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CENTER AIDS YOUNG ON PROPER DIET**BYLINE:** By JOAN COOK**SECTION:** Section 11NJ; Page 12, Column 4; New Jersey Weekly Desk**LENGTH:** 736 words**DATELINE:** HACKENSACK

TEEN-AGERS, too often linked with alcohol and drugs through the devastation of family life, are seldom thought of in the same category as the compulsive under- or over-eater, whose pattern on examination is remarkably similar.

So says Dr. **Miller Newton**, clinical director of KIDS, a rehabilitation center here.

KIDS treats obese, bulimic and anorexic teen-agers along with those who abuse drugs and alcohol. Dr. **Newton** believes that not only the problem, but the solution as well, is the same.

"These youngsters are powerless when it comes to handling foods," he said. "They are out of control. They binge and vomit or binge and binge, or just refuse to eat at all.

"The person with a problem must learn to live with it, just as a diabetic learns to take insulin and avoid sugar."

The first step, Dr. **Newton** said, is to put everyone, whatever the problem, on a healthy diet that prohibits the use of sugar and white flour for four of the five phases of treatment.

"These kids make a mess of nutrition during a critical growth period," he said. "Teen-agers use excessive amounts of sugar, and refined sugar produces a kind of high that is followed by depression."

According to Dr. **Newton**, young people are less disruptive when on a well-balanced diet that is free of sugar and the chemical effects that white flour can trigger.

Mary D'Errico of Paramus, whose son is in the KIDS program, said:

"Because the teen-agers were kept off sugar and white flour, a lot of the families didn't know what to feed them. Desserts without sugar were particularly difficult."

When the parents decided that a cookbook was the answer, as well as a way to raise funds, Mrs. D'Errico agreed to head the venture.

"We started with about five of us collecting recipes from about 140 parents and putting them into categories," she said. "Then we held a contest to name the cookbook. 'Cooking for Kids' was the result."

Sales of the cookbook, which contains a number of sugar-free recipes along with other nutritious dishes, many of which

use carob, honey or whole-wheat flour, have raised more than \$5,000 since it was issued last September (Copies are \$9 from KIDS of Bergen County Inc., P.O. Box 4407, River Edge 07661).

According to Mrs. D'Errico, the cookbook has helped her son. He had been hyperactive, and sugar-free recipes were just what she needed.

People with eating difficulties have used food for self-medication, Dr. **Newton** said.

"They use it to hug themselves from within," he said. "Sometimes it's a way of rebelling; other times, of coping.

"Heavy carbohydrate use sets up cravings which make control more difficult. The food problem takes over their lives, causing a total mess in school, friendships and family relationships.

"About 10 percent of the teen-agers at KIDS are there to combat compulsive eating disorders of various kinds," Dr. **Newton** said, adding that it is not a problem that is limited to girls.

There are no reducing diets at KIDS. Instead, the concentration is on a health regimen with a planned food program, one in which the young people take increasing responsibility as they continue in it.

Meals are well balanced and a weight loss or gain of one-half to three-quarters pounds a week is average.

A typical day's menu at the center might be:

Breakfast: Cereal, milk, bread and fruit, or two eggs, four ounces of protein and fruit.

Lunch: Roast beef, peas, noodles, gravy, a pear and bread, or a hamburger, corn, macaroni and cheese, bread with margarine and a banana.

Dinner at home follows the same pattern as lunch at the center.

Snacks are part of the program, whether consumed at the center or home.

Parents and other concerned family members meet twice a week at KIDS, where they and their teen-agers learn to openly talk with one another and release the anger, guilt and other feelings that brought them here.

KIDS was started by Dr. **Newton** in 1984 after a drug crisis severely affected his own family. Although it is not a residential program, family participation is required.

There are some costs involved in the program, although no one is refused because of an inability to pay. A \$450 intake fee is charged to cover a complete physical examination and other evaluations.

Also, participants pay \$700 a month, for up to a maximum of 15 months, and an additional \$95 a month is required for food.

For information, call (201) 342-KIDS.

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