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Eating Disorders – what, who, why and how to help



What is an eating disorder?

An eating disorder is a term used to include a range of different conditions where a person feels the need to control their food intake and to try to avoid gaining weight. People with eating disorders may try to control their appetite by cutting down on what they eat. Some may eat large amounts and then feel they have to get rid of it by making themselves sick or taking laxatives. Many people with eating disorders develop unhealthy eating habits that affect their health and their ability to lead their day-to-day lives normally.

There are three main types of eating disorder: **anorexia nervosa**; **bulimia nervosa**; and other related eating problems, usually called '**atypical eating disorders**'. This last group includes 'binge eating disorder'.

Anorexia nervosa is a disorder in which people try to keep their body weight low by dieting, vomiting, taking laxatives or doing excessive amounts of exercise because they are frightened of becoming fat and try hard to become thin. These behaviours can be very dangerous, and in some people become life threatening. People with anorexia nervosa may see themselves as much bigger than they actually are or underestimate the seriousness of their low weight, so it can be difficult for them to agree that they may need to gain weight.

People with **bulimia nervosa** are caught in a cycle of times when they feel they lose control over their eating and consume large quantities of food (called 'binge eating'), and then vomiting, taking laxatives or diuretics (called 'purging'), or doing excessive amounts of exercise and fasting, to try to avoid gaining weight. Usually people hide these behaviours from others, and as their weight may be normal, others around them may not notice there is a problem. As with anorexia nervosa, these behaviours can be extremely dangerous and can in some cases cause permanent damage to health.

Over half of all people with an eating disorder will have one of the '**atypical eating disorders**' (including binge eating disorder). These conditions are called 'atypical' eating disorders because they do not exactly fit the description of either anorexia nervosa or bulimia nervosa. People might have some of the same features of anorexia nervosa and bulimia nervosa (such as dieting, binge eating, vomiting, and being preoccupied with food), but not all; or they might have beliefs and behaviours that are not quite anorexia nervosa and not quite bulimia nervosa, but similar to aspects of both; or they might move from one set of problems to another over time.

With binge eating disorder, people tend to eat more quickly than usual, eat until they feel uncomfortably full, and eat large amounts of food regardless of whether they are hungry or not. People with binge eating disorder will usually eat these large amounts alone because they are embarrassed and ashamed and quite often feel disgust or extreme guilt after overeating. Unlike people with bulimia nervosa, they do not try to control their weight by purging.

Unless people overcome the main features of their eating disorder, they can continue to have problems with eating or weight. They may move from meeting criteria for one eating disorder to meeting those for a different eating disorder. All the eating disorders share some features and there is a clear relationship between the different types.

Although an eating disorder is a psychological problem it is important to know that it can cause physical problems too. Not eating enough eventually leads to malnutrition or starvation, which can have a number of effects on the body, including loss of muscle strength, and a lessening of bone strength making fractures more likely. Regular vomiting can damage teeth and gums and lead to tiredness, feeling bloated and becoming constipated. Taking large numbers of laxatives can lead to longstanding bowel problems and can put the heart under too much strain. Both types of 'purging' can lead to low levels of potassium, which can be very dangerous. In women and girls periods may become irregular or stop, and both men and women can lose interest in sex. In extreme situations the heart and other vital organs can't cope, and the person may die.

Who can suffer from an eating disorder?

Eating disorders can develop in children, teenagers and adults. They can develop in males and females, from any racial background. The most common group to develop eating disorders are young women (the average age for bulimia nervosa to first develop is around 18 to 19-years-old, compared to 16 to 17 for anorexia nervosa). Having said this, we know that people can develop an eating disorder as young as 8 years of age and as old as 70.

It is thought that about 19 in every 100,000 women (about 0.2 per cent) and two in every 100,000 men (about 0.02 percent) will have anorexia nervosa.

The numbers for bulimia nervosa are slightly higher and have been estimated at between 0.5 per cent and 1.0 per cent in young women. About 90 per cent of people diagnosed with bulimia nervosa are female. Less is known about the prevalence of binge eating.

What causes an eating disorder?

There is no simple explanation of what causes an eating disorder although there has been a lot of research trying to explore this. It is thought that eating disorders arise from a combination of factors – including personal, family, and life experiences, as well as a person's genetic makeup, which will affect their personality and physical tendencies. We know that eating disorders often run in families, but it is not entirely clear how much of this is genetic and how much is to do family beliefs, attitudes and behaviours.

How can I tell if I have an eating disorder?

Everyone has different eating patterns and attitudes towards food but problems begin when thoughts of food begin to dominate your life. Many people with an eating disorder describe feeling that they need to take back control of their life, and that control around food is part of this process.

If you feel that your eating isn't normal you may be suffering from an eating disorder. Look out for:

- A tendency to pick low calorie, low fat or diet foods
- Trying to keep a low weight for your age and height, or recent significant loss of weight
- Excessive worry about gaining weight
- If you are a woman, your periods becoming irregular or stopping
- Being sick after meals
- Overeating in secret, either all or some of the time

What should I do if I think I have an eating disorder?

Your GP is usually the first person in the health service you should see about your eating problems. Even if it feels very difficult, the best thing to do is to tell your GP you think you might have an eating disorder. He or she should then ask you questions about the features of eating disorders and may also do some blood tests or other investigations.

What is the treatment for an eating disorder?

Psychological treatments can help people with eating disorders and a psychologist, or other healthcare professional, will usually work with the person on their own or work with the person together with their family to help deal with the eating problem. Sometimes people may be offered some group sessions with others experiencing similar difficulties.

A range of therapies may help you manage your eating disorder. There is no one therapy that clearly stands out as the best for all eating disorders. Different therapies seem to work for different people. The best researched therapies include cognitive behaviour therapy (CBT), interpersonal therapy (IPT), family therapy and self help.

CBT is a form of therapy that is designed to help people to establish links between their thoughts, feelings or actions and their current or past symptoms and to re-evaluate their perceptions, beliefs or reasoning about the symptoms. The aim of CBT with eating disorders is the link the problem behaviours with underlying thoughts and beliefs, and to challenge and change those thoughts and beliefs so that the person no longer needs to engage in damaging behaviour.

IPT is a particular type of psychotherapy that is designed to help people identify and deal with current relationship problems. It was first developed for people who are depressed, but it has been shown to help some people with eating disorders. In this treatment, there is no emphasis on directly changing eating habits; rather, it is expected that they will change as the person's problems improve.

Family therapy involves sessions with family members and a healthcare professional that provides support and some direction in the sessions. Treatment should focus on the eating disorder and how this affects and is affected by family relationships. If the person with the eating disorder is a child, in the early stages of treatment, it emphasizes the necessity for parents to take a central role in supporting their child's efforts to eat.

Self-help involves some relevant reading (see below). Your GP or other healthcare professional may give you support in following it. For some people with bulimia or binge eating disorder, this may be all the treatment that you need.

A number of other psychological treatments have been adapted for use with people with eating disorders. They are less well researched, but they have been helpful for some people.

Cognitive analytic therapy (CAT) is a psychological treatment in which a therapist works with a person to help them to make positive changes in their lives, and to build a future. It looks at what has prevented them from making changes in the past and improving the ways they cope with problems. This type of therapy has been shown to be helpful particularly in people with anorexia nervosa, but can be used with people with other types of eating disorder.

Focal psychodynamic therapy works at identifying and focusing on a central conflict difficulty in a person's early life that is having impact on that person's current problems.

Modified dialectical behaviour therapy is a simplified and shortened form of the treatment that has been modified for patients with eating disorders. It primarily focuses on enhancing peoples' emotion regulation skills.

Where to find out more

The British Psychological Society Directory
of Chartered Psychologists..... <http://www.bps.org.uk/directory>
b-eat, the national charity supporting
people affected by eating disorders <http://www.b-eat.co.uk>
..... **helpline:** 0845 634 1414

Some self help books

COOPER, P. J. (1995) *Bulimia Nervosa and Binge-Eating. A Guide to Recovery*. London: Robinson.

CRISP, A. H., JOUGHIN, N., HALEK, C., *et al* (1996) *Anorexia Nervosa. The Wish to Change. Self-Help and Discovery. The Thirty Steps* (2nd edn). Hove: Psychology Press.

FAIRBURN, C. G. (1995) *Overcoming Binge Eating*. New York & London: Guilford Press.

SCHMIDT, U. & TREASURE, J. (1993) *Getting Better Bit(e) by Bit(e). Survival Kit for Sufferers of Bulimia Nervosa and Binge Eating Disorders*. Hove: Psychology Press.

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