

## Facts

There are four types of eating disorders:

- **Anorexia Nervosa**-characterized by an intense fear of gaining weight, self-starvation, loss of menstrual periods, body dissatisfaction, misperception of shape or size of his or her body, and a body weight that is 15% below what is considered physically healthy.
- **Bulimia Nervosa**-characterized by binge eating (consuming large amounts of food at one sitting while feeling out of control), purging (getting rid of food by using laxatives, vomiting, obsessive exercise), dissatisfaction with body, and fear of gaining weight.
- **Binge Eating Disorder**-characterized by binge eating without purging.
- **Eating Disorders Not Otherwise Specified**-includes people with characteristics of one or more eating disorders but do not fit the diagnostic criteria for any one disorder.

Eating disorders are among the highest in mortality rates for mental disorders, with 1 in 10 cases dying from starvation, cardiac arrest, or suicide. People with eating disorders who use drugs to stimulate vomiting, bowel movements, or urination are in the most danger, as this increases the risk of heart failure.

Scientists have found that many with anorexia also suffer from other psychiatric illnesses. While the majority have clinical depression, others suffer from anxiety, personality or substance abuse disorders, and obsessive-compulsive disorder (OCD).

Some people with bulimia struggle with addictions, including abuse of drugs and alcohol and compulsive stealing. Like those with anorexia, people with bulimia may also suffer from depression, anxiety, OCD and other psychiatric illnesses. People with anorexia or bulimia are at increased risk for suicidal behavior.

Conservative estimates indicate that 5-10 million girls and women and one million boys and men in the U.S. are struggling with eating disorders or borderline conditions.

About 1% of adolescent girls develop anorexia nervosa. Approximately 2-3% of young women develop bulimia nervosa. About 2% of adults suffer from binge eating disorder. About 90% of those with eating disorders are adolescent and young women, but men may constitute as many as 25% of those exhibiting binge eating disorders. Bulimia is as high as 15% in college-age women. Teenagers with asthma, attention deficit disorder, diabetes, and other chronic illnesses are reported to experience eating disorders 2 to 4 times more often.

People pursuing professions or activities that emphasize thinness, such as modeling, dancing, gymnastics, wrestling, and long-distance running, are more likely to develop eating disorders.

## Signs & Symptoms

- **Anorexia Nervosa**
  - Intense fear of gaining weight
  - Belief that they are fat although they are actually extremely thin
  - Restriction of calories
  - Avoidance of social situations where s/he may have to eat in front of others
  - Unusual eating habits or rituals
  - Obsessive or compulsive exercise
  - Hyperactivity or fatigue
  - Isolation from friends and family
- **Bulimia Nervosa**
  - Fear of being fat
  - Eating in secret, unusual eating habits or rituals
  - Goes to the bathroom immediately following meals
  - Hoards food
  - Mood swings
  - Abuse of alcohol or other substances
  - Over-exercising
  - Isolation from friends and family
- **Binge Eating Disorder**
  - Eating alone and in secret
  - Feelings of guilt, shame and disgust about overeating
  - Eating large amounts of food when not hungry
  - Abuse of alcohol or other substances
- **Eating Disorders Not Otherwise Specified**
  - May exhibit a combination of the above symptoms

## Causes

The most common trigger for an eating disorder is a weight-loss diet, but eating disorders are the products of a combination of psychological, physiological, familial, and social factors.

Eating disorders appear to run in families, with females most often affected, suggesting that genetics plays a part in eating disorders. Further, studies of the biochemical functions of people with eating disorders have shown that many have various chemical imbalances in their bodies, suggesting physical causes play a part in eating disorders as well.

Behavioral and environmental influences also appear to

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play a role. Most people with eating disorders have certain personality traits: low self-esteem, feelings of helplessness, and a fear of becoming fat. A recent study found that mothers who are overly concerned about their daughters' weight and physical attractiveness may put the girl at increased risk of developing an eating disorder. In addition, girls with eating disorders often have fathers and brothers who are overly critical of their weight.

## Treatment

Eating disorders are most successfully treated when diagnosed early. The longer abnormal eating behaviors persist, the more difficult it is to overcome the disorder and its effects on the body. Treatments include:

- **Psychotherapy** comes in many forms and can take place in individual, group or family sessions. In general, therapy helps people recognize feelings that trigger the eating disorder and learn new ways to deal with these feelings. The therapy may also help people deal with troublesome people in their life, resolve issues from childhood, and help build self-esteem and confidence.
- **Medication** is sometimes used to treat eating disorders. Antidepressants have proven helpful, especially in the treatment of bulimia and binge eating disorder. Other medical treatment may be necessary to treat and monitor the physical health problems that often go hand-in-hand with eating disorders. Depending on the severity of the person's condition, the person may need to see heart, bone, or digestive specialists, dentists, or other types of doctors to help restore physical health.
- **Nutritional counseling**, usually by a nutritionist, is often helpful in creating a safe diet plan and restoring proper eating and nutritional habits. In addition, **self-help groups** can provide a supportive environment for people with eating disorders, their friends, and families.

## Helping Yourself

Unfortunately, even when family members confront the ill person about his or her behavior, or physicians make a diagnosis, people with eating disorders frequently deny they have a problem.

Recovery starts by facing facts and moving beyond them. The largest positive influence in recovery is a strong desire to end the disorder, no matter the perceived cost, fear of gaining weight, control surrendered, or anxiety-producing foods eaten. A responsive support system is helpful in dealing with the disorder. It is also important for people who are in recovery to have other areas of their lives that work well, with activities that they're proud of and to which they are committed. Having goals "outside the illness" is key. Some people define themselves by their disorder and eventually their lives become centered on being sick. For others, hopes and dreams to marry and have children or start their own business help them pull away from the illness as they move toward their goals.

The best way to prevent disordered eating patterns is to maintain a body that is in balance. It is critical to accept that

physical appearance is not the key to personal worth, and that our bodies are naturally made to be a certain weight. Some other suggestions include:

- Eating a wholesome, nutritious diet, with a focus on complex carbohydrates, fresh fruits and vegetables, low-fat dairy foods and low-fat meals, while avoiding refined and "junk" foods.
- Eating at regular times during the day, without skipping meals.
- Getting moderate exercise regularly.

## Helping Someone Else

Family and friends who offer support and encouragement can play an important role in the success of the person's treatment. Here are some things you can do to prevent the development of eating disorders:

- Build children's self-esteem.
- Always give unconditional love and accept children regardless of their weight. Let them know everyone's body is unique and should be valued.
- Encourage activity and enjoyment of life.
- Help children understand the negative consequences of dieting. Help them cope with the pressure to look a certain way.
- Do not punish or reward children with food. Encourage children to eat when they are hungry and stop eating when they are full, not when they are bored, lonely, or sad.
- Do not limit caloric intake unless suggested by a physician for medical reasons. In determining what to do for an overweight child, a more important factor than weight itself is the child's eating and activity patterns. Focus on health, not appearance; more activity, not less food.

*Sources: National Institute of Mental Health, American Psychiatric Association, National Alliance on Mental Illness, National Eating Disorders Screening Program, National Eating Disorders Organization*

## For more information contact

Northern Lakes Community Mental Health  
1-800-492-5742  
(231) 922-4850

National Alliance on Mental Illness  
[www.nami.org](http://www.nami.org), (800) 950-6264

National Institute of Mental Health  
[www.nimh.nih.gov](http://www.nimh.nih.gov)  
(800) 421-4211 (depression info)  
(888) 826-9438 (anxiety info)  
(301) 443-4513 (other info)

Mental Health America  
[www.nmha.org](http://www.nmha.org)  
(800) 969-6642

The Center for Mental Health Services  
[www.mentalhealth.org/cmhs/](http://www.mentalhealth.org/cmhs/)