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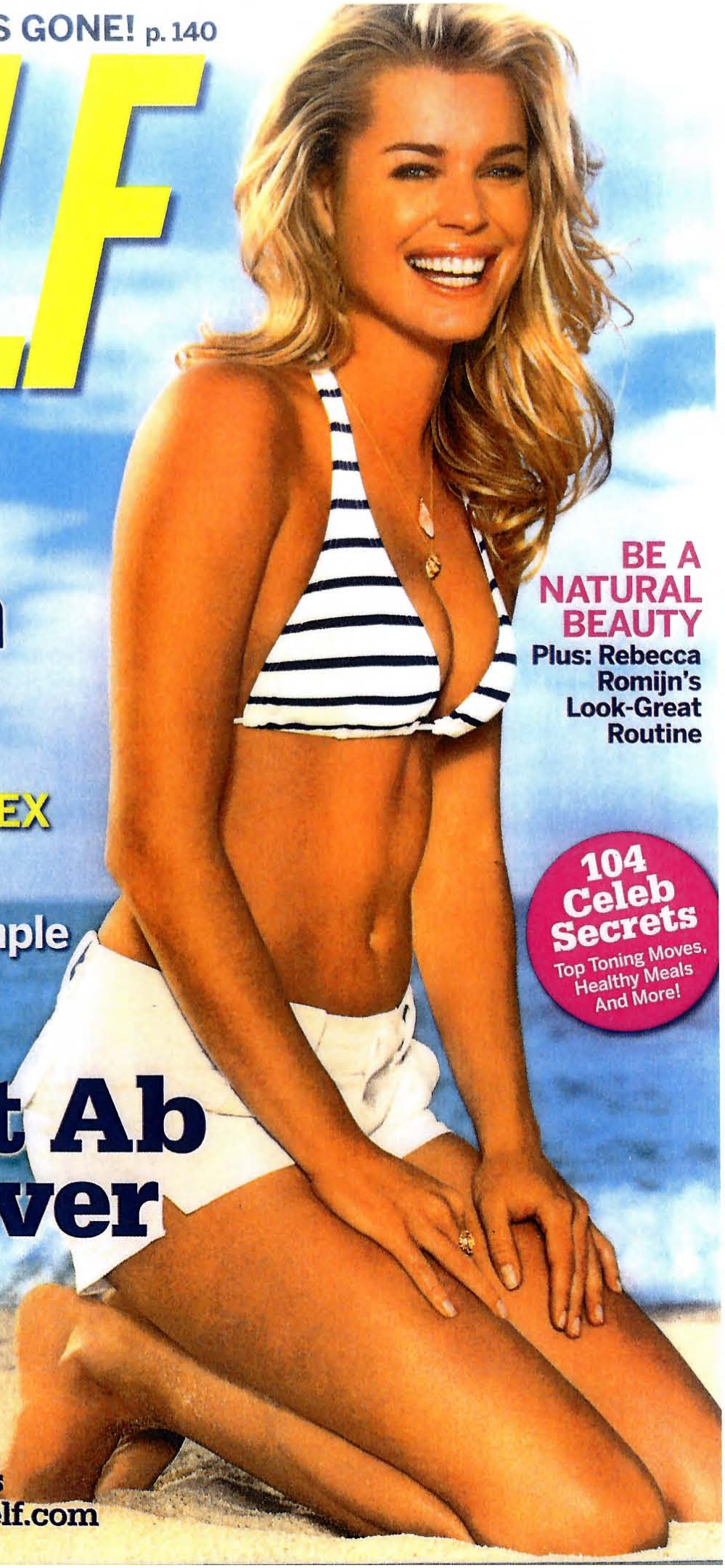

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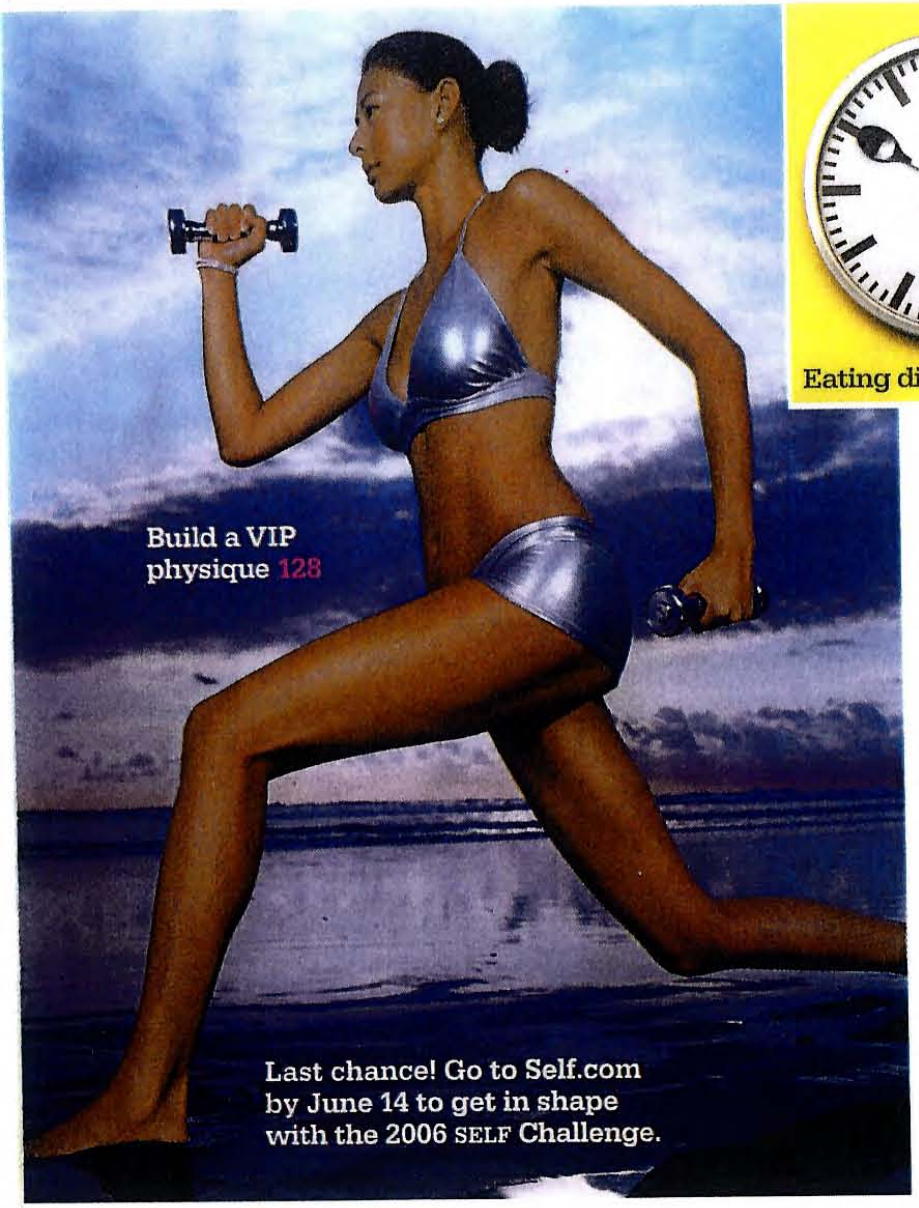

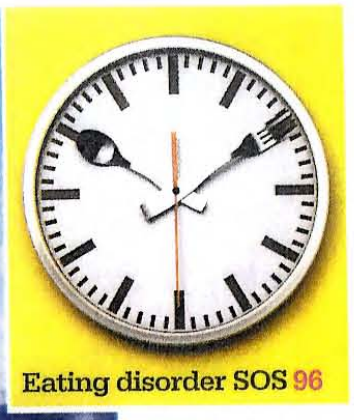

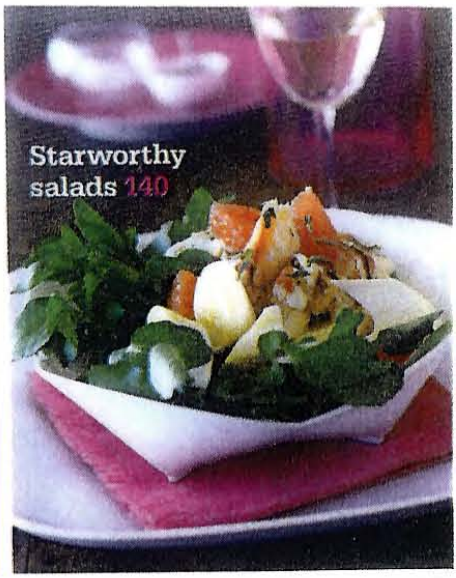

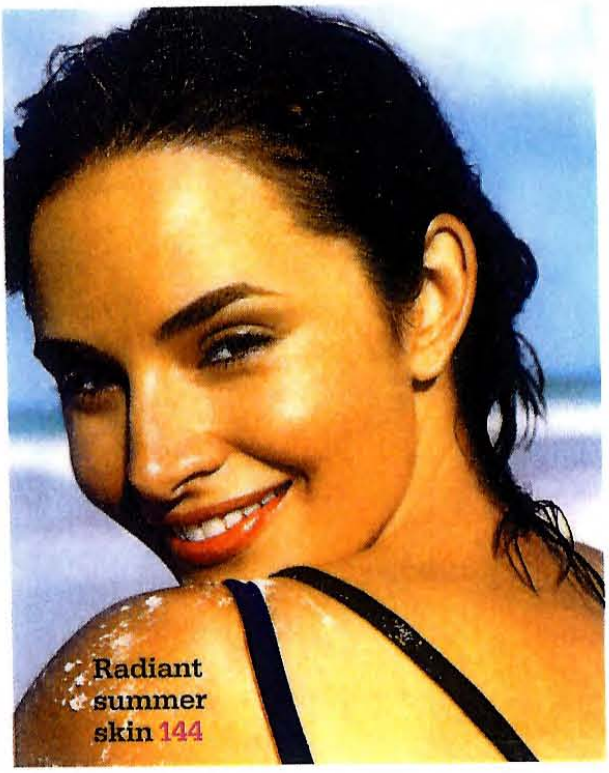

Clocking in Learning to eat at a normal pace is a key to recovery.

No time to lose

Women who have tried everything to beat their eating disorder are getting hope from a controversial new treatment. By Ginny Graves

Lauren Modry, 24, remembers the first time she forced herself to vomit. She was 11 years old. "My friend and I had another friend who was bulimic, so we decided to try it," says Modry, who lives in Rancho Bernardo, California. "We went into the bathroom at my house and stuck our fingers down our throats. My friend couldn't bring anything up, but I could," says Modry, who had been dieting since hitting puberty early at age 8. So began her habit of starving herself all day and bingeing and purging at night. She attempted to cover the retching sounds by running the water, but after a few months, her father overheard her. "My parents were shocked," she says. They had no idea that their pretty, popular daughter was already quite ill. "I was thinking about food 24/7," she says. "I could barely concentrate on anything else."

For the next 12 years, Modry and her family searched for a treatment that could help. Her first therapist put her on Prozac, and because at the time it was widely believed that eating disorders develop after a childhood trauma, he tried to find a trigger for her behavior. Did her dad hit her mom? Did her parents abuse her? "He wouldn't believe I had a happy family," Modry says. When she was 12, her weight dropped from 122 to 98 pounds in three months, which prompted her parents to send her to a children's psychiatric hospital and later to a string of therapists, physicians and nutritionists. Throughout most of high school, her weight hovered around 85 pounds.

After Modry graduated in 2001, she spent six months back-to-back at two clinics in Southern California and seemed to be doing better. She went home at a reasonably healthy 103 pounds (at 5 foot 3), enrolled in general-education classes and even fell in love. "During the year we dated, I stopped bingeing and purged only occasionally. But when we broke up, I was devastated, and the cycle started again, only worse," Modry says. She was hospitalized many times to receive intravenous fluids to correct electrolyte imbalances, a problem that can lead to heart failure.

By January 2005, Modry was 61 pounds. "I knew I was killing myself, but I didn't know how to stop," she says. At one point the 22-year-old became so incoherent, her parents rushed her to the ER. The doctors saw her erratic heartbeat and low blood pressure and sent her to intensive care. "I pulled out the IV, because I thought the sugar would make me fat. The doctors put me on suicide watch."

After five weeks in the hospital and a month in a specialized eating-disorders program in a psych ward, she went to two more facilities in three and a half months. By the time she went home, her attitude had shifted. "I finally wanted to get better, but it didn't seem like anyone could help me," she says. Her parents were tapped, too—emotionally and financially—but they agreed to try one more program. Her mom had heard about the Mandometer Clinic in San Diego, a new facility with a treatment based on a 12-year-old program created at the Karolinska Institute in Stockholm, Sweden. The clinic uses a unique three-pronged approach to healing that includes biofeedback, heat therapy and social support. "We didn't know much about it," Modry says. "But it sounded different, which was enough to give us all a little hope."

Lunchtime at Mandometer doesn't seem as if it's taking place at a clinic. Half a dozen women, mostly in their late teens and early 20s, are milling around the small but cheerful Ikea- >>

furnished common room or carrying platefuls of food. Modry sits at the table with the computerized biofeedback device for which the clinic is named. The Mandometer (the name comes from the Latin verb *mandere*, which means "to chew") looks like a large CD case with a small touchscreen, which is connected to a scale. Modry sets her plate of food on it, and the screen reads 350 grams (about 12 ounces). She earns a glowing smile from her case manager, Michelle Fluty, who's a mentor, companion, cheerleader and taskmaster rolled into one. "Good job! You put exactly the right amount of food on your plate," Fluty says.

As Modry takes a dainty bite, a small black line begins to snake vertically up the screen from the lower left-hand corner. It charts the rate at which she should be eating. Meanwhile, a horizontal line indicates how full she should be feeling. (Another will later ask her to rate how full she is.) The device is designed to teach patients to eat at a normal pace and reconnect with feelings of hunger and fullness. Those with anorexia tend to eat far too slowly, bulimics far too fast, and both ignore their body's natural satiety cues, says Cecilia Bergh, Ph.D., an eating disorders researcher who helped develop the Mandometer plan.

This is why the clinic has made relearning to eat a central tenet of its approach—a concept that sounds simplistic and intuitive but represents a significant departure from traditional treatments. *Refeeding*, the term doctors often use for restoring patients to a healthy weight, typically has little to do with training the appetite or learning how to listen to it. In fact, it sometimes includes teaching patients to count calories and fat grams, the very habits that can fuel food obsessions.

Although traditional clinics have undoubtedly helped millions of women, no one would argue there isn't room for improvement. Studies show that at least a third of women with anorexia or bulimia relapse after standard treatment; even scarier, as many as 15 percent of women with anorexia die, the highest mortality rate of any mental illness. Those grim statistics have led some to conclude that eating disorders are incurable, a notion that rankles Bergh. "People say, 'Once an anorexic, always an anorexic,'" she says. "We don't believe that. We feel people can recover."

Bergh refers to a 2002 study in the *Proceedings of the National Academy of Sciences*. After following 168 patients in their Swedish program, some for as long as five years, Mandometer clinicians estimated that the rate of remission is 75 percent, regardless of whether the women have anorexia or bulimia. Patients are deemed to be in remission if they have a normal weight and psychiatric profile, no longer binge or purge, eat a reasonable amount and have resumed social activities for at least three months. "In the study, just 7 percent of those in remission relapsed during the first year after treatment," she says.

Bergh is especially eager to highlight the other ways in which the treatment breaks the mold. For instance, since the 1970s, many experts have endorsed the notion that eating disorders are caused by severe psychological stress, such as intensely controlling parents, a debilitating fear of maturing into a woman or a seminal emotional event like rape or abuse. Bergh rejects the trauma-as-cause theory for most patients, and she also doesn't buy the broadly held idea that psychological problems such as depression, anxiety and obsessive-compulsive disorder (OCD) usually precede and precipitate the illness. "Everyone has it backward," Bergh says. "The disordered eating causes the psychological problems, not the other way around."

For evidence, she cites a decades-old but well-regarded study by Ancel Keys, Ph.D., from the University of Minnesota at Minneapolis, in which a group of 36 men allowed themselves to be semistarved. "They thought about food constantly and would horde it and binge if given the opportunity," Bergh says. "When you starve, or starve and then binge, it can cause any number of psychological problems, including depression, anxiety and OCD." Starvation alters hormone levels in the body, which is why overly thin women often stop menstruating. But starvation also seems to affect brain chemicals such as serotonin

Teaching women to eat again

The patients at Mandometer use this biofeedback device during each meal. Here's how it works.

and dopamine, Bergh says. At the University of Pittsburgh researchers recently conducted brain scans on former anorexics and found that they had altered serotonin activity—a possible neurochemical "scar" from years of deprivation.

Even the urge to overexercise can be the result of a chronic lack of food. Studies show that if rats are starved and then maintained at 70 percent of their normal weight, they'll run up to 20 kilometers a day, says Shan Guisinger, Ph.D., an eating disorders specialist in Missoula, Montana. She believes the manic exercise often seen in patients is an adaptation to famine. "In prehistoric times, when there wasn't enough food, women had to travel hundreds of miles to find more, so they needed to be able to walk for hours with little to eat," she says. "When women starve themselves, that hardwired restlessness may kick in."

There is one thing that seems to short-circuit the behavior: heat. Some research shows that heat lamps can prolong life in rats who are running themselves to death—a finding that lends support to another element of the Mandometer treatment. After eating, patients at the clinic either lie down for an hour in a small room heated to 112 degrees or put on a specially designed jacket with embedded heating units. "The heat keeps them calm and helps prevent the anxiety that typically hits after they eat, making them want to purge or exercise," Bergh says. When researchers at the University of British Columbia at Vancouver tested warming therapy for 21 days on 10 eating disorder patients, some women said they felt more relaxed.

> "I haven't had a life for the past 13 years. The **eating disorder** has been my life."

Controversy surrounds the Mandometer program in the United States, and many experts are quick to point out flaws in the studies Mandometer's founders cite. The heat study, for instance, found that the therapy didn't affect the number on the scale: Women who wore warm jackets didn't gain any more weight than those who didn't. "The problem with the whole Mandometer program is it's based on flimsy evidence," says Cynthia Bulik, Ph.D., professor of eating disorders at the University of North Carolina at Chapel Hill. "Their study wasn't rigorously designed. They didn't include the return of menstruation as part of their definition of remission, and in our studies we like to use that because it's a clear sign of appropriate weight gain. And they didn't test the Mandometer gadget by itself, so there's no way to tell how well it works."

Bergh counters that most of their patients begin menstruating within six months or so of leaving. "Menstruation only loosely correlates with weight gain," Bergh says. "A woman's period can return two months or two years after she's become healthy." Furthermore, she says, they purposely didn't study the Mandometer by itself. "We designed the treatment so it all works together," she says. "Without the Mandometer, it wouldn't be effective, but as eating normalizes, the other features—the heat and the social support—become more important."

Perhaps the biggest point of contention is the Mandometer clinic's claim that eating disorders are not primarily caused by psychiatric problems. "That concept flies in the face of decades of research, and it deprives people of the psychotherapy they need," Bulik says. "A number of studies have found that childhood anxiety precedes eating disorders, and patients typically come from families that have increased rates of eating disorders, depression and anxiety." Indeed, after studying more than 650 women with different types of eating problems, University of Pittsburgh researchers reported that two thirds had some sort of anxiety disorder—and the majority said their psychological problems developed before the eating disorder. Findings such as this don't dissuade Bergh: "No one would dispute that patients are suffering from anxiety and depression," she says. "But these data still do not show a causative effect."

Despite the critics, some American experts are open to the Mandometer approach. Cincinnati eating disorders expert Ann Kearney-Cooke, Ph.D., author of *Change Your Mind, Change Your Body* (Atria Books), calls the clinic's biofeedback device intriguing. "Getting patients to reconnect with feelings of hunger and fullness could be very valuable in helping them recover, because many still struggle with eating after treatment." And as for the clinic's choice to bypass traditional psychotherapy, Kearney-Cooke says what counts is providing patients with emotional support; it may not make a big difference whom it comes from. "The clinic has a multidisciplinary team, which is a key element of any effective program," she says. "Eating disorders are so difficult to treat, we always have to be open to new approaches. What works for one woman may not work for others."

When lunch is over, the women at Mandometer have some downtime, during which they can either go to the warm room or don the heating jackets. They stay at the clinic through dinner, then head to their individual apartments, located in a building nearby. In the meantime, Modry has a private meeting with Fluty. "This isn't a scheduled appointment, like with a therapist," Modry says. "I can ask her to talk whenever I feel like it. And she's not constantly analyzing me or blaming me or my parents. We talk more like friends."

Fluty says that case managers come from a variety of backgrounds, and all undergo three months of training at the clinic in Stockholm. "Our main job is to help patients become engaged again in things they used to enjoy. They lose touch with that because they spend most of their time thinking about food." To that end, Fluty is encouraging Modry, who loves to travel, to plan a family trip as well as set goals for herself, like opening a checking account and going back to school. These might seem out of step with the average 24-year-old, but as Modry says, "I haven't had a life for the past 13 years. The eating disorder has been my life." Does she think she's finally on the road to recovery? "I weigh about 98 pounds and my goal is 105, so weightwise I still have a little way to go," she says. "But I'm more confident than I ever have been, and I'm slowly learning to trust myself and my body again, one bite at a time." ■

Mandometer clinicians will answer your questions about eating disorders and their treatment weekdays June 19 to 30 at Self.com.