



The Emily Program

What are Eating Disorders?

Eating disorders are real illnesses with psychological, physical, and nutritional aspects and consequences. An eating disorder is marked by extremes. A person (female or male) with an eating disorder experiences severe disturbances in eating behavior, such as extreme reduction of calorie intake, purging behaviors, extreme overeating, and/or extreme distress about body weight and shape.

Recovery is possible. There is help. There is hope.

Eating disorders affect a person physically, behaviorally, emotionally, and psychologically; including:

- Dramatic weight gain or loss
- Verbal preoccupation with food, weight, and shape
- Rapid or persistent decline or increase in food intake
- Excessive or compulsive exercise patterns
- Purging; restricting; binge eating; compulsive eating; abuse of diet pills, laxatives, diuretics, or emetics
- Denial of food and eating problems, despite the concerns of others
- Eating in secret, hiding food, disrupting meals, feeling out of control with food
- Medical complications, such as menstrual irregularity, dizziness, fainting, bruising, dry skin, leg cramps, hair loss, brittle hair, osteoporosis, diarrhea, constipation, dental problems, morbid obesity, diabetes, chest pain, heart disease, heartburn, shortness of breath, organ failure, and other symptoms

Here are a few essential facts about eating disorders:

- **They do not discriminate** Eating disorders affect females and males of any background, class, ethnicity, sexual orientation, and people from preteens to seniors. Approximately 10 percent of people with eating disorders are boys and men. They disrupt the health and well-being of the individual, their families, and their communities.
- **They manifest across a wide spectrum of behaviors** Anorexia nervosa and bulimia nervosa are not the only eating disorders. In fact, Other Specified or Unspecified Feeding or Eating Disorder (including compulsive overeating) are *more common* than anorexia or bulimia.
- **They are prevalent** Conservative estimates suggest that approximately 3 percent of males and 6 percent of females struggle with an eating disorder. Among adolescents, the prevalence is 8 percent among females and 4 percent among males.
- **Their prevalence far exceeds treatment resources** In the U.S., eating disorders are as prevalent or more prevalent than breast cancer, HIV and schizophrenia. All deserve timely treatment, but eating disorder treatment resources are far less available than those for other serious illnesses.
- **They are often accompanied by other illness** People with eating disorders often have other problems, including chemical dependency, post-traumatic stress disorder (PTSD), sexual abuse history, depression, anxiety disorder, morbid obesity, and other health issues.
- **They have no single origin** Eating disorders are affected by, and affect in turn, biological, psychological, emotional, familial, cultural, spiritual, sexual, gender, and social factors.
- **They are tough to live with** It can be difficult to interact with a loved one struggling with eating disorder symptoms. Family and friends may worry that they won't "do it right." For tips to help keep perspective, refer to <http://www.emilyprogram.com/for-families/guide-for-family-friends>. Remember, family and friends are important resources for a loved one's recovery.
- **They are deadly serious** Binge eating disorder and compulsive overeating can lead to morbid obesity, Type II diabetes, heart disease, high blood pressure and other illnesses. Anorexia and bulimia can result in heart failure, suicide, early-onset osteoporosis, amenorrhea, kidney failure, pancreatitis, and other serious problems.



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Why do people develop eating disorders?

People with eating disorders use disordered eating behaviors to soothe their discomfort, stress, uncertainty, pain, sadness, desire, and (eventually) all feelings. But the disease keeps making things worse, until the person's health—and maybe her/his life—is in danger.

Using proven cognitive behavioral therapy, family-based treatment, dialectical behavioral therapy, and supportive psychotherapy, The Emily Program offers psychological, nutritional, medical, and psychiatric eating disorder interventions best suited for the individual and we include families and support people in the process.

The American Psychiatric Association recognizes the following kinds of eating disorders:

- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder
- Other Specified or Unspecified Feeding or Eating Disorder (OSFED), including Compulsive Overeating

Anorexia

Anorexia nervosa is characterized by:

- Relentless pursuit of thinness
- Unwillingness to maintain a healthy weight
- Extremely disturbed eating behavior
- Distortion of body image
- Intense fear of gaining weight

Anorexia has a higher mortality rate than any other mental illness. According to the National Institute of Mental Health, people with anorexia are up to twelve times more likely to die as a result of their illness compared to those without anorexia. The most common complications that lead to death are cardiac arrest, and electrolyte and fluid imbalances. Suicide risk also can be elevated.

Binge Eating Disorder

Binge eating disorder (BED) is characterized by recurrent binge-eating episodes during which a person feels a loss of control over his or her eating. Unlike bulimia, binge eating episodes are not followed by purging, excessive exercise, fasting, or other behaviors to “compensate” for the binge. As a result, people with binge eating disorder may become obese. They also experience guilt, shame and/or distress about the binge eating—which in turn can lead to more binge eating episodes.

Bulimia

Bulimia nervosa is characterized by recurrent and frequent episodes of eating unusually large amounts of food, and feeling a lack of control over the eating. This is followed by behaviors that compensate for the eating binge, such as purging, fasting, laxative abuse, excessive exercise, and/or other behaviors.

People with bulimia can fall within the normal range for their age and weight, and can't be identified by their outward appearance. But they often still fear gaining weight, want desperately to lose weight, and are intensely unhappy with their body size and shape.

People are often secretive with bulimic behavior, because it is usually accompanied by feelings of disgust or shame.

Compulsive Overeating

People with compulsive overeating (COE) will typically eat when they are not hungry and devote excessive amounts of time and thought to food. They may secretly plan or fantasize about eating alone. People with COE may sometimes eat in binges, but they may also engage in “grazing” behavior, during which they return to pick at food throughout the day. Compulsive overeating often leads to weight gain and obesity, but not everyone who is obese is also a compulsive overeater—and people of normal or average weight can have COE.



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To learn more, visit:

The Emily Program: www.emilyprogram.com

National Institute of Mental Health: www.nimh.nih.gov/health/topics/eating-disorders/index.shtml

Eating Disorders Coalition: <http://eatingdisorderscoalition.org/resources.htm>

National Eating Disorders Association: www.nationaleatingdisorders.org/information-resources/

Academy of Eating Disorders: www.aedweb.org/Eating_Disorders_Information.htm

Project Eat (University of Minnesota): www.sph.umn.edu/epi/research/eat/index.asp