

## Eating disorders

Eating disorders are a mental illness. They can affect women and men of all age groups, from a range of backgrounds and from different cultures. Despite an increase in the incidence and understanding of eating disorders, many people live with these disorders for a long time without treatment or a clinical diagnosis.

Female adolescents and young women are most commonly detected with an eating disorder, but men can also be affected by eating disorders. It is estimated that approximately one in every 100 Australian adolescent girls will develop anorexia nervosa and approximately five in 100 Australians develop bulimia.

### Signs and symptoms

Some habits and behaviours are common to people with eating disorders. They include:

- Weight loss or weight change, usually due to dieting, but sometimes from an illness or stressful situation.
- Preoccupation with body appearance or weight.
- Loss or disturbance of menstrual periods in females.
- Sensitivity to cold.
- Faintness, dizziness and fatigue.
- Increased mood changes and irritability.
- Social withdrawal.
- Anxiety and depression.
- Inability to think rationally or concentrate.
- Increased interest in preparing food for others.
- Obsessive rituals, like only drinking out of a certain cup.
- Wearing baggy clothes or changes in clothing style.
- Excessive or fluctuating exercise patterns.
- Avoidance of social situations involving food.
- Frequent excuses not to eat.
- Disappearance of large amounts of food from the refrigerator or pantry.
- Trips to the bathroom after meals.
- Constant and excessive dieting.

Dieting, depression and body dissatisfaction are the most common risk factors for the onset of an eating disorder.

### Causes

There is no single cause of eating disorders. It is currently agreed that the causes of eating disorders are multifactorial – that is, social, psychological and biological factors all play a part, in varying degrees, for different people.

Contributing factors may include:

#### **Social factors**

- Media and other presentations of the 'ideal' shape as slim and fit.
- Mixed messages about health and fast food.
- Pressure to achieve and succeed.
- Occupations or pursuits with an emphasis on body shape and size – for example, modeling or gymnastics.

## Interpersonal factors

Major life changes or events such as adolescence, relationship breakdowns, childbirth, the death of a loved one, or the accumulation of many minor stressors.

- Fear of the responsibilities of adulthood.
- A belief that love is dependent on high achievement.
- Poor communication between family members.

## Biological factors

- Adolescence and its associated physical changes.
- Genetic or familial factors – for example, families that are overtly focused on food, weight, shape and appearance.

## Individual psychological factors

- Low self-esteem
- Low body esteem
- Perfectionism.

## If you think you have an eating disorder

Many people have problems with their eating. If you do have an eating disorder, you have the right to get help. Remember that these disorders can be overcome.

Getting professional help and support from others is important. Recovery may be slow as you learn to approach food in a more positive way and understand the reasons for your behaviour, but the effort will be worthwhile.

## Family and friends

Parents, siblings, partners, friends, extended family, work colleagues and others often experience many different feelings as they learn to cope with the effects of an eating disorder on the person, and on their own lives.

The strain of living with an eating disorder can create tensions and divisions within a family. There may be feelings of confusion, grief, anger, guilt and fear.

Family and friends can remind their loved one that the effort associated with recovery will be worthwhile for everyone. The most important thing is to show love, care and faith in the person, and seek advice at the earliest possible time.

Some suggestions for family and friends include:

- Be honest and open about your concerns.
- Use 'I' statements rather than 'you' statements – for example, 'I am concerned for you because I have noticed you are not so happy at the moment' rather than, 'You aren't happy at the moment'.
- Focus on the person's behaviour, rather than their weight, food consumption or physical appearance.
- Try to take the focus off food and weight. The person with the eating disorder is already likely to be excessively focused on food and weight issues.
- Mealtimes should not be a battleground. Frustrations and emotions need to be expressed but not at mealtimes, which are already likely to be difficult.
- As much as possible do things as you usually would. The person with the eating disorder needs to learn to co-exist with food and other people, rather than others learning to co-exist with the eating disorder.

## Treatment and recovery

Many different forms of therapy are available and it is important to remember that different approaches work for different people. Once the right approach is found, prospects of recovery are excellent. Professional help and support from others is important.

Because the disorders affect people physically and mentally, a range of health practitioners might be involved in treatment including psychiatrists, psychologists, doctors, dietitians, social workers, nurses and dentists.

## Where to get help

- Your doctor
- Your local community health centre or another health practitioner
- Eating Disorders Victoria. Helpline (03) 9885 0318 or 1300 550 236

## Things to remember

- There is no single cause of eating disorders.
- Dieting, depression and body dissatisfaction are common risk factors for the onset of an eating disorder.
- Eating disorders can be overcome with professional help and support from others.

**This page has been produced in consultation with, and approved by:**

Eating Disorders Victoria (EDV)

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