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## Eating disorders

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### Summary

- There is no single cause of eating disorders.
  - Body dissatisfaction, dieting, and depression are common risk factors for the onset of an eating disorder.
  - Eating disorders can be overcome with professional help and support from family and peers.
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Eating disorders are serious mental illnesses. They can affect people of all age groups, genders, backgrounds and cultures. The number of people with eating disorders is increasing. We understand more about eating disorders now than ever before. Yet, many people live with these disorders for a long time without a clinical diagnosis or treatment.

Female adolescents and young women are most commonly diagnosed with an eating disorder. Males and gender diverse people also experience eating disorders, and are often under-diagnosed. Eating disorders are estimated to affect almost one million Australians.

The most common risk factors for the onset of an eating disorder are:

- body dissatisfaction
- dieting
- depression.

### Symptoms of eating disorders

There are some warning signs that are common to people with eating disorders. These may include:

- weight loss, weight gain or weight fluctuation – usually due to dieting, but sometimes from an illness or stressful situation
- preoccupation with body appearance or weight
- sensitivity to cold
- faintness, dizziness and fatigue
- increased mood changes and irritability
- social withdrawal
- anxiety or depression
- inability to think rationally or concentrate
- increased interest in preparing food for others
- obsessive rituals, such as only drinking out of a certain cup
- eating in secret
- 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

### Types of eating disorders

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The main types of eating disorder include:

- **anorexia nervosa** – characterised by restricted eating, weight loss, and fear of gaining weight
- **bulimia nervosa** – periods of binge eating (often in secret), followed by attempts to compensate with excessive exercise, vomiting, or periods of strict dieting. Binge eating is often accompanied by feelings of shame and being 'out of control'
- **binge eating disorder** – characterised by recurrent periods of binge eating. Binge eating can include:
  - eating much more than usual
  - eating until uncomfortably full
  - eating large amounts when not feeling hungry.

Feelings of guilt, disgust and depression can follow binge eating episodes. Binge eating does not involve compensatory behaviours, such as for bulimia nervosa

- **other specified feeding or eating disorder (OSFED)** – feeding or eating behaviours that cause the individual distress and impairment, but do not meet the criteria for the first three eating disorders.

### Causes of eating disorders

There is no single cause of eating disorders – a number of factors combine to cause them. Social, psychological and biological factors all play a part, in varying degrees, for different people.

#### Social factors

Contributing social factors may include:

- media and other presentations of the 'ideal' body shape as lean and fit
- pressure to achieve and succeed
- peer pressure to be or behave in a certain way
- a cultural tendency to judge people by their appearance
- occupations or activities that emphasise a particular body shape and size – for example, ballet, modelling, gymnastics and elite sports.

Major life changes or events may also contribute to the onset of an eating disorder, including:

- relationship breakdowns
- pregnancy and childbirth
- the death of a loved one.

Eating disorders can also be triggered by the accumulation of many minor stressors such as:

- fear of the responsibilities of adulthood
- a belief that love is dependent on high achievement
- poor communication between family members.

#### Biological factors

Contributing biological factors may include:

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

#### Psychological factors

Contributing psychological factors may include:

- low self-esteem
- negative body image
- perfectionism

- depression
- anxiety
- impulsivity
- obsessive thinking
- difficulties expressing emotions.

### **If you think you have an eating disorder**

Many people have problems with their eating. If you do have an eating disorder, it is important to seek help. Remember that with support from health professionals, eating disorders can be recovered from.

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 of someone with an eating disorder**

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, say 'I am concerned for you because I have noticed you don't seem 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 for people with eating disorders**

Many different forms of therapy are available. It is important to remember that different approaches work for different people. Finding the right approach and early intervention maximises prospects of recovery. Professional help and support from others is important.

Because eating disorders affect people physically and mentally, a range of health professionals might be involved in treatment, including:

- psychiatrists
- psychologists
- GPs
- dietitians
- social workers
- nurses
- dentists.

### **Where to get help**

- Your **GP (doctor)**
- Your local community health centre or another health practitioner
- **Eating Disorders Victoria** Hub Tel. **1300 550 236**
- **Butterfly Foundation** Tel. **1800 334 673**
- **Dietitians Association of Australia** Tel. **1800 812 942**
- **Psychologist**

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