

EATING DISORDERS

What are eating disorders?

Eating disorders often are long-term illnesses that may require long-term treatment. In addition, eating disorders frequently occur with other mental disorders such as depression, substance abuse, and anxiety disorders (NIMH, 2002). The earlier these disorders are diagnosed and treated, the better the chances are for full recovery. This fact sheet identifies the common signs, symptoms, and treatment for three of the most common eating disorders: anorexia nervosa, bulimia nervosa, and binge-eating disorder (NIMH, 2002).

Who has eating disorders?

Research shows that more than 90 percent of those who have eating disorders are women between the ages of 12 and 25 (National Alliance for the Mentally Ill, 2003). However, increasing numbers of older women and men have these disorders. In addition, hundreds of thousands of boys are affected by these disorders (U.S. DHHS Office on Women's Health, 2000).

What are the symptoms of eating disorders?

Anorexia nervosa - People who have anorexia develop unusual eating habits such as avoiding food and meals, picking out a few foods and eating them in small amounts, weighing their food, and counting the calories of everything they eat. Also, they may exercise excessively.

Bulimia nervosa - People who have bulimia eat an excessive amount of food in a single episode and almost immediately make themselves vomit or use laxatives or diuretics (water pills) to get rid of the food in their bodies. This behavior often is referred to as the "binge/purge" cycle. Like people with anorexia, people with bulimia have an intense fear of gaining weight.

Binge-eating disorder - People with this recently recognized disorder have frequent episodes of compulsive overeating, but unlike those with bulimia, they do not purge their bodies of food (NIMH, 2002). During these food binges, they often eat alone and very quickly, regardless of whether they feel hungry or full. They often feel shame or guilt over their actions. Unlike anorexia and bulimia, binge-eating disorder occurs almost as often in men as in women (National Eating Disorders Association, 2002).

What medical problems can arise as a result of eating disorders?

Anorexia nervosa - Anorexia can slow the heart rate and lower blood pressure, increasing the chance of heart failure. Those who use drugs to stimulate vomiting, bowel movements, or urination are also at high risk for heart failure. Starvation can also lead to heart failure, as well as damage the brain. Anorexia may also cause hair and nails to grow brittle. Skin may dry out, become yellow, and develop a covering of soft hair called lanugo. Mild anemia, swollen joints, reduced muscle mass, and light-headedness also commonly occur as a consequence of this eating disorder. Severe cases of anorexia can lead to brittle bones that break easily as a result of calcium loss.

Bulimia nervosa - The acid in vomit can wear down the outer layer of the teeth, inflame and damage the esophagus (a tube in the throat through which food passes to the stomach), and enlarge the glands near the cheeks (giving the appearance of swollen cheeks). Damage to the stomach can also occur from frequent vomiting. Irregular heartbeats, heart failure, and death can occur from chemical imbalances and the loss of important minerals such as potassium. Peptic ulcers, pancreatitis (inflammation of the pancreas, which is a large gland that aids digestion), and long-term constipation are also consequences of bulimia.

Binge-eating disorder - Binge-eating disorder can cause high blood pressure and high cholesterol levels. Other effects of binge-eating disorder include fatigue, joint pain, Type II diabetes, gallbladder disease, and heart disease.

What is required for a formal diagnosis of an eating disorder?

Anorexia nervosa - Weighs at least 15 percent below what is considered normal for others of the same height and age; misses at least three consecutive menstrual cycles (if a female of childbearing age); has an intense fear of gaining weight; refuses to maintain the minimal normal body weight; and believes he or she is overweight though in reality is dangerously thin (American Psychiatric Association [APA], 1994; NIMH, 2002).

Bulimia nervosa - At least two binge/purge cycles a week, on average, for at least 3 months; lacks control over his or her eating behavior; and seems obsessed with his or her body shape and weight (APA, 1994; NIMH, 2002).

Binge-eating disorder - At least two binge-eating episodes a week, on average, for 6 months; and lacks control over his or her eating behavior (NIMH, 2002).

How are eating disorders treated?

Anorexia nervosa - The first goal for the treatment of anorexia is to ensure the person's physical health, which involves restoring a healthy weight (NIMH, 2002). Reaching this goal may require hospitalization. Once a person's physical condition is stable, treatment usually involves individual psychotherapy and family therapy during which parents help their child learn to eat again and maintain healthy eating habits on his or her own. Behavioral therapy also has been effective for helping a person return to healthy eating habits. Supportive group therapy may follow, and self-help groups within communities may provide ongoing support.

Bulimia nervosa - Unless malnutrition is severe, any substance abuse problems that may be present at the time the eating disorder is diagnosed are usually treated first. The next goal of treatment is to reduce or eliminate the person's binge eating and purging behavior (NIMH, 2002). Behavioral therapy has proven effective in achieving this goal. Psychotherapy has proven effective in helping to prevent the eating disorder from recurring and in addressing issues that led to the disorder. Studies have also found that Prozac, an antidepressant, may help people who do not respond to psychotherapy (APA, 2002). As with anorexia, family therapy is also recommended.

Binge-eating disorder - The goals and strategies for treating binge-eating disorder are similar to those for bulimia. Binge-eating disorder was recognized only recently as an eating disorder, and research is under way to study the effectiveness of different interventions (NIMH, 2002).

Where can I find a therapist specializing in eating disorders?

For a referral to the nearest therapist specializing in eating disorders, contact:

National Association of Anorexia Nervosa and Associated Disorders
P.O. Box 7
Highland Park, IL 60035
Hotline: 1-847-831-3438
<http://www.anad.org/site/anadweb>

National Eating Disorders Association
Informational and Referral Program
603 Stewart Street, Suite 803
Seattle, WA 98101
1-800-931-2237
<http://www.nationaleatingdisorders.org>