Health Basics

Eating Disorders

What are eating disorders?

Eating disorders are a series of conditions related to persistent eating behaviors that negatively impact a person's mental and physical health and ability to function in several aspects of their life.

Most eating disorders are characterized by an unhealthy focus on weight, physique and food, which may give rise to dangerous behaviors that can interfere with a person's ability to consume the proper amount of nutrition and lead to serious medical consequences.

According to the National Eating Disorders Association (NEDA), 20 million women and 10 million men in America will have an eating disorder at some point in their lives.

While eating disorders can develop at any age, these conditions often develop during a person's teenage and young adult years.

Although the cause of eating disorders remains unknown, experts suggest that a range of biological, psychological and sociocultural factors play a role in their development.

What are some common eating disorders?

The most common are anorexia nervosa, bulimia nervosa and binge-eating disorder.

Anorexia Nervosa

Anorexia nervosa, better known simply as anorexia, is an eating disorder characterized by weight loss (or lack of appropriate weight gain in growing children), distorted body image and difficulty maintaining a body weight that's appropriate for an individual's height, age or build.

Warning signs and symptoms of anorexia include:

- Dramatic weight loss
- Dressing in layers to conceal weight loss or stay warm
- Preoccupation with weight, food, calories, fat grams and dieting. Frequent comments about "feeling fat."
- Refusal or inability to maintain a body weight normal for age, height and build

- Maintenance of an excessive, rigid exercise regimen—despite bad weather, fatigue, illness or injury.

Bulimia Nervosa

Commonly called bulimia, this eating disorder is characterized by episodes of bingeing and self-induced vomiting to undo, or compensate, for the effects of binge eating.

Warning signs and symptoms of bulimia include:

- Evidence of binge eating, such as the disappearance of large amounts of food in short periods of time or the accumulation of lots of empty wrappers and containers indicating the consumption of large amounts of food
- Evidence of purging behaviors, including frequent trips to the bathroom after meals, signs of vomiting and the presence of packaging for laxatives or diuretics
- Consumption of excessive amounts of water or calorie-free beverages or the use of excessive amounts of mouthwash, mints and gum to mask smell of vomit
- Calluses on the back of the hands and knuckles from self-induced vomiting
- Dental problems, such as enamel erosion, cavities, discoloration of teeth and tooth sensitivity as a result of vomiting.

Binge-Eating Disorder

Binge-eating disorder (BED) is the most common eating disorder in the United States. The condition is characterized by recurrent episodes of eating large quantities of food (often very quickly and to the point of discomfort) and a feeling of loss of control during the binge. But binge eaters don’t compensate for their binge eating with excessive exercise or purging. Instead, they experience shame, distress or guilt after a binge, leading them to eat alone. Those who binge eat may be of normal weight, overweight or obese.

Warning signs and symptoms of BED may include:

- Secret recurring episodes of binge eating (consuming amounts of food much larger than most individuals would eat under similar circumstances); feeling unable to stop eating
- Experiencing disgust, depression, guilt or feelings of low self-esteem after overeating
- Stealing food or hoarding food in strange places

- Creating lifestyle schedules or rituals to make time for binge sessions
- Evidence of binge eating, including the disappearance of large amounts of food in a short time period or stacks of empty wrappers and containers indicating the consumption of huge quantities of food.

Symptoms commonly experienced by those suffering from any of these three eating disorders include—but are not limited to—stomach cramps, difficulty concentrating, feeling cold all the time, sleep and dental problems, muscle weakness, frequent dieting, social withdrawal and discomfort eating around others.

Having an eating disorder can lead to complications, some of which may be life-threatening. The more severe or long-lasting an eating disorder, the more likely a person is to experience serious complications, such as depression and anxiety, suicidal thoughts or behavior, stunted growth and development and social and relationship problems. Eating disorders can also affect every organ system, including the cardiovascular, gastrointestinal, neurological and endocrine systems, which, in severe cases, could lead to death.

What are the risk factors for eating disorders?

According to NEDA, there are biological, psychological and social risk factors for developing eating disorders.

Biological

- Family history: People who have parents or siblings who have had an eating disorder or mental health condition are more likely to develop an eating disorder.
- Sex: Teenage girls and young women are more likely than teenage boys and young men to have anorexia or bulimia.
- Dieting: A history of dieting and other weight-control methods is associated with the development of binge eating.
- Negative energy balance: Some individuals report that their eating disorder developed after attempts at limiting the amount or type of food consumed or deliberately burning more calories than those consumed by engaging in intense athletic activity.
- Diabetes: One quarter of women diagnosed with type 1 diabetes will develop an eating disorder. A common behavior among these women is intentionally missing insulin doses—known as diabulimia—which can result in death.

Psychological

- Perfectionism: This is one of the strongest risk factors for an eating disorder, especially perfectionism known as self-oriented perfectionism, which involves setting unrealistically high expectations for oneself.
- Body image dissatisfaction: People who develop eating disorders are more likely to report higher levels of body image dissatisfaction because they have internalized their appearance ideal.
- Personal history of an anxiety disorder: A significant number of individuals with an eating disorder exhibit signs of an anxiety disorder prior to developing their condition.
- Behavioral inflexibility: Many people with anorexia report that during their childhood they always followed the rules and felt there was just one “right way” to do things.

Social

- Weight stigma: Messages that promote the idea that thinner is better are everywhere and increase body dissatisfaction, which can lead to eating disorders.
- Teasing or bullying: Being the object of such negative behaviors may lead to the development of an eating disorder. An estimated 60 percent of those affected by eating disorders report that bullying contributed to the development of their disorder.
- Appearance ideal internalization: A strong belief in a socially defined “ideal body” may increase the risk of an eating disorder by increasing the likelihood of people dieting and restricting their food intake to achieve that ideal.
- Acculturation: Members of racial and ethnic minority groups, especially those undergoing rapid Westernization, may be at increased risk of developing an eating disorder as a result of complex interactions between stress, acculturation and body image.
- Limited social networks: Many folks with anorexia report having fewer friends and social activities and less social support. Whether this is an independent risk factor or linked to other potential causes (such as social anxiety) isn’t clear.
- Historical trauma: Also known as intergenerational trauma, this term describes massive

cumulative trauma endured by a population of people across generations. Such trauma may trigger an eating disorder among members of these groups.

How are eating disorders diagnosed?

Doctors who suspect a patient may have an eating disorder will conduct a physical exam to rule out other medical causes for the condition and a psychological evaluation to assess the patient's thoughts, feelings and eating habits. In addition, physicians may administer additional tests to check for complications related to the person's eating disorder.

A doctor may use the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association, to diagnose an eating disorder.

How are eating disorders treated?

Generally, treatment for these conditions depends on the type of eating disorder. Most often, therapy involves a team approach that employs primary care providers, mental health professionals and dietitians. According to NEDA, levels of care may range from less intensive (outpatient) to very intensive (inpatient) treatments.

Medical care may include nutrition education, psychotherapy (talk therapy) and medication. While psychotherapy can help individuals learn how to replace unhealthy habits with healthy ones, medication can work to control urges to binge or purge as well as manage excessive preoccupation with food and diet.

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