

**Good Morning:**

**I would like to thank Assemblywoman Ma and Senator Wiggins for their service to our State, particularly their efforts to provide quality healthcare for every Californian and their support today of Eating Disorders Awareness Week.**

**Again, as Lara said, I am a clinical psychologist and eating disorder specialist. Every day in my practice I see women and men, girls and boys whose lives and families are devastated by the ravages of an eating disorder**

**According to National Statistics, as many as 3.6 million women and girls in California, and nearly a half-a million men and boys in California, suffer from an eating disorder, and the rates for both genders are fast increasing – we have seen increases of nearly 35% during every five year period since 1950.**

**Today for example, anorexia nervosa ranks as the third most common chronic illness among adolescents, following obesity and asthma. For those of us who work in the eating disorders field, and certainly for those whose lives have been affected by these illnesses disorder, this is indeed an alarming trend and a matter of great concern. Eating disorders affect people of all ages and have been reported in patients as young as 7 and as old 80, of every race and ethnicity, from every socio-economic status, and in every district in our State.**

**Eating disorders are serious and complex psychiatric illnesses whose symptoms include a severe disturbance in eating behavior and often coincide with unhealthy weight loss and weight control methods (such as severe calorie restriction, food avoidance, or self-starvation, excessive exercise, self-induced vomiting, and laxative abuse).**

**As with many other forms of mental illness, the symptoms associated with anorexia can be confusing for patients and frightening for their families as the consequences of these illnesses can be extremely dangerous and even deadly. Complications resulting from eating disorders can affect all organ systems of the body and significantly impact patients' cognitive, social, psychological and physical health. Indeed, the most serious physical risk associated with the illness is death. In fact, eating disorders have the highest premature death rate among all mental illnesses with estimates of fatality occurring in as many as 5–20% of cases.**

**Anna, the daughter of a family whom I know, lost her life to anorexia when she was just 21 years old. She was a spirited, vibrant young woman who had so much potential. She was just beginning to live and she had goals, dreams and hope until she became ill. I cannot imagine, even as a treatment provider, the depth of the heartbreak and suffering this family has endured. Anna did not need to die. If she had access to appropriate care and if her family had the support they needed she might be alive today.”**

**Although many of these medical complications of eating disorders can be quite serious, some can be reversed through proper medical treatment and nutritional rehabilitation. Physical recovery, as well as psychological recovery, can take a substantial amount of time, therefore adequate length of treatment is essential. Too often we see malnourished or otherwise physically at-risk patients denied continuing coverage due to restrictive benefits and inadequate insurance coverage. Unfortunately, inadequate and truncated care has contributed to rates of recidivism that range from 25-50%.**

**Today, the NEDA STAR Program is advocating for standard of treatment that will ensure adequate care for the millions who suffer from debilitating and life-threatening eating disorders in California. Along with the International Academy for Eating Disorders, we advocate for appropriate training for health professionals; comprehensive assessment and treatment planning; accessible, high-quality, and well-funded care, safe and research-supported length of care for adequate recovery, and access to support for loved ones of those who suffer from eating disorders.**

**Statistics reveal that currently:**

- Only 6% to one-third of people with anorexia and bulimia in the community receive mental health care**
- The length of hospitalization for eating disorders has decreased 95% since 1984 despite the fact that repeated studies have demonstrated a correlation between length of stay and treatment outcome.**

- *Delayed admission for care and premature treatment termination are both linked to high rates of relapse, yet in the treatment community, we find that these barriers have become the all-too-frequent norm.*

Additionally, it is important to note that research findings indicate that *at least half* of all people diagnosed with an eating disorder do not meet the full criteria for either of the two primary eating disorders: anorexia nervosa and bulimia nervosa. In such cases, an alternative diagnosis is given. According current diagnostic standards ( *DSM-IV-TR*) “eating disorder not otherwise specified” (or EDNOS) is the diagnostic term used to describe clinically significant eating disturbances that meet some, but not all, of the diagnostic criteria of either anorexia nervosa or bulimia nervosa. Some of those diagnosed with EDNOS may have symptoms that closely align with diagnostic criteria of anorexia or bulimia but fall outside of this diagnosis based on just one criterion.

A diagnosis of EDNOS is *no less clinically significant* than that of anorexia or bulimia, nor is it necessarily of less concern. EDNOS can indeed be quite serious and requires the same attention and level of treatment as another eating disorder diagnosis. An example of EDNOS is purging disorder, all of the symptoms of bulimia nervosa, without the accompanied binge eating. Someone who purges anywhere from several times a week to several times a day is very ill and needs proper care, irrespective of the extent to which they fit into a limited diagnostic category. Imagine if your son, daughter, or other loved one abused laxatives or vomited daily but was denied care for lack of conformity to a set of

**diagnostic criteria. Another example of EDNOS is Binge Eating Disorder, a syndrome that multiple millions in our country struggle with daily.**

**We therefore recommend that under the current system of classification, eating disorders diagnosed as EDNOS be included as Parity diagnoses in our State so that these patients will have access to adequate treatment and their risk of recidivism can be reduced.**

**Lastly, while we recognize and are grateful that anorexia nervosa and bulimia nervosa are currently recognized as parity diagnoses in the State of California, we are also aware that no standardization of criteria for insurance coverage currently exists. Know that we can and we can and must do better! Too many people who suffer from eating disorders are denied access to care by employees of insurance companies who have no training or knowledge about eating disorders. This is an outrageous practice and can lead to severe consequences including death.**

**Therefore, uniform guidelines must be established to ensure that individuals receive adequate, comprehensive, and reliable access to the care they so desperately need, rather than the current alternative which leaves a large proportion of decisions with regard to medical care in the hands of insurance company employees who lack the training and knowledge necessary to make diagnostic and healthcare related decisions that may significantly affect the treatment and outcome of a patient's path of recovery.**

**The good news is that for the majority of people with eating disorders, recovery is possible and good health and well-being are attainable! Anyone in the eating disorder field- - - patients, families, and health care providers alike- - - can tell you that it takes time, support, and often a great deal of effort to recover from these illnesses, but *recovery is possible*.**

**Most studies suggest that the majority of people with anorexia achieve some degree of recovery (75–80). Studies indicate that even individuals with long-standing eating disorders can show improvement. HOWEVER, outcomes are significantly better with early treatment, and with adequate treatment, including adequate length of stay and appropriate follow up treatment.**

**Therefore, we hope that during this 2009 Eating Disorders Awareness Week, we have indeed raised awareness of the need for adequate care for those who suffer from ALL forms of eating disorders. In so doing, we extend hope to families, loved ones, and those who suffer, that help is available, and it can be there for the length of time necessary for a full recovery. Together we improve access to care and ensure the quality of care necessary in order to usher in the day when eating disorders are a thing of the past.**

**Thank you again to Assemblywoman Ma and Senator Wiggins for their invaluable support of these efforts. Thank you.**