

Eating Disorders

People with eating disorders experience serious disturbances in their eating patterns, such as a severe and unhealthy reduction in their food intake or overeating, as well as extreme concern about body shape or weight. Eating disorders usually develop during adolescence or early adulthood. Eating disorders are not due to weak willpower or bad behavior; rather, they are real, treatable illnesses. The two main types of eating disorders are anorexia nervosa and bulimia nervosa.

Who has eating disorders?

- Women are much more likely than men to develop an eating disorder. Only an estimated five to 15 percent of people with anorexia or bulimia are male.
- Research suggests that about 1 percent of female adolescents have anorexia.
- An estimated 1.1 to 4.2 percent of women have bulimia nervosa in their lifetime.
- About 50 percent of people who have had anorexia develop bulimia or bulimic patterns.

What are the signs and symptoms?

Anorexia Nervosa - Extreme weight loss and believing that one is fat despite excessive thinness are key features of anorexia:

- Skips meals, takes tiny portions, will not eat in front of others, or eats in ritualistic ways
- Always has an excuse not to eat
- Will only eat a few “safe,” low-calorie, low-fat foods
- Loses hair, looks pale or malnourished, wears baggy clothes to hide thinness
- Loses weight yet fears obesity and complains of being fat despite excessive thinness
- Detests all or specific parts of the body, insists she or he cannot feel good about self unless thin
- Exercises excessively and compulsively
- Holds to rigid, perfectionist standards for self and others
- Withdraws into self and feelings, becoming socially isolated
- Has trouble talking about feelings, especially anger

Bulimia Nervosa - People who have bulimia regularly binge-eat and then attempt to prevent gaining weight from their binge through purging (e.g., vomiting, abusing laxatives, exercising excessively):

- Binges, usually in secret, and empties cupboards and refrigerator
- Buys “binge food” (usually junk food or food high in calories, carbohydrates and sugar)
- Leaves clues that suggest discovery is desired: empty food packages; foul-smelling bathrooms; running water to cover sounds of vomiting; poorly hidden containers of vomit
- Uses laxatives, diet pills, water pills or “natural” products to promote weight loss
- Abuses alcohol or street drugs to deaden appetite or escape emotional pain
- Displays a lack of impulse control that can lead to rash and regrettable decisions about sex, money, commitments, careers, etc.

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.



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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, especially serotonin

What are the long-term effects of eating disorders?

Left untreated, eating disorders may lead to malnutrition; muscle atrophy; dry skin, hair, and nails; dental problems; insomnia or chronic fatigue; ulcers; low blood pressure; diabetes; anemia; kidney, liver, and pancreas failure; osteoporosis and arthritis; infertility; seizures; heart attack; and death:

- The most common causes of death are complications of the disorders, including suicide.
- The mortality rate among people with anorexia is 12 times higher than the death rate among females ages 15 to 24 from all other causes.

What treatments are available?

Eating disorders are treatable. The sooner they are diagnosed and treated, the better the outcomes are likely to be. Eating disorders require a comprehensive, long-term treatment plan that usually involves individual or family therapy, and that may include medication and even immediate hospitalization. Support from family and friends is vital to successful treatment and recovery.

Other Resources

National Eating Disorders Association (NEDA) (800) 931-2237 www.nationaleatingdisorders.org

National Assoc. of Anorexia Nervosa & Associated Disorders (ANAD) (847) 831-3438 www.anad.org

Eating Disorder Information and Referral Center: www.EDreferral.com

Overeaters Anonymous (OA) (505) 891-2664 www.overeatersanonymous.org

The Renfrew Center Foundation 1-800-RENFREW www.renfrew.org

The National Institute of Mental Health: “Eating Disorders: Facts About Eating Disorders and the Search for Solutions.” Pub No. 01-4901. Accessed Feb. 2002. Netscape: <http://www.nimh.nih.gov/publicat/eatingdisorder.cfm>.

Anorexia Nervosa and Related Eating Disorders, Inc. website. Accessed Feb. 2002. Netscape: <http://www.anred.com/>

Nolen-Hoeksema, Susan. Abnormal Psychology, 2nd Edition. McGraw Hill, Boston: 2001. Something Fishy Music and Publishing: Something Fishy Website. Accessed Feb. 2002. Netscape: <http://www.something-fishy.org/>

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