

## Eating Disorders

### *What are they?*

Most people at some point feel a need to lose a bit of weight or get a bit fitter, or to comfort eat after a bad day. When these feelings are so common that they become a major part of somebody's life, there may be an eating disorder. Medically recognised eating disorders, such as anorexia nervosa and bulimia nervosa are the extreme end of eating problems that can start simply, and get more and more complicated until they control or dominate a person's life.

A wide range of issues can trigger an eating problem. Often a person feels that they have very little control of the events going on around them and eating problem can make them feel more in control.

An eating disorder can leave a person with a very low self-esteem and a distorted body image. They can lead to depression, and even at place someone at risk of suicide or self-harm. Eating disorders can also damage people's bodies, sometimes with tragic consequences.

### *Facts*

- It is estimated that as many as 1.15 million people in the UK have an eating disorder. The Eating Disorders Association estimates that 90,000 people are currently receiving treatment for either Anorexia or Bulimia.
- About 1 in 100 people are thought to have bulimia, with a slightly lower rate for anorexia. About 10% of people with eating disorders are male, although this may be as high as 25% in young men.<sup>1</sup>
- A Scottish survey of schoolchildren's health behaviours<sup>2</sup> shows the numbers who think they are too fat has increased steadily since 1990 for both boys and girls. For fifteen year olds, one in four boys, and over half of girls consider themselves overweight.
- In the same survey, one in four 11 year olds had been on a diet, with just over 10% of 11-15 year olds currently dieting at the time of the survey.
- Whilst the incidence of anorexia nervosa appears to have remained fairly constant over recent times, that of bulimia nervosa appears to be increasing rapidly. Some research suggests a threefold increase in the incidence of bulimia nervosa over a five-year period from 1988 to 1993.<sup>3</sup>
- Half of all young people do not recognise anorexia as a mental health problem<sup>4</sup>
- The same study shows that those most at risk of developing anorexia are between 10-19 years of age. Bulimia was mainly found to affect women aged between 20-39 years. The rate for those with bulimia in the 10-19 year old age group is also high.

### *Signs and Symptoms*

Anorexia nervosa and bulimia nervosa are described here, but it is important to consider that the lines between these problems are blurred, and indeed many people exhibit symptoms of both or either without meeting the precise definition.

#### **Anorexia Nervosa**

People with **anorexia nervosa** avoid eating and lose a lot of weight. They are usually at least 15% below their recommended body weight for their height, and often feel fat, even when they are very thin.

- People with anorexia nervosa have an extreme fear of gaining weight: they feel fat, even when they have lost so much weight that it becomes obvious to others.
- They may starve themselves by only eating tiny quantities of food.

<sup>1</sup> Eating Disorders Association

<sup>2</sup> Health Behaviours of Scottish Schoolchildren, CAHRU, 2000

<sup>3</sup> Turnbull S et al (1996)

<sup>4</sup> see me' campaign questionnaire survey of 448 school children aged 12-18 in Orkney, Barrhead and Dunfermline in October-November 2004

- They can become so preoccupied with their weight and shape, and so distorted in their thinking about food, that it is very difficult for them to accept the need to eat a proper diet.
- They remain fascinated with food and often enjoy cooking for others.
- They often hide food and follow very complicated plans to avoid food and appear heavier than they really are.
- Sometimes they may pretend to have eaten when they have not.
- They may exercise vigorously, use laxatives or make themselves sick in order to lose more weight.
- A girl's periods may stop or never even start.

People with anorexia can develop a range of physical problems in the long and short term, including osteoporosis, heart problems, and problems with fertility. When very unwell, people can become very weak and, without special help, some will die.

### **Bulimia Nervosa**

People with **bulimia nervosa** eat large amounts of food in 'binges' and then make themselves sick, or take laxatives to get rid of the food (purge).

- They may not look overweight or underweight, and because of this their eating problems are often difficult to detect. In fact, they can have great difficulty in controlling their eating - sometimes strictly dieting, at other times giving way to periods of bingeing.
- The food people eat in a binge is often high in calories, fat, or carbohydrate. As a person begins to fill full, feelings of shame and guilt can overwhelm them. It is those feelings that can trigger the need to purge.
- Continuous bingeing and vomiting can do serious harm to the body. Frequent weight changes can lead to loss of energy, mood changes and loss of interest in sex. Being sick regularly can result in dehydration, bad breath and serious damage to teeth. Regular use of laxatives can lead to severe bowel disease. Serious imbalances in any of the body's essential minerals can result in organ failure and even death.

### **Recovery**

- Recovery means different things to different people and no two individual journeys of recovery will be the same. Regardless of symptoms or past experiences, people with mental health problems should be given every opportunity to, and can, lead fulfilling and satisfying lives.
- Recovery from eating disorders can take a long time, and it is common for a person to experience setbacks before achieving a full recovery. Nevertheless, many people do recover completely.
- Eating disorders develop relatively slowly, with the behaviours involved emerging, and becoming more complicated as time passes. It is important for a person's recovery that they get appropriate support as soon as possible, as once behaviours become ingrained, they can be very hard to alter.
- Treatment for eating disorders can take many forms, including inpatient and outpatient care from hospital teams, treatment from GPs, and support in the community. Other professionals like dieticians and occupational therapists may form part of a care team. Some people find self-help groups useful.
- The support of family and friends is very important to recovery, and if you are supporting someone with an eating disorder, you should look up information from specialist organisations to support you and your friend/relative.

### **Stigma and Eating Disorders**

- Eating disorders are often intensely private, and hidden from view. When it becomes clear that something is wrong, people often get cruel comments, and a lack of understanding from people who do not have adequate information to be supportive.
- People's stigmatising reactions to mental ill health vary. Sometimes stigma is motivated by fear of the unknown, such as in schizophrenia. For eating disorders, one of the most important aspects to the stigma is disgust.
- Because the consequences of eating problems are often visible, onlookers often find it so hard to feel any empathy or understanding with the behaviour that they react by stigmatising.
- Verbal abuse, or comment is very common. Often people are called names, or their appearance is remarked upon. This abuse comes from friends, family, and even passers by in the street. This type of stigma is especially damaging because eating disorders are so closely linked to body image and self-esteem, the main targets of comments.

- The term “anorexic” has started to become a common adjective to describe very slim people, which can lead to a misunderstanding of what it is really like to have anorexia nervosa.

## ***Myths and Misunderstandings***

- Eating disorders are often described as a modern day problem, arising from the catwalk culture of the last thirty years. Although images in the media have been shown to influence some people’s body image, clinically significant eating disorders were first described by Physician and Minister John Reynolds in 1669 and Philosopher Thomas Hobbes in 1688.<sup>4</sup>
- Eating disorders are sometimes dismissed as phases or fads, not serious and something that a person will just grow out of. Eating disorders have many long-term physical and psychological consequences. Anorexia nervosa carries a 13% mortality rate, from physical complications and suicide.
- Eating disorders are often thought of as middle class attention seeking behaviour, something that wilful teenagers do, that could be sorted by eating properly for a few weeks. This is not the case. Eating disorders are very complicated, deeply held routines that for the person involved seem like a perfectly logical way of coping with a difficult situation by controlling one aspect of life. Returning to a more conventional relationship with food may take years, and careful support.

## ***Contacts***

### **The Eating Disorders Association**

The EDA websites give a huge amount of information, support ideas and other resources for young people, professionals, carers and the media. They have a helpline service for adults, one for young people, an email help service and a young people’s text/call back service.

Main Site: [www.edauk.com](http://www.edauk.com)

Young People’s Site: [http://www.edauk.com/young\\_home.htm](http://www.edauk.com/young_home.htm)

### **Young Minds Eating Disorders Information**

<http://www.youngminds.org.uk/eatingproblems/>

### **Royal College of Psychiatrists Information on Eating Disorders**

<http://www.rcpsych.ac.uk/info/eatdis.htm>