

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.

EATING DISORDERS 101

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!)