

The Dangers of Disordered Eating

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This NebGuide reviews the warning signs of disordered eating and how to get treatment and help.

About Disordered Eating

Disordered eating is any abnormal eating pattern, ranging from less extreme to extreme behaviors. It includes a collection of

- interconnected eating patterns;
- weight management practices;
- attitudes about body shape, weight, and food; and
- physiological imbalances.

Disordered eating includes classic eating disorders (anorexia nervosa, bulimia nervosa, and binge eating disorder) as well as eating patterns that are less severe. Those with disordered eating habits are often insecure about their changing shape and size. Some feel that to be accepted, they must look like models and actors they see in the media. However, many of the popular stars are below their ideal weight. Trying to match this weight can be unhealthy and dangerous.

Although people of many cultures and backgrounds develop eating disorders, most diagnoses are women and 86 percent are diagnosed before the age of 20. Overall, 7 to 10 million women and up to 1 million men are affected by eating disorders.

Disordered eating can take many forms. For some, disordered eating means eating a lot while for others it means eating little to nothing, or a combination of the two. In general, eating becomes disordered when it becomes a major preoccupation or obsession in someone's life or is causing distress or harm to the individual. There are four main types of disordered eating:

- **Anorexia nervosa** is self-starvation, with noticeable weight loss from severe restriction of dietary intake, excessive exercise to burn calories, or purging food from the body to keep it from being absorbed.
- **Bulimia nervosa** is extreme overeating followed by purging activities such as self-induced vomiting, use of laxatives and/or diuretics, or periods of fasting.
- **Binge-eating disorder** is characterized by episodes of overeating but no purging.
- **Eating disorder not otherwise specified (EDNOS)** is when a person is struggling with eating-disorder

thoughts, feelings, or behaviors, but does not have all the symptoms of anorexia or bulimia.

What is anorexia nervosa?

The name anorexia nervosa comes from two Latin words that mean nervous inability to eat. Anorexia nervosa is a psychiatric disorder characterized by an unrealistic fear of weight gain, self-starvation, and distorted body image. The individual is obsessed with becoming increasingly thinner and limits food intake to the point where health is compromised. The complications of this disorder may be fatal.

Symptoms of anorexia nervosa may include:

- significant weight loss, at least 15 percent lower than recommended for age and height
- abnormal attitude about weight
- distorted body image
- decreased metabolic rate
- changes in skin and hair
- growth of fine body hair (lanugo)
- loss of menstrual cycle (amenorrhea)
- sleeplessness (insomnia)
- excessive physical activity
- mental changes
- fluid retention

How does anorexia begin? Some form of dieting always occurs before the onset, which often follows a stressful life event, such as the loss of a parent or a breakup of a family unit. Less complex but equally stressful events such as entering puberty, leaving home, being embarrassed or ashamed, doing poorly in school, being told one looks "fat," or not being allowed to participate in a social group also may trigger an eating disorder.

What is bulimia nervosa?

Bulimia nervosa is a disorder in which a person eats large quantities of foods, followed by deliberate vomiting, use of laxatives, intense exercise, or fasting to try to prevent the food from being absorbed. Bulimics have a difficult time avoiding food and feel out of control when eating. Bulimics also believe their self-worth is centered on being thin, but weight is usually normal or near normal. They also have more trouble with compulsive behaviors, such as shoplifting, promiscuity, and abuse of alcohol/drugs or credit cards.

Appearing cheerful on the outside, they are often depressed, lonely, and ashamed inside.

Symptoms of bulimia may include:

- sore throat
- vomiting
- teeth and gum damage
- swelling of the salivary glands
- acid reflux
- esophageal tears
- anemia
- aspiration
- electrolyte imbalances
- dehydration
- menstrual irregularities
- bowel irregularities due to laxative use
- abdominal pain
- metabolic imbalances
- depression and mood swings
- undesirable social traits

What's the difference between anorexia and bulimia?

- Anorexia nervosa is marked by highly restrictive food intake. Often anorexics are perfectionists and exhibit controlling behaviors.
- Bulimia is characterized by two eating behaviors: binge eating (overeating) and purging (forcing the body to get rid of unwanted calories or food). Bulimics usually show impulsive behaviors and are chronically out of control.

What is binge eating?

Binge eaters are often chronic dieters. They tend to overeat at mealtimes and snack frequently. Binge eating affects men and women equally. Half of those remain overweight. Binge eating is defined as recurrent episodes of eating food in excessive amounts and feeling a lack of control when eating. Binging usually occurs at least two times a week for at least six months. A person who is classified as a binge eater would not use the methods that a bulimic or anorexic would use to prevent food absorption.

A binge episode usually includes at least three of the following behaviors:

- eating much more rapidly than normal
- eating until uncomfortably full
- eating large amounts of food when not hungry
- eating alone because of embarrassment about how much is eaten
- feeling disgusted or depressed with oneself, or feeling guilty about eating

A binge eater may suffer dangerous complications including tears or ruptures of the stomach lining, stomach pain, or bleeding and is at higher risk for developing diabetes, high blood pressure, heart attacks, strokes, and obesity.

What is Eating Disorder not Otherwise Specified (EDNOS)?

Individuals with EDNOS who are losing weight and restricting caloric intake often report similar issues as patients

with anorexia. They may be overly driven to be thin, have distorted body image, restrict caloric intake to unhealthy limits, and may eventually suffer the same psychological, physiological, and social problems. Those who binge, purge, or binge and purge usually report similar issues as those with bulimia. They feel the need to purge to control their weight and fear their eating will get out of control. Binging and/or purging often become an addictive, yet ineffective coping strategy that they feel they cannot do without.

Symptoms associated with EDNOS include:

- Constant concern about food and weight.
- Behaviors that restrict eating or compensate for eating (e.g., Exercise or purging).
- For those who binge, the disappearance of large amounts of food, long periods of eating, or noticeable blocks of time when the individual is alone.
- Individuals who restrict their eating often eat by the end of the day, with the urge being so strong it results in a binge. This binge can lead to guilt, shame, and purging, which may prompt the individual to promise to “do better tomorrow” by restricting food intake.
- Individuals may have many rules about food — good foods, bad foods — and can be engrossed in these rules and specific patterns of eating.

EDNOS typically begins in adolescence or early adulthood, but can happen at any time. It is more common in females; however, it affects males and females more evenly when the primary symptom is binge eating. Estimates suggest that EDNOS accounts for almost three-quarters of all community-treated eating disorder cases. Those with EDNOS are similar to those suffering from anorexia or bulimia, and also need extensive, specialized, multidisciplinary treatment.

Complications of Eating Disorders

Eating disorders affect every cell, tissue, and organ in the body. Many serious complications happen because of years of abuse. Starving, binging, and purging can lead to physical damage and death.

- Electrolyte imbalances from vomiting and laxative abuse can cause kidney damage and heart attacks, destruction of the teeth, and ruptures of the esophagus.
- Anemia, fertility problems, and weakened immune systems disrupt health.
- With anorexia nervosa the sufferer is often cold, complaining of icy hands and feet.
- Persons with eating disorders end up with swollen glands and puffed out or enlarged cheeks, excess hair on arms, face, and body, and dry, blotchy skin that has an unhealthy gray or yellow cast.
- Fainting spells, sleep disruption, bad dreams, and mental fuzziness may occur.

In a quest to look good and youthful, “old age” problems often occur:

- permanent loss of bone mass, fractures, and osteoporosis
- increased risk for cardiovascular disease
- bowel, breast, and reproductive cancers
- diabetes
- joint damage

Treatment for Eating Disorders

Recovery from any of these eating disorders may take several months or years.

Treating anorexia involves three major components: restoring the individual to a normal weight; treating the psychological issues related to the disease, and reducing or eliminating the thoughts that lead to the disordered eating; and preventing relapse. The treatments for bulimia and binge-eating are similar and involve a variety of options depending on individual needs.

The best treatment success comes from working with a doctor or counselor who can help deal with the medical and psychological issues. Psychologists or psychiatrists are often part of the team. Weight needs to be normal or near-normal. Meals need to consist of normal foods — not just sugar-free, fat-free, or low-calorie foods. It is important to eliminate or reduce irrational food fears and to do fun activities that have little to do with food, weight, or appearance. Developing and learning problem-solving skills is another key to recovery.

Treatment usually includes hospitalization, counseling, medical work, and support groups for the individual and the family. Local emergency rooms and physicians can refer people for help. For more information concerning eating disorders, contact your local physician or hospital. Other resources include the American Anorexia Bulimia Association (AABA) and the National Association of Anorexia Nervosa and Associated Disorders (ANAD).

What can you do to help?

If a person you know appears to have an eating disorder, the following points will help.

- **Act to get help.** Speak to the person about your concern. Talk to family and friends, a doctor, the school nurse or counselor, or any other person you think might help. The best treatment combines medical, psychological, and nutrition counseling. Self-help groups and family therapy are also important.
- **Expect resistance.** A person with anorexia usually doesn't believe (s)he needs assistance or is in any danger. Someone with bulimia may acknowledge the problem, but still refuse to seek help. The faster the person receives help, the greater the chances for full recovery. Be aware of websites that advocate eating disorders. These online communities reinforce disordered eating behaviors and offer hazardous encouragement of the disease. They can pose a serious threat to some individuals, not simply because they promote eating disorder behaviors, but because they build an unhealthy sense of community.

- **Prepare for long-term treatment.** Recovery may take from several months to several years. Symptoms and attitudes of eating disorders rarely disappear quickly. Family support groups are particularly effective in helping relatives of people with anorexia or bulimia survive the long ordeal. Individuals with an eating disorder need to have a good support system for the future. They need to know that the days ahead are full of good friends, good times, and good food. As they learn how to take control of their lives in a positive manner, they'll be able to make changes for a healthier future.

Resources

- Body Image and Disordered Eating, Section 7 in Nutrition and Physical Activity Guidelines for Adolescents. July 2000. California Department of Health Services. Accessed at: <http://www.cdph.ca.gov/HealthInfo/healthyliving/childfamily/Documents/MO-NUPA-07BodyImageAndDisorderedEating.pdf>.
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