



INTERACTIVE SCREENING PROGRAM

FACT SHEET ON EATING DISORDERS

Types of Eating Disorders:

- Anorexia Nervosa is characterized by an intense fear of gaining weight, self-starvation, loss of menstrual periods, body dissatisfaction and significant disturbance in perception of shape or size of his or her body, and a body weight that is 15% below normal.
- Bulimia Nervosa is characterized by bingeing (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 is characterized by recurrent episodes of binge eating without the purging behavior of bulimia.
- Eating Disorder Not Otherwise Specified (NOS) includes people who have characteristics of one or more eating disorder but who do not fit the diagnostic criteria for any one disorder.

Who Suffers from Eating Disorders?

- Approximately 1% of adolescent girls develop anorexia nervosa.
- Approximately 2-3% of young women develop bulimia nervosa.
- Two percent of adults suffer from binge eating disorder.
- Some 90% of those with eating disorders are adolescent and young women.
- Men may constitute as many as 25% of those exhibiting binge eating disorders.
- Bulimia is as high as 15% in college-aged women.
- Although the common perception is that eating disorders are most prevalent among white, upper middle class young women, recent research indicates that of those who suffer from eating disorders:
 - 1 in 5 are poor
 - 1 in 4 are non-white
- Teenagers with asthma, attention deficit disorder, diabetes, and other chronic illnesses are reported to experience eating disorders 2 to 4 times more often

Signs and Symptoms of Eating Disorders

Anorexia Nervosa

- ✓ Intense fear of gaining weight
- ✓ Belief that they are fat although they are actually extremely thin
- ✓ Restriction of calories
- ✓ Avoids 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
- ✓ Eats in secret
- ✓ 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

- Someone with an Eating Disorder NOS may exhibit some combination of the above symptoms.
- All eating disorders may also be characterized by depression.



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Physical Effects of Eating Disorders

- Anorexia has the highest rate of death of any psychiatric illness, with 1 in 10 cases leading to death by cardiac arrest, starvation, other medical complications, or suicide.

Anorexia Nervosa

- ✓ Dry skin, sallow complexion
- ✓ Irregular or ceased menstrual cycle for females
- ✓ Growth of fine hair over body and face
- ✓ Purple nail beds and cold extremities
- ✓ Hair loss
- ✓ Cardiac problems
- ✓ Dizziness, low blood pressure, fainting
- ✓ Changes in metabolism and energy
- ✓ Malfunctioning of pancreas; Damaged kidneys
- ✓ Osteoporosis

Bulimia Nervosa

- ✓ Damaged teeth and swollen cheeks
- ✓ Dehydration, weakness, fatigue
- ✓ Electrolyte imbalance
- ✓ Bleeding and infection of the throat
- ✓ Enlargement of lymph or salivary glands
- ✓ Digestive and intestinal problems
- ✓ Muscle spasms and headaches
- ✓ Irregular menstrual cycle for females

Binge Eating Disorder

- ✓ Diseases related to obesity (i.e. diabetes, high blood pressure, high cholesterol, risk of stroke, sleep apnea)

Eating Disorder NOS

- ✓ Any number of the above mentioned effects, depending on the behavioral symptoms of the individual

Treatment of Eating Disorders

- Eating disorders are most successfully treated when diagnosed early.
- A complete physical examination is necessary to determine if there is immediate medical danger and to rule out other illnesses.
- Hospitalization may be required.
- Treatment often involves a combination of interventions including:
 - ✓ Individual, group or family psychotherapy
 - ✓ Cognitive therapy
 - ✓ Behavioral therapy
 - ✓ Nutritional counseling
 - ✓ Antidepressant medication
- Support groups may be helpful for some individuals and are often offered through hospitals as well as by national eating disorder advocacy organizations. Recovery is a long process and relapse is not uncommon. Support and treatment are needed to help the individual continue his/her recovery, even if s/he suffers a relapse.

Adolescents and Eating Disorders

- The onset of eating disorders peaks at ages 14 and 18, corresponding to the ages of changes in an adolescent female's body and the transition to college/leaving the family home.
- 66% of high school girls and 17% of boys are on diets at any given time.
- 1 in 8 high school girls has used vomiting as a "diet aid."
- 81% of 10 year olds are afraid of being fat.
- 80% of high school females and 44% of high school males have used exercise to lose weight.
- In a study of high school students' weight control practices, in the 7 days before the survey 49% of females and 18% of males had skipped meals to lose weight.



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Men and Eating Disorders

- 5-10% of eating disorders occur among males.
- Men more frequently use excessive and obsessive exercise and body-building prior to and during their eating disorder.
- Issues relating to sexuality and gender identity are sometimes associated with male eating disorders and there appears to be a higher rate of eating disorders among gay males.
- Men may be less likely to seek treatment for an eating disorder because of the social stigma of have a problem that has generally been perceived as a “woman’s problem.”
- The signs, symptoms and treatment needs of eating disorders in males are similar to those of women.

Athletes and Eating Disorders

- Eating disorders and disordered eating are significant problems for many athletes and a greater risk is associated with sports in which anaerobic activities predominate over aerobic activities.
- Female athletes are especially at risk in sports which emphasize a thin body or appearance, such as gymnastics, ballet, figure skating, swimming or distance running.
- Male athletes are especially at risk in body building and wrestling.
- Eating disorders may result in symptoms that interfere with athletic performance and impair athletic capacity.
- Female athletes are particularly at risk for the Female Athlete Triad of amenorrhea (ceased menses), disordered eating, and osteoporosis (brittle bones).
- A 1996 study of NCAA athletes found that
 - ✓ Binge-eating occurred at least weekly in 13% of male athletes and 10% of female athletes.
 - ✓ 25% of male athletes used saunas or steam baths at least weekly to lose weight.
 - ✓ 2% of both male and female athletes used steroids to improve performance.
 - ✓ 4.4% of female athletes used vomiting to lose weight.
- NCAA studies show that at least 40% of member institutions reported at least one case of anorexia or bulimia in their athletic programs.

Dieting and Eating Disorders

- 95% of all dieters will regain their lost weight in 1-5 years.
- 20-24% of men and 33-40% of women are actively dieting to lose weight while an additional 28% of men and women are dieting to maintain weight.
- 91% of women surveyed on a college campus had attempted to control their weight through dieting.
- 59% of individuals entering into treatment for an eating disorder considered a prolonged period of dieting a precipitating event to the onset of their disorder.
- 35% of normal dieters progress to pathological dieting. Of those, 20-25% progress to partial or full-syndrome eating disorders.
- Americans spend over \$40 billion on dieting and diet-related products each year.

Body Image and the Media

- The average American woman is 5’4” tall and weighs 140 pounds. The average American model is 5’11” and weighs 117 pounds. Most fashion models are thinner than 98% of American women.
- 80% of American women are dissatisfied with their appearance.
- More than 50% of high school girls want smaller hips, thighs, and/or waists.
- Nine-year-old children rate silhouettes of fat figures as having fewer friends, being less liked by their parents, doing less well in school, being less content with their appearance, and wanting to be thinner.



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What Is an Eating Disorder?

Eating disorders are illnesses in which the victims suffer severe disturbances in their eating behaviors and related thoughts and emotions. Those suffering from eating disorders typically become obsessed with food and their body weight as well. Eating disorders affect some several million people at any given time, most often women between the ages of 12 and 35. There are two main types of eating disorders, *anorexia nervosa* and *bulimia nervosa*; a third disorder, *binge eating disorder*, is still being examined.

People with anorexia nervosa and bulimia nervosa tend to be perfectionists who suffer from low self-esteem and are extremely critical of themselves and their bodies. They usually “feel fat” and see themselves as overweight, sometimes even despite life-threatening semi-starvation (or malnutrition). An intense fear of gaining weight and of being fat may become all pervasive. In early stages of these disorders, patients often deny that they have a problem.

In many cases, eating disorders occur together with other psychiatric disorders like anxiety, panic, obsessive compulsive disorder, and alcohol and drug abuse problems. New evidence suggests that heredity may play a part in why certain people develop eating disorders, but these disorders also afflict many people who have no prior family history.

Without treatment of both the emotional and physical symptoms of these disorders, malnutrition, heart problems, and other potentially fatal conditions can result. However, with proper medical care, those suffering from eating disorders can resume suitable eating habits, and return to better emotional and psychological health.

Anorexia Nervosa

Anorexia nervosa afflicts as many as one in every 100 girls and young women. It is diagnosed when patients weigh at least 15 percent less than the normal healthy weight expected for their height. People with anorexia nervosa don't maintain a normal weight because they refuse to eat enough, often exercise obsessively, and sometimes force themselves to vomit or use laxatives to lose weight.

Over time, the following symptoms may develop as the body goes into starvation:

- * **Menstrual periods cease**

- * **Osteopenia or osteoporosis (thinning of the bones) through loss of calcium**
- * **Hair/nails become brittle**
- * **Skin dries and can take on a yellowish cast**
- * **Mild anemia and muscles, including the heart muscle, waste away**
- * **Severe constipation**
- * **Drop in blood pressure, slowed breathing and pulse rates**
- * **Internal body temperature falls, causing person to feel cold all the time**
- * **Depression, and lethargy**

Bulimia Nervosa

Although they may frequently diet and vigorously exercise, individuals with bulimia nervosa can be slightly underweight, normal weight, overweight or even obese. But, they are never as underweight as anorexia nervosa sufferers. Patients with bulimia nervosa binge eat frequently, and during these times sufferers may eat an astounding amount of food in a short time, often consuming thousands of calories that are high in sugars, carbohydrates, and fat. They can eat very rapidly, sometimes gulping down food without even tasting it. Their binges often end only when they are interrupted by another person, or they fall asleep, or their stomach hurts from being stretched beyond normal capacity. During an eating binge sufferers feel out of control. After a binge, stomach pains and the fear of weight gain are common reasons that those with bulimia nervosa purge by throwing up or using a laxative. This cycle is usually repeated at least several times a week or, in serious cases, several times a day.

Many people don't know when a family member or friend has bulimia nervosa because sufferers almost always hide their binges. Since they don't become drastically thin, their behaviors may go unnoticed by those closest to them.

But bulimia nervosa does have symptoms that should raise red flags:

- * **Chronically inflamed and sore throat**
- * **Salivary glands in the neck and below the jaw become swollen. Cheeks and face often become puffy, causing sufferers to develop a “chip-munk” looking face**

- * **Tooth enamel wears off, teeth begin to decay from exposure to stomach acids**
- * **Constant vomiting causes gastroesophageal reflux disorder**
- * **Laxative abuse causes irritation, leading to intestinal problems**
- * **Diuretics (water pills) cause kidney problems**
- * **Severe dehydration from purging of fluids**

Binge Eating Disorder

Presently, the criteria for binge eating disorder are under investigation or are still being defined. However, people with binge eating disorder have episodes of binge eating in which they consume very large quantities of food in a brief period and feel out of control during the binge. Unlike people with bulimia nervosa, they do not try to get rid of the food by inducing vomiting or by using other unsafe practices such as fasting or laxative abuse. The binge eating is chronic and can lead to serious health complications, particularly severe obesity, diabetes, hypertension and cardiovascular diseases.

Treatments

Eating disorders clearly illustrate the close links between emotional and physical health. The first step in treating anorexia nervosa is to assist patients with regaining weight to a healthy level; for patients with bulimia nervosa interrupting the binge-purge cycle is key. For patients with binge eating disorder it is important to help them interrupt and stop binges. However, restoring a person to normal weight or temporarily ending the binge-purge cycle does not address the underlying emotional problems that cause or are made worse by the abnormal eating behavior.

Psychotherapy helps individuals with eating disorders to understand the thoughts, emotions and behaviors that trigger these disorders. In addition, some medications have also proven to be effective in the treatment process.

Because of the serious physical problems caused by these illnesses, it is important that any treatment plan for a person with anorexia nervosa, bulimia nervosa, or binge eating disorder include general medical care, nutritional management and nutritional counseling. These measures begin to rebuild physical well-being and healthy eating practices.

Eating Disorders

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TALK
FACTS
ABOUT



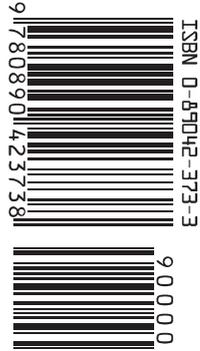
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Resources

For more information, please contact:

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National Association of Anorexia Nervosa and Associated Disorders

P.O. Box 7
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National Eating Disorders Association

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Weight-control Information Network (WIN)

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One in a series of brochures designed to reduce stigmas associated with mental illnesses by promoting informed factual discussion of the disorders and their psychiatric treatments. This brochure was developed for educational purposes and does not necessarily reflect opinion or policy of the American Psychiatric Association. For more information, please visit www.healthyminds.org.

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