

Bears & Health

Bears, Binging and Depression – Part 2

In the last issue, woofy New York City Metrobear Member of the Month Rich Poploff talked candidly about his experience with depression and how his depression seemed to be mixed up with binge eating.

Medical abbreviations can be confusing. A previous column, "Turning 50" was about Viagra and E.D., which stands for Erectile Dysfunction (limp dick). But E.D. also stands for another big area of conditions: Eating Disorders. The most common of these is "Compulsive Overeating," which is most often described as, well, addiction to food. Other patterns of compulsive overeating include binge eating disorder and bulimia. In the latter, overeating binges are followed by purging (self-induced vomiting).

Everybody requires food, of course, and eating is one of life's pleasures. But if you're using food to "self-medicate," as we say in the field of addiction – if you're using it as a drug to escape from feelings, to lift your mood – the way you eat will have the characteristics of compulsivity, a term that is more often used to describe behaviors rather than addictive drugs with physical withdrawal syndromes. So if you are sexually compulsive or if you are a compulsive gambler or compulsive overeater, which are behavioral compulsivities, abruptly altering your behavior may produce anxiety and depression, but won't put you at high risk for life-threatening seizures the way you would be if you are addicted to valium or xanax or klonopin or barbiturates or alcohol and stop taking any of these abruptly.

As with other addictions, societal ignorance and prejudice – "just stop," "just say no," "just go on a diet" – can aggravate the overeater's sense of isolation and depression, and become part of the cycle of addiction. The worse the

depression, the greater and more frequent the drive to overeat as a way of "medicating" those feelings.

In "Something Fishy," one of the larger websites on eating disorders, the tie-in to derpression and low self-esteem is strong, as it is in the psychiatric and addiction literatures. So it isn't surprising that treating depression is often a key ingredient in approaches to treatment. Although there is not yet a wonder drug, a penicillin, for overeating, anti-depressants, especially the SSRI's (prozac family) continue to be used with qualified success. Poploff is an example of someone who feels he was helped by anti-depressants. But I have a friend who says these medications only helped him feel less depressed about his overeating! And it's important to know that some anti-depressants (e.g., Remeron) can have a side effect of weight gain.

In any event, getting control of depression is a first order of business from which decisions about eating patterns, diet, health and safety can best be weighed.

In recent years, a lot of people have been getting antidepressants from their private/general docs rather than from a psychiatrist. The problem with this is not that general practitioners aren't competent to prescribe antidepressants, but that anti-depressants, as recent studies show, work best when the patient is in psychotherapy – individual and/or group.

The best researched therapy for the treatment of binge eating disorder is cognitive behavioral therapy (CBT), in which patients are helped to rethink their eating and exercise habits and to identify triggers and find alternative ways of coping with situations and feelings that tend to encourage binge eat-

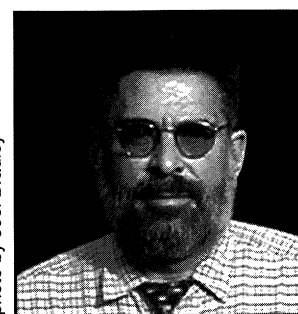


photo by Joel Bradley

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ing, and they are taught techniques for preventing relapse. Patients are also given nutritional counseling and helped, according to the Harvard Medical Newsletter, to examine self-defeating beliefs, such as "the fear that a slight weight gain is obvious to everyone or the illusion that their value as people depends on their looks." But where would that leave us bears, where the problem often appears to be the opposite: that we think our looks depend on our being overweight and have plenty of proof of the pudding, if you will, to show for it?

Does being a bear help or aggravate the problem of overeating? For many, as for Rich Poploff, becoming active in the bear community has been a major step away from the isolation and low self-esteem that are such key symptoms of depression, which in turn is such a trigger for binge eating. Even though the encouragements and rewards of overeating in the bear world are the underbelly of our group bonding, the need to deal with depression will often be the priority.

There is no one approach to the problem of overeating for everyone. For most, however, some degree of harm reduction, of self-control, is possible, especially with the concepts and slogans we use in recovery, where E.D., like other forms of compulsivity and addiction, is accepted as a chronic disease: "a day at a time," "keep it simple," "live and let live" and "first things first." Food for thought...