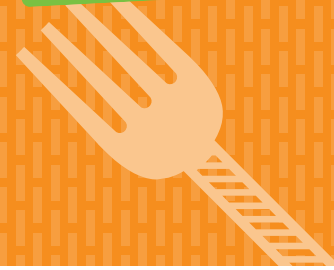




Eating disorders



Eating disorders

A person has an eating disorder when their beliefs about food, weight and body image lead to unhealthy patterns of eating and/or exercising.

This can interfere with their life and relationships with others. Eating disorders often begin in adolescence and early adulthood and they are more common in females but can also affect young males. Mortality rates are two to six times higher in people with an eating disorder compared to the rest of the population¹.



Many young people have concerns about eating or their body image but generally they do not develop an eating disorder. Body image and eating disorders are not always related.

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Body image or eating concerns become a problem when they begin to affect your physical or mental health, or how you cope in your daily life. Eating disorders can cause significant physical health complications and so they can be life-threatening. It is very important that when the early signs of an eating disorder begin they are treated effectively.
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Signs and symptoms of having, or being at-risk of developing eating disorders, can include:

- Excessive eating, dieting or exercising
- Thinking and talking a lot about body image, body weight and food
- Avoiding social situations that involve food
- Eating only certain types and amounts of food
- Becoming irritable or withdrawing from friends and family
- Wearing loose fitting clothing to hide weight loss
- Wanting to eat alone
- 'Playing' with food rather than eating it
- Feeling faint, dizzy and weak
- Going to the bathroom straight after meals
- Difficulty concentrating
- Often feeling tired and low
- Irregular menstrual cycles (if female).

Types of eating disorders

There are three main types of eating disorder: Anorexia Nervosa, Bulimia Nervosa and Binge-Eating Disorder.



A person who has Anorexia Nervosa:

- Restricts how much they eat;** resulting in a low body weight. In young people eating less may result in either weight loss or not gaining the weight expected as they grow
- Has an intense fear of gaining weight** or refuses to keep a healthy body weight
- Has distorted or inaccurate perceptions of their weight**

and body shape (e.g. believing they are overweight despite being underweight).

When someone has Anorexia Nervosa they may use extreme weight loss strategies in an attempt to control their weight. These might include fasting, excessive exercising, vomiting after eating, taking diet pills, or misuse of diuretics or laxatives. Their self-esteem is generally influenced by their perceptions

of their weight and body shape. They may experience anxiety, feel depressed or be in an irritable mood, feel very tired and have difficulty concentrating. Often young people experiencing Anorexia Nervosa do not recognise their symptoms, or deny having a problem with weight and body image issues. This can make it challenging to get them the help they need.

A person who has Bulimia Nervosa:

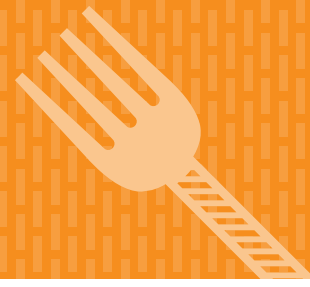
- Regularly binge eats;** they eat large quantities of food and feel unable to control their eating. During these episodes they may eat more quickly than normal, and/or until they are uncomfortably full, even if they are not hungry
- Uses extreme weight loss strategies** in efforts to 'make

up' or 'compensate', for binge episodes and avoid weight gain. This may involve making themselves vomit, using laxatives or diuretics, fasting, or excessive exercising.

Triggers for bingeing include relationship stress, dietary restraint, negative feelings related to their body image, their weight, availability

of food and boredom. Bingeing typically results in intense feelings of guilt, depressed mood and high levels of distress. Repeated episodes of bingeing and compensating create a compulsive cycle that feels beyond a person's control.

Eating disorders



Types of eating disorders (continued)

A person who has Binge Eating Disorder:

- **Binges repetitively** without trying to “make up” or “compensate” for these binges. This causes high levels of distress.

Unlike Anorexia Nervosa, where people are underweight, people with Bulimia Nervosa and Binge Eating Disorder are usually within the normal or overweight range. Due to shame and guilt individuals often try to hide their symptoms from others so it can be difficult to tell when someone has Bulimia Nervosa or Binge Eating Disorder.



Health problems from eating disorders

Starvation or repeated cycles of bingeing and self-induced vomiting or using diuretics/laxatives (“purging”) can cause damaging changes in the body.

Starvation, for example, can lead to osteoporosis (weakening of the bones), headaches, constipation or diarrhoea, fainting and damage to most major organs including the heart and kidneys.

Vomiting after eating exposes the teeth to stomach acid causing decay. It can also cause sore throats, heart problems and abdominal pain.



Laxative abuse can cause constipation or diarrhoea, as well as dehydration and bowel disease.

Individuals who have an eating disorder are also at higher risk of developing other mental health problems including depression, anxiety and substance use disorders.

How can I help a young person with an eating disorder?

If you are concerned that a friend or family member has an eating disorder let them know that you are worried and care about them. Even if they deny there is a problem, or do not want to talk about it, gently encourage them to seek professional help. Often a young person will not want to seek help. In these situations you should seek further advice from a professional about your concerns.

Help is available from general practitioners (GPs), school counsellors, psychologists and specialist mental health workers. Contacting your GP or your local **headspace** centre is a good place to start.

Treatment of eating disorders

People with eating disorders will benefit from professional help. Keeping the person safe is the first priority. If their weight loss is severe and there are serious health complications then a stay in hospital may be needed.



Professional treatment starts with developing a good working relationship with the young person, then the focus changes to providing information, looking after physical health and establishing healthy patterns of eating and exercise. Individual counselling, family work and medication (when appropriate) might all be required and are usually provided by a treatment team. As the problems with eating tend to have developed over a long period of time, treatment can also take time so getting help when problems first begin is really important.

Other useful websites

Mental Health First Aid Guidelines for Eating Disorders – www.mhfa.com.au

The Butterfly Foundation – www.thebutterflyfoundation.org.au



For more information, to find your nearest **headspace** centre or for online and telephone support, visit **headspace.org.au**

References: ¹Arcelus J, Mitchell AJ, Wales J, Nielsen S: Mortality rates in patients with anorexia nervosa and other eating disorders: a meta-analysis of 36 studies. Arch Gen Psychiatry 2011, 68(7):724–731. Clinical definitions are in line with the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), American Psychiatric Association 2013.

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