

What is an eating disorder?



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People with an eating disorder experience extreme disturbances in their eating behaviours and related thoughts and feelings.

Eating disorders are characterised by an overwhelming, consuming drive to be thin and a morbid fear of gaining weight and losing control over eating.

Mostly females are treated for eating disorders, although they can be experienced by males. Onset is usually during adolescence, but can also be during early adulthood.

Eating disorders can be overcome and it is important for the person to seek advice and treatment as early as possible, as eating disorders can have serious physical and psychological consequences.

What are the main types of eating disorders?

The two most serious eating disorders are anorexia nervosa (anorexia) and bulimia nervosa (bulimia).

Anorexia

Anorexia is characterised by an intense fear of being obese and a relentless pursuit of

thinness. Its symptoms include:

- A loss of at least 15 percent of body weight resulting from refusal to eat enough food, despite extreme hunger.
- An intense fear of becoming 'fat' and of losing control.
- A disturbance of perception of body image in that people may regard themselves as fat, overestimating body size the thinner they become.
- A tendency to exercise obsessively.
- A preoccupation with determining 'good' and 'bad' foods, and with the preparation of food.
- Absence of menstrual periods.

Often, anorexia begins with a weight loss, resulting from either dieting or physical illness. Positive comments about the weight loss seem to encourage the person to believe that if thin is good, thinner is better.

Starvation and erratic eating patterns can then become anorexia.

A significant proportion of people with anorexia will also develop bulimia.

Bulimia

Bulimia is characterised by bingeing and purging. Its symptoms include:

- Eating binges that involve consumption of large amounts of calorie-rich foods, during which the person feels a loss of personal control and self-disgust.

- Purging attempts to compensate for binges and to avoid weight gain by self-induced vomiting, and/or misuse of laxatives and fluid tablets.
- A combination of restricted eating and compulsive exercise so that control of weight dominates the person's life.

A person with bulimia is usually close to their normal body weight, so is less recognisable than a person with anorexia.

Bulimia often starts with rigid weight reduction dieting in the pursuit of thinness. Inadequate nutrition causes tiredness and powerful urges to binge eat.

Vomiting after a binge seems to bring a sense of relief, but this is temporary and soon turns to depression and guilt.

Some people use laxatives, apparently unaware that laxatives do not reduce kilojoules/fat content, and only serve to eliminate vital trace elements and dehydrate the body.

People with bulimia may experience chemical imbalances in their body that bring about lethargy, depression and clouded thinking.

The person can make strong efforts to break the pattern, but the vicious binge/purge/exercise cycle and the feelings associated with it, become compulsive and uncontrollable.

Binge eating disorder

This eating disorder has only recently been

recognised. People with binge eating disorder have episodes of binge eating in which they consume extreme quantities of food within short periods of time, and feel out of control while they are bingeing.

However, they do not make attempts to purge their food after bingeing.

The binge eating can lead to serious health consequences such as obesity, diabetes, hypertension and cardiovascular disease.

Co-occurring mental health problems

Eating disorders often co-occur with anxiety disorders such as panic disorder and obsessive compulsive disorder, as well as with harmful substance use. For more information on anxiety, read the brochure *What is an anxiety disorder?*

Physical effects of anorexia and bulimia

The physical effects of anorexia and bulimia can be very serious, but are generally reversible if the illness is treated early. If left untreated, severe anorexia and bulimia can be life-threatening.

Both illnesses, when severe, can cause:

- Harm to the kidneys.
- Urinary tract infections and damage to the colon.
- Dehydration, constipation and diarrhoea.
- Seizures, muscle spasms or cramps.
- Chronic indigestion.

- Loss of menstruation or irregular periods.
- Strain on most body organs.

Many of the effects of anorexia are related to malnutrition, including:

- Absence of menstrual periods.
- Severe sensitivity to the cold.
- Growth of down-like hair all over the body.
- Inability to concentrate and think rationally.

Severe bulimia is likely to cause:

- Erosion of dental enamel from vomiting.
- Swollen salivary glands.
- Chronic sore throat and gullet.
- Intestinal and stomach problems.

Emotional and psychological effects include:

- Difficulty with activities that involve food and deceptive behaviours related to food.
- Loneliness, due to self-imposed isolation and a reluctance to develop personal relationships.
- Fear of the disapproval of others if the illness becomes known.
- Mood swings, changes in personality, emotional outbursts and depression.

Responding to early warning signs and obtaining early treatment for anorexia and bulimia is, therefore, essential.

What causes eating disorders?

The causes of anorexia and bulimia remain unclear. Biological, psychological and social factors are all involved. The most strongly related risk factor for the development of an eating disorder is dieting.

Genetic factors

There is some evidence that women who have a mother or sister with anorexia nervosa are much more likely to develop the disorder themselves than are women who do not have a family member with the disorder.

Biochemical factors

Chemical or hormonal imbalances, particularly those associated with the onset of puberty, may be related to the development of an eating disorder.

Personal factors

A range of individual factors have been linked with eating disorders, including:

- Changes in life circumstances, such as the onset of adolescence, breakdown of relationships, childbirth, or death of a loved one.
- Perfectionism and a belief that love from family and friends depends on high achievement.
- Fear of the responsibilities of adulthood.

- Poor communication between family members or parental reluctance to allow independence as children mature.

Social influences

Eating disorders are increasing in western societies, and this has been linked to our obsession with body image.

A growth in websites encouraging dangerous dieting for girls and young women is particularly alarming.

The media presents being thin as the ideal body shape and is preoccupied with people's physical characteristics. People who are overweight or obese tend to be negatively stereotyped.

What treatment is available?

Eating disorders can be effectively treated. Early intervention improves the outcome of recovery in all eating disorders. Recovery can take months or years, but the majority of people recover.

Changes in eating behaviour may be caused by many different illnesses, so a thorough physical examination by a medical practitioner is the first step.

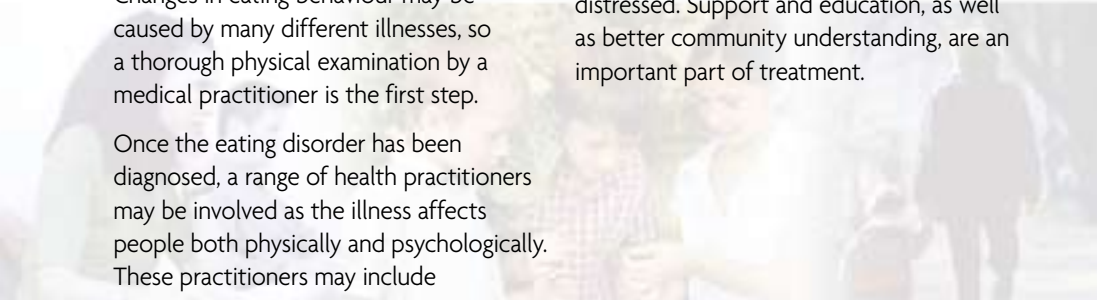
Once the eating disorder has been diagnosed, a range of health practitioners may be involved as the illness affects people both physically and psychologically. These practitioners may include

psychiatrists, psychologists, physicians, dietitians, social workers, occupational therapists and nurses.

Treatment is likely to include:

- Dietary education to assist with retraining healthy eating habits.
- Psychological interventions to help individuals change their thoughts, feelings and behaviours related to disordered eating.
- Anti-depressant medications may be used to reduce feelings of depression and anxiety.
- Interpersonal therapies help people to understand the effect of interpersonal relationships on their emotions and eating behaviour.
- Outpatient treatment and attendance at special programs are the preferred treatment for people with anorexia. Hospitalisation may be required for those severely malnourished through lack of food.

The family and friends of people with an eating disorder can often feel confused and distressed. Support and education, as well as better community understanding, are an important part of treatment.



Where to go for help

- Your general practitioner.
- Your community health centre.
- Your community mental health centre.

For information on services, check the Community Help and Welfare Services and 24-hour emergency numbers in your local telephone directory.

For immediate counselling assistance, contact Lifeline on **13 11 14**. Lifeline can also supply you with contacts, further information and help.

More information is available at:

www.rch.org.au/ceed

www.reachout.com.au

www.ranzcp.org

www.sane.org

About this brochure

This brochure is part of a series on mental illness funded by the Australian Government under the National Mental Health Strategy.

Other brochures in this series include:

- *What is mental illness?*
- *What is an anxiety disorder?*
- *What is bipolar mood disorder?*
- *What is a depressive disorder?*
- *What is a personality disorder?*
- *What is schizophrenia?*

Free copies of all brochures are available from Mental Health and Workforce Division of the Australian Government Department of Health and Ageing:

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