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## **General Information** <http://www.anad.org/get-information/about-eating-disorders/general-information/>

Definition: An eating disorder is an unhealthy relationship with food and weight that interferes with many areas of a person's life. One's thoughts become preoccupied with food, weight or exercise. A person who struggles with an eating disorder can have unrealistic self-critical thoughts about body image, and his or her eating habits may begin to disrupt normal body functions and affect daily activities. Eating disorders are not just about food and weight. People begin to use food as a coping mechanism to deal with uncomfortable or painful emotions or to help them feel more in control when feelings or situations seem over-whelming. When The Diagnostic and Statistical Manual of Mental Disorders (DSM-V) is published in May of 2013, it will recognize three main eating disorders: Anorexia Nervosa, Bulimia Nervosa, and Binge Eating Disorder.

Anorexia Nervosa – A person with Anorexia may have an intense fear of gaining weight or becoming fat. Someone with Anorexia may practice unhealthy behaviors such as: restricting calories, only eating specific foods or skipping meals frequently.

Bulimia Nervosa – A person with Bulimia may also be intensely afraid of becoming fat or gaining weight. Someone with Bulimia may eat large amounts of food in a short period of time (binge) and then eliminate the food and calories by making themselves vomit (purge). One may exercise excessively or use laxatives, diuretics or diet pills to purge weight or calories.

Binge Eating Disorder – This disorder involves eating very large amounts of food rapidly (to the point of feeling sick or uncomfortable). These episodes of bingeing occur frequently. When binge eating, a person feels like they cannot stop eating or control what or how much is eaten.

### **Causes**

There isn't one conclusive cause of eating disorders. Multiple factors are involved, such as genetics and metabolism; psychological issues – such as control, coping skills, trauma, personality factors, family issues; and social issues, such as a culture that promotes thinness and media that transmits this message.

### **Genetics**

The role of genetics on eating disorders is of particular interest to researchers. Our knowledge at this point indicates that genes load the gun and the environment pulls the trigger. We are far from knowing specific genes that cause eating disorders. There are a number of genes that work with environmental triggers. Dieting and loss of weight may influence the development of anorexia by turning on a gene that may influence an eating disorder. There are many cases of transgenerational eating disorder and twin studies which make this connection. There is probably a 5-6 greater chance of developing an eating disorder if an immediate relative has an eating disorder.

### **Depression and Anxiety**

Looking at depression and anxiety disorders as psychiatric illnesses which are biological in nature, we see that they commonly co-exist in the eating disorder patient and their families.

*Thought: Did you know that rats who were put on a restrictive diet spent increasing amounts of time running on their activity wheel? They lost a great deal of weight. If the researchers had let them continue to do this, the animal would have died.*

### **Psychological Factors**

Although every case is different, clinicians have noticed patterns in psychological issues with patients who have eating disorders.

*For anorexia:*

- fear of growing up
- inability to separate from the family
- need to please or be liked
- perfectionism
- need to control

- need for attention
- lack of self esteem
- high family expectations
- parental dieting
- family discord
- temperament – often described as the “perfect child”
- teasing about weight and body shape

*For bulimia:*

- difficulty regulating mood
- more impulsive – sometimes with shoplifting, substance abuse, etc.
- sexual abuse
- family dysfunction

### **Social-cultural Causes**

- emphasis on thinness as the ideal for beauty
- availability and indulgence of food
- role of the media
- obesity and reaction to the larger body size

*Thought:* If we took an average 5’ 2” woman, age 22 and normal weight of 125 lbs. and expected her to fit the Barbie image, she would have to be 7’ 2” tall.

### **Impact**

It’s estimated that eating disorders affect over 11 million people in the U.S. Of those who are struggling with Anorexia or Bulimia, at least 10-15% are male<sup>1</sup>. Eating disorders can have significant and sustained impact on one’s health and are statistically the deadliest of all mental illnesses<sup>2</sup>.

### **Signs and Symptoms**

There are physical and psychological indicators of eating disorders. Depending on the disorder, some include: • Preoccupation with food, weight, and body • Unrelenting fear of gaining weight • Refusal to eat except for tiny portions • Dehydration • Compulsive exercise • Excessive fine hair on face and body • Distorted body image • Abnormal weight loss • Sensitivity to cold • Absent menstruation • Rapid consumption of a large amount of food • Eating alone or in secret • Abuse of laxatives, diuretics, diet pills, or emetics • Depression • Shame and guilt • Withdrawal

Mental Functioning:

- Feeling dull
- Feeling Listless
- Difficulty concentrating or focusing
- Difficulty regulating mood
- Associated mental disorders: depression, anxiety disorders, obsessive-compulsive disorder, substance abuse

Cardiovascular (Heart):

- Slow irregular, pulse
- Low blood pressure
- Dizziness or faintness
- Shortness of breath
- Chest pain
- Decreased potassium levels may result in life-threatening cardiac arrhythmias or arrest
- Electrolyte imbalances may lead to life-threatening cardiac arrhythmias or arrest

Muscular Skeletal (Bones):

- Stunted growth in children
- Stress fractures and broken bones more likely
- Osteoporosis

Mouth:

- Enamel erosion
- Loss of teeth
- Gum disease
- “Chipmunk cheeks”- swollen salivary glands from vomiting
- Sore throat because of induced vomiting

#### Esophagus:

- Painful burning in throat or chest
- May vomit blood from small tear(s) in esophagus
- Rupture of the esophagus, may lead to circulatory collapse and death

#### Endocrine System:

- Thyroid abnormalities
- Low energy or fatigue
- Cold intolerance
- Low body temperature
- Hair becomes thin and may fall out
- Development of fine body hair as the body's attempt to keep warm

#### Stomach:

- Stomach may swell following eating or bingeing (causes discomfort and bloating)
- Gastric rupture due to severe binge eating (gastric rupture has an 80% fatality rate)
- Vomiting causes severe electrolyte imbalance which can lead to sudden cardiac arrest.

#### Intestines:

- Normal movement in intestinal tract often slows down with very restricted eating and severe weight loss
- Frequent Constipation
- Chronic irregular bowel movements

#### Complications Associated with Laxative Abuse:

- Kidney complications
- “Cathartic colon,” refers to the colon's inability to function normally without the use of large doses of laxatives due to the destruction of the nerves in the colon that control elimination
- Electrolyte imbalance
- Dehydration
- Potassium depletion
- Dependence on laxatives

#### **Eating Disorders Statistics from <http://www.anad.org/get-information/about-eating-disorders/eating-disorders-statistics/>**

##### **General:**

- Almost 50% of people with eating disorders meet the criteria for depression.<sup>1</sup>
- Only 1 in 10 men and women with eating disorders receive treatment. Only 35% of people that receive treatment for eating disorders get treatment at a specialized facility for eating disorders.<sup>2</sup>
- Up to 24 million people of all ages and genders suffer from an eating disorder (anorexia, bulimia and binge eating disorder) in the U.S.<sup>3</sup>
- Eating disorders have the highest mortality rate of any mental illness.<sup>4</sup>

##### **Students:**

- 91% of women surveyed on a college campus had attempted to control their weight through dieting. 22% dieted “often” or “always.”<sup>5</sup>
- 86% report onset of eating disorder by age 20; 43% report onset between ages of 16 and 20.<sup>6</sup>
- Anorexia is the third most common chronic illness among adolescents.<sup>7</sup>
- 95% of those who have eating disorders are between the ages of 12 and 25.<sup>8</sup>
- 25% of college-aged women engage in bingeing and purging as a weight-management technique.<sup>3</sup>
- The mortality rate associated with anorexia nervosa is 12 times higher than the death rate associated with all causes of death for females 15-24 years old.<sup>4</sup>
- Over one-half of teenage girls and nearly one-third of teenage boys use unhealthy weight control behaviors such as skipping meals, fasting, smoking cigarettes, vomiting, and taking laxatives.<sup>17</sup>
- In a survey of 185 female students on a college campus, 58% felt pressure to be a certain weight, and of the 83% that dieted for weight loss, 44% were of normal weight.<sup>16</sup>

##### **Men:**

- An estimated 10-15% of people with anorexia or bulimia are male.<sup>9</sup>
- Men are less likely to seek treatment for eating disorders because of the perception that they are “woman's

diseases.”<sup>10</sup>

- Among gay men, nearly 14% appeared to suffer from bulimia and over 20% appeared to be anorexic.<sup>11</sup>

### **Media, Perception, Dieting:**

- 95% of all dieters will regain their lost weight within 5 years.<sup>3</sup>
- 35% of “normal dieters” progress to pathological dieting. Of those, 20-25% progress to partial or full-syndrome eating disorders.<sup>5</sup>
- The body type portrayed in advertising as the ideal is possessed naturally by only 5% of American females.<sup>3</sup>
- 47% of girls in 5th-12th grade reported wanting to lose weight because of magazine pictures.<sup>12</sup>
- 69% of girls in 5th-12th grade reported that magazine pictures influenced their idea of a perfect body shape.<sup>13</sup>
- 42% of 1st-3rd grade girls want to be thinner (Collins, 1991).
- 81% of 10 year olds are afraid of being fat (Mellin et al., 1991).

Collins, M.E. (1991). Body figure perceptions and preferences among pre-adolescent children. *International Journal of Eating Disorders*, 199-208.

Mellin, L., McNutt, S., Hu, Y., Schreiber, G.B., Crawford, P., & Obarzanek, E. (1991). A longitudinal study of the dietary practices of black and white girls 9 and 10 years old at enrollment: The NHLBI growth and health study. *Journal of Adolescent Health*, 23-37.

### **For Women:**

- Women are much more likely than men to develop an eating disorder. Only an estimated 5 to 15 percent of people with anorexia or bulimia are male.<sup>14</sup>
- An estimated 0.5 to 3.7 percent of women suffer from anorexia nervosa in their lifetime.<sup>14</sup> Research suggests that about 1 percent of female adolescents have anorexia.<sup>15</sup>
- An estimated 1.1 to 4.2 percent of women have bulimia nervosa in their lifetime.<sup>14</sup>
- An estimated 2 to 5 percent of Americans experience binge-eating disorder in a 6-month period.<sup>14</sup>
- About 50 percent of people who have had anorexia develop bulimia or bulimic patterns.<sup>15</sup>
- 20% of people suffering from anorexia will prematurely die from complications related to their eating disorder, including suicide and heart problems.<sup>18</sup>

### **Mortality Rates:**

Although eating disorders have the highest mortality rate of any mental disorder, the mortality rates reported on those who suffer from eating disorders can vary considerably between studies and sources. Part of the reason why there is a large variance in the reported number of deaths caused by eating disorders is because those who suffer from an eating disorder may ultimately die of heart failure, organ failure, malnutrition or suicide. Often, the medical complications of death are reported instead of the eating disorder that compromised a person’s health.

According to a study done by colleagues at the *American Journal of Psychiatry* (2009), crude mortality rates were:

- 4% for anorexia nervosa
- 3.9% for bulimia nervosa
- 5.2% for eating disorder not otherwise specified

Crow, S.J., Peterson, C.B., Swanson, S.A., Raymond, N.C., Specker, S., Eckert, E.D., Mitchell, J.E. (2009) Increased mortality in bulimia nervosa and other eating disorders. *American Journal of Psychiatry* 166, 1342-1346.

### **Athletes:**

- Risk Factors: In judged sports – sports that score participants – prevalence of eating disorders is 13% (compared with 3% in refereed sports).<sup>19</sup>
- Significantly higher rates of eating disorders found in elite athletes (20%), than in a female control group (9%).<sup>20</sup>
- Female athletes in aesthetic sports (e.g. gymnastics, ballet, figure skating) found to be at the highest risk for eating disorders.<sup>20</sup>
- A comparison of the psychological profiles of athletes and those with anorexia found these factors in common: perfectionism, high self-expectations, competitiveness, hyperactivity, repetitive exercise routines, compulsiveness, drive, tendency toward depression, body image distortion, pre-occupation with dieting and weight.<sup>21</sup>