

Andrew Schorr:
So Dr. Bulik how do you feel though? It must still anger you when you see the magazines; maybe you call it an environmental trigger, but where in the entertainment world thin is beautiful.

Dr. Bulik:
Well exactly because what it ends up being is it ends up being just a pervasive environmental trigger. It’s almost impossible for girls and women to escape the pressure that we see in this society to be thin, and I think that’s one of the reasons that we started seeing more eating disorders in older women as well whereas in the past it was okay to sort of like grow older and become matronly and spread out a little bit, and I’m saying “a little bit” because I know we have an obesity epidemic as well, this current pressure for women who are in their 50s and 60s to continue looking like they are in their 30s, and so they continue to be surrounded by these environmental triggers that used to be reserved for younger women.

Andrew Schorr:
You know one thing I wonder about is I see some women in the gym, and there is one who has three or four children, and she is stick thin. Her husband is actually a physician. I’m not her best friend so I don’t know what to say, but maybe we can start now, and after the break we can continue. What do you do to support somebody so they get the care they need and deserve because she is going to the gym, working out at least twice a day? She is stick thin. She has energy to work out, but she looks like you know we used to say like somebody from a concentration camp. I mean that thin. It can’t be healthy, and yet nobody says anything.

Dr. Bulik:
Absolutely. That is such a common observation, and we actually work a lot with the owners of gyms and the trainers to give them skills in how to approach people who are basically practicing their eating disorder in their gym so that they don’t have someone dying on their hands.

Andrew Schorr:
Well give us an opening question. What could somebody say if you are not that close family member? Can you say anything at all?

Dr. Bulik:
Well I think in this situation what I would do is I would actually talk to the trainers in the gym so that they could talk with her because you don’t want to jeopardize your relationship with her if you don’t know the woman at all, but someone in the gym actually has a responsibility for the health and the welfare of their customers. So that would
probably be the best way to go in that situation, but we’ll give you other strategies for how to deal with people you do know and that you do care about so that they don’t die before your very eyes.

Andrew Schorr: Right, and I do want to talk about how it can be a fatal condition. We’ll continue after the break. We are talking with Dr. Cynthia Bulik who is an expert on eating disorders from the University of North Carolina Chapel Hill and Michele Crisafulli who is someone who has been living with anorexia and now has got it pretty well under control, but it is something she thinks about and has some advice for other people where this is a concern. When we come back we’ll talk more about eating disorders. We’ll be right back.

Signs and Symptoms of Eating Disorders

Andrew Schorr: Thanks for spending part of your Sunday with us on Health Radio Network and Patient Power. We did do a previous program on eating disorders, and that’s what we are talking about today with Dr. Cynthia Bulik who is the William R. and Jeanne H. Jordan, which is a big name down in North Carolina, Distinguished Professor of Eating Disorders. Dr. Bulik I want to back up for one second. Help us define what eating disorders are. We’ve used this term anorexia. I think we mentioned bulimia along the way. What are they exactly, how do you define them, and then how dangerous can they be?

Dr. Bulik: Okay. I’ll start out with anorexia nervosa, which is the visible eating disorder. So this is when people lose an unusually large amount of weight and maintain a very low weight, and they are still afraid of weight gain. In fact often when they look at themselves they still see themselves as large, even though we see them as emaciated.

Now bulimia nervosa is another disorder, and it happens in people of all shapes and sizes. So you can’t tell by looking at someone whether they have bulimia nervosa, and it’s marked by binge eating, and binge eating is eating an unusually large amount of food in a short period of time and feeling out of control, and that gets coupled with compensatory behaviors such as vomiting, laxative abuse or excessive exercise or fasting. Those are the two main eating disorders.

Now what you need to know about anorexia nervosa is that it is the most lethal of all psychiatric disorders, and that is why we need to take this disorder seriously whenever we encounter it.

Andrew Schorr: Okay. Now I had a girlfriend, I’ve had a few, but fortunately a long time ago. One girlfriend though, I went with her to the doctor once because she was not having her period. This was a woman who was a former Miss Ohio, and so probably like a lot of people wanting to look beautiful and get awards for it. That was something she thought
about but went to the doctor because she wasn’t having periods. Well of course that’s not good, but maybe that’s just the first of what could be much more serious or life threatening effects. Correct?

**Dr. Bulik:**
Well absolutely. In fact amenorrhea, or loss of periods, is one of the hallmarks of anorexia nervosa, but not everybody gets it, but interestingly that’s the kind of thing that sometimes gets people in to see the doctor the first time because that they worry about. So it’s really important for us to educate all the gynecologists and obstetricians out there to keep their eyes open for this and not just to pop people right on birth control pills because that actually doesn’t help us at all in terms of side affects; like a major one is developing osteoporosis early.

**Andrew Schorr:**
Okay. So that’s a warning sign. When it goes downhill then you can be hospitalized. Michele you were hospitalized. Were you just very weak, and they were really worried about you dying?

**Michele:**
I was very weak, and I know that they wanted to keep an eye on my heart and everything, and then also just work on getting me re-fed at least a little bit at that point.

**Andrew Schorr:**
But you basically had to rebuild your strength and rebuild your body from there.

**Michele:**
Yes. Absolutely.

**Andrew Schorr:**
And you said that you were working out a lot?

**Michele:**
I was working out quite a bit. Not maybe as much as some people that you see. I think that the most interesting part of my exercise behavior when I was at my worst was not necessarily how much I was doing it, but how compelled I felt to do it. So for instance even if I was only spending 10 minutes working out, it was I *had* to do it. I absolutely had to be there, or the anxiety was just too much to handle. So even at my worst, even when I was incredibly emaciated, I felt like I needed to be doing physical activity.

**Andrew Schorr:**
So Michele, how did you finally, did a doctor just say to you, ‘I’m putting you in the hospital.’ How did it happen that this condition finally began to get dealt with?
Michele:
Well being that I was young my parents were the ones that were making my medical decisions for me. So it was their decision that I went to the doctor and went to the hospital and then was in this partial hospitalization program, but I would say that I was in treatment for quite a long time, several months, before I really started putting any sort of effort into my own treatment and really kind of decided that I wanted to get better and recover. That point really came for me more once I had crossed over into the binge eating because that was a particularly scary experience for somebody who had been anorexic, and so at that point I really decided that I don’t want food to be controlling my life anymore. You know I want to really live. I want to be a normal teenager, and also those health risks that Dr. Bulik was talking about were definitely a concern for me, something I was very afraid of.

Andrew Schorr:
But your family and your doctors or therapists all along the way were communicating that they really cared about you; that your parents loved you, and they were trying to do this out of love not trying to control your life.

Michele:
Absolutely, but for somebody who is within the throes of an eating disorder, that can be very difficult to understand. At the time, certainly in retrospect, I understand that, but I don’t know that I did so much at the time.

Andrew Schorr:
You're 21 now, and we are talking about this starting when you were 13.

Michele:
Right.

Andrew Schorr:
Dr. Bulik after the break what I want to do is discuss how to do we help people, again family members often with young children that don’t understand. What do we say? We talked about the trainer in the gym, but if it’s in your family what do you say? What do you say to the pediatrician? What do you say to the doctor? How do you get somebody to get to the point that Michele eventually got to, and that is that she owned it, that she understood she needed to accept responsibility, and that’s a lot to talk about so I know we’ll do that after the break.

Dr. Bulik:
After?

Andrew Schorr:
Yes, it’s a lot. We’ll do that in our next section. One of the other things I want to just mention by the way is we blog about all these sorts of things, and you can see my blog on
www.patientpower.info, and we invite your comments, and also there are many organizations that we’ll link to that will help you. You’re not alone. You know Dr. Bulik is researching it. You heard about an international trial related to it. Michele is leading groups on her own campus at the University of North Carolina Chapel Hill. So you can wave a flag, and say, ‘I don’t know if this is going on for me or my daughter, but we’re worried about it,’ and then there are people who have walked in these shoes ahead of you and can help. We’ll be back with more of Patient Power right after this as we discuss how you can help those people you love who may be affected in this way. Stay with us.

Thanks for being with us today on Patient Power and Health Radio Network, and I hope you can join us every week, or at least catch the replays on our website, www.patientpower.info. They are also on www.healthradionetwork.com.

**Helping Friends and Family Members**

**Andrew Schorr:**
So Dr. Cynthia Bulik you are an expert at UNC, but an international expert on eating disorders. So if one of our listeners has a friend or a family member where they are worried about this going on for them. They are painfully thin; they are starving themselves or binging. Walk us through how we help them to health.

**Dr. Bulik:**
I think the most important thing to always keep in mind is to approach someone with an attitude of companionate concern. You mentioned the word love, and if that is part of your family, if it’s someone you love, make sure that love comes through because denial is a hallmark of this illness. People are often afraid to bring it up for fear they might be wrong or for fear the person might get mad at them, and they might get mad at you, but remember that the alternative could be death.

So what we suggest is going to a person with compassionate concern and presenting them with what you are worried about. ‘I’m worried about how driven you are.’ ‘I’m worried about how anxious you seem.’ ‘I’m worried about how much weight you’re losing,’ and if it looks like they might not be listening there might just be a part of them that’s listening. So I always suggest they have some written material ready to give them as well, and I suggest already to have done some research so you know what resources there are available in your area, and if you can, go with them. If they’ll let you go with them for an evaluation get that person a comprehensive evaluation because people who think that they can help treat their friend on their own, or that they can help treat their family member on they’re own are wrong. This is a serious illness that requires a multidisciplinary team. Usually a physician, a therapist and a dietician at minimum, and we also suggest family therapy especially for younger patients.

One other thing I want to alert families to is finding treatments for eating disorders is not always easy, and an organization called “The Academy for Eating Disorders” has just put out a wonderful world charter on action for eating disorders which is the bill of rights for
families and patients who have this illness, and I’ll give you that website so people can look at the charter. It’s www.aedweb.org, and this can really help families understand what they can expect from treatment for eating disorders.

**Andrew Schorr:**
Well said. Again as I mentioned, you are not alone. Now Michele I gave you a homework assignment as a college senior.

**Michele:**
Yes.

**Andrew Schorr:**
And that was what would you say, as someone who has been through this, to parents of girls like you so that they can help their child get back to health?

**Michele:**
Well I think one thing is, as we’ve already stressed, early intervention really is key. So if a parent has concerns about their daughter or son I think it’s really important to get the child professional help immediately, but beyond that say the child is already in treatment, and even once your child is in treatment I know it can still be an incredibly heart-wrenching process. So I would say it’s really important for parents to realize that it’s not their fault. I know that my eating disorder was a tremendous source of guilt for my parents, but just like it wasn’t my fault it wasn’t their fault either.

Also I would say just be there as much as you can for your child. Recognize that you can’t make them get better, and you can’t make them change, but let them know that you’re there to support them, and also I would say get yourself support if need be. What a difficult process that is to go through as a parent. So whatever sort of support you need, whether that be from family and friends or professionals, I think it would be really important, and then finally don’t give up hope. There is hope out there, and recovery is possible.

**Andrew Schorr:**
Dr. Bulik and that is what I wanted to get to too is there can be a new day, and that child is listening with part of them, and as Michele said earlier, after a while she began to own it and really participate in her care. That does happen typically over time doesn’t it?

**Dr. Bulik:**
Oh absolutely. There’s no question that recovery from these disorders is possible, and perhaps one of the most rewarding things is in those situations where the daughter or the son did get angry with the parents when they took them into treatment for the first time, when recovery does happen and you see those relationships reemerge, and that thankfulness can come through, and the children can say, ‘Boy I was really angry with you then, but thanks for helping. All of the professionals saved my life.’
Andrew Schorr: And I know Michele we are going to take a break, but maybe when we come back you’ll say how do you feel about your parents now because I know you have a lot to say, and I’m going to give you a chance to say thank you again publicly on national radio and on the Internet. We’re going to take a break and come back with some final comments on this very serious health concern, eating disorders, and know that there is help available. You can participate in research, and you can get better, and your loved one can better. We’ll be right back with more of Patient Power.

This weekend down in Orlando, Florida there are thousands and thousands of cancer researchers meeting. It’s called The American Society of Hematology Meeting, and one of my friends Dr. Leo Gordon who’s a lymphoma expert from the cancer center, the Lurie Cancer Center at Northwestern University in Chicago, he’s going to be on with us next week to tell us what happened for folks like me who have been living with leukemia, lymphoma, multiple myeloma, any kind of blood disorder. So that’s next week on Patient Power.

But this week we’ve been talking about eating disorders. Dr. Cynthia Bulik some final comments from your perspective at the University of North Carolina Chapel Hill there on eating disorders.

Dr. Bulik: Well my final comments are for parents and loved ones and that’s please don’t think that eating disorders are a fad, or don’t think that they are something that your child will grow out of. Be compassionate even if it is hard to understand their behaviors. Help them to get the help they need, and be patient and supportive throughout the entire treatment process, and I think those are probably the most important words for parents and loved ones to hear.

Andrew Schorr: And do you have that phone number again for the clinical trials if it is in someone’s family and they want to participate? Do you have that handy?

Dr. Bulik: I do. That number is 1-888-895-3886.

Andrew Schorr: Okay. Thanks very much, and the replay will be on later this week on www.patientpower.info, and Michele Crisafulli having lived with this what do you want to say to your parents, friends, caregivers who have helped you through this?
Michele:
I guess just how incredibly blessed I feel to have been so supported throughout this entire process from my parents, my siblings, my extended family, friends, teachers, treatment professionals. I have had so many people gathered around me supporting me, and I know that not everybody is that lucky. So I just want to say thank you to all of them for not giving up on me and encouraging me through this process and then beyond that just encouraging me to tell my story and being willing to support me in that endeavor as well. I feel really, really lucky.

Andrew Schorr:
Michele Crisafulli senior at the University of North Carolina Chapel Hill, and Dr. Cynthia Bulik researcher and helping people there at UNC Chapel Hill and around the world. We wish you all the best ladies.

Next week on Patient Power we’re going to talk again about the latest in cancer news. Be with us then and remember knowledge can be the best medicine of all. Have a great week, and we’ll see you soon.

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