

EATING DISORDERS

An eating disorder is a complex mental health issue characterised by disturbed eating behaviours, distorted beliefs, and extreme concerns about food, eating and body size, shape or weight.

Eating disorders can be associated with major medical complications which can affect the whole body. They are not a phase, a lifestyle choice or about vanity. No one would choose to have an eating disorder.

QUICK FACTS

- Eating disorders involve concerning or harmful eating patterns.
- People living with eating disorders often have body image concerns, low self-esteem and may use unhealthy strategies to make up for eating.
- Diagnoses include anorexia nervosa, bulimia nervosa, binge eating disorder, and more.
- Self-care strategies, psychological therapies, and support in the community can all benefit people living with eating disorders.
- It is possible to live a full and meaningful life even if a person experiences an eating disorder.

WHAT ARE EATING DISORDERS?

An eating disorder is characterised by distorted beliefs and behaviours around food, eating, and body image.

They are not a phase, a lifestyle choice or about vanity. No one would choose to have an eating disorder.

Anyone can develop an eating disorder, including all ages, genders, cultures and backgrounds. Eating disorders can affect people of all body types.

People living with eating disorders often experience other mental health issues, such as depression, anxiety disorders, substance use disorders, post-traumatic stress disorder, or personality disorders¹.

SYMPTOMS OF EATING DISORDERS

Symptoms of eating disorders usually first appear in adolescence or early adulthood.

Symptoms include^{2,3}:

- placing a high level of importance on food, body shape, weight, or size
- eating food in smaller or larger amounts than is considered normal
- having rigid rules around food
- rapid weight loss or gain, or frequent changes in weight
- eating in private or avoiding social situations involving food
- unhealthy activities to compensate for eating, such as excessive exercising, vomiting or use of laxatives.
- feeling depressed, anxious, irritable or stressed
- low self-esteem
- difficulties with accepting and expressing emotions
- using food to deal with uncomfortable emotions, to feel in control, or as self-punishment

There can be serious complications associated with an eating disorder. They include problems with digestion, hormones, teeth, bone health, menstruation, heart and blood pressure. People can also die from the physical complications of an eating disorder.

TYPES OF EATING DISORDERS

Some of the most common types of eating disorder are summarised below⁴.

- Binge eating disorder: Eating large amounts of food in a relatively short period of time. This often occurs until feeling uncomfortably full or when not hungry, and can involve feeling 'out of control', guilty, or distressed.
- Bulimia nervosa: Eating large amounts of food in a short period of time, then trying to make up for the food eaten, in unhealthy ways. People living with bulimia also place a high value on their weight or body shape.
- Anorexia nervosa. Severely restricting the amount and type of food consumed, leading to significantly low body weight. People living with anorexia nervosa also place a high value on their weight or body shape, and fear gaining weight.
- Avoidant/restrictive food intake disorder: Avoiding food and eating, resulting in significant weight loss, nutritional deficiency, or other challenges. This is due to a lack of interest in food, sensitivity to food, or concern about other consequences of eating, rather than distress about body shape or weight gain.
- Other specified feeding and eating disorder (OSFED). Some people may have many of the symptoms of other eating disorders, but will not meet the full criteria for that diagnosis.

Many people have other eating issues and body image challenges which are not covered by these diagnoses. However, their mental health and quality of life can still be seriously impacted.

CAUSES OF EATING DISORDERS

The causes of eating disorders are complex. Researchers believe a combination of genetic and biological factors, personality traits, and experiences affect the likelihood that someone will develop an eating disorder⁵⁻⁷.

There are many societal and cultural factors that also contribute. People can be impacted by pressure from the media to look thin, toned or muscular, or to eat a certain way.

HOW COMMON ARE EATING DISORDERS?

It's estimated that around 4% of Australians experience an eating disorder each year⁸. Binge eating disorder is the most common type.

MANAGING LIFE WITH AN EATING DISORDER

There are strategies that can help people manage the symptoms of eating disorders:

- Understanding more about eating disorders, why they develop, and what makes symptoms better or worse.
- Keeping a [food journal](#) to notice patterns that contribute towards eating disorder symptoms.
- Reducing or eliminating body checking behaviours, such as weighing or taking body measurements.
- Learning distress tolerance skills and strategies to manage unhelpful thoughts.

TREATMENT AND SUPPORT FOR EATING DISORDERS

Treatment can help manage, reduce, or even eliminate the symptoms of eating disorders.

It's a good idea to first talk to a GP. A GP can provide information and refer on to other health professionals or support services. They can also explore if there are any health conditions contributing to weight changes or appetite.

Treatment may need to involve different health professionals, like GPs, psychologists, specialist dietitians and other allied health professionals. This is because the best treatments will take a person's physical, emotional and environmental needs into consideration, as well as their mental health needs.

Treatment options depend on age, the type of eating disorder and its severity. Different services might be available if any other mental or physical health issues are present. Treatment can include psychological therapies, outpatient programs, community programs, and support groups. A person may need inpatient stays at a hospital if there are physical health complications, or to focus on weight gain before getting support in the community.

Psychological therapies are often recommended for people with eating disorders. These are often intensive at the start, and may reduce in intensity over time. For adults, these include^{9,10}.

- Cognitive behavioural therapy for eating disorders (CBT-E)

- Maudsley anorexia nervosa treatment for adults (MANTRA)
- Psychodynamic therapy
- Dialectical Behaviour Therapy (DBT).

HELP FOR FAMILY & FRIENDS

The family and friends of someone experiencing eating disorders need care and support too — it's okay for family and friends to set boundaries, and to prioritise their own physical and mental health.

There are many other people out there who share similar experience, and many services designed to help carers of people with mental health issues. Check out our [Guide for Families and Friends](#) for more info.

Effective treatment and support is available, and a person who is experiencing an eating disorder can live a fulfilling life.

To connect with others who get it, visit our online Forums. They're safe, anonymous and available 24/7.

VISIT [FORUMS](#)

RESOURCES

- [How body positivity helps my eating disorder recovery](#) and [Eating disorders and nourishing the self](#) (SANE Blog)
- [Recovery from anorexia \(video - Sophie shares her experience\)](#)
- [Butterfly Foundation website](#) and National Helpline 1800 ED HOPE (1800 33 4673)
- Evidence based self-help resources: [Centre for Clinical Interventions](#) (online), [book recommendations](#)

REFERENCES

1. Udo T, Grilo CM. Psychiatric and medical correlates of DSM-5 eating disorders in a nationally representative sample of adults in the United States. *Int J Eat Disord* [Internet]. 2019 Jan 1;52(1):42–50. Available from: <https://doi.org/10.1002/eat.23004>
2. Anderson JL, Sellbom M, Pymont C, Smid W, De Saeger H, Kamphuis JH. Measurement of DSM-5 section II personality disorder constructs using the MMPI-2-RF in clinical and forensic samples. *Psychol Assess* [Internet]. 2015;27(3):786–800. Available from: <http://doi.apa.org/getdoi.cfm?doi=10.1037/pas0000103>
3. Fairburn CG, Cooper Z, Shafran R. Cognitive behaviour therapy for eating disorders: a “transdiagnostic” theory and treatment. *Behav Res Ther* [Internet]. 2003;41(5):509–28. Available from: <https://www.sciencedirect.com/science/article/pii/S0005796702000888>
4. American Psychiatric Association. Diagnostic and statistical manual of mental disorders (5th ed.; DSM-5). In: 5th ed. American Psychiatric Association; 2013.
5. Trace SE, Baker JH, Peñas-Lledó E, Bulik CM. The Genetics of Eating Disorders. *Annu Rev*

Clin Psychol [Internet]. 2013 Mar 28;9(1):589–620. Available from:
<https://doi.org/10.1146/annurev-clinpsy-050212-185546>

6. Dufresne L, Bussières E-L, Bédard A, Gingras N, Blanchette-Sarrasin A, Bégin PhD C. Personality traits in adolescents with eating disorder: A meta-analytic review. *Int J Eat Disord* [Internet]. 2020 Feb 1;53(2):157–73. Available from: <https://doi.org/10.1002/eat.23183>

7. Molendijk ML, Hoek HW, Brewerton TD, Elzinga BM. Childhood maltreatment and eating disorder pathology: a systematic review and dose-response meta-analysis. *Psychol Med* [Internet]. 2017/01/19. 2017;47(8):1402–16. Available from:
<https://www.cambridge.org/core/article/childhood-maltreatment-and-eating-disorder-pathology-a-systematic-review-and-doseresponse-metaanalysis/B7731CDE2FB5C837554BB940B3A7787F>

8. Deloitte Access Economics. Paying the price: the economic and social impact of eating disorders in Australia. 2012.

9. Ben-Porath D, Duthu F, Luo T, Gonidakis F, Compte EJ, Wisniewski L. Dialectical behavioral therapy: an update and review of the existing treatment models adapted for adults with eating disorders. *Eat Disord* [Internet]. 2020 Mar 3;28(2):101–21. Available from:
<https://doi.org/10.1080/10640266.2020.1723371>

10. National Institute for Health and Care and Excellence. Eating disorders: recognition and treatment [Internet]. 2017. Available from:
<https://www.nice.org.uk/guidance/ng69/ifp/chapter/Eating-disorders-the-care-you-should-expect>