Anorexia nervosa

Summary

- Anorexia nervosa is a life-threatening eating disorder and a serious mental illness.
- In 2012, estimates suggested that over 7,000 of the 25,000 Australians with anorexia nervosa were male.
- The low body weight of people with anorexia nervosa is not a lifestyle choice, but is a sign of a complex condition with serious effects on both physical and mental health.
- Early treatment from a team of professionals with expertise in different fields is the best way to make a full recovery.

Anorexia nervosa is a life-threatening eating disorder and a serious mental illness that causes severe weight loss. It has one of the highest death rates of all mental illnesses, with 10 to 20 per cent of those developing the disorder dying within 20 years from medical complications or suicide.

When a person with anorexia nervosa restricts their eating, it is not a lifestyle choice but a sign of a complex condition with serious effects for both physical and mental health. A common misconception is that anorexia nervosa only affects young women, but it affects males and females of all ages, including children. It commonly emerges during adolescence.

Of the nearly one million Australians estimated to have eating disorders in 2012, over 25,000 (over 18,000 females and over 7,000 males) had anorexia nervosa. Recognising the signs early and getting help can reduce the impact of anorexia nervosa and help with a full recovery.

Overview of anorexia nervosa

Although women who develop anorexia nervosa often engage in severe dietary restriction and compulsively exercise, men who have this condition might tend to use steroids or compulsively exercise, as well as restrict their food intake, so they can develop a muscular and toned body. Models and players of some sports that place emphasis on body weight and shape (such as gymnasts, jockeys and dancers) might also be at increased risk of an eating disorder such as anorexia nervosa.

Having an eating disorder is not about vanity. People with anorexia nervosa commonly have an unhealthy preoccupation with food, weight or shape. They have an intense fear of gaining weight, even though they are at a significantly low weight.

It is thought that there might be a genetic component to anorexia nervosa, along with personality traits such as perfectionism, obsessive-compulsive tendencies, and anxiety and depression putting someone at further risk.

A reaction to a change in life circumstance may trigger or re-trigger an eating disorder, as can a singular traumatic experience or repeated exposure to trauma, bullying or abuse.

People with anorexia nervosa who have suffered from physical, emotional or sexual abuse should seek help for their traumatic experience, as well as seeking treatment for anorexia nervosa. However, dieting is the primary risk factor and trigger across all eating disorders.

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 – a person who says they have eaten when they haven’t
- excessive and obsessive exercise even when sick, 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

Eating disorders can be an aspect of a range of conditions. The detrimental physical and medical effects make it important for people who might have anorexia nervosa to see their doctor as soon as possible. Other healthcare professionals can recognise this mental illness, but may not be able to give you a full physical check-up.

To diagnose anorexia nervosa, a doctor will need to do a full physical examination, may complete blood tests and ask questions about your health, including your emotional health and wellbeing, medical history and current lifestyle.
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 consumption, while the other type includes either excessive food consumption (binge eating) followed by purging, or purging after the consumption of normal portions, or small amounts of food. Purging may be self-induced vomiting, or misuse of laxatives, diuretics or enemas.

**Restriction of food consumption**

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 exhibit a combination of behaviours including:

- 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 binging
- ‘compensating’ for the excess food eaten by 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. In addition, people with this type of anorexia nervosa have 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 one treatment method that suits everyone. The evidence to date 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

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• 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) – this 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 may be most beneficial when used alongside your 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.

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 Helpline.** Tel. 1300 550 236 – support from Monday to Friday 9.30 am to 5.00 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)