



Patient Information

Demystifying Eating Disorders

Eating disorders are a group of mental and physical illnesses that are marked by a preoccupation with food and body weight and by extreme disturbances in eating patterns. The nature of these disturbances varies with the eating disorder type, but all are believed to be symptoms of more complex problems. While some underlying factors remain unknown, low self-esteem and a need to gain control over one's life are thought to be the main causes of eating disorders.

Among the dozens of eating disorders, the three most common are *anorexia nervosa* (an-oh-**rek**-see-uh nur-**voh**-suh), *bulimia* (boo-**lee**-me-uh) *nervosa*, and binge eating disorder.

People who are anorexic follow very restrictive diets and overexercise due to an intense fear of food and gaining weight. Despite often being dangerously underweight, they see themselves as overweight.

People with bulimia binge—that is, compulsively overeat—and then purge by making themselves vomit, taking laxatives or water pills, overexercising, or fasting. Often, they will hide this behavior from others. Binges can occur anywhere from once a week to several times a day and usually are triggered by feelings of depression, boredom, or anger. In between binges, people with bulimia may diet or eat normally. Their weight may be within or above the normal range.

People with binge eating disorder consume large amounts of food until they are uncomfortably full. Unlike people with bulimia, these individuals do not purge, which often leads to weight gain. During a binge,

people often feel out of control. Later, they typically feel depressed, guilty, or ashamed.

Complications of anorexia include fatigue, irregular or missing menstrual periods, irregular heart rate, low blood pressure, and bone loss. Without treatment, these complications can become severe and even life threatening—in fact, one in 10 women with anorexia die from the disease's complications. Bulimia shares many of the same complications as anorexia, along with abnormal bowel functioning, damaged teeth and gums, and erosion of the esophagus due to self-induced vomiting. Complications of binge eating disorder include obesity, high cholesterol levels, high blood pressure, and an increased risk of heart disease, diabetes, some cancers, and gallbladder disease.

How do I know if I'm at risk?

Eating disorders are the result of a combination of psychological, interpersonal, social, and, possibly, genetic factors. Common risk factors include low self-esteem, depression or anxiety, and drug or alcohol abuse. People who have a dysfunctional family or home life, a family history of eating disorders, difficulty managing their emotions and feelings, or a history of physical or sexual abuse also may be at higher risk.

It was once thought that eating disorders affected mostly young, white women, but these illnesses are found in all racial and age groups. In fact, while the majority of anorexic and bulimic individuals are female, binge eating disorder is as common in men as it is in women. And reports of eating

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disorders in nonwhite individuals and older adults have been increasing recently. Even so, adolescent and young adult women, chronic dieters, and people in professions that require strict body types (such as athletes, dancers, models, and actors) remain at higher risk than other populations.

What are the warning signs?

The most important sign of an eating disorder is odd or unhealthy eating habits that interfere with daily activities and relationships and that persist over an extended period of time. In addition to the behaviors described earlier as characteristic of the specific disorders, these can include cutting food into tiny pieces, playing with food to avoid eating it, hoarding or stealing food, and thinking obsessively or becoming secretive about food. Anyone displaying these or other signs of an eating disorder should be evaluated by a doctor.

What tests do I need?

To determine whether you have an eating disorder, your doctor will ask you questions that address your thoughts about food and weight and your behavior. It's important to be honest and open.

If this discussion suggests that you have an eating disorder, your weight, blood pressure, and heart rate will be measured as part of a physical examination. Your doctor also may want to test blood and urine samples for nutritional deficiencies, infections, and other physical illnesses related to the disorder. Other tests can be used to find out if your bone density or fertility have been affected.

How can I avoid problems?

If you are coping with an eating disorder, try to avoid situations or people that might

trigger negative feelings about yourself or eating. Surround yourself with positive role models who have healthy outlooks on body shape and who encourage you to cope with stress in healthy ways. Consider becoming involved in your community or learning a new activity or skill, all of which can help boost your self-esteem.

How are they treated?

If your life is threatened by complications from your eating disorder, you may need to be admitted to the hospital. If not, treatments are available in specialized residential or outpatient facilities.

A nutritionist can help you formulate a healthy eating plan, but the most important treatment for all eating disorders is psychological counseling. Counseling can take place in a one-on-one or a group setting. Other problems, such as substance abuse, may need to be addressed as part of your counseling. Family counseling may be recommended for children and adolescents with eating disorders.

Antidepressants and anti-anxiety medications are sometimes prescribed to treat underlying mental health disorders and to help control harmful urges. Not all patients respond to medications, however, and research on their effectiveness is ongoing.

More information about eating disorders is available on the web site of the National Eating Disorders Association (<http://www.nationaleatingdisorders.org>). ●

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