

# EATING DISORDERS 101

Many people think eating disorders are just about eating, food, and vanity, but they could not be farther from the truth.

Eating disorders are:

- **Mental health issues** - they have their own section in the Diagnostic and Statistical Manual (DSM) 5
- **Emotional disorders** - they help avoid uncomfortable emotions
- **Often found in conjunction with other mental health issues** - they have a high comorbidity with anxiety, depression, trauma, substance use, and personality disorders.
- **Diverse** - they have a variety of symptoms and do not discriminate, as they impact all races, genders, and socioeconomic classes.
- **Difficult to treat** - they often require higher levels of care or intensive outpatient teams.
- **Life-threatening** - they have high mortality rates due to the impact they have on one's physical health.

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We tend to see commonalities amongst people who struggle with eating disorders that show that it's about more than the food:

- **Negative core beliefs about themselves** - innate truths that they are worthless, undeserving, not good enough, etc.
- **Perfectionism** - needing to look perfect, to be perfect, in order to make up for dysfunctional family dynamics, low self-esteem, anxiety or depression, etc.
- **Discomfort tolerating emotions** - a belief that they are not capable of tolerating uncomfortable emotions such as guilt, shame, embarrassment, sadness, grief, etc.
- **A reason for an eating disorder** - trauma, dysfunctional families, depression, anxiety, isolation, peer pressure, insecurities
  - Eating disorders are always functional - until they aren't anymore.
- **Diet culture infiltration** - beliefs about food and body ideals based on diet culture instead of intuitive eating and self-acceptance and compassion

# 4 Most Common Eating Disorders

## **Other Specified Feeding/Eating Disorder (OSFED)**

- Most commonly diagnosed eating disorder
- Utilized when symptoms do not meet criteria for other eating disorders but clinically significant distress is present
- Examples: restrictive intake but does not meet weight requirements of anorexia, low frequency or duration of binges/purges, variety of symptoms present that do not meet criteria for one eating disorder alone



## **Binge-Eating Disorder**

- Second most commonly diagnosed eating disorder
- Binge definition: eating within a certain period of time more food than the average person would also reasonably eat, leading person to feel out of control
  - Person may eat faster than normal or until uncomfortably full
  - Eating when not hungry
  - Usually followed by feelings of guilt, embarrassment or disgust in one's self



# 4 Most Common Eating Disorders

## **Bulimia Nervosa**

- Characterized by binges and use compensatory behaviors to prevent weight gain
- Compensatory behaviors: vomiting, laxatives, exercising, diuretics, etc.
- Concern about weight gain and body image usually present
- May utilize restriction, but not to same extent as anorexia or OSFED



## **Anorexia Nervosa**

- Heavy restriction of caloric intake leading to significantly low body weight
- Intense fear of weight gain, even though weight is significantly low
- Deadliest eating disorder due to nutritional deficiencies and impact on heart
- Often correlated with high levels of perfectionism, obsessive-compulsive behaviors around food, and rigidity (although this is present to some degree in most eating disorders too!)