WHAT IS AN EATING DISORDER?

WHAT ARE THE WARNING SIGNS OF AN EATING DISORDER?

• Preoccupation with weight, food, calories, dieting and/or body image.
• Development of abnormal, secretive, extreme or ritualized food or eating habits.
• Withdrawal from usual friends and activities.
• Evidence of binge eating, such as the disappearance of a large amount of food.
• Evidence of purging behaviors, including frequent trips to the bathroom after meals, self-induced vomiting, periods of fasting or laxative, diet pill or diuretic abuse.
• Compulsive or excessive exercising.
• Discoloration or staining of the teeth.
• Feelings of isolation, depression, anxiety or irritability.

The signs listed may indicate an eating disorder, but they are not all-inclusive. If you are concerned about someone, but they are not demonstrating these warning signs, speak with them or seek the guidance of a professional.

RECOVERY IS POSSIBLE.

HELP IS AVAILABLE.

For information, resources and to get involved, visit: www.nationaleatingdisorders.org

CONTACT HELPLINE
Call or chat for resources and treatment options.

800-931-2237
www.nationaleatingdisorders.org/helplinechat
info@nationaleatingdisorders.org

WHAT IS AN EATING DISORDER?

Eating disorders are real, complex medical and psychiatric illnesses that can have serious consequences for health, productivity and relationships. They are caused by both genetic and environmental factors.

Eating disorders, including anorexia nervosa, bulimia nervosa, binge eating disorder and OSFED (other specified feeding or eating disorder), are biopsychosocial diseases—not fads, phases or lifestyle choices.

People struggling with an eating disorder often become obsessed with food, body image and/or weight. These disorders can be life-threatening if not recognized and treated appropriately. The earlier a person receives treatment, the greater the likelihood of full recovery.

RECOVERY IS POSSIBLE.
HELP IS AVAILABLE.

For information, resources and to get involved, visit: www.nationaleatingdisorders.org

CONTACT HELPLINE
Call or chat for resources and treatment options.

800-931-2237
www.nationaleatingdisorders.org/helplinechat
info@nationaleatingdisorders.org

WHAT IS AN EATING DISORDER?

Eating disorders are real, complex medical and psychiatric illnesses that can have serious consequences for health, productivity and relationships. They are caused by both genetic and environmental factors.

Eating disorders, including anorexia nervosa, bulimia nervosa, binge eating disorder and OSFED (other specified feeding or eating disorder), are biopsychosocial diseases—not fads, phases or lifestyle choices.

People struggling with an eating disorder often become obsessed with food, body image and/or weight. These disorders can be life-threatening if not recognized and treated appropriately. The earlier a person receives treatment, the greater the likelihood of full recovery.

The signs listed may indicate an eating disorder, but they are not all-inclusive. If you are concerned about someone, but they are not demonstrating these warning signs, speak with them or seek the guidance of a professional.

NATIONAL EATING DISORDERS ASSOCIATION
165 West 46th Street, Suite 402
New York, NY 10036
212-575-6200

NEDAS Feeding hope.
HELP ENCOURAGE HEALTHY BEHAVIORS

- Learn all you can about eating disorders and the dangers of dieting.
- Awareness encourages healthy attitudes about food and body shape.
- Model good behaviors in your attitudes about food, body image and weight-related issues.
- Avoid negative comments about your or anyone else’s body.
- Eat balanced meals, get plenty of rest and exercise for enjoyment.
- Demonstrate openness in talking to a counselor and your loved ones about mental health.
- Talk to others about natural differences in body types and the body’s powerful attempts to maintain these naturally varied shapes and sizes.
- Connect with organizations like the National Eating Disorders Association by volunteering your time or giving a tax-deductible donation.

WHAT DOES TREATMENT INVOLVE?

Eating disorders require the care of a trained professional with expertise in the treatment of eating disorders.
- The most effective treatment involves some form of psychotherapy or counseling, coupled with careful attention to medical and nutritional needs.
- Treatment should be tailored to the patient’s individual issues.
- Treatment must address the eating disorder symptoms as well as psychological, biological, nutritional, interpersonal and cultural forces that contribute to or maintain the disorder.
- Early diagnosis and intervention significantly enhance recovery.

WHO’S AT RISK?

- Anyone can develop an eating disorder regardless of gender, age, race, ethnicity, culture, size, socioeconomic status or sexual orientation.
- Eating disorders also impact the family, friends and loved ones of someone struggling.

ANOREXIA NERVOSA

Characterized primarily by self-starvation and excessive weight loss.

Symptoms include:
- Inadequate food intake leading to significant weight loss.
- Intense fear of weight gain, obsession with size and persistent behavior to prevent weight gain.
- Disturbance in self-image.
- Denial of the seriousness of low body weight.

Health consequences include:
- Heart failure, osteoporosis, muscle loss and growth of lanugo (hair all over the body).

BULIMIA NERVOSA

Characterized primarily by a cycle of binge eating followed by compensatory behaviors, such as self-induced vomiting, in an attempt to counteract the effects of binge eating.

Symptoms include:
- Regular intake of large amounts of food accompanied by a sense of loss of control over eating behavior.
- Use of inappropriate compensatory behaviors such as vomiting, laxative or diuretic abuse, fasting and/or obsessive or compulsive exercise.
- Extreme concern with body weight and shape.

Health consequences include:
- Heart failure, gastric rupture, tooth decay, rupture of the esophagus and pancreatitis.

OTHER SPECIFIED FEEDING OR EATING DISORDER (OSFED)

A feeding or eating disorder that causes significant distress or impairment, but does not meet the criteria for another feeding or eating disorder.

Examples of OSFED include:
- Atypical anorexia nervosa (weight is not below normal)
- Bulimia nervosa (with less frequent behaviors)
- Binge eating disorder (with less frequent occurrences)
- Purging disorder (purging without binge eating)
- Night eating syndrome (excessive nighttime food consumption)

Eating disorders come in many different forms, and OSFED is equally as severe as the other eating disorder diagnoses.

BINGE EATING DISORDER

Characterized primarily by recurrent binge eating without the regular use of compensatory measures.

Symptoms include:
- Frequent episodes of eating large quantities of food in short periods of time.
- Feeling out of control during the binge.
- Experiencing shame, guilt and distress after the binge.

Health consequences include:
- Heart disease, type II diabetes mellitus, gastric rupture and gallbladder disease.

WHAT DOES TREATMENT INVOLVE?

Eating disorders require the care of a trained professional with expertise in the treatment of eating disorders.
- The most effective treatment involves some form of psychotherapy or counseling, coupled with careful attention to medical and nutritional needs.
- Treatment should be tailored to the patient’s individual issues.
- Treatment must address the eating disorder symptoms as well as psychological, biological, nutritional, interpersonal and cultural forces that contribute to or maintain the disorder.
- Early diagnosis and intervention significantly enhance recovery.

WHO’S AT RISK?

- Anyone can develop an eating disorder regardless of gender, age, race, ethnicity, culture, size, socioeconomic status or sexual orientation.
- Eating disorders also impact the family, friends and loved ones of someone struggling.

HELP ENCOURAGE HEALTHY BEHAVIORS

- Learn all you can about eating disorders and the dangers of dieting.
- Awareness encourages healthy attitudes about food and body shape.
- Model good behaviors in your attitudes about food, body image and weight-related issues.
- Avoid negative comments about your or anyone else’s body.
- Eat balanced meals, get plenty of rest and exercise for enjoyment.
- Demonstrate openness in talking to a counselor and your loved ones about mental health.
- Talk to others about natural differences in body types and the body’s powerful attempts to maintain these naturally varied shapes and sizes.
- Connect with organizations like the National Eating Disorders Association by volunteering your time or giving a tax-deductible donation.

ANOREXIA NERVOSA

Characterized primarily by self-starvation and excessive weight loss.

Symptoms include:
- Inadequate food intake leading to significant weight loss.
- Intense fear of weight gain, obsession with size and persistent behavior to prevent weight gain.
- Disturbance in self-image.
- Denial of the seriousness of low body weight.

Health consequences include:
- Heart failure, osteoporosis, muscle loss and growth of lanugo (hair all over the body).

BULIMIA NERVOSA

Characterized primarily by a cycle of binge eating followed by compensatory behaviors, such as self-induced vomiting, in an attempt to counteract the effects of binge eating.

Symptoms include:
- Regular intake of large amounts of food accompanied by a sense of loss of control over eating behavior.
- Use of inappropriate compensatory behaviors such as vomiting, laxative or diuretic abuse, fasting and/or obsessive or compulsive exercise.
- Extreme concern with body weight and shape.

Health consequences include:
- Heart failure, gastric rupture, tooth decay, rupture of the esophagus and pancreatitis.

OTHER SPECIFIED FEEDING OR EATING DISORDER (OSFED)

A feeding or eating disorder that causes significant distress or impairment, but does not meet the criteria for another feeding or eating disorder.

Examples of OSFED include:
- Atypical anorexia nervosa (weight is not below normal)
- Bulimia nervosa (with less frequent behaviors)
- Binge eating disorder (with less frequent occurrences)
- Purging disorder (purging without binge eating)
- Night eating syndrome (excessive nighttime food consumption)

Eating disorders come in many different forms, and OSFED is equally as severe as the other eating disorder diagnoses.

BINGE EATING DISORDER

Characterized primarily by recurrent binge eating without the regular use of compensatory measures.

Symptoms include:
- Frequent episodes of eating large quantities of food in short periods of time.
- Feeling out of control during the binge.
- Experiencing shame, guilt and distress after the binge.

Health consequences include:
- Heart disease, type II diabetes mellitus, gastric rupture and gallbladder disease.

WHAT DOES TREATMENT INVOLVE?

Eating disorders require the care of a trained professional with expertise in the treatment of eating disorders.
- The most effective treatment involves some form of psychotherapy or counseling, coupled with careful attention to medical and nutritional needs.
- Treatment should be tailored to the patient’s individual issues.
- Treatment must address the eating disorder symptoms as well as psychological, biological, nutritional, interpersonal and cultural forces that contribute to or maintain the disorder.
- Early diagnosis and intervention significantly enhance recovery.

WHO’S AT RISK?

- Anyone can develop an eating disorder regardless of gender, age, race, ethnicity, culture, size, socioeconomic status or sexual orientation.
- Eating disorders also impact the family, friends and loved ones of someone struggling.

HELP ENCOURAGE HEALTHY BEHAVIORS

- Learn all you can about eating disorders and the dangers of dieting.
- Awareness encourages healthy attitudes about food and body shape.
- Model good behaviors in your attitudes about food, body image and weight-related issues.
- Avoid negative comments about your or anyone else’s body.
- Eat balanced meals, get plenty of rest and exercise for enjoyment.
- Demonstrate openness in talking to a counselor and your loved ones about mental health.
- Talk to others about natural differences in body types and the body’s powerful attempts to maintain these naturally varied shapes and sizes.
- Connect with organizations like the National Eating Disorders Association by volunteering your time or giving a tax-deductible donation.

ANOREXIA NERVOSA

Characterized primarily by self-starvation and excessive weight loss.

Symptoms include:
- Inadequate food intake leading to significant weight loss.
- Intense fear of weight gain, obsession with size and persistent behavior to prevent weight gain.
- Disturbance in self-image.
- Denial of the seriousness of low body weight.

Health consequences include:
- Heart failure, osteoporosis, muscle loss and growth of lanugo (hair all over the body).

BULIMIA NERVOSA

Characterized primarily by a cycle of binge eating followed by compensatory behaviors, such as self-induced vomiting, in an attempt to counteract the effects of binge eating.

Symptoms include:
- Regular intake of large amounts of food accompanied by a sense of loss of control over eating behavior.
- Use of inappropriate compensatory behaviors such as vomiting, laxative or diuretic abuse, fasting and/or obsessive or compulsive exercise.
- Extreme concern with body weight and shape.

Health consequences include:
- Heart failure, gastric rupture, tooth decay, rupture of the esophagus and pancreatitis.

OTHER SPECIFIED FEEDING OR EATING DISORDER (OSFED)

A feeding or eating disorder that causes significant distress or impairment, but does not meet the criteria for another feeding or eating disorder.

Examples of OSFED include:
- Atypical anorexia nervosa (weight is not below normal)
- Bulimia nervosa (with less frequent behaviors)
- Binge eating disorder (with less frequent occurrences)
- Purging disorder (purging without binge eating)
- Night eating syndrome (excessive nighttime food consumption)

Eating disorders come in many different forms, and OSFED is equally as severe as the other eating disorder diagnoses.

BINGE EATING DISORDER

Characterized primarily by recurrent binge eating without the regular use of compensatory measures.

Symptoms include:
- Frequent episodes of eating large quantities of food in short periods of time.
- Feeling out of control during the binge.
- Experiencing shame, guilt and distress after the binge.

Health consequences include:
- Heart disease, type II diabetes mellitus, gastric rupture and gallbladder disease.

WHAT DOES TREATMENT INVOLVE?

Eating disorders require the care of a trained professional with expertise in the treatment of eating disorders.
- The most effective treatment involves some form of psychotherapy or counseling, coupled with careful attention to medical and nutritional needs.
- Treatment should be tailored to the patient’s individual issues.
- Treatment must address the eating disorder symptoms as well as psychological, biological, nutritional, interpersonal and cultural forces that contribute to or maintain the disorder.
- Early diagnosis and intervention significantly enhance recovery.

WHO’S AT RISK?

- Anyone can develop an eating disorder regardless of gender, age, race, ethnicity, culture, size, socioeconomic status or sexual orientation.
- Eating disorders also impact the family, friends and loved ones of someone struggling.

HELP ENCOURAGE HEALTHY BEHAVIORS

- Learn all you can about eating disorders and the dangers of dieting.
- Awareness encourages healthy attitudes about food and body shape.
- Model good behaviors in your attitudes about food, body image and weight-related issues.
- Avoid negative comments about your or anyone else’s body.
- Eat balanced meals, get plenty of rest and exercise for enjoyment.
- Demonstrate openness in talking to a counselor and your loved ones about mental health.
- Talk to others about natural differences in body types and the body’s powerful attempts to maintain these naturally varied shapes and sizes.
- Connect with organizations like the National Eating Disorders Association by volunteering your time or giving a tax-deductible donation.