

TIP SHEET



Understanding Eating Disorders



What are Eating Disorders?

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Eating disorders are psychological and medical disorders that involve very serious abnormalities in eating and weight control behaviours. A disturbance in the perception of body shape and weight is also a feature of eating disorders.

Eating disorders can affect males and females but mainly affects girls and women between the ages of 14-30 years. It usually begins in the teenage years. People with eating disorders often believe that life will get better and they will become better people by gaining absolute control over their food intake and body size.

Anorexia nervosa and bulimia nervosa are two of the best known and most serious eating disorders.

Anorexia nervosa

People with anorexia nervosa choose not to eat despite their hunger and their very thin appearance. They often 'feel fat' even though they may actually be underweight. They may be thinking of food most of the time but they will not eat because for them eating normally would lead to terrifying weight gain. The fear of becoming fat can override any sense of hunger so they don't know when they are hungry, or they deny their hunger pain. They limit their food intake, are very choosy and may not eat many foods. Many also over exercise to lose weight or work towards keeping a very low body weight. Not all those with anorexia nervosa are thin all the time. Their weight may vary but the anorexic thinking pattern may stay the same. Anorexia nervosa may begin with a weight loss after a physical illness or from dieting. People with anorexia nervosa will also often be depressed.

Bulimia nervosa

People with bulimia nervosa often have normal body weight or may be slightly overweight. This is another serious eating disorder where the sufferer has a similar fear of being overweight. The person gets caught up in a binge, purge, fast cycle.

- Binge eating is uncontrolled eating of vast amounts of food, usually in a short space of time and is usually done in secret.
- Purging is a way of getting rid of the food eaten in a binge. The most common way to purge is to make yourself vomit. Other ways of purging include laxatives, diet pills, over exercising and going without food.

The binge, purge, fast cycle is a hard pattern to break. People often binge to get rid of feelings they cannot manage, but this usually leads to more difficult feelings of guilt and gaining weight. They may then purge to get rid of these feelings at first and they may experience some relief from purging, but the guilt and self-hatred returns along with a feeling of being out of control. In an attempt to gain control and to feel better, they fast or don't eat much but then the hunger leaves them more likely to start the cycle over again. This can happen many times a day leaving people feeling depressed, sometimes suicidal, disgusted at themselves, withdrawn and having a belief that they are not able to control their behaviour. They often feel responsible or to blame for this and may feel extremely embarrassed or ashamed.

It is important to realise that both anorexia and bulimia are serious problems and deserve specialised care.



What causes an eating disorder?

There is not one single cause for an eating disorder. There is usually a combination of several or many different factors. Some possible triggers for the disorder to begin may be chemical or hormone changes in the body at adolescence, worries or stress, or pressure from other people who say that to be attractive you have to be thin.

These can make people feel overwhelmed and unable to cope, and they may focus on dieting and body image as a way of getting some control back into their lives.

Some of the stresses or pressures that may contribute to eating disorders include:

- feeling worried about all the new responsibilities that ‘growing up’ brings, eg not liking the changes in their body (menstruation, body development) or not wanting to face issues like relating to the opposite sex
- believing that doing really well is important to being loved and successful
- being a ‘perfectionist’ and setting standards so high that they can never do as well as they want to, and then feeling they have failed
- communication problems between family members (this is common in adolescence as young people test limits and move towards independence)
- rules at home and/or poor communication which can prevent young people from feeling they have some control over their lives
- stressful times (a major change or stressful situation such as breakdown of a relationship, birth of a child or the death of a loved one).
- ongoing teasing or bullying, especially about appearance
- early childhood experiences such as sexual abuse memories that may be triggered as they and their friends begin to develop sexually
- sexual contact or violence such as rape or sexual assault
- messages from the media, television, films and magazines constantly presenting the ‘ideal’ shape as slim and fit. Many women feel their value is judged by what they look like. With a great emphasis placed on being thin, many people believe that they need to be thin to be successful and attractive. There is also a tendency to see fat people (or even people of normal healthy weight) in a negative way.

Why are Eating Disorders Serious?

If left untreated, severe anorexia and bulimia can cause long term problems with physical and mental health. Some people will recover completely, others may not, and with some it can be fatal.

Physical effects

While the physical effects can be serious, they are generally reversible if treated in the early stages. Most of the effects of severe anorexia are related to not getting adequate nutrition.

The physical effects can include:

- strain on, and sometimes damage to most of the body and internal organs
- indigestion
- constipation
- diarrhoea
- bone loss due to calcium deficiency

- severe sensitivity to the cold
- down-like hair all over the body
- inability to think rationally or concentrate
- and in girls, the loss of, or irregular periods.

Stress on the body from fasting, overeating and then vomiting can affect the body’s hormonal system and lead to massive changes in mood. Severe bulimia is likely to cause erosion of the enamel on teeth from vomiting, swollen salivary glands, chronic sore throat and gullet, and the possibility of damage to the throat and stomach. *It is important to be aware that extreme episodes of binge eating can in rare cases result in a bursting (rupture) of the stomach or oesophagus. This condition is a medical emergency and urgent treatment should be sought.*

Emotional and social effects

These are likely to include:

- difficulties with activities which involve food, eg not wanting to eat with others
- loneliness and withdrawal from friends
- deceptive behaviours relating to food
- fear of disapproval of others should the illness become known, mixed with the hope that family and friends might step in and give help
- mood swings, changes in personality, emotional outbursts or depression
- inability to work, study or attend school due to depression, lack of stamina and inability to concentrate

Signs of Eating Disorders

Some people might have unusual eating habits but they are not really extreme. Others can have eating disorder symptoms that don’t fit into either anorexia nervosa or bulimia nervosa. For example, some people with anorexia do know how thin they really are but still want to be thinner. Some people make themselves vomit but they don’t binge first. Some may not stop eating, but may restrict the amount they eat or have special rituals or very unusual behaviours around food. Eating disorders can show up in what people do, but the underlying emotional stresses are not always easy to see.

These signs can have other causes besides an eating disorder but be aware of:

- weight loss, failure to gain weight when growing, or fluctuating weight
- tiredness, lack of energy and strength
- depression or low self-worth
- obsession with, and/or playing with food
- being very selective about what to eat
- obsession with body weight or shape



- a preoccupation with the preparation of food for others to eat
- thinking or talking about food all the time
- over-exercising and being worried if they are not able to exercise
- avoiding eating with other people
- secrecy around food
- regularly going to the toilet after eating or during meals
- hoarding food
- fear of losing control of eating
- irritability and mood swings
- avoiding friends and family
- appearing anxious or stressed at meal times about food and amounts of food
- menstruation (periods) stopping or not starting
- lack of balance in a person's life, eg not stopping exercise (despite injuries).



What Help is Available?

Noticing and responding to early warning signs and consulting a doctor is the most important thing to do first. No one wants to believe that someone has a serious problem like an eating disorder but getting help early is the beginning of possibly breaking the cycle

Once the illness has been diagnosed a range of health professionals may play a role in helping the individual to recover. They may be doctors, nurses, psychiatrists, psychologists, dietitians, social workers, occupational therapists and dentists.

Sometimes it may be necessary for a person who is severely malnourished because of anorexia to spend some time in hospital. Outpatient treatment is generally preferred for those with bulimia.

Treatment may include counselling, and sometimes medication to help severe depression or to correct hormonal and chemical imbalances. Dieticians who are trained in helping young people with eating disorders can help guide new healthy eating habits.



What Can I do?

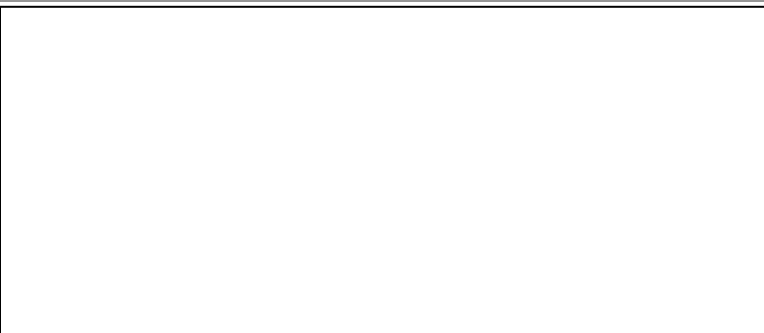
If you suspect someone you know is suffering from an eating disorder:

- If you pick up a number of signs and are worried, seek help early, even if your child/friend/loved one resists – they rarely seek help themselves.
- Gently speak with your child/friend/loved one, using open-ended questions, eg “*You seem to be really finding*

things hard, what's happening for you?” rather than “Why aren't you eating?”

- Choose a good time to ask them how they have going and what is happening in their life.
- Try not to focus too much on food and weight. Although the person who has an eating disorder is totally focused on eating and weight, it is important to realise that this is not the main problem. The obsession with food takes up all their thinking and helps them block out other things, such as how bad they feel about themselves and their lives. Not eating then causes other problems that then become the major worry.
- Give praise and encouragement for small achievements as well as large ones.
- Do what you can to build their self-esteem.
- Don't let the eating disorder dominate your relationship. Make sure you see all the good things about them as well.
- Tell your child/friend/loved one honestly that you love and care for them.
- Seek advice from specialists who understand this illness and can make an assessment and help advise the best things to do.
- If you are concerned about your child, consider making contact with your child's school once diagnosed so they can help support your child.
- Be careful to avoid commenting on other people's appearances (young people are particularly sensitive to comments from others).
- Find support for yourself.
- If your child/friend/loved one is uncooperative, still seek advice and support.
- Be patient – it can be difficult for the person as they may not understand the problem themselves.

FOR FURTHER HELP: If you have any questions or need further help contact your GP or the number detailed below. Psychologists employed by Queensland Psychology Centre have at least six years of education and training to equip them to provide a professional and timely service to you in the area of eating disorders.



Reference: Parenting SA. Government of South Australia, 2004.