Anorexia nervosa

Summary

- Anorexia nervosa is a life-threatening eating disorder.
- It is also a serious mental illness.
- Males and females of all ages can experience anorexia nervosa.
- Anorexia nervosa commonly develops during adolescence.
- Early treatment from a mixed team of health professionals is the best way to make a full recovery.

Anorexia nervosa is a life-threatening eating disorder and a serious mental illness. It causes severe weight loss.

Having an eating disorder is not about vanity. People with anorexia nervosa commonly have an unhealthy focus on food, weight or body shape. They have an intense fear of gaining weight, even though they are significantly underweight.

When a person with anorexia nervosa restricts their eating, it is not a lifestyle choice. It is a sign of a complex condition that affects both their physical and mental health.

Anorexia nervosa affects males and females of all ages, including children. It commonly begins in adolescence.

Women who develop anorexia nervosa often severely restrict their diet and exercise compulsively. Men who have this condition may use steroids or exercise compulsively, and restrict their food intake, so they can develop a muscular, toned body.

Models and athletes who participate in sports that place emphasis on body weight and shape (such as gymnasts, jockeys and dancers) might also be at increased risk of anorexia nervosa.

In 2012, over 25,000 Australians had anorexia nervosa (over 18,000 females and over 7,000 males).

Recognising the signs early and getting help can reduce the impact of anorexia nervosa and help with a full recovery.

What causes anorexia nervosa?

The causes of anorexia nervosa are different from person to person. People may have a genetic predisposition for the condition.

Triggers for the development or re-emergence of the condition may include:

- dieting – this is the primary risk factor and trigger for most eating disorders
- changes in life circumstances
- a singular traumatic experience
- repeated exposure to trauma, bullying or abuse.

Traits such as perfectionism and obsessive-compulsive tendencies, and conditions such as anxiety and depression may put people at further risk of developing anorexia nervosa.

Symptoms of anorexia nervosa

An awareness of the signs and symptoms of anorexia nervosa can help early detection. Treatment is more effective if it begins early, but you can start recovery at any stage of the disorder.

Physical symptoms of anorexia nervosa

Physical signs and symptoms may include:
• weight loss without a reason (such as an illness)
• body weight that is not in the healthy range for the person’s age and height
• development of bloating, constipation and food intolerance
• loss of periods (in women) and failure to begin a menstrual cycle (in girls) – although you can still have your periods and have anorexia nervosa
• loss of libido (sex drive)
• cold, mottled hands and feet due to poor blood flow, even in warm weather
• heart problems
• kidney failure
• fatigue and fainting without reason (such as an illness)
• an increase in dental decay without reason
• fine hair appearing on the face and body.

Psychological symptoms of anorexia nervosa
Psychological signs and symptoms may include:
• intense fear of gaining weight or ongoing behaviour that does not enable weight gain
• obsessive concern and rules about dieting, body shape and weight
• anxiety and irritability around meal times
• depression and anxiety
• low self-esteem, along with perfectionism
• slowed thinking and decreased ability to concentrate
• distorted body image – for example, a person who believes they are ‘fat’ when they are underweight
• expressions of low self-worth.

Behavioural symptoms of anorexia nervosa
Behavioural signs and symptoms may include:
• dieting behaviour – dieting, counting kilojoules, reporting new food allergies and avoiding food groups that were once enjoyed
• binge eating (or reporting experiences of having ‘binged’ on what would be considered a normal portion size of food)
• hiding food
• misuse of laxatives, appetite suppressants, diuretics and enemas
• behaviour related to body image – constantly checking in the mirror, pinching parts of the body to measure fat
• withdrawal from social interactions
• secrecy around eating – saying they have eaten when they haven’t
• excessive and obsessive exercise even when sick or injured, or exhibiting distress if they can’t exercise
• obsessive rituals around food – cutting food into very small pieces or eating very slowly
• self-harm, use of substances and suicide attempts.

Diagnosis of anorexia nervosa
If you think you (or someone you know) might have anorexia nervosa, it is important that you see your doctor as soon as possible. The health risks associated with anorexia nervosa are severe and can be life threatening. The sooner you seek help, the sooner you can start to recover, and the more effective treatment can be.

Other healthcare professionals (such as dieticians, psychologists or psychiatrists) can recognise this mental illness, but may not be able to give you a full physical check-up. This is why seeing your doctor is important.

To diagnose anorexia nervosa, a doctor:
• will need to do a full physical examination
• may complete blood tests
• may ask questions about your health, including your emotional health and wellbeing, medical history and current lifestyle.

Eating disorders can be an aspect of a range of conditions. Your doctor will need to make sure that you are not losing weight because of another reason, such as an undiagnosed physical illness or another mental health condition.

Types of anorexia nervosa
There are two types of anorexia nervosa. One type emphasises the restriction of food intake. The other type includes excessive food intake (binge eating) followed by purging, or purging after the consumption of normal portions, or small amounts of food. Purging may include self-induced vomiting, or the misuse of laxatives, diuretics or enemas.

Restriction of food intake
People with the ‘restricting’ subtype of anorexia nervosa tend to severely reduce their energy intake or restrict the type of food they will eat. The signs can be different in each person, but they might include:
• restricting certain types of food such as carbohydrates or high-fat foods
• obsessively counting kilojoule intake
• skipping meals
• excessively exercising.

Binge eating and purging
People with the ‘binge eating and purging’ subtype of anorexia nervosa have similar symptoms to the restricting type, but they also have behaviours that include:
• binge eating – eating subjectively large quantities of food and then feeling like they have ‘lost control’
• purging following a binge eating episode
• ‘compensating’ for the excess food eaten by self-induced vomiting or using laxatives, enemas or diuretics.

This type of anorexia nervosa shares some similarities to bulimia nervosa. People with anorexia nervosa, however, tend to strongly emphasise weight control by restricting energy intake, rather than primarily through purging behaviours.

In addition, people with this type of anorexia nervosa have a lower body weight; whereas people with bulimia nervosa tend to have fluctuating body weight closer to the healthy weight range for their age and height.

Long-term risks of ongoing anorexia nervosa
Untreated and ongoing anorexia nervosa can cause problems including:
• weakened bones (osteoporosis)
• slowed growth (in young people)
• infertility
• disorders of the bowel and gut
• problems with concentration and thinking
• problems with decision-making
• social, emotional and educational problems.

Treatment of anorexia nervosa
Research is continuing into which treatment for anorexia nervosa might be most effective. There is no single treatment method that suits everyone. Evidence suggests that treatment will help most people to recover from the condition.

Evidence also suggests that it is best to get treatment started as early as possible, and that using a team of
professionals with expertise in different fields is the best approach.

Once anorexia nervosa is diagnosed, your doctor will organise a team to help you on your way to recovery. This might include establishing a healthcare team of different professionals such as:

- a psychiatrist
- a psychologist
- a dietician
- a family therapist
- a social worker
- an occupational therapist.

Treatment needs to address both physical and psychological health. Common approaches include:

- **Family Based Treatment (FBT)** – FBT has been shown to be the most effective treatment for children and adolescents. FBT is an approach in which the whole family works together to fight against the eating disorder, and to support you in regaining control of your life.
- **Cognitive Behaviour Therapy (CBT)** – CBT works on changing the unhelpful thoughts and behaviours that are causing and maintaining the eating disorder. This is the most researched and recommended treatment for adults. Your healthcare professionals will work with you to help you work out the links between your thinking, your emotional response and your eating behaviour.
- **support groups** – can be helpful but do not replace treatment from healthcare professionals.
- **other treatment options such as medications and supplements to help strengthen your bones and, in some cases, medication prescribed by a doctor to support your mental health (for example, antidepressants).**

The aims of treatment include:

- restoring your healthy weight
- reversing any effects of malnutrition
- making sure you are physically safe and healthy
- making sure you are mentally healthy.

Most people with anorexia nervosa are treated outside a hospital setting. However, if the condition is severe, temporary treatment in a hospital might be needed. Outpatient treatment and day programs can also be very helpful in supporting people as they make changes to behavioural, thinking and eating patterns.

People with anorexia nervosa who have also experienced physical, emotional or sexual abuse are encouraged to seek help for the trauma they have experienced, as well as their eating disorder.

**Where to get help**

- In an emergency, always call triple zero (000)
- A GP with experience supporting people with an eating disorder
- **Eating Disorders Victoria Hub**, Tel. **1300 550 236** – support from Monday to Friday 9.30 am to 4.30 pm
- Community health centre
- **Lifeline**, Tel. **13 11 14**
- **Suicide Line**, Tel. **1300 651 251**
- **Kids Helpline**, Tel. **1800 55 1800**
- **Butterfly Foundation’s National Support Line**, Tel. 1800 ED HOPE (**1800 33 4673**) – support from Monday to Friday 8 am to 9 pm (except public holidays)

betterhealth.vic.gov.au
Content on this website is provided for information purposes only. Information about a therapy, service, product or treatment does not in any way endorse or support such therapy, service, product or treatment and is not intended to replace advice from your doctor or other registered health professional. The information and materials contained on this website are not intended to constitute a comprehensive guide concerning all aspects of the therapy, product or treatment described on the website. All users are urged to always seek advice from a registered health care professional for diagnosis and answers to their medical questions and to ascertain whether the particular therapy, service, product or treatment described on the website is suitable in their circumstances. The State of Victoria and the Department of Health & Human Services shall not bear any liability for reliance by any user on the materials contained on this website.

For the latest updates and more information, visit www.betterhealth.vic.gov.au

**Copyright © 1999/2020** State of Victoria. Reproduced from the Better Health Channel (www.betterhealth.vic.gov.au) at no cost with permission of the Victorian Minister for Health. Unauthorised reproduction and other uses comprised in the copyright are prohibited without permission.