

EATING DISORDERS

(ANOREXIA NERVOSA, BULIMIA NERVOSA, and BINGE-EATING DISORDER)

Eating disorders involve serious disturbances in eating behavior, such as extreme and unhealthy reduction of food intake or severe overeating, as well as feelings of distress or extreme concern about body shape or weight. Eating disorders are real, treatable medical illnesses in which certain unhealthy patterns of eating take on a life of their own.

The categories of eating disorders currently recognised by the American Psychiatric Association are Anorexia Nervosa, Bulimia Nervosa, and Eating Disorders Not Otherwise Specified (those that meet some, but not all, of the criteria for anorexia or bulimia). Binge-Eating Disorder is included in this latter category. While eating disorders commonly develop between 14 and 25 years of age, they are increasingly seen in children as young as four years of age and in women in their 60s. Study results released by Health Canada in 2003 indicate the ratio of males to females with full-syndrome eating disorders is approximately 1 to 5.

Eating disorders frequently co-occur with other psychiatric disorders—such as depression, substance abuse, and anxiety disorders—and are often triggered by an event, or series of events, causing trauma. Eating disorders pose immediate health risks as well as long-term consequences; treatment is imperative.

Anorexia Nervosa

Anorexia affects up to 3.7% of females in their lifetime. People with this disorder see themselves as overweight even though they are dangerously thin. The process of eating becomes an obsession. Unusual eating habits develop, such as avoiding food and meals, picking out a few foods and eating these in small quantities, or carefully weighing and portioning food. People with anorexia may repeatedly check their body weight, and many engage in other techniques to control their weight, such as intense and compulsive exercise, or purging by means of vomiting and abuse of laxatives, enemas, and diuretics.

The death rate associated with anorexia is more than 12 times higher than the overall death rate among young women in the general population. (Up to 20% of anorexics die from the illness). The most common causes of death are complications of the disorder, such as cardiac arrest or electrolyte imbalance, and suicide.

Symptoms and Warning Signs¹ of Anorexia Nervosa:

- Dramatic weight loss.
- Resistance to maintaining body weight at or above a minimally normal weight for age and height.
- Intense fear of gaining weight or becoming fat, even though underweight.
- Frequent comments about feeling “fat” or overweight despite weight loss.
- Preoccupation with weight, food, calories, fat grams, and dieting.
- Refusal to eat certain foods, progressing to restrictions against whole categories of food (e.g. no carbohydrates, etc.).
- Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.
- Development of food rituals (e.g. eating foods in certain orders, excessive chewing, rearranging food on a plate).
- Consistent excuses to avoid mealtimes or situations involving food.
- Denial of hunger.

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- Excessive, rigid exercise regimen—despite weather, fatigue, illness, or injury—the need to “burn off” calories taken in.
- Withdrawal from usual friends and activities.
- Infrequent or absent menstrual periods (in females who have reached puberty).

Bulimia Nervosa

Up to 4.2% of females have bulimia nervosa in their lifetime. Because purging or other compensatory behavior follows the binge-eating episodes, people with bulimia usually weigh within the normal range for their age and height. However, like individuals with anorexia, they may fear gaining weight, desire to lose weight, and feel intensely dissatisfied with their bodies. People with bulimia often perform the behaviors in secrecy, feeling disgusted and ashamed when they binge, yet relieved once they purge.

Symptoms of Bulimia Nervosa:

- Recurrent episodes of binge eating, characterized by eating an excessive amount of food within an isolated period of time and by a sense of lack of control over eating during the episode.
- Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting or misuse of laxatives, diuretics, enemas, or other medications (purging); fasting; or excessive exercise.
- The binge-eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for 3 months.
- Self-evaluation is unduly influenced by body shape and weight.

Binge-Eating Disorder

Up to 5% of Americans experience Binge-Eating Disorder, characterized by frequent episodes of out-of-control eating, with the same binge-eating symptoms as those with bulimia. Individuals with Binge-Eating Disorder do not purge their bodies of excess calories, therefore many with the disorder are overweight for their age and height.

Symptoms of Binge-Eating Disorder:

- Recurrent episodes of binge eating, characterized by eating an excessive amount of food within an isolated period of time and by a sense of lack of control over eating during the episode.
- The binge-eating episodes are associated with at least 3 of the following: eating much more rapidly than normal; eating until feeling uncomfortably full; eating large amounts of food when not feeling physically hungry; eating alone because of being embarrassed by how much one is eating; feeling disgusted with oneself, depressed, or very guilty after overeating.
- Marked distress about the binge-eating behavior.
- The binge eating occurs, on average, at least 2 days a week for 6 months.
- The binge eating is not associated with the regular use of inappropriate compensatory behaviors (e.g., purging, fasting, excessive exercise).

Reference:

¹Many of these warning signs are taken from information produced by National Eating Disorders Association, 2006. www.NationalEatingDisorders.org (accessed April 16, 2007).

Source:

National Institute of Mental Health, "Eating Disorders: Facts About Eating Disorders and the Search for Solutions." NIH Publication No. 01-4901,2001, Public Domain.
<http://www.nimh.nih.gov/publicat/eatingdisorders.cfm> (accessed March 14, 2007).