

Eating Disorders 101

Girls to Women Health and Wellness has compiled this introductory packet on Eating Disorders based on handouts available at the following nationally recognized websites:

www.YoungWomensHealth.org is run by The Center for Young Women's Health (CYWH), a collaboration between the Division of Adolescent & Young Adult Medicine and the Division of Gynecology at Children's Hospital Boston.

www.NationalEatingDisorders.org is run by National Eating Disorders Association (NEDA), a non-profit organization in the United States advocating on behalf of and supporting individuals and families affected by eating disorders.

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¹ www.YoungWomensHealth.org

² www.NationalEatingDisorders.org



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Eating Disorders

Eating disorders affect millions of teens and young adults around the world. They're most common in cultures that focus on weight and body image and can affect people of all races and ethnic backgrounds. Extreme focus on appearance often leads to poor body image and unhealthy eating behaviors, which can turn into eating disorders such as anorexia nervosa, bulimia, binge eating disorder, or a category called eating disorders not otherwise specified (EDNOS). Eating disorders have serious health consequences and require treatment. Recovery is likely with the help of specially trained health care providers and a supportive family. We hope this guide will help you understand eating disorders, the different kinds of treatment, and the recovery process.

What are eating disorders?

Eating disorders are complicated medical and psychological conditions that affect a person's physical and emotional health and involve intense emotions and behaviors around food. Eating disorders are very dangerous illnesses and can lead to permanent consequences if left untreated.

The four types of eating disorders are anorexia nervosa, bulimia nervosa, binge eating disorder, and eating disorder not otherwise specified (EDNOS).

1. **Anorexia** (*pronounced: an-or -rex-e-ah*) involves food restriction (limiting or not having certain foods or food groups). People with anorexia drastically limit their food intake and have an intense fear of gaining weight, even though they may be underweight or they are losing a lot of weight
2. **Bulimia** (*pronounced: bull-e-me-ah*) involves cycles of binge eating followed by a purging behavior. People with bulimia will eat an unusually large amount of food in a short period of time and then purge by vomiting, using laxatives, enemas, diuretics, or by exercising excessively as a way to avoid gaining weight.
3. **Binge eating disorder** involves eating an unusually large amount of food in a short period of time and feeling a loss of control during this episode. Binge eaters do not purge afterwards, but often feel a lot of shame or guilt about their binge eating.
4. **Eating disorder not otherwise specified (EDNOS)** involves some combination of symptoms of the other eating disorders such as an intense fear of weight gain and a preoccupation with food (thinking about food or having food related thoughts most of the day). Many people with EDNOS have symptoms of the other eating disorders, but may not meet the exact criteria, and therefore are diagnosed with EDNOS.

Disordered eating is a term used to describe when someone doesn't have all the symptoms of an eating disorder, but their eating patterns and behaviors put them at risk for developing an eating disorder. For example, anorexia can start when dieting becomes too extreme; binge eating disorder or bulimia can start because dieting often restricts the amount and types of food,

so when a diet is broken, it can lead to uncontrollable eating and loss of control around food.

Prevalence rates, or *how often* eating disorders occur varies with each disorder. While anorexia nervosa and bulimia nervosa are fairly rare, binge eating disorder and EDNOS are slightly more common. A study done in 2011 estimated that 0.3% of Americans between the ages of 13-18 suffer from anorexia, 0.9% from bulimia, and 1.6% from binge eating disorder (*Swanson et al. 2011*). Estimates of EDNOS differ from study to study, but may be as high as 15%.

Next: [Causes and Risk Factors](#) →

Written and reviewed by the [CYWH Staff](#) at Boston Children's Hospital

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Factors that may Contribute to Eating Disorders

Eating disorders are complex conditions that arise from a combination of long-standing behavioral, biological, emotional, psychological, interpersonal, and social factors. Scientists and researchers are still learning about the underlying causes of these emotionally and physically damaging conditions. We do know, however, about some of the general issues that can contribute to the development of eating disorders. NEDA acknowledges that there may be a difference of opinion among experts and in the literature on this topic, and we encourage readers to explore the topic further, using all reliable sources available to them.

While eating disorders may first appear to be solely about food and weight preoccupations, those suffering from them often try to use food and the control of food to cope with feelings and emotions that may otherwise seem overwhelming. For some, dieting, bingeing and purging may begin as a way to cope with painful emotions and to feel in control of one's life. Ultimately, though, these behaviors will damage a person's physical and emotional health, self-esteem and sense of competence and control.

Psychological Factors that Can Contribute to Eating Disorders:

- Low self-esteem
- Feelings of inadequacy or lack of control in life
- Depression, anxiety, anger, stress or loneliness

Interpersonal Factors that Can Contribute to Eating Disorders:

- Troubled personal relationships
- Difficulty expressing emotions and feelings
- History of being teased or ridiculed based on size or weight
- History of physical or sexual abuse

Social Factors that Can Contribute to Eating Disorders:

- Cultural pressures that glorify "thinness" or muscularity and place value on obtaining the "perfect body"
- Narrow definitions of beauty that include only women and men of specific body weights and shapes

- Cultural norms that value people on the basis of physical appearance and not inner qualities and strengths
- Stress related to racial, ethnic, size/weight-related or other forms of discrimination or prejudice

Biological Factors that Can Contribute to Eating Disorders:

- Scientists are still researching possible biochemical or biological causes of eating disorders. In some individuals with eating disorders, certain chemicals in the brain that control hunger, appetite, and digestion have been found to be unbalanced. The exact meaning and implications of these imbalances remain under investigation.
- Eating disorders often run in families. Current research indicates that there are significant genetic contributions to eating disorders.

Eating disorders are complex conditions that can arise from a variety of potential causes. Once started, however, they can create a self-perpetuating cycle of physical and emotional destruction. Successful treatment of eating disorders requires professional help. For more information see the NEDA handout “Treatment of Eating Disorders.”

Health Consequences of Eating Disorders

Eating disorders are serious, potentially life-threatening conditions that affect a person's emotional and physical health. Eating disorders are not just a "fad" or a "phase." People do not just "catch" an eating disorder for a period of time. They are real, complex, and devastating conditions that can have serious consequences for health, productivity, and relationships. People struggling with an eating disorder need to seek professional help. The earlier a person with an eating disorder seeks treatment, the greater the likelihood of physical and emotional recovery.

Health Consequences of Anorexia Nervosa

In anorexia nervosa's cycle of self-starvation, the body is denied the essential nutrients it needs to function normally. Thus, the body is forced to slow down all of its processes to conserve energy, resulting in serious medical consequences:

- Abnormally slow heart rate and low blood pressure, which mean that the heart muscle is changing. The risk for heart failure rises as the heart rate and blood pressure levels sink lower and lower.
- Reduction of bone density (osteoporosis), which results in dry, brittle bones.
- Muscle loss and weakness.
- Severe dehydration, which can result in kidney failure.
- Fainting, fatigue, and overall weakness.
- Dry hair and skin; hair loss is common.
- Growth of a downy layer of hair called lanugo all over the body, including the face, in an effort to keep the body warm.

Health Consequences of Bulimia Nervosa

The recurrent binge-and-purge cycles of bulimia can affect the entire digestive system and can lead to electrolyte and chemical imbalances in the body that affect the heart and other major organ functions. Some of the health consequences of bulimia nervosa include:

- Electrolyte imbalances that can lead to irregular heartbeats and possibly heart failure and death. Electrolyte imbalance is caused by dehydration and loss of potassium, sodium and chloride from the body as a result of purging behaviors.

- Potential for gastric rupture during periods of bingeing.
- Inflammation and possible rupture of the esophagus from frequent vomiting.
- Tooth decay and staining from stomach acids released during frequent vomiting.
- Chronic irregular bowel movements and constipation as a result of laxative abuse.
- Peptic ulcers and pancreatitis.

Health Consequences of Binge Eating Disorder

Binge eating disorder often results in many of the same health risks associated with clinical obesity. Some of the potential health consequences of binge eating disorder include:

- High blood pressure.
- High cholesterol levels.
- Heart disease as a result of elevated triglyceride levels.
- Type II diabetes mellitus.
- Gallbladder disease.

Dental Complications of Eating Disorders

Effects of an Eating Disorder on Teeth and Gums

Dietary habits can and do play a role in oral health. Everyone has heard from their dentist that eating too much sugar can lead to cavities, but did you know that high intake of acidic “diet” foods can have an equally devastating effect on your teeth?

In fact, while up to 89% of bulimic patients show signs of the tooth erosion usually associated with regurgitation, some studies have found similar prevalence rates in patients with highly restrictive dietary habits. The harmful habits and nutritional deficiencies that often accompany disordered eating can have severe consequences on one’s dental health. It is often the pain and discomfort associated with dental complications that causes individuals with eating disorders to seek treatment.

Signs and Symptoms

- Loss of tissue and erosive lesions on the surface of teeth due to the effects of acid. These lesions can appear as early as 6 months from the start of the problem.
- Changes in the color, shape, and length of teeth. Teeth can become brittle, translucent, and weak.
- Increased sensitivity to temperature. In extreme cases the pulp can be exposed and cause infection, discoloration, or even pulp death.
- Enlargement of the salivary glands, dry mouth, and reddened, dry, cracked lips.
- Tooth decay, which can actually be aggravated by extensive tooth brushing or rinsing following vomiting.
- Unprovoked, spontaneous pain within a particular tooth.

Changes in the mouth are often the first physical signs of an eating disorder. If you notice any of these symptoms, please talk with your patient about ways to care for their teeth and mouth. There are methods for improving your oral health while you are seeking help to change harmful eating habits.

Several types of treatment centers and levels of care are available for treating eating disorders. Knowing the terms used to describe these is important because insurance benefits (and the duration of benefits) are tied not only to a patient's diagnosis, but also to the type of treatment setting and level of care.

Treatment is delivered in hospitals, residential treatment facilities, and private office settings. Levels of care consist of acute short-term inpatient care, partial inpatient care, intensive outpatient care (by day or evening), and outpatient care. Acute inpatient hospitalization is necessary when a patient is medically or psychiatrically unstable. Once a patient is medically stable, he/she is discharged from a hospital, and ongoing care is typically delivered at a subacute care residential treatment facility. The level of care in such a facility can be full-time inpatient, partial inpatient, intensive outpatient by day or evening, and outpatient. There are also facilities that operate only as outpatient facilities. Outpatient psychotherapy and medical follow-up may also be delivered in a private office setting.

The treatment setting and level of care should complement the general goals of treatment. Typically, goals are:

- To medically stabilize the patient
- Help the patient to stop destructive behaviors (i.e., restricting foods, binge eating, purging/nonpurging)
- Address and resolve any coexisting mental health problems that may be triggering the behavior.

Patients with severe symptoms often begin treatment as inpatients and move to less intensive programs as symptoms subside. Hospitalization may be required for complications of the disorder, such as electrolyte imbalances, irregular heart rhythm, dehydration, severe underweight, or acute life-threatening mental breakdown. Partial hospitalization may be required when the patient is medically stable, and not a threat to him/ herself or others, but still needs structure to continue the healing process. Partial hospitalization programs last between 3 and 12 hours per day, depending on the patient's needs.

Psychotherapy and drug therapy are available in all the care settings. Many settings provide additional care options that can be included as part of a tailored treatment plan. Support groups may help a patient to maintain good mental health and may prevent relapse after discharge from a more intensive program.

The intensity and duration of treatment depends on:

- Insurance coverage limits and ability to pay for treatment
- Severity and duration of the disorder
- Mental health status
- Coexisting medical or psychological disorders

A health professional on the treatment team will make treatment recommendations after examining and consulting with the patient.

Criteria for Treatment Setting and Levels of Care

These criteria summarize typical medical necessity criteria for treatment of eating disorders used by many healthcare facilities, eating disorder specialists, and health plans for determining level of care needed.

Inpatient

Patient is medically unstable as determined by:

- Unstable or depressed vital signs
- Laboratory findings presenting acute health risk
- Complications due to coexisting medical problems such as diabetes

Patient is psychiatrically unstable as determined by:

- Rapidly worsening symptoms
- Suicidal and unable to contract for safety

Residential

- Patient is medically stable and requires no intensive medical intervention.
- Patient is psychiatrically impaired and unable to respond to partial hospital or outpatient treatment.

Partial Hospital

Patient is medically stable but:

- Eating disorder impairs functioning, though without immediate risk
- Needs daily assessment of physiologic and mental status

Patient is psychiatrically stable but:

- Unable to function in normal social, educational, or vocational situations
- Engages in daily binge eating, purging, fasting or very limited food intake, or other pathogenic weight control techniques

Intensive Outpatient/Outpatient

- Patient is medically stable and no longer needs daily medical monitoring
- Patient is psychiatrically stable and has symptoms under sufficient control to be able to function in normal social, educational, or vocational situations and continue to make progress in recovery

Resources

ECRI Institute Bulimia Resource Guide <http://www.bulimiaguide.org>



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Supporting Young Women with Eating Disorders: A Guide for Family Members & Close Friends

Eating disorders affect millions of young women. If you're reading this information guide, you may be a family member or close friend of someone struggling with an eating disorder. It's normal to feel helpless and confused at times. The chronic nature of eating disorders can drain a parent of physical and emotional energy. Learning about eating disorders can help you provide proper support. Not all suggestions in this guide are appropriate for everyone. It's important to remain sensitive to the unique struggle of your family member or close friend with an eating disorder. This guide was created to offer ideas on how to help a young woman with an eating disorder. However, this guide does not replace recommended treatment or care from a physician, counselor, or nutritionist.

Remember

- ★ There is no quick fix - recovery takes time.
- ★ Avoid commenting directly on food choices and behavior at meals, physical appearance, or body shape.

The Road to Recovery

Be Patient. There is no quick fix or cure for eating disorders. Changes in thinking and behavior happen slowly. As a family member or close friend, try to look at overall trends (e.g., in eating behaviors or weight) rather than focusing on the day-to-day "bumps".

Offering Support at Meals and Snack Time

Eat together. Meals and snack times are often the most difficult part of the day for young women with eating disorders. They may be very anxious at meal times and feel guilty for eating. Meal times often require support and supervision. If someone they trust eats with them, the experience of eating can be more comfortable. Try to model balanced meals and food as nourishment rather than something more complicated. Refrain from dieting or restricting your own intake.

Enjoy each other's company. Discuss neutral topics rather than focusing on food, calories, or weight during conversations. Avoid any urge to be a "food police." Try to talk about something fun, like your favorite sports teams, hobbies or music. Continue this conversation (or another activity) up to 30 minutes after the meal to distract from feelings of guilt or any impulse to purge after the meal. As difficult as it may be, try to keep mealtimes feeling natural, as similar as possible to before the eating disorder began.

Consider adopting a mealtime agreement. Agree in advance not to discuss topics such as portion size, calories, carbohydrate, or fat content at meal times. Many young women with disordered eating have continuous negative thoughts about food. Mealtime agreements can reduce tension and stress associated with eating.

Plan ahead. As a family, agree on the structure of mealtimes (e.g. what time you will eat, what will be served at the meals, and who will be present at the meal). Strive to honor this plan, as

this can reduce mealtime stress for your teen.

Grocery Shopping, New Foods & Cooking

Some young women recovering from eating disorders are able to participate in grocery shopping and cooking. Speak with your teen's health care provider or nutritionist to determine if she is ready for this step.

Grocery shop together. Explore your favorite grocery store or visit a different market. Check out new foods and set a goal to try one new food each week. Young women with disordered eating often have a small list of "safe foods" that they feel more comfortable eating. Usually, these foods are low in calories, or come from a food group that your teen or close friend does not see as "threatening", such as carbohydrates or fat. During recovery, it is important to expand food choices and reduce the number of foods that are considered "threatening". A nutritionist can be very helpful with realistic goal-setting and coaching a patient toward positive change.

Make sure that all foods that you will need for meals are available. This helps lessen worry at mealtime. Sometimes if a food item is not available at the designated eating time, it can lead to panic and restricted food intake in someone with an eating disorder.

Cook together and try new recipes. Many young women with eating disorders would prefer to cook with someone they trust. Learning how to cook provides another skill towards recovery. Trying new recipes also helps increase the "safe foods" list to promote more "normalized" eating. Take a look at our ["Quick and Easy Recipe for Teens Cookbook"](#) for ideas!

Healthy Attitude

Encourage new interests. Suggest new activities such as art classes, volunteering or community service, clubs at school, music, or yoga. It is important to replace the unhealthy, disordered eating behaviors (excessive or ritualistic exercise patterns or restrictive dieting) with healthy interests, especially those allowing room for creativity. Teens and young women struggling with eating disorders often choose activities that are based on dieting, weight regulation, and exercise. It is difficult for young women to break away from these patterns. However, developing new interests can help reverse the disordered eating behaviors and over time improve self-esteem.

Plan a special event. Make an appointment for a new haircut, manicure, or massage. As young women recover from an eating disorder, their body shape, facial structure, hair texture, and overall appearance may change. They often feel they do not deserve special things. A special event can be a nice way of helping your teen adjust to (and appreciate) her new look. It also sends the message that they deserve to treat themselves to something fun-that they are worth it!

Shop for clothes. Because clothing sizes often fluctuate during recovery, it's best to buy a few new pieces of clothing at a time rather than an entire wardrobe. Some young women with eating disorders have a difficult time clothes shopping because of dressing room mirrors. It can also be difficult for a teen to buy a different size than she has become used to. Ask your teen if she would like to go shopping or if she would prefer that you pick up new items for her. Additionally, don't bring home "health" or fashion magazines home as these may show unrealistic body shapes and focus on appearance.

Talking with Teens

Avoid commenting directly on physical appearance or body shape. Statements or questions such as "You look great!" or "You look better", "You've gained weight" or "You've lost weight--what's going on?" may make your teen feel extremely uncomfortable. During recovery, teens often look much healthier, brighter, and stronger. However, commenting on this is often interpreted negatively by the teen. A remark such as "You look so much better now that you're

not all skin and bones!" may be interpreted as "I am fat!" by a young woman with an eating disorder.

Comment on health and energy level. Statements such as "You are full of energy!" or "You look well rested" are more appropriate and often make young women feel supported in their recovery. These types of comments show recognition of improved health status and do not focus on body shape or size. Even better, you may offer comments related to your teens personality or interests, such as "You are creative and thoughtful".

Smile! Happiness is contagious. A bright, cheerful, and consistently positive attitude works wonders. It is very difficult to watch someone you care about struggle with any illness. Worried looks or tears often make young women feel very guilty about their eating disorder and may lead the teen to feel more anxiety, self-loathing, or depression. It is very important to try to be positive. A simple smile can spread a message of hope and cheer to a teen with an eating disorder, and can soften an otherwise tense interaction or conversation topic.

Positive Thinking!

Sharing positive thoughts with a loved one who is struggling with an eating disorder and body image concerns is helpful. Check out nationaleatingdisorders.org (Information & Resources tab) for "Ten Steps to Positive Body Image" and other helpful suggestions to beat negative thinking.

Support for Yourself

If you feel overwhelmed with your child's illness, consider seeking professional support from a therapist or social worker. Just as it is important to teach your teen that she is worthy of special things, try not to overlook your own self-care. Finding time for a peaceful walk, a yoga class, or meeting a friend for coffee is more important now than ever. This also models positive behavior for your teen.

Written and reviewed by the [CYWH Staff](#) at Boston Children's Hospital

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Related Guides:

[Healthy Eating](#)

Healthy eating is a way of balancing the food you eat to keep your body strong, energized, and well nourished. This guide was created to help you learn about healthy eating, and ways to plan nutritious meals and snacks. When you eat well, you are taking good care of your body...

[Self-Esteem and Body Image](#)

The effects of body image on self-esteem can be especially powerful during the teenage years. Although it's perfectly normal to have negative thoughts and feelings towards your self once in a while, finding ways to be positive is the key to building a healthy body image and good self-esteem...

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Tips for Talking to a Friend Who May Be Struggling with an Eating Disorder

If you are worried about your friend's eating behaviors or attitudes, it is important to express your concerns in a loving and supportive way. It is also necessary to discuss your worries early on, rather than waiting until your friend has endured many of the damaging physical and emotional effects of eating disorders. In a private and relaxed setting, talk to your friend in a calm and caring way about the specific things you have seen or felt that have caused you to worry.

What to Say, Step by Step

Set a time to talk. Set aside a time for a private, respectful meeting with your friend to discuss your concerns openly and honestly in a caring, supportive way. Make sure you will be some place away from distractions.

Communicate your concerns. Share your memories of specific times when you felt concerned about your friend's eating or exercise behaviors. Explain that you think these things may indicate that there could be a problem that needs professional attention.

Ask your friend to explore these concerns with a counselor, doctor, nutritionist, or other health professional who is knowledgeable about eating disorders. If you feel comfortable doing so, offer to help your friend make an appointment or accompany your friend on their first visit.

Avoid conflicts or a battle of wills with your friend. If your friend refuses to acknowledge that there is a problem, or any reason for you to be concerned, restate your feelings and the reasons for them and leave yourself open and available as a supportive listener.

Avoid placing shame, blame, or guilt on your friend regarding their actions or attitudes. Do not use accusatory "you" statements such as, "You just need to eat." Or, "You are acting irresponsibly." Instead, use "I" statements. For example: "I'm concerned about you because you refuse to eat breakfast or lunch." Or, "It makes me afraid to hear you vomiting."

Avoid giving simple solutions. For example, "If you'd just stop, then everything would be fine!"

Express your continued support. Remind your friend that you care and want your friend to be healthy and happy.

After talking with your friend, if you are still concerned with their health and safety, find a trusted adult or medical professional to talk to. This is probably a challenging time for both of you. It could be helpful for you, as well as your friend, to discuss your concerns and seek assistance and support from a professional.

Recommended Websites for Eating Disorders

Stick with suggested reading. *The resources listed below contain safe and appropriate comprehensive information, resources, and support. Please contact your doctor if you have questions about other eating disorder sites, books, or programs.*

NationalEatingDisorders.org/Parent-Toolkit provides detailed information on eating disorders, treatment options and even how to work with insurance companies. The website also contains a wealth of information and support.

TheElisaProject.org The Elisa Project is a non-profit organization that promotes healthy living and awareness of the signs of disordered eating. The website includes a resource guide for eating disorder treatment options.

YoungWomensHealth.org The section on eating disorders provides information on eating disorders that is easy for teens (and their parents) to understand.

WARNING:

Reading about eating disorders can be hazardous to your daughter's health.

Proceed with caution. *Many websites (e.g. pro-Ana, pro-Mia, tumblr, reddit) and books (e.g. personal memoirs, even stories of recovery) contain information about hiding or intensifying eating disorder thoughts and behaviors. We discourage participation in online forums, chat rooms, support sites, etc., for eating disorders as they may "trap" the reader (intentionally or unintentionally) into becoming worse.*

Recommended Books for Eating Disorders

These books & more are available for sale at our office.

When Your Child has an Eating Disorder by Abigail Natenshon

General education about the causes and symptoms of eating disorders

Life Without Ed by Jenni Schaefer and Thom Rutledge

Advice for "breaking up" with your eating disorder and getting out from under its abusive "spell"

The Parent's Guide to Eating Disorders by Marcia Herrin and Matsumoto

Making sense of eating disorders and how parents can help

8 Keys to Recovery from an Eating Disorder by Carolyn Costin and Gwen Schubert Grabb

Specific strategies to overcome your eating disorder

Goodbye Ed, Hello Me by Jenni Schaefer

Finding yourself after leaving your eating disorder for good