



## Common myths about eating disorders

*This information is intended to help dispel all-too-common misunderstandings about eating disorders and those affected by them. If your family member has an eating disorder, you may wish to share this information with others (i.e., other family members, friends, teachers, coaches, family physician)*

### Eating disorders are not an illness

Eating disorders are a complex medical/psychiatric illness. Eating disorders are classified as a mental illness in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Health Disorders (DSM-IV)*, are considered to often have a biologic basis, and co-occur with other mental illness such as major depression, anxiety, or obsessive-compulsive disorder.

### Eating disorders are uncommon

They are common. Anorexia nervosa, bulimia nervosa, and binge-eating disorder are on the rise in the United States and worldwide. Among U.S. females in their teens and 20s, the prevalence of clinical and subclinical anorexia may be as high as 15%. Anorexia nervosa ranks as the 3<sup>rd</sup> most common chronic illness among adolescent U.S. females. Recent studies suggest that up to 7% of U.S. females have had bulimia at some time in their lives. At any given time an estimated 5% of the U.S. population has undiagnosed bulimia. Current findings suggest that binge-eating disorder affects 0.7% to 4% of the general population.

### Eating disorders are a choice

People do not choose to have eating disorders. They develop over time and require appropriate treatment to address the complex medical/psychiatric symptoms and underlying issues.

### Eating disorders occur only in females

Eating disorders occur in males. Few solid statistics are available on the prevalence of eating disorders in males, but the disorders are believed to be more common than currently reflected in statistics because of under-diagnosis. An estimated one-fourth of anorexia diagnoses in children are in males. The National Collegiate Athletic Association carried out studies on the incidence of eating-disordered behavior among athletes in the 1990s, and reported that of those athletes who reported having an eating disorder, 7% were male. For binge-eating disorder, preliminary research suggests equal prevalence among males and females. Incidence in males may be underreported because females are more likely to seek help, and health practitioners are more likely to consider an eating disorder diagnosis in females. Differences in symptoms exist between males and females: females are more likely to focus on weight loss; males are more likely to focus on muscle mass. Although issues such as altering diet to increase muscle mass, over-exercise, or steroid misuse are not yet criteria for eating disorders, a growing body of research indicates that these factors are associated with many, but not all, males with eating disorders.

### Men who suffer from eating disorders tend to be gay

Sexual preference has no correlation with developing an eating disorder.

### Anorexia nervosa is the only serious eating disorder

All eating disorders can have damaging physical and psychological consequences. Although excess weight loss is a feature of anorexia nervosa, effects of other eating disorders can also be serious or life threatening, such as the electrolyte imbalance associated with purging.

### A person cannot die from bulimia

While the rate of death from bulimia nervosa is much lower than that seen with anorexia nervosa, a person with bulimia can be at high risk for death and sudden death because of purging and its impact on the heart and electrolyte imbalances. Laxative use and excessive exercise can increase risk of death in individuals who are actively bulimic.

### Subclinical eating disorders are not serious

Although a person may not fulfill the diagnostic criteria for an eating disorder, the consequences associated with disordered eating (e.g., frequent vomiting, excessive exercise, anxiety) can have long-term consequences and requires intervention. Early intervention may also prevent progression to a full-blown clinical eating disorder.

### Dieting is normal adolescent behavior

While fad dieting or body image concerns have become "normal" features of adolescent life in Western cultures, dieting or frequent and/or extreme dieting can be a risk factor for developing an eating disorder. It is especially a risk factor for young people with family histories of eating disorders and depression, anxiety, or obsessive-compulsive disorder. A focus on health, wellbeing, and healthy body image and acceptance is preferable. Any dieting should be monitored.

### Anorexia is "dieting gone bad"

Anorexia has nothing to do with dieting. It is a life-threatening medical/psychiatric disorder.

### A person with anorexia never eats at all

Most anorexics do eat; however, they tend to eat smaller portions, low-calorie foods, or strange food combinations. Some may eat candy bars in the morning and nothing else all day. Others may eat lettuce and mustard every 2 hours or only condiments. The disordered eating behaviors are very individualized. Total cessation of all food intake is rare and would result in death from malnutrition in a matter of weeks.



### **You can tell if a person has an eating disorder simply by appearance**

You can't. Anorexia may be easier to detect visually, although individuals may wear loose clothing to conceal their body. Bulimia is harder to "see" because individuals often have normal weight or may even be overweight. Some people may have obvious signs, such as sudden weight loss or gain; others may not. People with an eating disorder can become very effective at hiding the signs and symptoms. Thus, eating disorders can be undetected for months, years, or a lifetime.

### **Eating disorders are about appearance and beauty**

Eating disorders are a mental illness and have little to do with food, eating, appearance, or beauty. This is indicated by the continuation of the illness long after a person has reached his or her initial 'target' weight. Eating disorders are usually related to emotional issues such as control and low self-esteem and often exist as part of a "dual" diagnosis of major depression, anxiety, or obsessive-compulsive disorder.

### **Eating disorders are caused by unhealthy and unrealistic images in the media**

While sociocultural factors (such as the 'thin ideal') can contribute or trigger development of eating disorders, research has shown that the causes are multifactorial and include biologic, social, and environmental contributors. Not everyone who is exposed to media images of thin "ideal" body images develops an eating disorder. Eating disorders such as anorexia nervosa have been documented in the medical literature since the 1800s, when social concepts of an ideal body shape for women and men differed significantly from today—long before mass media promoted thin body images for women or lean muscular body images for men.

### **Only people of high socioeconomic status get eating disorders**

People in all socioeconomic levels have eating disorders. The disorders have been identified across all socioeconomic groups, age groups, both sexes, and in many countries in Europe, Asia, Africa, and North and South America.

### **Recovery from eating disorders is rare**

Recovery can take months or years, but many people eventually recover after treatment. Recovery rates vary widely among individuals and the different eating disorders. Early intervention with appropriate care can improve the outcome regardless of the eating disorder. Although anorexia nervosa is associated with the highest death rate of all psychiatric disorders, research suggests that about half of people with anorexia nervosa recover, about 20% continue to experience issues with food, and about 20% die in the longer term due to medical or psychological complications.

### **Eating disorders are an attempt to seek attention**

The causes of eating disorders are complex and typically include socio economic, environmental, cultural, and biologic factors. People who experience eating disorders often go to great lengths to conceal it due to feelings of shame or a desire to persist in behavior perceived to afford the sufferer control in life. Eating disorders are often symptomatic of deeper psychological issues such as low self esteem and the desire to feel in control. The behaviors associated with eating disorders may sometimes be interpreted as 'attention seeking'; however, they indicate that the affected person has very serious struggles and needs help.

### **Purging is only throwing up**

The definition of purging is to evacuate the contents of the stomach or bowels by any of several means. In bulimia, purging is used to compensate for excessive food intake. Methods of purging include vomiting, enemas and laxative abuse, insulin abuse, fasting, and excessive exercise. Any of these behaviors can be dangerous and lead to a serious medical emergency or death. Purging by throwing up also can affect the teeth and esophagus because of the acidity of purged contents.

### **Purging will help lose weight**

Purging does not result in ridding the body of ingested food. Half of what is consumed during a binge typically remains in the body after self-induced vomiting. Laxatives result in weight loss through fluids/water and the effect is temporary. For these reasons, many people with bulimia are average or above-average weight.

### **You're not sick until you're emaciated**

Only a small percentage of people with eating disorders reach the state of emaciation often portrayed in the media. The common belief that a person is only truly ill if he or she becomes abnormally thin compounds the affected individuals' perceptions of body image and not being "good" at being "sick enough." This can interfere with seeking treatment and can trigger intensification of self-destructive eating disorder behaviors.



### **Kids under age 15 are too young to have an eating disorder**

Eating disorders have been diagnosed in children as young as seven or eight years of age. Often the precursor behaviors are not recognized until middle to late teens. The average age at onset for anorexia nervosa is 17 years; the disorder rarely begins before puberty. Bulimia nervosa is usually diagnosed in mid-to-late teens or early 20s, although some people do not seek treatment until even later in life (30s or 40s).

### **You can't suffer from more than one eating disorder**

Individuals often suffer from more than one eating disorder at a time. Bulimarexia is a term that was coined to describe individuals who go back and forth between bulimia and anorexia. Bulimia and anorexia can occur independently of each other, although about half of all anorexics become bulimic.

### **Achieving normal weight means the anorexia is cured**

Weight recovery is essential to enabling a person with anorexia to participate meaningfully in further treatment, such as psychological therapy. Recovering to normal weight does not in and of itself signify a cure, because eating disorders are complex medical/psychiatric illnesses.

#### **KEY SOURCES:**

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