



## **EATING DISORDERS**

### **Information for Patients and Families**

#### **Covenant Health**

#### **Mental Health Program**

#### **Grey Nuns Community Hospital & Misericordia Community Hospital**

The three most common types of eating disorders are **Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder**. While Anorexia Nervosa and Bulimia Nervosa have been in the forefront for the past two decades, Binge Eating Disorder is more recently recognized as an eating disorder.

A person with **Anorexia Nervosa** begins an imposed starvation in pursuit of thinness and has a morbid fear of putting on weight. Sometimes this starvation is accompanied by vomiting or compulsive over-exercising. They achieve drastic weight loss and are unable to stop this behaviour.

In **Bulimia Nervosa**, there is a strong desire for thinness overlapping with a disturbing pattern of eating binges consisting of overly large quantities of food over a short period of time. This is almost always associated with getting rid of food eaten by self-induced vomiting, laxative abuse or compulsive over-exercising, along with feelings of guilt and depression. It is common for someone with bulimia to live a starve-binge-purge roller coaster pattern.

A person with **Binge Eating Disorder** eats in a similar manner to someone with Bulimia. The difference is that they do not vomit or get rid of the calories in any way after they binge. They feel disgusted with themselves, depressed, and very guilty about overeating.

Dieting is part of an eating disorder. With Anorexia Nervosa, it seems that the slimming diet gets carried away. Someone with Bulimia or Binge Eating Disorder usually attempts to diet and goes for periods of time without eating, only to lose control and then binge eat. A preoccupation with weight and negative body image is common to all three eating disorders.

A person with an eating disorder often lives in secrecy with their problems. Eating disorders may or may not affect weight. Typically someone with Anorexia is very thin, someone with Bulimia is normal weight or a bit overweight, and someone with Binge Eating Disorder is overweight or obese. However, this is not always the case and while eating disorders may cause depression, poor concentration and sleep disorders, individuals often function reasonably well at school, work, and home. Eventually, however, an eating disorder causes serious physical and mental health problems.

**Treatment** - Most people with an eating disorder can be treated as outpatients, but some may require hospital admission. Psychological help for the patient and family is combined with individual therapy such as medication, counseling and nutritional advice. Psychological therapies are directed either individually or in group, and efforts are made to reduce the tendency to diet, help in problem solving, and re-interpret distortions regarding their body image and self-esteem. Medications may be prescribed, including antidepressants, tranquilizers and neuroleptics. Nutrition counseling with a trained registered dietitian is essential to promote an adequate nutritional intake and a healthier relationship with food.

The course of treatment varies greatly depending on the patient and type of eating disorder. Recovery often follows a fluctuating course of improvement and relapse, and can take several years. It is common for someone in the early stages of an eating disorder to deny the illness and be uninterested in or even resistant to therapy. It is important to determine the stage of readiness to change for the person with the eating disorder, so appropriate therapy can be provided based on this information.

Eating disorders can affect anyone at any age. Commonly they develop during teen years, but eating disorders in children are becoming more frequent. Up to 3.7% of the population suffers from Anorexia Nervosa; up to 4.2% from Bulimia Nervosa; and approximately 2% from Binge Eating Disorder. As many as 17% of those with eating disorders are males. With societal pressures to be thin, there is an increasing concern that eating disorders are becoming more common. Recent studies suggest that 10-19% of children are at risk of developing an eating disorder.

**Prevention** - There is a growing interest in the area of eating disorder prevention, usually targeting children and adolescents. This covers two areas of focus: early intervention of at risk individuals, and education to prevent the problems from ever arising. Getting help soon improves the chance of recovery, so early intervention is very important. Raising children with positive self-esteem and a good body image is fundamental to eating disorder prevention. Critical aspects of this are promoting healthy eating and active living habits, teaching useful stress management and communication strategies. Training our children to have good self-care habits are effective measures in preventing eating disorders.

While eating disorders have been described over the last 200-300 years, they have now emerged as significant health problems, especially for adolescents and young people. Eating disorders are devastating illnesses. They have the highest cause of death over any other mental illness. If you know someone with eating problems encourage them to get help.

### **Where can you get more information?**

- ask your doctor or nurse
- call Health Link - 780-408-5465

This information was written by the Patient Education Committee in the Mental Health Program, Covenant Health in January 2009. Permission is given to photocopy as is. Reorder Form # **53724**