

# Few statistics about anorexia nervosa

By BARB JOY

Anorexia nervosa is an illness with seemingly few statistics attached to it. At the regional level, Dr. Peter Cole, Halton's medical officer of health, offered an explanation.

He said: "Whatever cases are brought to our attention are hospital admissions. But those figures aren't reliable because one patient might be admitted to hospital three or four times while some are treated by family physicians and never admitted to hospital and so never reported."

Dr. Andrew Wilson, Psychiatrist at the Oakville-Trafalgar Memorial Hospital, said he hasn't seen an anorexia nervosa patient for two years.

"It seems to come in waves," he said. "Two years ago, I saw three (patients) in the space of a year." Then he added: "I think it's getting more common."

The director of a special anorexia nervosa department at the Clarke Institute thought the illness was "extremely common." Dr. David Garner quoted a London, England study showing one in every 100 upper class school girls suffered

from the illness, an estimate he thought "quite reasonable."

Most high school nurses see few anorexia nervosa victims, leading one to conclude the front line in the illness is the family which persuades the patient to see a family doctor.

Dr. Garner said "a lot of research" has been done pinpointing individual and sociological determinants as the cause of the illness. He mentioned "struggles for control," a striving for "worthwhileness" and a general "loathing of the body" as some motivating factors.

Said Dr. Wilson: "The over-emphasis on slimness which crosses a border of fat probably has something to do with it. I suspect many factors are involved—genetic make-up, some biological change in the centre of the brain, upbringing and family."

He found medication of little help in treating the illness. Behaviour modification combined with one-on-one therapy and large amounts of family support proved most effective.

According to Dr. Garner, the death rate is small, less than two per cent. Because the illness has such visible results with the patient literally "wasting away", most enter hospital where their food intake is controlled and where they can, once again, develop a sense of trust with their own bodies.

The job of instilling that trust often falls on the shoulders of nurses. They must deal with patients who step on scales with stones hidden underneath hospital gowns to show weight gain, who disconnect intravenous feeding apparatus, dump the fluid, then re-connect them, who induce vomiting or give themselves enemas to keep weight down.

In a pamphlet containing hints for nurses dealing with anorectic patients, Irene M. Misik, RN, MSN, on the staff of the Cooper Medical Centre in Camden, New Jersey, says:

"True anorexia nervosa is a psychosomatic disorder (not, as the name might suggest a loss of appetite)."

# Supreme Court ruling may save Halton \$500,000

A federal law requiring municipalities to pay part of the cost of supporting juvenile delinquents in group homes has been struck down by the Supreme Court of Canada.

In a decision on an appeal by Peel Region, the court ruled Parliament was acting outside its authority when it approved that section of the Juvenile Delinquents Act.

For Halton Region, the decision could mean a savings of up to \$500,000 next year, but for other agencies, such as the Halton Children's Aid Society, the news could be bad.

The section requires a municipality to pay for the support of a juvenile delinquent in a group home when the parents cannot do so.

The municipality can collect its cost back from the parents at any point in the future.

In the judgement on the appeal by Peel Region, the court ruled the section requiring the payment was outside the authority of Parliament to legislate on matters relating to criminal law or criminal procedure.

"There is no direct link between the municipality 'to which a child belongs' and the issue of the child's criminality," wrote the majority of the panel hearing the case.

Ron Coupland, executive director of the Halton CAS, told members of the Region's health and social services committee last week, the decision could mean even more children coming into the care of his agency.

"That has certainly been the case," he said, "in areas where the municipalities haven't been as generous as Halton."

Provincial family court judges, under the Juvenile Delinquents Act, have the authority to order a wide range of steps for the "rehabilitation" of children judged as delinquents, one of which is placing them in group homes.

Now that municipalities will no longer be required to pay a portion of that cost, the entire daily fee for the care provided by the group homes will likely be paid by the Province, said Halton social services director Debbie Oakley.

"I think they'll continue to flow the money through us, but we'll be getting 100 per cent of it," she said in a telephone interview.

Committee members decided Halton would continue to pay, for now, the share it has been carrying for those juveniles who have already been committed from Halton.

The payments will be made as grants, however, rather than as a fee for service and only half of each invoice will be paid. The balance will have to be collected from the Ontario Ministry of Community and Social Services.

No payments will be made for any commitments made after July 22, the date of the Supreme Court judgement.

Dennis Périn, chief administrative officer of the Ministry however, adding "I'd be surprised if they just picked up the total cost."

Mr. Périn added the "cleaner" way for the Province to resolve the problem would be pass a section to its new Young Offenders Act, requiring municipalities to pay a portion of such costs.

Children whose parents can't bear a portion of the cost of group home service, he added, could also be made wards of the Children's Aid Society (CAS).

Under that option, he said, the CAS would still approach the Region for increased support, but those costs are 80 per cent subsidized by the Province, rather than only 50 per cent which had been paid under the previous system.

"I think we'll eventually find ourselves put right back in the same door we just came through," he added.

Beyond the specific question decided by the court in this case, Mr. Périn said there were other areas where municipalities could be relieved of some of the costs imposed on them by the federal government.

One of these is in the area of railway grade separations, and safety signals.

He explained that currently, the Canadian Transport Commission divides those costs between the railway, provincial, federal and local governments.

Now that the municipality may be excluded from that order, the local share of the total cost may be divided through an agreement with the province.

## Lung diseases affect 40% of farmers

"Canadian farmers respiratory diseases of hay, silage and husbandry," states Dr. Peter Warren of Winnipeg.

Warren pointed to recent surveys from Manitoba which indicate 40 percent of farmers experience some degree of respiratory problems. The symptoms include shortness of breath, difficulties breathing when working with grain, coughing and flu-like symptoms.

Warren said surveys show farmers have more respiratory problems than non-farmers living in the same area and the figures are as high as workers in chemical-related industries.

Warren said classic cases of "farmer's lung" are associated with wet hay which because of dampness heats up and breeds moulds, fungi and bacteria and wreaks havoc on the respiratory system when inhaled.

He also said farmers working with chemicals should wear full protective clothing to prevent skin absorption of the chemicals.

The Annual Christmas Seal Campaign has funded much of the research in lung and respiratory diseases in this area.



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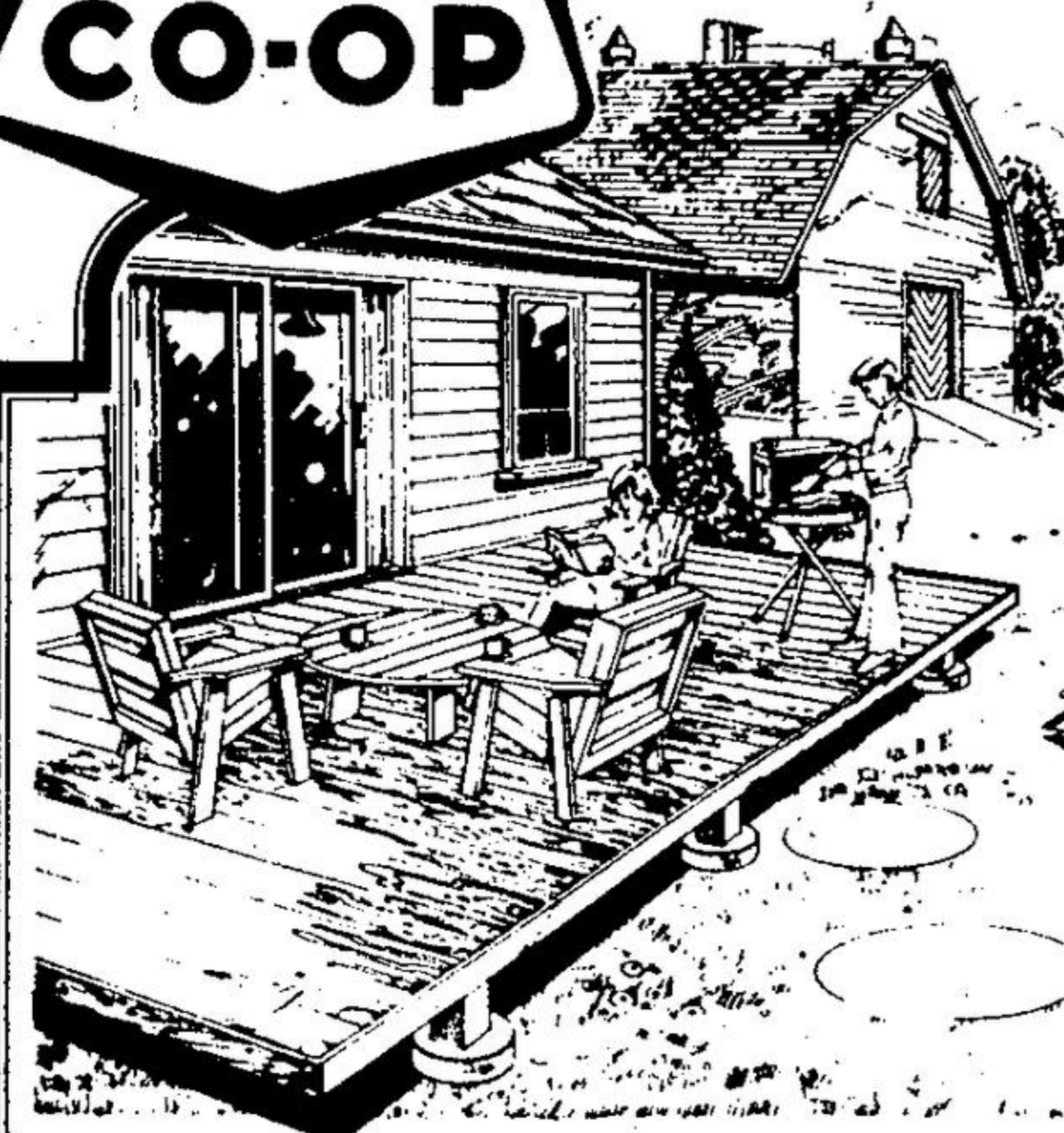
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