

## What Is an Eating Disorder?

Eating disorders are illnesses in which the victims suffer severe disturbances in their eating behaviors and related thoughts and emotions. Those suffering from eating disorders typically become obsessed with food and their body weight as well. Eating disorders affect some several million people at any given time, most often women between the ages of 12 and 35. There are two main types of eating disorders, *anorexia nervosa* and *bulimia nervosa*; a third disorder, *binge eating disorder*, is still being examined.

People with *anorexia nervosa* and *bulimia nervosa* tend to be perfectionists who suffer from low self-esteem and are extremely critical of themselves and their bodies. They usually “feel fat” and see themselves as overweight, sometimes even despite life-threatening semi-starvation (or malnutrition). An intense fear of gaining weight and of being fat may become all pervasive. In early stages of these disorders, patients often deny that they have a problem.

In many cases, eating disorders occur together with other psychiatric disorders like anxiety, panic, obsessive compulsive disorder, and alcohol and drug abuse problems. New evidence suggests that heredity may play a part in why certain people develop eating disorders, but these disorders also afflict many people who have no prior family history.

Without treatment of both the emotional and physical symptoms of these disorders, malnutrition, heart problems, and other potentially fatal conditions can result. However, with proper medical care, those suffering from eating disorders can resume suitable eating habits, and return to better emotional and psychological health.

## Anorexia Nervosa

Anorexia nervosa afflicts as many as one in every 100 girls and young women. It is diagnosed when patients weigh at least 15 percent less than the normal healthy weight expected for their height. People with anorexia nervosa don't maintain a normal weight because they refuse to eat enough, often exercise obsessively, and sometimes force themselves to vomit or use laxatives to lose weight.

Over time, the following symptoms may develop as the body goes into starvation:

- **Menstrual periods cease**
- **Osteopenia or osteoporosis (thinning of the bones) through loss of calcium**
- **Hair/nails become brittle**
- **Skin dries and can take on a yellowish cast**
- **Mild anemia and muscles, including the heart muscle, waste away**
- **Severe constipation**
- **Drop in blood pressure, slowed breathing and pulse rates**

- **Internal body temperature falls, causing person to feel cold all the time**
- **Depression, and lethargy**

## Bulimia Nervosa

Although they may frequently diet and vigorously exercise, individuals with bulimia nervosa can be slightly underweight, normal weight, overweight or even obese. But, they are never as underweight as anorexia nervosa sufferers. Patients with bulimia nervosa binge eat frequently, and during these times sufferers may eat an astounding amount of food in a short time, often consuming thousands of calories that are high in sugars, carbohydrates, and fat. They can eat very rapidly, sometimes gulping down food without even tasting it. Their binges often end only when they are interrupted by another person, or they fall asleep, or their stomach hurts from being stretched beyond normal capacity. During an eating binge sufferers feel out of control. After a binge, stomach pains and the fear of weight gain are common reasons that those with bulimia nervosa purge by throwing up or using a laxative. This cycle is usually repeated at least several times a week or, in serious cases, several times a day.

Many people don't know when a family member or friend has bulimia nervosa because sufferers almost always hide their binges. Since they don't become drastically thin, their behaviors may go unnoticed by those closest to them.

But bulimia nervosa does have symptoms that should raise red flags:

- **Chronically inflamed and sore throat**
- **Salivary glands in the neck and below the jaw become swollen. Cheeks and face often become puffy, causing sufferers to develop a "chipmunk" looking face**
- **Tooth enamel wears off, teeth begin to decay from exposure to stomach acids**
- **Constant vomiting causes gastroesophageal reflux disorder**
- **Laxative abuse causes irritation, leading to intestinal problems**
- **Diuretics (water pills) cause kidney problems**
- **Severe dehydration from purging of fluids**

## Binge Eating Disorder

Presently, the criteria for binge eating disorder are under investigation or are still being defined. However, people with binge eating disorder have episodes of binge eating in which they consume very large quantities of food in a brief period and feel out of control during the binge. Unlike people with bulimia nervosa, they do not try to get rid of the food by inducing vomiting or by using other unsafe practices such as fasting or laxative

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abuse. The binge eating is chronic and can lead to serious health complications, particularly severe obesity, diabetes, hypertension and cardiovascular diseases.

## Treatments

Eating disorders clearly illustrate the close links between emotional and physical health. The first step in treating anorexia nervosa is to assist patients with regaining weight to a healthy level; for patients with bulimia nervosa interrupting the binge-purge cycle is key. For patients with binge eating disorder it is important to help them interrupt and stop binges. However, restoring a person to normal weight or temporarily ending the binge-purge cycle does not address the underlying emotional problems that cause or are made worse by the abnormal eating behavior.

Psychotherapy helps individuals with eating disorders to understand the thoughts, emotions and behaviors that trigger these disorders. In addition, some medications have also proven to be effective in the treatment process.

Because of the serious physical problems caused by these illnesses, it is important that any treatment plan for a person with anorexia nervosa, bulimia nervosa, or binge eating disorder include general medical care, nutritional management and nutritional counseling. These measures begin to rebuild physical well-being and healthy eating practices.

## Resources

For more information, please contact:

### **American Psychiatric Association (APA)**

1000 Wilson Blvd., Suite 1825

Arlington, VA 22209

703-907-7300

[www.HealthyMinds.org](http://www.HealthyMinds.org)

### **National Association of Anorexia Nervosa and Associated Disorders**

P.O. Box 7

Highland Park, IL 60035

847-831-3438

[www.anad.org](http://www.anad.org)

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## National Eating Disorders Association

603 Stewart St., Suite 803

Seattle, WA 98101

206-382-3587

Toll-Free 800-931-2237

[www.nationaleatingdisorders.org](http://www.nationaleatingdisorders.org)

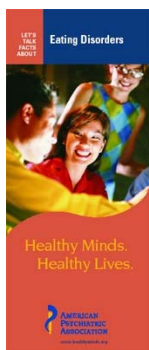
## Weight-control Information Network (WIN)

1 WIN Way

Bethesda, MD 20892-3665

877-946-4627

<http://win.niddk.nih.gov>



## Ordering Information

Brochures may be ordered by visiting [www.appi.org](http://www.appi.org) or calling **800-368-5777**. The brochures are sold by topic in packets of 50 brochures for \$33.00 each. Discount pricing is available for bulk quantities of five or more packets. Please email [bulksales@psych.org](mailto:bulksales@psych.org) for more information.

APA physician members receive a 10% discount.

One in a series of brochures designed to reduce stigma associated with mental illnesses by promoting informed factual discussion of the disorders and their psychiatric treatments. This brochure was developed for educational purposes and does not necessarily reflect opinion or policy of the American Psychiatric Association. For more information, please visit [www.HealthyMinds.org](http://www.HealthyMinds.org).

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