Facts on Eating Disorders

The incidence of eating disorders has risen significantly over the past 30 years. While 90 to 95% of those affected are female, there is a growing prevalence of eating disorders in males. Eating disorders not only have a serious, negative impact on the individual with the illness, it also impacts those surrounding them. This includes parents, siblings, partners, and peers.

The following facts and statistics help to illustrate the seriousness of these disorders:

- The incidence of eating disorders in London youth is higher than the Canadian average (Fisman et al., 2000).
- Individuals with disordered eating behaviours can range from ages 4 to over 75 years of age, however the typical onset of developing an eating disorder is between the ages of 14-18 years old.
- In women ages 15-29, the prevalence of eating disorders is from 3%-10%
- 20% - 30% of individuals with anorexia will attempt suicide. (1)
- It is estimated that approximately 5% - 20% that those suffering from anorexia will die due to complications from their illness. (1)
- Females who reported having been body shamed by a family member are 1.5 times more likely to develop unhealthy eating habits and extreme dieting within five years. (2)
- Anorexia Nervosa has the highest mortality and suicide rate of all mental illnesses. (5)
- Waiting lists for OHIP covered treatment can be anywhere from 2 months to 2 years.

The Continuum of Disordered Eating

At Hope’s Eating Disorders Support, our view is that disordered eating exists on a continuum specific to each individual. At one end of the continuum are attitudes and behaviours that could potentially lead to the development of an eating disorder. Some examples are; yo-yo dieting, occasional binge-eating, use of diet pills, negative and distorted body image, denial of hunger, and emotional eating.

At the other end of the continuum are more serious and debilitating eating disorders which rob the individual of their physical health, emotional well-being and personal happiness. This includes; Anorexia Nervosa, Bulimia Nervosa and Binge-Eating Disorder. It is important to recognize that no one sign or symptom defines an eating disorder. It is a combination of physical symptoms, behaviours, attitudes and emotions that leads to their identification.

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What Factors Contribute to Eating Disorders?

There are many theories as to what factors lead to the development of an eating disorder. Research has shown that there is no single cause and that there are many factors that, in combination, can contribute to the development and maintenance of an eating disorder. Eating disorders are multidimensional and complex issues that need to be taken seriously.

“Eating disorders are not just about food. They are often a way to cope with difficult problems or regain a sense of control. They are complicated illnesses that affect a person’s sense of identity, worth, and self-esteem”. (3)

Biological and Familial Factors

• An individual who has an immediate family member with Anorexia Nervosa is at higher risk and more susceptible to developing the disorder themselves. (1)
• Family influences can have an impact on an individual’s view of self, confidence and self-esteem. Caregivers can increase a child’s risk of developing an eating disorder if they are overly concerned about their child’s looks or if they aren’t comfortable with their own bodies and/or engage in unhealthy eating habits and behaviours.
• Other aspects include families that are over-protective, rigid, and characterized as having poor conflict resolution skills.

Psychological Factors

• There are many emotional and psychological factors that may contribute to the development of an eating disorder such as low self-esteem, lack of self-confidence, anger or loneliness. Concurrent mental illnesses that are common in those with an eating disorder including; depression, anxiety and personality disorders. Individuals with a substance abuse issue are also at greater risk of developing an eating disorder. (1)
• High expectations by parents, media, friends and family, coaches and society in general, can often lead to feelings of inadequacy or a lack of control in one’s life.

Interpersonal Factors

• A trauma history of physical and/or sexual abuse can contribute to the development of an eating disorder.
• Experiences of being teased or ridiculed based on body size and weight may be factor in a person’s perception of self.

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• Troubled family and personal relationships such as a parent’s divorce, separation, exposure to familial violence or death of a loved one have also been identified as a contributor to the development of an eating disorder.
• A link for those with an eating disorder may also involve the inability to express ones feelings and emotions, or feeling safe to do so with those they are meant to trust.

Social Factors
• Adolescents are particularly at high risk for developing an eating disorder for a variety of reasons including the increased pressure to fit in and the strong influence their peers have in their lives.
• Social media factors play an enormous role in the way individuals view themselves. It is expected of young people to consistently look a certain way all day, every day. There is an immense pressure put on these individuals who are aware that their photos can be taken at any time and posted anywhere by others. The pressure to be ‘perfect’ can be overwhelming and can set unprecedented standards that have not been seen in generations before.
• The feelings of inadequacy, poor self-image, anxiety, and loneliness experienced by many adolescents may contribute to or aggravate an eating disorder.
• The acceptance of North American cultural norms that value people based on their physical appearance and not on their inner qualities and strengths.
• Cultured pressures that glorify “thinness” and place value on obtaining the “perfect body” by means of diet, starvation, and over-exercising.
• Some people who develop eating disorders may appear to live exciting lives filled with friends and social activities, but have later confessed that they did not feel they really fit in, that no one seemed to really understand them, and that they had no true friends with whom they could share thoughts, feelings, doubts, insecurities, fears, hopes, and ambitions.

Media Factors
• In adolescence, feelings of inadequacy are easily influenced by the media, which sets unrealistic standards and unobtainable goals in terms of what is physical beauty.
• How we feel about ourselves is most fragile in adolescence due to the physical and hormonal changes in puberty. The tendency to compare ourselves with those around us is also at its peak at this time. Individuals can find themselves in a subculture of dieting, reflecting messages not only from the media but also from parents, peers, and partners.

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• According to a research study completed in 2014, the average Canadian is exposed to over 5000 advertisements daily. (4)

• Images in the media are air-brushed and distorted using lighting and computers. The media sets the expectation that if they achieve these low weights and perfect shapes, they will be healthier and happier. Some adolescents who are affected by these glamorized images may begin to practice extreme dieting and excessive exercise with the desire look like their celebrity role models.

• Athletes in particular sports can be at greater risk for developing an eating disorder this includes; dance, swimming, wrestling, body building, gymnastics etc.

Below are definitions of the eating disorders that are recognized by the *DSM-V* as clinical conditions. There are several eating disorders the *DSM-V* does not recognize and that the following information does not cover such as; diabulimia, pregorexia, orthorexia, bigorexia and drunkorexia.

**Anorexia Nervosa** (6)

Anorexia Nervosa is characterized by an individuals distorted body image, drastic weight loss from excessive dieting, and a pathological fear of weight gain.

**Physical Signs and Symptoms**

• Extreme weight loss
• Amenorrhea - absence of menstrual cycle
• Dizziness or fainting
• Sleep disturbances
• Thin, brittle hair and nails
• Lowered body temperature thus always feeling cold
• Periods of hyperactivity
• Fatigue
• Dry skin
• Lanugo - increased growth of fine, downy body hair
• Pale, anaemic appearance

**Behavioural and Emotional Signs and Symptoms**

• Preoccupation with food and weight
• Unusual eating habits, i.e. eating only certain foods, rituals
• Denial of any problems
• Distorted body image
• Intense fear of weight gain
• Perfectionism
• Compulsive exercise
• Wearing baggy or layered clothing to conceal thinness
• Withdrawal from others
• Hoarding of food
• Frequent weighing and/or measuring of body
• Inflexible behaviour
• Tendency to think in extremes
• Low self-esteem
• Difficulty adapting to change

Bulimia Nervosa
Bulimia Nervosa is identified by recurrent episodes of binge-eating followed by some form of purging such as self-induce vomiting, laxative abuse, fasting or excessive exercise to avoid weight gain. Individuals feel a lack of control over eating and experience strong feelings of guilt and shame. When weight is the normal range, bulimia nervosa may go unrecognized despite the many medical complications that can result from the condition.

Physical Signs and Symptoms
• Frequent weight fluctuations
• Irregularities in menstrual cycle
• Fatigue
• Sleep disturbance
• Bloodshot eyes, dark circles under eyes
• Swollen glands, puffy face
• Frequent sore throats
• Frequent bloating and abdominal pain
• Dizziness or fainting
• Pasty complexion,

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• Sores on the inside of the mouth
• Rashes around the mouth
• Increase in dental problems due to erosion of tooth enamel

**Behavioural and Emotional Signs and Symptoms**
• Tends to alternate between periods of dieting and binge-eating
• Eats excessive amounts of food but with little or no weight gain
• Fear of gaining weight
• Low self-esteem, shame and/or self-disgust over bingeing and purging
• Highly critical of body size and/or shape
• Disappears after meals, evidence of vomiting or laxative abuse
• Secretive eating
• Mood swings
• Poor concentration
• Difficulty adapting to change
• Frequent weighing and/or measuring of the body
• Tendency to think in extremes (*e.g.*, "Either I’m a success or I’m a failure")

**Binge Eating Disorder**
Binge-eating disorder is characterized by frequently eating a significant amount of food in one sitting and feeling a lack of control. Those who binge-eat typically suffer great emotional distress and eat for emotional reasons (anger, anxiety, sadness, loneliness, etc.) rather than physical cues of hunger.

**Physical Signs and Symptoms**
• Fatigue
• Weight gain
• Sleep disturbances
• Physical deterioration

**Behavioural and Emotional Signs and Symptoms**
• Unable to satisfy hunger
• Frequent snacking

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• Secretive eating
• Mood swings
• Memory lapses
• Rapid, out of control eating
• Emotional eating (eats in response to anger, sadness, fatigue, anxiety, loneliness, etc. rather than physical cues of hunger)
• Self-hatred
• Preoccupied with thought of diets
• Loss of interest in activities
• Hoarding of food

* “It should be noted that many individuals have combinations of eating disorder symptoms that may not be sufficient for a diagnosis of anorexia nervosa or bulimia nervosa; these individuals are therefore diagnosed as “Eating Disorder Not Otherwise Specified[NOS]”.

Warning Signs of Relapse

• An increase in obsessive thinking about food, weight or shape
• Recognizing increased self-defeating thought patterns, e.g. all-or-nothing thinking
• Experiencing urges to diet - skipping meals, forgetting to eat, counting calories, fat grams, cutting back on portions
• Experiencing urges to binge-eat
• Experiencing urges to vomit or abuse laxatives
• Believing that one can purge 'just once'
• Beginning to think/feel obsessively about exercise in order to compensate for food intake
• Ignoring pain and/or exhaustion when exercising
• Becoming dependent on weight or size to determine success or happiness
• Believing one is fat even when others view one as thin
• Increased social isolation
• Fantasizing about perfection as a way to feel better, e.g., imagining the perfect body, the perfect mark at school, the perfect relationship, etc...
• Constantly scrutinizing one's body in the mirror or dread of seeing one's body

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• Drinking excessive amounts of water, coffee, or diet pop to trick oneself into believing one has maintained weight or is not hungry
• Using food consumption or dieting to 'solve' problems with stress, anxiety, anger, conflict
• Providing self or others with inaccurate reports (exaggerated or minimized) about symptoms - eating behaviour, troublesome thoughts or feelings
• Feeling anxious about making decisions around food; eating the same foods all the time, chaotic eating patterns - rapid, and unconscious eating.
• Feeling out-of-control
• Hiding emotions (anxiety, depression, anger, guilt) from others.
• Inability to tolerate the feeling of food in one's stomach; feeling 'gross' or 'fat' instead of 'full' or 'satisfied'.
• Wearing only loose-fitting clothes due to negative body image, hiding weight loss, extreme discomfort due to feeling 'fat'
• Feeling guilty for eating, believing that one doesn't deserve to eat
• Ritualistic eating patterns.

References


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