

# *Anorexia in Middle Age and Beyond*

A growing number of older women are seeking treatment for eating disorders. Many have struggled without help for decades.



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**By Abby Ellin**

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Sally Odenheimer starved herself because she was an athlete and thought she'd run faster on an empty stomach.

Karla Wagner starved herself because she wanted to be in charge of at least one aspect of her life.

Janice Bremis simply felt too fat.

They all sought perfection and control. Not eating helped.

They are women in their 60s and 70s who have struggled with anorexia nervosa since childhood or adolescence. Years later, their lives are still governed by calories consumed, miles run, laps swum, pounds lost.

"It's an addiction I can't get rid of," said Ms. Odenheimer, 73, a retired teacher who lives outside Denver.

For decades, few people connected eating disorders with older people; they were seen as an affliction of teenage girls and young women. But research suggests that an increasing number of older women have been seeking treatment for eating

disorders, including bulimia, binge eating disorder (known as BED) and anorexia, which has the highest mortality rate of any psychiatric disorder, and brings with it an elevated risk of suicide.

In a 2017 paper in the journal *BMC Medicine*, researchers reported that more than 15 percent of 5,658 women surveyed met the criteria for a lifetime eating disorder while in their 30s and 40s. A 2023 review of recent research reported that the prevalence rates among women 40 and older with full diagnoses of eating disorders were between 2.1 and 7.7 percent. (For men, they were less than 1 percent.)

These studies add to the evidence suggesting that a number of older women continue to suffer from the untreated or poorly treated eating disorders of their youth. Some eating disorders are newly diagnosed during menopause, when many women feel a loss of control over their changing bodies. But, said Margo Maine, a clinical psychologist in West Hartford, Conn., who specializes in eating disorders: “It’s very rare that it’s all of a sudden.”

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## **No Treatment**

In general, the earlier an eating disorder is diagnosed, the greater the success in treating it. But before the mid 1980s, little was known about them.

For her forthcoming memoir, “*Slip: Life in the Middle of Eating Disorder Recovery*,” Mallery Tenore Tarpley, a journalism professor at the University of Texas, Austin, surveyed more than 700 women, men and trans people ages 18 to 78 with eating disorders.

“Many of the older women I spoke to said they never received proper treatment — or any treatment — when they were younger,” said Ms. Tarpley, 40, who was hospitalized with anorexia as a teenager and still grapples with eating issues. “This was especially true of women who were struggling in the 1970s and 1980s, when eating disorder treatment was nascent.”

Doctors are now seeing the long-term impact of disordered eating on older bodies, including osteoporosis, arthritis, dental issues and heart disease.



Sally Odenheimer, a retired teacher outside Denver. “It’s an addiction I can’t get rid of,” she said. She has been seeing a therapist for her anorexia since 2005. Rachel Woolf for The New York Times

“My fear is that we are woefully underprepared for these patients,” said Craig Johnson, a senior adviser at the Eating Recovery Center in Denver. “There will be an increasing number of patients that are aging into their 60s and 70s in need of palliative care that I fear we are unprepared for.”

Karla Wagner was diagnosed with anorexia in her early twenties. She was hospitalized for medical stabilization for three months in 1987 and spent five weeks in a residential treatment program. Since then, she has participated in outpatient programs three times; today, she has weekly appointments with a therapist and dietitians. Now 60, Ms. Wagner had lost part of her colon and suffers from gastrointestinal issues and osteoarthritis, the result of her anorexia.

“The eating disorder, along with my age, compromise my ability to fight and overcome illnesses,” said Ms. Wagner, a widowed mother in the Atlanta suburbs who is on disability. “My dietitian is always monitoring my weight and diet to make sure I have enough reserves to recover from surgeries and illnesses.”

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## **Little Progress**

Anorexia gained attention among the general public in the late 1970s with the publication of Hilde Bruch’s “The Golden Cage: The Enigma of Anorexia Nervosa,” followed by Steven Levenkron’s “The Best Little Girl in the World,” which became a television movie starring Jennifer Jason Leigh. But it wasn’t until the 1983 death of singer Karen Carpenter that many began to realize how dangerous excessive dieting could be. The nation’s first inpatient residential facility for eating disorders, the Renfrew Center, opened in rural Pennsylvania in 1985.

Before then, most treatment involved hospital stays and mandatory refeeding, which could include requiring patients to consume a certain number of calories per day and to finish their meals. If they didn’t, they were given a supplement, or even fitted with a feeding tube. Patients had to reach a predetermined weight, whereupon they would be released. After returning home, they often relapsed, and the cycle would continue.

To some degree, that's still the case today.

“It's still pretty much one size fits all,” said Cynthia Bulik, founding director of the University of North Carolina Center of Excellence for Eating Disorders, in Chapel Hill, N.C. “Regardless, if you've had anorexia for 30 years or five, you're typically prescribed a starting diet of a base line number of calories per day and then expected to gain a certain amount of weight per week.”

While drugs like Ozempic and Wegovy can reduce appetite and cravings, she said, nothing has come on the market to help people with anorexia tolerate weight gain and eradicate what she calls the “anti-food noise” that tends to accompany the illness.

Family-based treatment and cognitive behavioral therapy, which focuses on rewiring thinking and habits, have shown some positive outcomes. But neither was available when these women were young.



Ms. Bremis, who founded the Eating Disorders Resource Center, a nonprofit, pointed to her high school senior photo. Carolyn Fong for The New York Times

Many older patients are also reluctant to seek treatment. “They’re so apologetic about needing help,” said Dr. Maine. “They’ll say, ‘We should help the younger people because they can get better’ and ‘This is a young person’s illness, why am I doing this when I’m so old?’ A lot of our time is spent uncovering all that embarrassment and shame.”

Although medical experts are increasingly recognizing eating disorders in later life, most treatment is still geared toward much younger women. Even if a facility offers midlife programming, as some do, most patients are often decades younger, which means that a 60-year-old could share a room or do therapy with someone 20 or 30 years her junior.

“I’ve talked with older women who have been in situations like this, only to feel like they had to take on a maternal role, rather than focusing on caring for themselves,” Ms. Tarpley said.

In 2012, Ms. Bremis went to an eating disorder facility in California. She was in her 50s, and most other patients were in their teens. “I felt totally out of place,” she said. “I was not a good role model for these young girls.” She left after two days.

At 69, Ms. Bremis considers herself “functioning” but adheres to a rigid eating schedule. “I still think constantly about losing weight and the feeling that comes with it,” she said.

She also struggles with the long-term physical consequences of her eating disorder, including osteoporosis, severe sciatica pain, a weak pelvic floor, dental bone loss and stenosis. She has since founded Eating Disorders Resource Center, a nonprofit organization that creates awareness.

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## High cost of help

Financial hurdles can also be an impediment for older patients. Most inpatient treatment facilities, many of which are run by venture capital firms, don't accept Medicare, the federal health insurance program for people over 65. Those who can afford to pay out of pocket often don't want to halt their lives to check into a treatment center, especially if they're contending with children, spouses, careers or aging parents.

With this in mind, some organizations are offering remote programs. Within Health specializes in moderate to severe patients who are medically monitored. Patients receive two to three weekly therapy sessions, individual nutrition sessions and check-ins, family therapy sessions, group therapy sessions and psychiatrist meetings. Patients also receive a personalized meal plan and a meal delivery service. They offer groups for "mature adults" over 30. Equip, which is also wholly virtual, tailors its treatment programs to the specific patient. Its older adults are 35 or older.

The Eating Disorder Foundation, a nonprofit, has been running free online groups and in-person retreats for women over 50. Since its formation in February 2021, more than 700 people have signed up, said Bonnie Brennan, a Denver therapist who leads the groups.

"I'm not a believer that we should ever give up," said Ms. Brennan. "I hold the hope that at any moment, no matter how sick someone is, they can make a choice that they're going to decide to do things differently in their lives, even if it's little small moves at a time."

Ms. Odenheimer, who has been seeing a therapist for her anorexia since 2005, when she was 52, attends Ms. Brennan's support group. "The group is a place I can go to be with people I can relate to who are dealing with similar issues and not feel ashamed that I'm still dealing with an eating disorder at my age," she said.

Discussion often centers on the concept of recovery, a challenging notion for people whose illness has been part of their identity for decades. What does recovery even look like to a person whose illness has been intrinsic to their sense of self?

“I look at recovery as a journey, and it’s a matter of who’s in control, my healthy adult or my eating disorder,” said Ms. Wagner, who sees a dietitian and therapist who specializes in trauma. For her, recovery means not having to be so hypervigilant about food and weight. Since September, she has considered herself to be in “full recovery,” which she defines as being able to do the things she enjoys without thinking about eating or not eating.



Karen Moul, an artist in Tulsa, Okla., with her husband, Gene. She considers herself in recovery after a fight of more than 40 years with anorexia. Melissa Lukenbaugh for The New York Times

Karen Moulton also considers herself in recovery after a fight of more than 40 years with anorexia.

Ms. Moulton, 64, an artist in Tulsa, Okla., left college her sophomore year after dropping “a ton of weight.” She moved back home with her parents and tried to return to school locally but couldn’t focus. “My eating disorder was the number one thing in my life,” she said.

Her father, a physician, thought she had a stomach problem, and her parents had her hospitalized for tests, all of which came back negative. She saw a psychiatrist to help her manage her stress, but was never explicitly treated for anorexia.

Her restricted food intake continued throughout her life. When she turned 50, her son left for college, her sister died and she began playing golf competitively. She found herself eating even less and becoming even more focused on her body. Finally, in her late 50s, she assembled a therapist, a dietitian, and an internist who specialized in eating disorders.

She tried to curb her exercise and gain weight. But in 2023, seeing how frail her body was and worrying that her life was at risk, her team decided it was time for a residential program. She spent 10 weeks at Alsana, an eating recovery community in Thousand Oaks, Calif. After reaching a weight deemed sufficient by her health insurance company, she moved to a partial hospitalization program nearby. Her three roommates were in their 20s, but she didn’t mind.

“We helped each other,” she said.

Now she attends the virtual meetings of a support group and has weekly appointments with her therapist and dietitian, plus biweekly meetings with her internist. She said she feels better than she has in years. She just wishes the help had come sooner.

“Had there been treatment when I was much younger, and a place where I spent more time with clinicians who could help with the underlying reason that I had an eating disorder, I might have been able to get into recovery much sooner,” she said.

**Abby Ellin** has been contributing to The Times since the late 1990s. She is the author, most recently, of “Duped: Double Lives, False Identities and the Con Man I Almost Married.”

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