What Are Eating Disorders?

● Real, life-threatening mental and physical illnesses with potentially fatal consequences.¹

● Involve emotions, attitudes and behaviors surrounding weight, food, and size that severely impair functioning in major areas of life.²

● No single cause, but rather a combination of biological, psychological, and sociocultural factors that converge and set off an individual’s predisposed genetic vulnerability.³
Who Do Eating Disorders Affect?

- **Everyone.** People of all genders, ages, races, religions, ethnicities, sexual orientations, body shapes, and weights can be affected.\(^4\)

- It is estimated that **9% of the U.S. population, or 28.8 million Americans**, will have an eating disorder in their lifetime.\(^3\)
An eating disorder is a biopsychosocial disorder -- a mental illness caused or influenced by genetic, biological, environmental, and social elements.

**Biological Factors**
- Family history of eating disorders or other mental health conditions.\(^3,5\)
- History of dieting\(^6\)
- Type one diabetes\(^7\)
- Genetic predisposition\(^3\)

**Psychological Factors**
- Perfectionism\(^8,9\)
- Body image\(^10\) dissatisfaction
- History of mental health conditions\(^11\)
- Being inflexible or difficulty going back and forth between tasks\(^14\)

**Social Factors**
- Weight stigma\(^15\)
- Bullying/teasing\(^16\)
- Cultural norms that overvalue appearance\(^17\)
- Drive for perceived ideal body type\(^17\)
- Historical trauma\(^10,18\)
9 Truths About Eating Disorders

Many people with eating disorders look healthy, yet may be extremely ill.\(^2\)

Families are not to blame, and can be the patients’ and providers’ best allies in treatment.\(^{19,20,21}\)

An eating disorder diagnosis is a health crisis that disrupts personal and family functioning.\(^4\)
Eating disorders are not choices, but serious biologically influenced illnesses.\textsuperscript{4,22}

Eating disorders affect people of all genders, ages, races, ethnicities, body shapes and weights, sexual orientations, and socioeconomic statuses.\textsuperscript{3,4,23,24,25,26,27,28}

Eating disorders carry an increased risk for both suicide and medical complications.\textsuperscript{29,30,31}
9 Truths About Eating Disorders

Genes and environment play important roles in the development of eating disorders.$^3,4,10,32$

Full recovery from an eating disorder is possible. Early detection and intervention are important.$^4,20,33,34$

Genes alone do not predict who will develop eating disorders.$^{33}$
An Overview of Eating Disorders

WARNING SIGNS, SYMPTOMS & HEALTH CONSEQUENCES
Common Warning Signs

**EMOTIONAL/BEHAVIORAL**

- Preoccupied with weight, shape and appearance
- Weight loss, dieting, and control of food are primary concerns
- Food rituals
- Social withdrawal
- Frequent dieting, body checking
- Extreme mood swings
Common Warning Signs Continued

PHYSICAL

- Noticeable weight fluctuations, both up and down
- Gastrointestinal complaints
- Dizziness upon standing
- Difficulty concentrating, sleeping
- Issues with dental, skin, hair, and nail health
DSM-5 TR Diagnoses

- Anorexia Nervosa (AN)\(^2\)
- Bulimia Nervosa (BN)\(^2\)
- Binge Eating Disorder (BED)\(^2\)
- Avoidant-Restrictive Food Intake Disorder (ARFID)\(^2\)

- Other Specified Feeding or Eating Disorder (OSFED)\(^2\)
- Unspecified feeding or eating disorder (UFED)\(^2\)

- Eating disorders are complex and some eating issues will not meet diagnostic criteria. All must be taken seriously\(^{36,37}\)
Co-Occurring Disorders

- High prevalence rates\(^{38,39,40}\)
- Most common comorbidities are:\(^2\)
  - Mood disorders
  - Anxiety disorders
  - Substance use
- Can intensify eating disorders symptoms and impact treatment (recovery, level of care, drop-out)\(^{41,42}\)
- Treatment should address co-existing conditions and eating disorders\(^{20}\)
Health Consequences

- Cardiovascular (muscle loss, low or irregular heartbeat)$^{29}$
- Gastrointestinal (bloating, nausea, constipation)$^{29}$
- Neurological (difficulty concentrating, sleep apnea)$^{29}$
- Endocrine (hormonal changes – estrogen, testosterone, thyroid)$^{29}$
- Premature death$^{41,43}$
Resources

- Find treatment at: https://www.nationaleatingdisorders.org/find-treatment/

- Find free and low cost support options at: https://www.nationaleatingdisorders.org/free-low-cost-support
Eating Disorder Screening Tool

- It is a tool that can help determine if it’s time to seek professional help.
- Participants who screen as “at risk” will be directed to resources for support.
NEDA Toolkits

https://www.nationaleatingdisorders.org/toolkits
How to Help: What to Do

- **Learn** as much as you can about eating disorders.
- **Be honest** and vocal about your concerns.
- **Be caring and firm.**
- **Be a good role model**, practice what you preach
- **Suggest seeking help** from a physician and/or therapist.

Reviewed by Amy Baker Dennis, PhD, FAED, NEDA Clinical Advisory Council Member
How to Help: What Not to Do

- Place shame, blame, or guilt.
- Make rules or promises that you cannot or will not uphold.
- Give simple solutions.
- Invalidate their experience or try to convince.
- Give advice about weight, exercise, or appearance
- Ignore or avoid the situation until it is severe or life threatening
Talking about Eating Disorders

**KEEP IN MIND**

- Be prepared for negative reactions
- Taking the first step towards recovery is scary and challenging
- Make sure they get a medical check-up
- Join with the part of them that wants to get well
- Remind the person of why they want to get well

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Get Involved With NEDA!

NEDA Walks, Campus Warriors, Volunteer Opportunities and more!

Learn More
www.nationaleatingdisorders.org
212-575-6200
References


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Thank You