

Eating Disorders

Eating disorders are real, complex medical and psychiatric illnesses that can have serious consequences for health, productivity and relationships.

Eating disorders, including anorexia nervosa, bulimia nervosa, binge eating disorder and OSFED (other specified feeding or eating disorder), are bio-psycho-social diseases-- not fads, phases or lifestyle choices. People struggling with an eating disorder often become obsessed with food, body image and/or weight. These disorders can be life-threatening if not recognized and treated appropriately. The earlier a person receives treatment, the greater the likelihood of full recovery.

Who has eating disorders?

Eating disorders-- such as anorexia, bulimia, and binge eating disorder-- include extreme emotions, attitudes and behaviors surrounding weight and food issues. Eating disorders are serious emotional and physical problems that can have life-threatening consequences for females and males. Anyone can develop an eating disorder regardless of their gender, age, race, ethnicity, culture, size, socioeconomic status or sexual orientation.

In the United States, 20 million women and 10 million men suffer from a clinically significant eating disorder at some time in their life, including anorexia nervosa, bulimia nervosa, binge eating disorder or EDNOS.[1] (EDNOS is now recognized as OSFED, other specified feeding or eating disorder, per the DSM-5).

Anyone can develop an eating disorder regardless of gender, age, race, ethnicity, culture, size, socioeconomic status or sexual orientation.

The prevalence of eating disorders is similar among Non-Hispanic whites, Hispanics, African-Americans, and Asians in the States, with the exception that anorexia nervosa is more common among Non-Hispanic whites. [1][2]

Take a free screening for Eating Disorders at <http://screening.mentalhealthscreening.org/easttennessee>

What about dieting and disordered eating?

Disordered eating and dangerous weight loss behaviors have unfortunately become normalized in our culture. Dieting, "clean eating" and compulsive exercise are often precursors to full-blown eating disorders. There is a common misconception that symptoms must be severe in order to seek professional help, but any symptom is cause for concern and it is best to intervene early. When disordered eating has a negative impact on quality of life, it's time to seek help.

What are the different kinds of eating disorders?

Anorexia Nervosa is characterized primarily by self-starvation and excessive weight loss.

Symptoms include

- Inadequate food intake leading to significant weight loss.
- Intense fear of weight gain, obsession with size and persistent behavior to prevent weight gain.
- Disturbance in self-image.

- Denial of the seriousness of illness.
- Health consequences include heart failure, osteoporosis, muscle loss, and growth of lanugo (fine hair) all over the body.

Bulimia Nervosa is characterized primarily by a cycle of binge eating followed by compensatory behaviors, such as self-induced vomiting, in an attempt to counteract the effects of binge eating.

Symptoms include:

- Regular intake of large amounts of food accompanied by a sense of loss of control over eating behavior.
- Use of inappropriate compensatory behaviors such as vomiting, laxative or diuretic abuse, fasting and/or obsessive or compulsive exercise.
- Extreme concern with body weight and shape.
- Health consequences include heart failure, gastric rupture, tooth decay, rupture of the esophagus and pancreatitis.

Binge Eating Disorder is characterized primarily by recurrent binge eating without the regular use of compensatory measures.

Symptoms include:

- Frequent episodes of eating large quantities of food in short periods of time.
- Feeling out of control during the binge.
- Experiencing shame, guilt, and distress after the binge.
- Health consequences include heart disease, type II diabetes mellitus, gastric rupture and gallbladder disease.

Other Specified Feeding or Eating Disorder (OSFED) is a feeding or eating disorder that causes significant distress or impairment, but does not meet the criteria for another feeding or eating disorder.

Examples of OSFED include:

- Atypical anorexia nervosa (weight is not below normal)
- Bulimia nervosa (with less frequent behaviors)
- Binge eating disorder (with less frequent occurrences)
- Purging disorder (purging without binge eating)
- Night eating syndrome (excessive nighttime food consumption)

Eating disorders come in many different forms, and OSFED can be equally as severe as the other eating disorder diagnoses.

What causes eating disorders?

As with most mental illnesses, eating disorders are not caused by just one factor but by a combination of sociocultural, psychological and biological factors.[3]

Sociocultural and psychological factors:

- Low self-esteem
- Pressures to be thin (i.e., pressure to lose weight from family and friends)
- Cultural norms of attractiveness as promoted by magazines and popular culture
- Use of food as way of coping with negative emotions
- Rigid, “black or white” thinking (e.g., “being fat is bad” and “being thin is good”)
- Over-controlling parents who do not allow expression of emotion
- History of sexual abuse

Biological factors:

- Genetic predisposition to eating disorders, depression, and anxiety

- Certain personality styles, for example obsessive-compulsive personality type
- Deficiency or excess of certain brain chemicals called neurotransmitters

What other mental illnesses commonly “co-occur” with eating disorders?

Eating disorders may occur with a wide range of other mental health conditions. Common co-occurring conditions include anxiety disorders (including generalized anxiety, social anxiety and obsessive-compulsive disorder), depression and other mood disorders, post-traumatic stress disorder and substance use disorders. When treating an eating disorder, it's important to also address any co-occurring conditions.

What are the long-term effects of eating disorders?

Eating disorders can impact relationships with family members, friends and coworkers, as well as functioning in academic settings and the workplace. The health consequences of eating disorders-- including heart disease, osteoporosis, and tooth decay-- can have long-lasting negative effects.

Aside from the medical complications associated with eating disorders, they carry a significantly elevated mortality rate. In one study, people with anorexia nervosa had a six-fold increase in mortality compared to the general population.[4] Reasons for death include starvation, substance abuse and suicide. Importantly, the authors found an increased rate of death from 'natural' causes, such as cancer. A second study found that the elevated mortality risks for bulimia nervosa and eating disorder not otherwise specified (now recognized as OSFED, other specified feeding or eating disorder) were similar to those for anorexia nervosa.[5]

An important thing to remember is that most complications can be reversed or improved with adequate and timely treatment.

What treatments are available?

Eating disorders are treatable, and earlier diagnosis and intervention often leads to better outcomes. The most effective and long-lasting treatment for an eating disorder is some form of psychotherapy or counseling, coupled with careful attention to medical and nutritional needs. Ideally, whatever treatment is offered should be tailored to the individual; this will vary according to both the severity of the disorder and the patient's individual problems, needs and strengths.

Treatment must address the eating disorder symptoms and medical consequences, as well as psychological, biological, interpersonal and cultural forces that contribute to or maintain the eating disorder.

Recommended care is provided by a multidisciplinary team, which may include a therapist (e.g., psychologist, counselor or social worker), dietician, psychiatrist and/or primary care physician. Care should be coordinated and provided by a health professional with expertise and experience in dealing with eating disorders.

Many people with eating disorders respond to outpatient therapy, including individual, group or family therapy, and medical management by their primary care provider. Support groups, nutrition counseling and psychiatric medications administered under careful medical supervision have also proven helpful for some individuals. Family-based treatment (FBT) is a well-established method for families with adolescents.

Inpatient care (including hospitalization and/or residential care in an eating disorders speciality unit and facility) is necessary when an eating disorder has led to physical problems that may be life-threatening, or when an eating disorder is causing severe psychological, social or behavioral problems. Inpatient stays typically require a period of outpatient follow-up and aftercare to address underlying issues in the individual's eating disorder.

The exact treatment needs of each individual will vary. It is important for individuals struggling with an eating disorder to find a health professional they trust to help coordinate and oversee their care.

For assistance assessing options for yourself or a loved one who may be struggling with an eating disorder, you can contact the National Eating Disorder Association's Helpline by telephone at (800)-931-2237 or via Click-to-Chat at nationaleatingdisorders.org/helplinechat.

National Eating Disorders Association (NEDA)

Helpline: (800) 931-2237

Email: info@nationaleatingdisorders.org

www.nationaleatingdisorders.org

The National Eating Disorders Association (NEDA) supports individuals and families affected by eating disorders, and serves as a catalyst for prevention, cures and access to quality care. As the leading not-for-profit organization in the United States advocating on behalf of and support those affected by eating disorders, NEDA's lifesaving programs reach millions every year.

National Association of Anorexia Nervosa & Associated Disorders, Inc. (ANAD)

Helpline: (630) 577-1330

Email: anadhelp@anad.org

www.anad.org

The National Association of Anorexia Nervosa and Associated Disorders, Inc. is a non-profit 501(c)3 corporation that seeks to prevent and alleviate the problems of eating disorders, especially including anorexia nervosa, bulimia nervosa and binge eating disorder. ANAD advocates for the development of healthy attitudes, bodies and behaviors. ANAD promotes eating disorder awareness, prevention and recovery through supporting, educating and connecting individuals, families and professionals.

Binge Eating Disorder Association (BEDA)

Toll Free: (855) 855-2322

bedaonline.com

Founded in 2008, the Binge Eating Disorder Association (BEDA) is a national organization focuses on providing leadership, recognition, prevention and treatment of BED and associated weight stigma. Through outreach, education and advocacy, BEDA facilitates increased awareness, proper diagnosis, and treatment of BED.

Eating Disorder Hope

www.eatingdisorderhope.com

Eating Disorder Hope offers education, support and inspiration to eating disorder sufferers, their loved ones and eating disorder treatment providers. Eating Disorder Hope resources include articles on eating disorder treatment options, support groups, recovery tools and more. Whether an individual struggles with bulimia, anorexia, body image distortion or binge-eating disorders, Eating Disorder Hope can help.

Sources

[1] Wade, T.D., Keski-Rahkonen A., & Hudson J. (2011). *Epidemiology of eating disorders*. In M. Tsuang and M. Tohen (eds.), *Textbook in Psychiatric Epidemiology* (3rd ed.) (pp. 323-360). New York: Wiley.

[2] Hudson J.I., Hiripi E., Pope H.G. Jr., & Kessler R.C. (2007). The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. *Biological Psychiatry*, 61, 348-358.

[3] National Eating Disorders Association. Factors that May Contribute to Eating Disorders. <https://www.nationaleatingdisorders.org/factors-may-contribute-eating-disorders>

[4] Papadopoulos, F.C., Ekborn, A., Brandt, L., & Ekselius, L. (2008). Excess mortality, causes of death and prognostic factors in anorexia nervosa. *The British Journal of Psychiatry*, 194(1), 10-17.

[5] Crow, S.J., Peterson, C.B., Swanson, S.A., Raymond, N.C., Specker, S., Eckert, E.D., & Mitchell, J.E. (2009). Increased mortality in bulimia nervosa and other eating disorders. *The American Journal of Psychiatry*, 166(12), 1342-1346.