

# What are Eating Disorders?

An eating disorder is a serious mental illness characterised by extreme concerns about weight, shape, eating and/or body image. These concerns lead to disordered and unhealthy patterns of behaviour, including restricting food intake, fasting, counting calories, vomiting, misuse of laxative use, and excessive or driven exercise. These behaviours can greatly affect a person's physical, psychological and social functioning.

Approximately 9% of the Australian population suffer from an eating disorder according to the NEDC. Eating disorders affect men and women of all ages, of all socio-economic backgrounds, and of all shapes and sizes.

Eating disorders are not lifestyle choices, or a “diet gone too far”. They are a serious mental illness that has the highest mortality rate (from medical complications and suicide) of any psychiatric disorder. They can also lead to serious physical and emotional consequences. (See our handouts titled *Eating Disorders: What Are The Risks?* and *Starvation Syndrome*). They are not “phases” that people snap out of and recovery requires treatment and support. With early appropriate treatment, dedication and hard work, recovery is possible. The sooner you get help, the greater the chance of a full recovery.

Five of the more common types of eating disorders recognised by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) are Bulimia Nervosa, Anorexia Nervosa, Other Specified Feeding and Eating Disorder (OSFED), Binge Eating Disorder and Avoidant/Restrictive Food Intake Disorder (ARFID).

## Bulimia Nervosa

Bulimia Nervosa is characterised by recurrent episodes of binge eating, followed by compensatory behaviours.

- **Binge eating** involves eating a very large amount of food within a short period of time, and feeling out of control or unable to stop.
- **Compensatory behaviours** are ways of attempting to control weight or shape. This includes vomiting, misusing laxatives or diuretics, fasting, excessive exercise, or misusing over the counter or prescription medications for the purpose of weight control.

Because of the large amount of food consumed in a binge, and the relative ineffectiveness of most compensatory behaviours, weight may fluctuate, but many people with bulimia nervosa remain within the healthy weight range or may even gain weight. People who suffer from Bulimia Nervosa often get caught up in an out of control cycle of binge eating and attempting to compensate. This can lead to feelings of guilt, shame and embarrassment, as well as preoccupation with eating, body image and fear of weight gain. For this reason, individuals often keep their eating and compensatory behaviours very secretive, and therefore the disorder can go undetected by friends and family.



## Anorexia Nervosa

Anorexia Nervosa is characterised by **persistent restricted intake leading to significantly low body weight**. This is accompanied by an intense fear of weight gain, or, persistent behaviour that interferes with necessary weight gain.

For a person with Anorexia Nervosa, self-worth is often very much caught up with weight, shape or control over eating. Individuals also often experience a distorted view of their body, believing that they are overweight when in fact they are dangerously underweight.

There are two subtypes of Anorexia Nervosa.

- **Restricting subtype** refers to individuals who severely restrict the amount and type of food they eat. They may also engage in other weight control behaviours such as excessive exercise.
- **Binge/purge subtype** also involves extreme restriction, but this is accompanied by episodes of binge eating and compensatory purging.

## OSFED

A person with OSFED presents with some of the symptoms of other eating disorders (Anorexia Nervosa, Bulimia Nervosa or Binge Eating Disorder), but does not quite meet the full criteria. OSFED is no less serious than other eating disorders and is the most commonly diagnosed eating disorder amongst adolescents and adults.



## Binge Eating Disorder

Binge eating disorder is characterised by regular episodes of binge eating. Unlike Bulimia Nervosa, someone suffering from Binge Eating Disorder will not engage in compensatory behaviours (such as vomiting, laxatives, fasting etc.). Individuals with Binge Eating Disorder will often eat alone or in secret because of feelings of shame and guilt about their eating behaviours. Many people with binge eating disorder are overweight or obese.

## ARFID

An ARFID diagnosis describes a disorder where an individual struggles to obtain adequate nutrition, in the absence of the fear of weight gain &/or preoccupation with weight and shape that characterises AN, BN or OSFED. Feeding or eating disturbances such as lack of interest in food or lack of appetite, aversion to certain textures, or feared consequences of eating (not weight/shape based) lead to weight loss and difficulty maintaining a healthy weight.

**If you, or someone close to you has signs of an eating disorder, it is important to see your GP and discuss seeking help immediately.**