

EATING DISORDERS

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are serious mental and physical illnesses that can affect people of all genders, ages, races, religions, ethnicities, sexual orientations, body shapes, and weights

The Spectrum of Eating Behavior

Intuitive Eating

- Eats when hungry
- Views eating as pleasurable
- Eats intentionally and with purpose
- Stops eating when satisfied
- Positive body image
- Includes a variety of healthy foods
- Allows for indulgences
- Does not regulate emotions through food
- Active for health and enjoyment

Disordered Eating

- Restricts intake to control weight/shape
- Unresponsive to hunger/fullness cues
- Eats to regulate emotions/environment
- Compulsive eating and/or overeating
- Negative body image
- Limited and/or inflexible food intake
- All-or-nothing approach to healthful eating
- Firm dietary rules
- Active to burn calories/in response to eating
- Dieting culture

Eating Disorder

- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder
- Other eating disorders

There is no known cause for eating disorders. Current research suggests influence of a range of biological, psychological, and sociocultural factors.

It is important to note that Eating Disorders are classified using a spectrum, and each individual will fall on the spectrum at their own unique point

EATING DISORDER STATISTICS

In a study of Division 1 NCAA athletes, over one-third of female athletes reported attitudes and symptoms placing them at risk for anorexia nervosa.

(Johnson, Powers, & Dick, 1999)

Though most athletes with eating disorders are female, male athletes are also at risk—especially those competing in sports that tend to emphasize diet, appearance, size and weight. In weight-class sports (wrestling, rowing, horseracing) and aesthetic sports (bodybuilding, gymnastics, swimming, diving) about 33% of male athletes are affected. In female athletes in weight class and aesthetic sports, disordered eating occurs at estimates of up to 62%.

(Bonci, 2009)

Among female high school athletes in aesthetic sports, 41.5% reported disordered eating. They were eight times more likely to incur an injury than athletes in aesthetic sports who did not report disordered eating.

(Jankowski, 2012)

A 2007 study asked 9,282 English-speaking Americans about a variety of mental health conditions, including eating disorders. The results, published in *Biological Psychiatry*, found that 0.9% of women and 0.3% of men had anorexia during their life

(Keski-Rahkonen et. Al, 2007)

Males represent 25% of individuals with anorexia nervosa, and they are at a higher risk of dying in part because they are often diagnosed later since many people assume males don't have eating disorders

(Mond, Mitchison & Hay, 2014)

One study found that 35% of female and 10% of male college athletes were at risk for anorexia nervosa and 58% of female and 38% of male college athletes were at risk for bulimia nervosa.

(The National Center on Addiction and Substance Abuse, 2003)

RISK FACTORS

Psychological

- Perfectionism
- Body image dissatisfaction
- Personal history of an anxiety disorder
- Behavioral inflexibility - feeling that there is only one “right way” to do things
- Biological
- Having a close relative with an eating disorder
- Having a close relative with a mental health condition
- History of dieting
- Negative energy balance, or burning more calories than you take in
- Type 1 (insulin-dependent) diabetes

Social

- Weight stigma
- Teasing or bullying
- Appearance ideal internalization, or thinking there is a society-defined “ideal body”
- Acculturation: racial and ethnic minority groups are at an increased risk of eating disorders due to increased feelings of stress, acculturation, and body image all interacting together, causing the individual to view themselves as overweight
- Limited social networks; loneliness
- Historical trauma

Anorexia Nervosa

Characterized by weight loss, difficulties maintain an appropriate body weight, and often a distorted body image. Generally is a result of calories and type of food restriction.

Bulimia Nervosa

Characterized by a cycle of bingeing (eating) followed by an activity that is viewed as compensation for example self-induced vomiting. Feelings of a lack of control when binge eating.

Binge Eating Disorder

Recurring episodes of eating large quantities of food while feeling a loss of control. Often followed by feelings of shame, distress, and guilt.

Orthorexia

Not a formally recognized eating disorder, however classified as becoming overly fixated on “healthy-eating” resulting in damage to their own well-being.

Other Specified Feeding or Eating Disorder (OSFED)

This is used when individuals do not meet all of the criteria for anorexia nervosa or bulimia but has a significant eating disorder still.

Avoidant Restrictive Food Intake Disorder (ARFID)

Limiting the amount or type of food consumed, does not experience distress about body shape or size.

Pica

Eating items that are not typically characterized as food, i.e., hair, dirt, and paint chips.

Rumination Disorder

Regular regurgitation of food, occurring for at least one month.

Unspecified Feeding or Eating Disorder

Experiencing symptoms of a feeding or eating disorder that cause clinical distress or impairments in important areas of life, but do not meet all criteria for a specific disorder.

Laxative Abuse

Trying to eliminate calories or lose weight through frequent use of laxatives

Compulsive Exercise

Not a clinically diagnosable disorder, exercise that interferes with important activities, occurs at inappropriate times/settings and continues through injuries

SIGNS OF EATING DISORDERS

- Dramatic weight loss
- Preoccupation with weight, food, calories, and dieting
- Refusing to eat certain foods or entire food categories
- Frequent comments about feeling “fat” or overweight despite weight loss
- Strict food rituals
- Excuses to avoid eating
- Expresses need to “burn off” calories, and maintains excessive exercise routine
- Withdraws from friends and activities
- Evidence of purging behaviors; frequents the bathroom after meal; signs of vomiting; presence of laxatives or diuretics
- Extreme mood swings
- Frequent checking in the mirror for perceived flaws in appearance

PHYSICAL WARNING SIGNS

- Stomach cramps
- Constipation, abdominal pain, cold intolerance, lethargy
- Difficulty concentrating
- Abnormal labs (anemia, low thyroid and hormone levels, slow heart rate, etc)
- Dizziness
- Feeling cold all the time
- Sleep problems
- Menstrual irregularities
- Cuts and calluses across top of finger joints
- Dental problems
- Thinning hair; dry and brittle nails
- Noticeable fluctuations in weight, both up and down
- Increased risk of co-occurring conditions; self-injury, substance abuse, impulsivity

Talk with a medical provider and work on obtaining a diagnosis.

Treatment includes a combination of psychological and nutritional counseling.

Types of psychotherapy

- Acceptance and commitment therapy
- Cognitive behavioral therapy
- Cognitive remediation therapy
- Dialectical behavior therapy
- Family-based treatment
- Interpersonal psychotherapy

Factors addressed in treatment

- Correct any life-threatening medical or psychiatric symptoms
- Interrupt eating disorder behaviors
- Establish a normalized eating and nutritional rehabilitation
- Challenge any unhealthy thoughts and behaviors
- Address ongoing medical or mental health issues
- Establish a prevention plan to avoid relapse

The Treatment Team

- Physician
- Psychotherapist
- Dietitian
- Psychiatrist
- Additional therapists, as needed
- Case manager at your insurance company, if needed

WHAT
YOU
CAN
DO!

(Healthline, 2018)

IMPACT OF COVID-19

Negative Aspects of COVID-19 in relation to high risk for eating disorders:

- Increased feelings of loneliness
- Decreased opportunity to workout at local gyms, increasing stress related to overconsuming calories or becoming concerned with the new social pressure of “COVID-19 weight gain”
- Increased daily stress
- Decreased social activities
- Family stress
- Decreased access to food through financial strain or restrictions
- Increased risk for co-morbid mental health disorder
- Increased substance use or drinking, resulting in increased food intake and feelings of guilt of calorie consumption

(Source)

Please visit the NEDA COVID-19 resource page for resources and assistance:

<https://www.nationaleatingdisorders.org/help-support/covid-19-resources-page>

(Source)

