



What are Eating Disorders?

An eating disorder is marked by extremes. A person (female or male) with an eating disorder experiences severe disturbances in eating behavior, such as extreme reduction of calorie intake, purging behaviors, extreme overeating, and/or extreme distress about body weight and shape.

Eating disorders are real, serious, complex illnesses that cause severe harm, and can be deadly. Fortunately, they are treatable. Like schizophrenia or diabetes, eating disorders are not a “choice,” “fad,” or “phase.” A person can have more than one eating disorder at the same time. These disorders are also more prevalent than many people realize.

Recovery is possible. There is help. There is hope.

Eating disorders affect a person physically, behaviorally, emotionally, and psychologically; including:

- Dramatic weight gain or loss
- Verbal preoccupation with food, weight, and shape
- Rapid or persistent decline or increase in food intake
- Excessive or compulsive exercise patterns
- Purging; restricting; binge eating; compulsive eating; abuse of diet pills, laxatives, diuretics, or emetics
- Denial of food and eating problems, despite the concerns of others
- Eating in secret, hiding food, disrupting meals, feeling out of control with food
- Medical complications, such as menstrual irregularity, dizziness, fainting, bruising, dry skin, leg cramps, hair loss, brittle hair, osteoporosis, diarrhea, constipation, dental problems, morbid obesity, diabetes, chest pain, heart disease, heartburn, shortness of breath, organ failure, and other symptoms

The American Psychiatric Association recognizes three kinds of eating disorders:

- Anorexia Nervosa
- Bulimia Nervosa
- Eating Disorders Not Otherwise Specified (EDNOS), including Binge Eating Disorder and Compulsive Overeating

Anorexia

Anorexia nervosa is characterized by:

- Relentless pursuit of thinness

- Unwillingness to maintain a healthy weight
- Extremely disturbed eating behavior
- Distortion of body image
- Intense fear of gaining weight

Many people with anorexia see themselves as overweight, even when they are starved or malnourished. Eating, food, and weight control become obsessions. People with anorexia typically weigh themselves repeatedly, portion food carefully, and eat small quantities of a narrow variety of foods.

Anorexia has a higher mortality rate than any other mental illness. According to the National Institute of Mental Health, people with anorexia are up to ten times more likely to die as a result of their illness compared to those without anorexia. The most common complications that lead to death are cardiac arrest, and electrolyte and fluid imbalances. Suicide also can result.

Bulimia

Bulimia nervosa is characterized by recurrent and frequent episodes of eating unusually large amounts of food, and feeling a lack of control over the eating. This is followed by behaviors that compensate for the eating binge, such as purging, fasting, laxative abuse, excessive exercise, and/or other behaviors.

People with bulimia can fall within the normal range for their age and weight, and can't be identified by their outward appearance. But they often still fear gaining weight, want desperately to lose weight, and are intensely unhappy with their body size and shape.

People are often secretive with bulimic behavior, because it is usually accompanied by feelings of disgust or shame.

Binge-Eating Disorder

Binge-eating disorder (BED) is characterized by recurrent binge-eating episodes during which a person feels a loss of control over his or her eating. Unlike bulimia, binge-eating episodes are not followed by purging, excessive exercise, fasting, or other behaviors to "compensate" for the binge. As a result, people with binge-eating disorder may become obese. They also experience guilt, shame and/or distress about the binge-eating—which in turn can lead to more binge-eating episodes.

Compulsive Overeating

People with compulsive overeating (COE) will typically eat when they are not hungry and devote excessive amounts of time and thought to food. They may secretly plan or fantasize about eating alone. People with COE may sometimes eat in binges, but they may also engage in "grazing" behavior, during which they return to pick at food throughout the day. Compulsive overeating often leads to

weight gain and obesity, but not everyone who is obese is also a compulsive overeater—and people of normal or average weight can have COE.

People with eating disorders often have coexisting psychological illnesses including anxiety, depression, post-traumatic stress disorder, and personality disorders. In addition, COE and BED can lead to obesity, diabetes, hypertension, and cardiovascular disease.

Who gets eating disorders?

Here are a few essential facts about eating disorders:

They do not discriminate Eating disorders affect females and males of any background, class, ethnicity, sexual orientation, and people from preteens to seniors. They disrupt the health and well-being of the individual, their families, and their communities.

They manifest across a wide spectrum of behaviors Anorexia nervosa and bulimia nervosa are not the only eating disorders. In fact, Eating Disorders Not Otherwise Specified (including compulsive overeating and binge eating disorder) are *more common* than anorexia or bulimia.

They are prevalent Conservative estimates suggest that approximately 3 percent of males and 6 percent of females struggle with an eating disorder. Among adolescents, the prevalence is 14 percent among females and 6.5 percent among males.

Their prevalence far exceeds treatment resources In the U.S., eating disorders are as prevalent or more prevalent than breast cancer, HIV and schizophrenia. All deserve timely treatment, but eating disorders treatment resources are far less available than those for other serious illnesses.

They are often accompanied by other illness People with eating disorders often have other problems, including chemical dependency, post-traumatic stress disorder (PTSD), sexual abuse history, depression, anxiety disorder, morbid obesity, and other health issues.

They have no single origin Eating disorders are affected by, and affect in turn, biological, psychological, emotional, familial, cultural, spiritual, sexual, gender, and social factors.

They are tough to live with It can be difficult to interact with a loved one struggling with eating disorder symptoms. Family and friends may worry that they won't "do it right." For tips to help keep perspective, refer to [emilyprogram.com/assets/uploads/Tips for Supporting Your Loved One.pdf](https://emilyprogram.com/assets/uploads/Tips%20for%20Supporting%20Your%20Loved%20One.pdf). Remember, family and friends are important resources for a loved one's recovery.

They are deadly serious Binge eating disorder and compulsive overeating can lead to morbid obesity, Type II diabetes, heart disease, high blood pressure and other illnesses. Anorexia and

bulimia can result in heart failure, suicide, early-onset osteoporosis, amenorrhea, kidney failure, pancreatitis, and other serious problems.

Do males have eating disorders?

Approximately 10 percent of people with eating disorders are boys and men. Like females, they have a distorted sense of body image. Some men and boys with an eating disorder want to lose weight, while others want to gain weight or "bulk up;" raising the risk for using steroids or other dangerous drugs to increase muscle mass.

Males with eating disorders exhibit many of the same emotional, physical and behavioral signs and symptoms as females. However, since this is seen stereotypically as a "female" disorder, males are less likely to be diagnosed correctly and to seek help.

Why do people develop eating disorders?

People with eating disorders use disordered eating behaviors to soothe their discomfort, stress, uncertainty, pain, sadness, desire, and (eventually) all feelings. But the disease keeps making things worse, until the person's health—and maybe her/his life—is in danger.

Many people who are recovered from eating disorders say their illness functioned as a companion—but that the relationship was abusive and destructive. Eating disorder rituals offered an illusory sense of stability, reliability, predictability, and control. But the illness also had characteristics of an abusive relationship, as disordered behaviors and thinking reinforce misconceptions and beliefs—leading the person to feel trapped in unhappiness and serious danger.

How are eating disorders treated?

Because eating disorders are so complex, no one treatment modality can successfully address every client's needs. With a clear sense of the problem, and new skills to overcome it, eating disorders' shame and secrecy can be eliminated. The Emily Program's personalized treatment responds to the whole person, drawing on effective approaches in individual, group, and family therapy; nutrition; education; psychiatry; medicine; and complimentary therapies.

We are a nationally recognized program and accredited professional training center providing comprehensive, personalized treatment for all eating disorders and related problems since 1993.

We believe that recovery requires time, patience and support—including support from key people in a client's life. We know that families do not cause eating disorders, but involvement by family and friends can facilitate recovery.

Is there research on their causes?

Researchers are unsure of every underlying cause leading to an eating disorder. Unlike some neurological disorders, which generally can be pinpointed to a specific lesion on the brain, an eating disorder likely involves abnormal activity distributed across brain systems. With increased recognition that mental disorders are brain disorders, more researchers are using tools from both modern neuroscience and modern psychology to better understand and treat eating disorders.

Researchers are working to define the basic processes of eating disorders, providing ongoing improvement of treatment methods and results. According to the National Institute of Mental Health, researchers are exploring questions like whether eating disorders can be prevented by identifying and predicting risk factors before a serious eating disorder occurs.

Researchers are also studying behavioral, genetic and brain systems data to understand risk factors, identify biological markers and develop medications that can target specific pathways that control eating behavior. Finally, neuro-imaging and genetic studies may also provide clues for how each person may respond to specific treatments.

What other factors influence eating disorders and recovery?

These are complex illnesses with many causes—some of which we don't understand fully yet. But one important factor influences everyone, whether or not they develop an eating disorder: our culture.

We live in a culture obsessed with appearance, weight, shape, and food. Exposure to this culture gives many of us distorted and/or inaccurate ideas about these things. One common myth is that weight determines health. Health is about balance, not numbers like pounds or BMIs. The biggest contributor to our body shape and size is genetic heritage—something that no behavior is capable of changing.

Dieting behavior can be a “gateway” to eating disorders. Decades of medical research show that calorie-restrictive dieting seldom contributes to overall health and is rarely effective for permanent weight loss.

Indeed, the natural rhythm of our metabolisms responds to food restriction in ways that lead to an eventual weight gain. Is it a coincidence that obesity rates rose dramatically over the same period of time that the so-called diet industry expanded dramatically?

Successful treatment and recovery will put someone with an eating disorder in positive conflict with many cultural influences. Challenging and resisting destructive cultural myths about appearance, weight and health can help the rest of us improve our own physical and mental health, as well.

To learn more, visit:

National Institute of Mental Health: www.nimh.nih.gov/health/topics/eating-disorders/index.shtml

Eating Disorders Coalition: <http://eatingdisorderscoalition.org/resources.htm>

National Eating Disorders Association: www.nationaleatingdisorders.org/information-resources/

Academy of Eating Disorders: [www.aedweb.org/Eating Disorders Information.htm](http://www.aedweb.org/Eating_Disorders_Information.htm)

Project Eat (University of Minnesota): www.sph.umn.edu/epi/research/eat/index.asp

The Emily Program: www.emilyprogram.com