EATING DISORDERS

In the United States, 20 million women and 10 million men suffer from a clinically significant eating disorder at some time in their life.

EATING DISORDERS ARE NOT A LIFESTYLE CHOICE OR DIET

IF YOU EXPERIENCE SEVERE DISTURBANCES IN YOUR EATING BEHAVIORS AND RELATED THOUGHTS OR MOODS AROUND EATING YOU MAY BE SUFFERING FROM AN EATING DISORDER.
What is an eating disorder?

Eating Disorders are serious and often fatal illnesses that are often associated with distorted moods and perception of self that causes severe eating habits and behaviors.

Anorexia Nervosa
Characterized primarily by self-starvation and excessive weight loss.

Bulimia Nervosa
Characterized primarily by a cycle of binge eating followed by compensatory behaviors, such as self-induced vomiting, in an attempt to counteract the effects of binge eating.

Binge Eating Disorder
Characterized primarily by recurrent binge eating without the regular use of compensatory measures.

OSFED
Other Specified Feeding and Eating Disorder (OSFED) is a feeding or eating disorder that causes significant distress or impairment, but does not meet the criteria for another feeding or eating disorder.

What are causes of an eating disorder?

As with most mental illnesses, eating disorders are not caused by just one factor but by a combination of sociocultural, psychological, and biological factors.

Psychological and Sociocultural Factors
- Low self-esteem
- Pressures to be thin
- Cultural norms of attractiveness as promoted by magazines and popular culture
- Use of food as a way of coping with negative emotions
- Rigid, “black or white” thinking (e.g., “being fat is bad” and “being thin is good”)
- Over-controlling parents who do not allow expression of emotion
- History of sexual abuse

Biological Factors
- Genetic predisposition to eating disorders, depression, and anxiety
- Certain personality styles, for example, obsessive-compulsive personality type
- Deficiency or excess of certain brain chemicals called neurotransmitters
What are the signs & symptoms of an eating disorder?

**Anorexia Nervosa**

**Emotional and Behavioral**
- Seems concerned about eating in public
- Preoccupation with weight, calories, fat, and dieting
- Makes frequent comments about feeling “fat” or overweight despite weight loss
- Consistently makes excuses to avoid mealtimes or situations involving food

**Physical**
- Stomach cramps, other non-specific gastrointestinal complaints (constipation, acid reflux, etc.)
- Menstrual irregularities—amenorrhea, or only having a period while on hormonal contraceptives (this is not considered a “true” period)
- Dramatic weight loss

**Bulimia Nervosa**

**Emotional and Behavioral**
- Weight loss, dieting, and control of food are becoming primary concerns
- Skips meals or takes small portions of food at regular meals
- Disappears after eating, often to the bathroom
- Purges after a binge (e.g. vomiting, abuse of laxatives)

**Physical**
- Noticeable fluctuations in weight, both up and down
- Cuts and calluses across the top of finger joints (from inducing vomiting)
- Cavities or discoloration of teeth (from vomiting)
- Muscle weakness and Poor Immune Function

Disclaimer: There are many more symptoms for both eating disorders listed above. Learn more on the National Eating Disorders website.

What are the treatment options for an eating disorder?

**Psychotherapy**

Eating disorders are treatable, and earlier diagnosis and intervention often leads to better outcomes. Many respond positively with individual, group or family therapy, and medical management by their primary care provider. Family-based treatment (FBT) is a well-established method for families with adolescents.

**Inpatient Care**

Hospitalization and/or residential care in an eating disorders specialty unit and facility is necessary when an eating disorder has led to physical problems that may be life-threatening, or when an eating disorder is causing severe psychological, social or behavioral problems.

MHA Georgia's Tips and Tricks to Mental Health Wellness!

1. Develop Self-Acceptance through Practicing Compassion Toward Self
2. Develop a Positive and Nurturing Internal Dialogue
3. Seek Treatment for Co-Occurring Disorders such as Anxiety and Depression
4. Eat Well and Listen to Your Body’s Signs of Hunger and Fullness
5. Accept Your Genetic Makeup and Appreciate Your Body
6. Find Something to Place Your Trust in to release what you cannot control
For Immediate Access to Routine or Crisis Services
Georgia Crisis & Access Line
1-800-715-4225
mygcal.com

This information was provided by the National Institute of Mental Health. For additional information, please visit www.nimh.gov