

Eating Disorders

Are you struggling with an eating disorder — or concerned about someone who is? This handout is for you. It gives basic information about different eating disorders and lists resources where you can learn more and get help.

Treatment by a medical care team vastly improves the chances of recovery. If you think you or someone you care about might have an eating disorder, reach out for help. Eating disorders can be overcome — leading to a happier, more hopeful life.

What are eating disorders?

Eating disorders are complex problems that affect how you feel and how you think about yourself. Because they are often misunderstood and often hidden, it's unclear how many people have eating disorders. What we do know is that eating disorders affect a large number of people — men and women, young and old.

There are many types of eating disorders. The two most common are anorexia nervosa and bulimia nervosa. These two disorders, along with other types of eating disorders, are described on the next page.

Eating disorders have several things in common. They all tend to occur in people who have one or more of the following:

- **Obsession with food and weight.** They have thoughts about what they eat and what they weigh. These thoughts take up much of the day.
- **Distorted body image.** They may see themselves as fat, even when underweight.
- **Frequent and excessive exercise.** They often exercise obsessively to stay thin or to burn off what they eat.

Who gets eating disorders?

Anyone can develop an eating disorder. They are most common in young women (teenagers and young adults), but they can happen to people of any gender, race, age, or weight.

"For me, treatment took a long time. I knew I had bulimia, but I didn't want help. My mom pushed me to talk to my doctor, and I'm now glad she did. I'm not 'healed,' but I'm trying."



What causes eating disorders?

It's not clear why some people have eating disorders and others don't. An eating disorder may stem from many factors, including:

- **A drive for perfection.** This drive can be fueled by media and cultural images that show unrealistic thinness, or by family and friends who value "fitting in" with a certain body size, shape, or weight.
- **Some athletics.** For example, sports that emphasize appearance (like gymnastics and figure skating) or where weight gives a competitive advantage (like long distance running and wrestling).
- **Emotional and personality disorders.** Depression, anxiety, traumatic life events, and a desire for control may lead to eating disorders.

This list in no way covers every factor that can cause eating disorders. The cause of an eating disorder is unique to each person's experiences, genetics, environment, and other personal factors.

Anorexia nervosa

Anorexia involves **self-starvation** and **excessive weight loss**.

Signs:

- Low body weight
- An intense fear of gaining weight or becoming fat
- Denial of the seriousness of low body weight
- Loss of menstrual periods (for females)

Health risks:

- Slow heart rate and muscle loss, which leads to fainting, fatigue, weakness, and possible heart failure
- Weakening bones (osteoporosis), which leads to bone breaks
- Dehydration and loss of nutrients, which leads to irregular heartbeat, heart or kidney failure, and sometimes death

Types:

- **Binge-eating** (eating an unusually large amount in a short period of time) and/or **purging** (throwing up or using laxatives, enemas, or diuretics to eliminate food)
- **Restricting** calories by following drastic diets, fasting, or exercising too much

Bulimia nervosa

Bulimia involves **secretive bingeing** (eating an unusually large amount in a short period of time) followed by **purging** (throwing up or using laxatives, enemas, or diuretics to eliminate food).

Signs:

- A lack of control during a binge
- Secrecy about eating and purging
- Eating an unusually large amount of food without gaining weight
- Episodes of not eating, and episodes of bingeing and purging

Health risks:

- Dehydration and loss of nutrients, which leads to irregular heartbeat, heart or kidney failure, and sometimes death
- Stomach acids from throwing up, which lead to tooth decay
- Digestive system damage from throwing up, which leads to stomach or esophagus rupture, ulcers, and other health problems

Types:

- **Purging** to lose weight after a binge
- **Non-purging** methods like exercising too much or not eating to lose weight after a binge

Other types of eating disorders

Other types of eating disorders vary greatly. It's important to remember that any eating disorder can be dangerous — physically and emotionally.

Signs:

People with other types of eating disorders often show signs of anorexia or bulimia. However, any number of signs could indicate an eating disorder. Examples of other eating disorders:

- **Binge-eating disorder** (binge eating with no purging)
- **Purging disorder** (purging with no bingeing)
- **Chewing then spitting out** large amounts of food

The health risks of these eating disorders vary greatly. The care team can provide more answers and more information.

Are eating disorders dangerous?

Yes. Eating disorders are dangerous both to the body and the mind. The physical risks of eating disorders are listed above.

Other risks include difficulty with day-to-day life. School, work, and daily tasks can become overwhelming. Also, people with eating disorders are at risk for developing conditions that could harm their health even more than the eating disorder alone. People with eating disorders should be checked for these other conditions:

- Mood disorders
- Obsessive compulsive disorder
- Depression
- Substance abuse
- Anxiety
- Suicidal thoughts

A care team can help deal with the physical and emotional effects of eating disorders.



"As a wrestler, there was so much pressure to have a certain body. The only way I could get there was to not eat. But I wanted to measure myself in something other than pounds. By my courage, my friends ... something."

How are eating disorders diagnosed?

Doctors diagnose eating disorders in the same way they diagnose other health conditions: by gathering information and aligning symptoms with a medical diagnosis. The diagnosis and evaluation process may include:

- **Conversation.** The doctor will ask about food intake, behaviors like fasting and self-induced vomiting, weight and body image, exercise, and family background.
- **Family conversations.** The doctor may also talk to family members to learn more about behaviors and family history.
- **Medical history.** The doctor will gather information about past health, diseases, and treatments. The doctor may ask about other factors that may contribute to the eating disorder.
- **Exam.** The doctor will perform a physical exam to assess current health and identify any concerns.
- **Tests.** The doctor may also test blood and urine to assess bodily functions and identify irregularities.

How are eating disorders treated?

With proper treatment, eating disorders can be overcome. Dedication to the decision and the time needed to overcome an eating disorder are the keys to long-term recovery.

Intermountain uses a team-based approach to treatment. The care team works to treat the physical, emotional, and nutritional aspects of eating disorders. Each care plan is tailored to the needs of the patient.

Team members treat the various aspects of an eating disorder. For example:

The **doctor** may be a primary care physician (family doctor), psychiatrist, sports medicine physician, or other specialist.

The doctor:

- **Monitors overall health.**
- **Treats medical conditions.**
- **Prescribes medication as needed.** Although there is no medication to cure an eating disorder, the doctor can prescribe medications that treat health problems resulting from the eating disorder. Medication may also ease symptoms of emotional issues.



"I hear it all the time — 50 is the new 30 — and to me that means being thin. I knew I had a problem, but I didn't want to fix it. I didn't want to be 'healthy' because healthy meant fat. But treatment taught me that food is life, and that's an important lesson to learn."

The **therapist** or **psychologist**:

- **Identifies and counsels on emotional issues.** With eating disorders, feelings tend to drive eating behaviors.
- **Counsels on life events.** Current events and past traumas can contribute to eating disorder behaviors.
- **Treats other behavioral disorders,** such as depression or obsessive compulsive disorder.

The **dietitian**:

- **Provides information about a healthy diet.**
- **Constructs a plan.** The plan can set healthy eating and exercise patterns and address nutrition concerns and physical needs.

A **care manager** can connect you to resources and help coordinate and support treatment.

Family members (parents, spouses, siblings, and others) provide support and participate in appointments with the care team when needed.

The **patient** plays the most important role in treatment. The more the patient participates in treatment, the better the outcomes. The patient:

- **Learns.** The patient comes to understand the eating disorder and the benefits of overcoming it.
- **Works with the care team** to follow the care plan.

Websites

- Intermountain Healthcare patient information: intermountainhealthcare.org/health-resources
- The National Eating Disorders Association (NEDA) advocates on behalf of and supports individuals and families affected by eating disorders: nationaleatingdisorders.org
- Eating Disorders booklet provided by the National Institute of Mental Health: nimh.nih.gov/health/publications/eating-disorders/eating-disorders.pdf

Books

- *Wasted: A Memoir of Anorexia and Bulimia*, by Marya Hornbacher
- *Life Without ED: How One Woman Declared Independence from Her Eating Disorder and How You Can Too*, by Jenni Schaefer and Thom Rutledge
- *Reviving Ophelia: Saving the Selves of Adolescent Girls*, by Mary Pipher
- *Addiction to Perfection: The Still Unravished Bride*, by Marion Woodman
- *Intuitive Eating: A Revolutionary Program that Works*, by Evelyn Tribole and Elyse Resch
- *Eating Mindfully: How to End Mindless Eating and Enjoy a Balanced Relationship with Food*, by Susan Albers, PsyD
- *The Food & Feelings Workbook: A Full Course Meal on Emotional Health*, by Karen Koenig

Myth	Truth
<i>"Eating disorders are adolescent problems."</i>	Eating disorders can affect anyone at any age. Although young women (teenagers or young adults) are more likely to have eating disorders than others, anyone can have an eating disorder — men and women, young and old.
<i>"People with anorexia just need to eat."</i>	It's much more complicated than that. Eating disorders link to serious emotional and physical issues that usually require treatment to recover.
<i>"People with eating disorders are skinny."</i>	People with eating disorders come in all shapes and sizes. Some can be normal weight or even overweight.
<i>"People with eating disorders are just seeking attention."</i>	People with eating disorders often have underlying emotional issues. Untreated, these issues can lead to physical health problems.
<i>"Eating disorders are just addictions, like alcoholism."</i>	Eating disorders are classified as mental disorders by the American Psychiatric Association. Similar to alcohol or other substance addictions, restricting food or bingeing and purging can be a strategy to cope with emotional distress.