

By Ruth Rovner

For The Star

s a registered dietician with a master's degree in nutrition, Julie Dorfman is understandably committed to good nutrition for everyone. But she works in an environment in which that goal is quite a challenge.

At the Renfrew Center for Eating Disorders, with headquarters in Roxborough, she sees anorexic patients who have come to the center after months or years of virtually starving themselves. Then, there are bulimics who binge on huge quantities of food, and then purge themselves in repeated cycles. And compulsive overeaters who binge, but don't purge.

These eating disorders are so serious they can be life-threatening. But the Renfrew

Please see NUTRITION / Page 13

NUTRITION

➤ Continued from Page 12

Center, a residential facility for 58 inpatients, offers extensive treatments and services, including nutrition counseling, individual psychotherapy, support groups and more. And all meals are carefully planned and supervised.

Founded in 1985, it's a residential treatment center for adolescent and adult women with eating disorders. Patients at Renfrew have ranged in age from 14 (the minimum for admittance) to women in their 60s and even 70s.

As director of nutrition services, Dorfman supervises the Center's dieticians who manage the meal plans for the residents.

"We work on menu planning, calorie intake, weight goals and nutrition therapy," explained Dorfman who also supervises dieticians at five other Renfrew sites in the northeastern United States.

Residents eat all three meals in the dining room. Dieticians and counselors are on hand not only to watch their food intake but also their behavior. For women with eating disorders, the mere act of confronting food can trigger high anxiety.

"A dietician in a hospital sees patients only for a brief time. But at Renfrew, I get to work with them for a length of time. I see them progress from their lowest point through a process until they can take what they've learned and develop a healthy lifestyle on their own."

➤ Julie Dorfman, director of nutritional services at Renfrew.

And it can lead to extremes such as trying to hide food.

"Hiding food is one of the big issues," Dorfman said. Anorexics feel compelled to deny themselves food to avoid gaining weight. So when they see food, they can try to hide it — on the floor or even in their shoes.

Others try to "manipulate" food, as Dorfman puts it. For example, they'll take a muffin and crumble it into tiny pieces to mask the food. "That's so it won't be pleasurable to taste," she described. "They don't allow themselves to enjoy food."

Some patients have denied themselves certain foods for so long that these become "fear foods." It could be a pizza, or a dessert, or anything high in calories. "When they eat a fear food for the first time in a long time, they may even have a complete panic attack," said Dorfman.

But counselors are there at every meal to offer support and reassurance. "The counselor sits next to them and tries to talk them through it," said Dorfman.

Then, too, some patients have strict rules and rituals about how they eat. "They have to eat in a certain order, or they don't want one food to touch another food," described Dorfman. For example, a potato and a serving of broccoli must be totally separate.

Stir- fried food can be especially difficult. "When the food is all mixed together, they don't know the exact portion of any one food, and that can cause great anxiety," said Dorfman. "But the counselor is there to reassure them that they should eat this."

No one at Renfrew is forced to eat. "We are a voluntary facility," stressed Dorfman. "But over time, we hope they to adjust

their behavior," said Dorfman.

Bulimic patients don't hide or manipulate food. "They have less trouble eating the food — their problems come later," said Dorfman. They are closely supervised so that they don't leave the dining room to go and purge right after they eat.

Then, too, there are also guidelines for appropriate conversation. "They aren't supposed to mention calories or weight, or anything related to their eating disorders," said Dorfman. These topics just add to the anxiety about eating.

As for the food itself, each patient gets an individual meal plan tailored to her needs, created by the dietician and supervised by Dorfman. Patients also meet with the dietician once a week.

At first, new patients eat every meal from a tray that's totally prepared for Please see NUTRITION / Page 15

NUTRITION

> Continued from Page 13

them. The kitchen staff follows the dietician's directions and puts all the food on a tray with the patient's name.

As they improve, they advance to the second level. They still get food according to the dietician's menu plan, but now they portion it out themselves.

And for those who reach the third and highest level. they walk through the tray line, see all the options and choose the food themselves.

"They now know how to eat three balanced meals on their own," said Dorfman. "Our hope is that all patients can reach this level."

Dorfman oversees the progress of each patient. "Every meal for each patient is documented in a written report, said Dorfman, who reads these every morning to assess how each person did the day before.

She is well trained for her role at Renfrew. With an undergraduate degree in psychology and a master's in nutrition, Dorfman first worked at Belmont Hospital, which has an eating disorders floor. "That's how I became interested in the subject," she said. "My interest in psychology and nutrition blended well for a career working

with eating disorders."

When she came to Renfrew just over six years ago, she started out as a team dietician, gaining hands-on experience working with patients and their nutrition needs and food issues. That experience served her well when she was promoted to Director of Nutrition Services. She now supervises other dieticians who do the same work she once did.

So she knows well that the first crucial step for those with a food disorder is what others take for granted simply eating a complete meal. And it isn't easy. "Patients may feel anxiety," said Dorfman. "But once they manage to eat a normal meal and they're nourished, then we can start therapy and talk about the issues they have with food."

Not everyone reaches that point easily. "We have patients who don't finish a meal for weeks," said Dorfman. "Some are not really ready for recovery. A small percentage don't come willingly or they don't believe they need help."

But others do make noticeable progress, often quickly. "For those who are motivated, usually within a week they are at least completing a meal and getting the nutrition they need."

Of course, nutrition is part of an overall program that includes psychological counseling so patients can understand the causes of their disorders. They also participate in varied activities such as art therapy and support

A team decides when a patient is ready for discharge. "We consider their body weight, how they're doing at meals, and whether they're able to keep themselves safe," said Dorfman. "There's no typical recovery time. Recovery is a constant work in progress."

During her six-plus years at Renfrew, Dorfman has seen gratifying examples of progress. And she enjoys the chance for ongoing interaction with patients.

"A dietician in a hospital sees patients only for a brief time," she said. "But at Renfrew, I get to work with them for a length of time. I see them progress from their lowest point through a process until they can take what they've learned and develop a healthy lifestyle on their own."

The Philadelphia headquarters for the Renfrew Center for Eating Disorders is at 475 Spring Lane. Another out patient facility is in Radnor, Pa. For information call 1-800-736-3739 or visit website www.renfrewcenter.com



Jazzbo: Page 16



of Manayunk, Roxborough, and East Falls

The Newspaper That's All About You



Green Drinks: 10