Travail Personnel 2021-2022

The truth behind eating disorders

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Introduction

When people think of a person with an eating disorder, most people think of a skinny and very ill teenage girl at a hospital. However, the truth is entirely different. Most of the time, what society imagines when hearing the term ‘eating disorders’ is very different from what it actually is.

In this work, I will start by talking about the misconceptions and myths regarding eating disorders. I will go on to discuss the three most common eating disorders and the treatment options that are currently available for eating disorder sufferers. I will finish this work by talking about how one can help a person suffering from an eating disorder.

The reason I chose to write my ‘Travail Personnel’ about eating disorders, is because the myths and misconceptions regarding eating disorders affect millions of people's lives daily. As I know many people who suffer or have suffered from an eating disorder, I see how much the idea that society has about eating disorders and what they are like for people suffering from them, is extremely different. Through this work I want to give the reader a new perspective regarding the topic of eating disorders.

Chapter 1: The misconceptions of eating disorders

What is an eating disorder?

An eating disorder is a mental illness which causes a person to develop disturbed thoughts and views regarding nutrition, appearance, weight and/or body image. Eating disorders are psychological conditions that cause a person to develop significant disturbances in eating behaviours. Eating disorders often result in anxiety or obsession about food and appearance. Although there are many similarities between eating disorder sufferers, the exact way an eating disorder develops or affects a person's life is different for everyone.

Eating disorders are mental health problems which most commonly necessitate the help of medical professionals, as they are also harmful to a person's physical health. Depending on the type of eating disorder one suffers from the consequences may be worse, often even leading to death. Mostly, having an eating disorder elevates the risks of heart or kidney failure and can harm the digestive system, bones, teeth and mouth or lead to other physical diseases.

Moreover, eating disorders are mental health illnesses, thus they also have great repercussions on a person's psychological state. For instance, eating disorders may lead to various disturbing thoughts and emotions. Generally, those include anxiety and mood related thoughts or disorders. Along with obsessive-compulsive disorder or substance abuse, like drugs or alcohol, eating disorders increase the risk of depression, self-harm, suicidal thoughts, and a range of social problems. For example, isolation from family and friends, incapacity to go to work or withdrawing of social situations.

In some cases, eating disorders may be fatal. As a matter of fact, eating disorders are amongst the deadliest mental illnesses. According to a study made in the United States by *Deloitte Access Economics,* there are as many as 10.200 deaths each year caused by eating disorders. This equals to about one death every 52 minutes. You may find more specific details about the different repercussions an eating disorder has on a person, in the respective sections of consequences of the different eating disorders analysed in this work. (Deloitte Access Economics, 2020)

Common myths about eating disorders

Even for professionals who treat patients with eating disorders daily, eating disorders remain difficult to understand as they are very complex illnesses. Thus, many people with eating disorder are often misunderstood and confronted daily with misconceptions and myths regarding their illness. Below are some of the most common misconceptions or myths people with eating disorders encounter every day.

1. Eating disorders are a choice

The idea that eating disorders are a choice is very common amongst society. However, eating disorders are far from a choice. They are illnesses which a person does not and cannot choose to have. Eating

disorders are no different than a common cold when it comes to choice, one does not chose to get a cold as much as one does not chose to get an eating disorder.

2. People with normal or above average weight cannot have eating disorders

When thinking about people with an eating disorder, most people immediately think of a severely underweight or very thin person. But there is no such thing as a body type for people suffering from eating disorders. Some individuals who may outwardly appear to be healthy or overweight via BMI can suffer from eating disorders as well. A sad truth is that eating disorders are one of the few mental illnesses where an individual's level of suffering and sickness is determined by their physical appearance. In many cases an average or above average weight person suffering from an eating disorder may feel like they aren't 'sick enough' to have an eating disorder. This maddening perception can have negative consequences for those struggling and generally contributes to delayed or misdiagnosis.

3. People suffering from eating disorders only want attention

Many people believe that eating disorders are a cry for attention. Due to the nature of an eating disorder, many individuals may go great lengths to hide and deny their disordered behaviour. Sometimes, the person themselves may not even realise something is wrong and might not know they have an eating disorder. Additionally, an eating disorder is one of the loneliest challenges one can be faced with. This is mostly due to the incapacity of comprehension from others and the self-isolating behaviour which most people with eating disorders engage in. Thus, most sufferers do not develop an eating disorder because they want attention and often fear getting any attention for their eating disorder.

4. Eating disorders are all about food

The term eating disorder might include the word 'eating', yet the biggest part of an eating disorder is not about nutrition or food. Of course, a person struggling with an eating disorder also has an unhealthy focus on food, but it extends far beyond that. Eating disorders are about an obsession with one's body image, shape and/or weight. An eating disorder is partly a problem related to food and nutrition, but it is mostly an issue focusing on appearance and body image.

5. Eating disorders are about losing weight

rom the desire to be skinnier or to lose weight. In most cases though, an eating disorder is not about the person's weight but rather about the sense of control it gives them. Many people who struggle feel a certain sense of control over their lives and their body when they 'control' their eating behaviours. Others like the feeling of being numb when engaging in different behaviours because it gives them a feeling of relief. In many cases, eating disorders develop, not through the wish to be skinnier or weigh less, but the feeling it may offer.

6. Undiagnosed eating disorders are not really eating disorders

Many people believe an undiagnosed mental illness is less valid or real than a diagnosed one. Yet a study led at the *University of Michigan* about the disparities about eating disorder diagnosis and treatments among college students, revealed that many people who suffer from an eating disorder are either diagnosed very late or not diagnosed at all. The study included about 1700 students from 12 different colleges. The results were the following: women were almost five times more likely to get diagnosed than men. White students were nearly two times more likely to get diagnosed than students of colour. Underweight students were more than six times more likely to get diagnosed than students with a normal body weight and students who were overweight or obese were about half as likely to get diagnosed than other students. Through this study, the college students at the *University of Michigan* were able to prove, most students who suffer from an eating disorder will not be diagnosed. Nevertheless, the undiagnosed student's eating disorders were just as real as the diagnosed ones, which leads to the conclusion that non-diagnosed eating disorders are just as real as diagnosed ones. (Sonneville & lipson, March 2018)

7. The cure is to eat

Many people believe a person is cured from an eating disorder as soon as they start eating 'normally' again. Although a person with an eating disorder starts to eat in a 'healthy' way, that does not mean they are no longer ill. An eating disorder is not a physical illness but a mental health condition of which the cure is a mental change, not a physical one.

8. Eating disorders are self-focused illnesses

Many believe people with eating disorders only focus on their own body. However, their analyses of food intake and outer appearances does not only focus on themselves, but all bodies in their environment. An eating disorder is a very competitive illness. One compares their illness to other sufferers with the aim to be sicker than them. This gives certain people a sense of validity regarding their illness. In most cases, an eating disorder sufferer evaluates the severity of their eating disorder through how sick they feel or look in comparison to others. Eating disorders are, on the contrary of many beliefs, illnesses where the concerned is aware of their own 'flaws' and in addition constantly compares them to others'.

Another thing many people with eating disorder do is monitor how much or what others eat. They will analyse other's behaviour very closely and adapt their food choices to be less caloric or smaller than their surrounding's. They might also prepare food for others and not eat it themselves. In general, one can say that eating disorders are not a self-focused illness as many behaviours linked to eating disorders include other people.

Who can get an eating disorder?

Though many people believe there exists a certain type of person when it comes to people having an eating disorder, there exists no such thing as a 'typical eating disorder type of person.' Anyone can have an eating disorder, regardless of age, race, gender, or sexual orientation.

Any age affected

Even though eating disorders remain more prevalent among adolescents and young people between the ages of 12 to 25 years in average, eating disorder can affect anyone from any age group. Furthermore, studies show that eating disorders among children are also quite common. (K & R, September 2014) (Volpe U, 2016)

Male eating disorders

It is a known fact that most eating disorders are much more common in women and girls than in men and boys. However, this doesn't mean that males are not affected. The exact proportion of people with eating disorders that are male is unknown. The National Association for Males with Eating Disorders estimates that 25 to 40 percent of people with all eating disorders are males, but due to the reluctance of males with eating disorders to admit they have a problem, most experts believe it is much higher.

The problem is that many men avoid seeking treatment for eating disorders because of their feelings of shame, due to a common belief that eating disorders are not a male issue. Nevertheless, males make up to 10-15% of those diagnosed with anorexia or bulimia, and about 1 out of every 3 people with EDs in college is male. Another study of children in a pediatric gastroenterology network showed that 67 percent of those diagnosed with ARFID (avoidant/restrictive food intake disorder) were male. (Eddy KT, 2015) (Carlat DJ, 1997) (Eisenberg D, 2011)

Despite there being clear studies that prove that eating disorders do not only occur in women and girls but also in men and boys, many people still believe that males cannot suffer from eating disorders. This puts males at greater risk of having fatal consequences due to lack of treatment or improper or late diagnosis.

Eating disorders in Luxembourg

Eating disorders affect the population worldwide in every country, including Luxembourg. However, there are very few studies or statistics regarding the topic of eating disorders in Luxembourg available to the public, thus I was unable to find any numbers concerning eating disorders in Luxembourg.

Furthermore, there currently exist no treatment centres for people struggling with an eating disorder in Luxembourg. The closest treatment centres available are in neighbouring countries such as Belgium, France or further in the Netherlands or in the UK.

There exist, however, other treatment options which are available in Luxembourg. These usually include:

- Psychological therapy (process of working together with a therapist or psychologist)
- Nutrition education (process of working together with a dietitian or nutritionist)

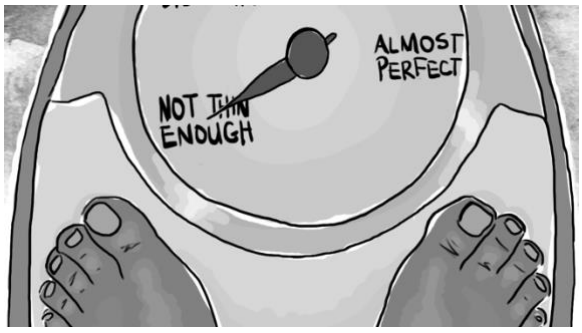
In Luxembourg there are several nutritionists or therapists who can offer treatment. A recommended website to find psychologists/ therapists in Luxembourg is **slp.lu**. For dieticians recommendations tend towards the websites **Doctena.lu** or **ANDL.lu**.

Chapter 2: Common types of eating disorders

Anorexia nervosa (AN)

What is anorexia nervosa?

Anorexia is often portrayed as glamorous or a trend to lose weight. However, anorexia is a very serious mental illness that can have terrible repercussions, even leading as far as death.



Anorexia, short for anorexia nervosa, is an eating disorder where the affected person has an abnormally low body weight, an intense fear of gaining weight and a distorted perception of weight and body image. People suffering from anorexia nervosa place a high value on their body and their outer appearance and can go extreme measures to obtain their dream body or weight. Some of these measures consist of restricting very radically the amount of food and nutrients a person with anorexia takes in daily. People suffering from anorexia consume very restrictive quantities of food, which leads to starvation. Eventually, they can become dangerously thin and malnourished.

Living with anorexia nervosa

Many people believe that an anorexic person sees themselves as fatter than they are. Yet, anorexics don't see a different picture in front of them. They do however have drastically different beauty standards from 'normal people.' Which leads them to believe that a healthy body weight is overweight or not beautiful and that they must be extremely thin to be beautiful.

For a non-anorexic person this can be very hard to understand, but we can imagine it similar to a different universe, in which a person with a BMI of 15 is considered healthy. If shown a person with a BMI of 22 (healthy), this person would be considered fat, if not overweight in this universe. This universe is the world most anorexics live in. They can clearly see that they are thin, but in their mind and their world, they are not.

People often believe anorexia is about the desire to be skinny and to lose weight. But when discussing AN it is important to remember that, for an anorexic, there exists no 'thin enough.' The illness is not about thin enough, because they will never be thin enough. It's about sick enough. A person with AN does not see themselves as sick, this is the main reason they do not seek treatment.

Furthermore, many anorexics tend to focus on one particular body part rather than looking at their whole body. Anorexics usually spend a lot of time observing their body and finding more 'imperfections' in it. Thus, if a sufferer is already bone thin, but sees someone else with slimmer thighs, the person will not see that the rest of their body is already slender and will instead focus on their thighs.

In summary, anorexic people see how thin they are, but have developed extreme beauty standards, which makes them see themselves as fat or healthy even though they are skinny.

Causes

For a very long time, scientists have tried to discover the roots of the development of an eating disorder. The exact causes remain unknown, although some studies have been made to discover the origins of anorexia nervosa. The precise causes of the development are unique to each individual; nevertheless, there are several recognised causes listed below:

Environmental factors

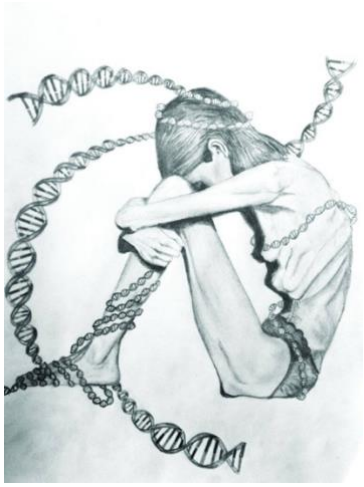
- A person being criticised or bullied for their weight, shape or eating habits
- Very painful or traumatic life experiences (e.g., abuse or parental separation)
- Close relatives having eating disorders or mental illness running in one's family, puts a person at a higher risk of developing anorexia
- Certain family settings (e.g., weight or diet focused parents.) may also increase the risk of anorexia nervosa.
- There is an increased risk of anorexia if one is involved in certain activities such as ballet, athletics, and modelling.

Psychological and behavioural factors

- Low self-esteem, anxiety, obsessive-compulsive disorder, and perfectionism have all been shown to be linked to the development of anorexia as well
- People who tend to be perfectionists and overachievers have an increased risk of becoming anorexic.

Genetical factors

Several studies support the idea that anorexia is a heritable disease and that an individual with a family member suffering from an eating disorder is seven to twelve times more likely to develop an eating disorder themselves. (eatingdisorder.org, s.d.) (Spanos, KL, Burt, McGue, & W.G, 2010) (Mazzeo & Bulik, 2009)



Other studies found out that people born with specific genotypes are at a greater risk for developing eating disorders, since individuals with eating disorders have been found to have certain unstable chemicals in their brain that control hunger, appetite, and digestion. (NEDA, s.d.)

Nevertheless, those common factors may not determine whether an individual will develop anorexia, but they can contribute to the onset of it. The connection between genetics and anorexia is a topic which requires further studies to be a reliable scientific explanation.

Signs and symptoms

The signs and symptoms of anorexia vary for each person, as eating disorders are a personal illness. However, there are some signs that are generally visible in most anorexia sufferers. These can be physical, behavioural, or/and emotional.

Physical signs and symptoms

- Very thin appearance
- Severe weight loss
- Lack of weight gain in a certain period of time in which a 'healthy' body would gain weight (e.g., during adolescence)
- Fatigue/insomnia

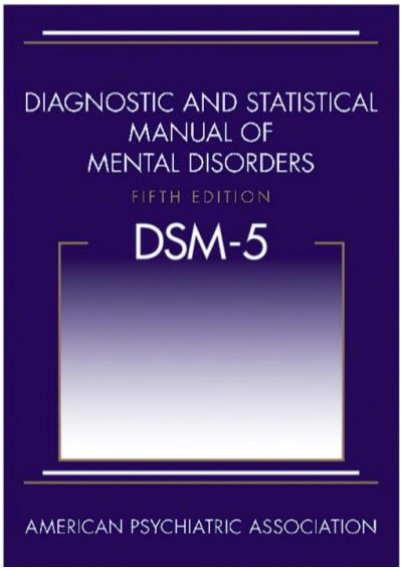
- Dizziness/fainting
- Hair thins, breaks, or falls out
- Bluish discolouration of the skin
- Lanugo (soft downy hair growing slowly on one's body)
- Eroded teeth
- Irregular heart rhythms
- Low blood pressure/abnormal blood counts
- Absence of menstruation/abnormal change in menstruation

Psychological and behavioural signs and symptoms

- Severely restricting food intake
- Excluding whole food groups of one's diet
- Excessive exercising
- Unhealthy preoccupation with food and/or calories
- Frequently skipping meals/refusing to eat/making excuses to avoid eating
- Excessive bodychecking
- Great amount of time spent talking about food, diets, or physical appearance
- Avoiding eating in front of others

Official signs and symptoms

The official definition of anorexia nervosa is given in the DSM-5, according to which there are several criteria one must meet to be diagnosed with anorexia nervosa:



A. *Restriction of energy intake relative to requirements, leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health. Significantly low weight is defined as a weight that is less than minimally normal or, for children and adolescents, less than that minimally expected.*
B. *Intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain, even though at a significantly low weight.*
C. *Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.*

(Copied directly from the DSM-5) (Association A. P., May 18 2013)

It is important to remember that all the symptoms and signs listed above can be caused by anorexia, however not every person meeting the criteria above has anorexia, and not every person that has anorexia meets the criteria of above. Some of these symptoms can also occur because of other illnesses or psychological reasons, thus one must be careful when assuming a person has anorexia.

Three misconceptions of anorexia

Anorexia is associated to many misconceptions and myths. Below we will go deeper into the three most common ones:

1. One must be incredibly thin to have anorexia

The most common myth about anorexia is that one must be very skinny to be anorexic. Yet, this is not true, as people with normal or above average weight also suffer from anorexia. This sub-type is called, “atypical anorexia nervosa”, which is a sub-type of anorexia nervosa where the concerned person meets the criteria of anorexia nervosa with the exception that they do not have an abnormal low body weight. (You may find more details about atypical anorexia nervosa on the pages following) Atypical anorexia proves that an eating disorder is possible even if one is not underweight.

2. People with anorexia do not eat

The idea that an anorexic person does not eat is a complete myth. Many people with anorexia do eat regularly, however they practice extreme calorie restriction and food avoidance. The only difference between a non-sick person and an anorexic one is that an anorexic’s eating behaviour must follow strict rules. For instance, a person with anorexia may, only consume ‘safe’ foods (e.g., foods they know to be within a certain caloric limit).

3. Anorexia doesn’t affect men

Many people believe that men and boys cannot have anorexia, even though studies show that males make up to 25% of all people with anorexia. In addition, men and boys are at a higher risk of dying from anorexia because the myths regarding the eating disorder make it much harder for males to be diagnosed and get treatment. (Mond, Mitchison, & Hay, 2014)

Consequences of anorexia

Anorexia affects a person’s life physically as much as mentally and living with anorexia can be very exhausting. There are several problems that one can get through when having anorexia. Although the repercussions anorexia has on one’s health, vary for everyone. Most people with anorexia will experience many of the health problems listed below.

Physical health consequences

- Liver problems
- Gallstones
- Slow metabolism
- Osteoporosis
- Heart disease or failure
- Kidney problems
- Dehydration
- Muscle wasting
- Loss of menstruation
- Substance abuse
- Lowered testosterone
- Abnormal heart rhythms
- Gastrointestinal problems, such as irritable bowel syndrome
- Low potassium, chloride, and sodium levels

Mental health consequences

- Suicidal thoughts
- Self-harm
- Low self-esteem
- Anemia
- Depression, anxiety, or mood disorder
- Obsessive-compulsive disorder (OCD)
- Self-hatred

After having listed many consequences which anorexia may have on a person's health, one can see that anorexia nervosa is a very serious disease which can have serious repercussions on one's health. In some cases, those repercussions may be fatal, either due to suicide or undernourishment. (Arcelus J, July 2011)

Atypical anorexia nervosa (AAN)

What is atypical anorexia nervosa?

Atypical anorexia refers to an intense fear of gaining weight and an extreme restriction of one's food intake without extreme weight loss or very low body weight. This means that people with this eating disorder can have a normal or above-average body weight and still be very sick.

Atypical anorexia nervosa is considered a subtype of anorexia nervosa. A person suffering from atypical anorexia nervosa experiences the same symptoms and engages in the same behaviours as a person suffering from anorexia nervosa. However, on the contrary of anorexia nervosa, atypical anorexia nervosa is not characterised by an abnormal low body weight. Nonetheless, this does not mean that a person with AAN is not a 'real anorexic.' Atypical anorexia is just as dangerous as common anorexia nervosa.

Living with atypical anorexia nervosa

Living with atypical anorexia nervosa is often very challenging. This is due to the weight stigmas surrounding anorexia. On top of living with the same problems and thoughts as an anorexic person, most people suffering from AAN are not properly diagnosed or are not diagnosed at all, as AAN is not in the DSM-5. In many cases, others do not believe that people with atypical anorexia have anorexia. A person with AAN is often classified as 'false anorexic' or belittled due to their condition being 'less serious than real anorexic's'

Very often, a person suffering from AAN, does not realise they have atypical anorexia. Many convince themselves and others that they cannot have anorexia because they are not skinny enough. Furthermore, AAN was only discovered and formalised a few years ago, thus many people are not aware of the existence of AAN.

To conclude, many people with typical anorexia nervosa are not believed when saying they have anorexia. In many cases they themselves are not even aware of their illness. Those combined factors often lead to misdiagnosis.

Bulimia nervosa

What is bulimia nervosa?

Bulimia, short for bulimia nervosa, is an eating disorder, which people often call the 'binge and purge' process, as bulimic people binge on food and afterwards purge. The aim of purging is to get rid of the calories eaten from the binging phase, due to guilt and the fear of gaining weight.

Binge eating refers to eating a very large amount of food in a short amount of time, sometimes to the point of feeling physically sick. Purging refers to an attempt to get rid of the calories in an unhealthy way. That can be self-induced vomiting, misuse of laxatives or other weight-loss supplements, fasting, strict dieting or over exercising.

Like many eating disorders, a person with bulimia is mainly focused on their body shape and their weight, rather than the food they consume.

Living with bulimia nervosa

Most people believe bulimia is just the desire to be thin and throwing up after meals. In reality, bulimia is a loop of bingeing and purging that takes over your life and feels like an everyday war with oneself. Many bulimics believe themselves to be in total control over their thoughts and body, although one they are not.

For this work I asked a person who recovered from bulimia, who prefers to stay anonymous, to describe what thoughts they encountered daily:

'If I go to my friend's house before noon, they will invite me for lunch. Bulimia is standing in front of a full fridge, and looking at the food and saying 'no, too many calories, too much sugar, no those are carbs, no, too much fat…'and closing the door empty handed. When you have bulimia, you wake up and think about food. You are eating and thinking about food. You go to bed thinking about food. Everything is about food.

Midden in the day, you are suddenly craving everything. You go to the kitchen, open the fridge and stuff your mouth and stomach full of whatever, to the point of being sick. You don't care what it is if you feel a short moment of happiness from eating. Then an overwhelming feeling of guilt consumes you and you start purging.

I believe the worst part of bulimia, with the process of starving as purging, to be the recovery. Because many people don't know where to start. Should they eat more? But they binge, so they eat enough. But then they must eat less? But they starve themselves, so that's not the problem either. For a long time, you believe the never-ending circle to be about food when really, it's about body image, but most sufferers are not aware of that.'

To sum it all up, bulimia is a loop between bingeing and purging, which is very hard to understand as a non-bulimic person. One way to describe it would be a permanent hole one just cannot fill, no matter how much food is thrown into it and how much control one seems to have.

Causes

Similar to any eating disorder, determining where exactly bulimia comes from remains very difficult. There are various biological, psychological, and environmental factors that can contribute to a person developing bulimia. However, experiencing those factors does not necessarily mean that one will develop bulimia.

Environmental factors

- Family history of eating disorders, substance abuse or other mental illnesses
- Environment that has a tendency towards binge eating or food reward or punishment systems

Psychological and behavioural factors

- History of trauma or abuse
- Diagnosis of other mental illnesses
- Tendency for impulsivity
- Poor self-esteem or negative body or self-image
- Being dissatisfied with one's body
- History of dieting

Signs and symptoms

Diagnosing and recognising bulimia can be quite difficult as many with bulimia will not admit they have an eating disorder. However, there are some symptoms one can look out for when suspecting the case of bulimia in someone. Despite the fact that these symptoms are red flags for eating disorders, it is important to remember that these symptoms can also be the cause of different illnesses. Thus, one should be careful when assuming someone has bulimia.

Physical signs and symptoms

- Obvious changes in weight (e.g., Extreme weight loss)
- Change in menstruation
- Rotten or decayed teeth

Psychological and behavioural signs and symptoms

- Bingeing/overeating/feeling a loss of control or inability to stop eating when around food
- Obsession or extreme concern with weight/shape/size/excessive exercise
- Going to the bathroom right after each meal (vomiting after food intake)
- Misuse of laxatives or diuretics
- Fasting for periods of time

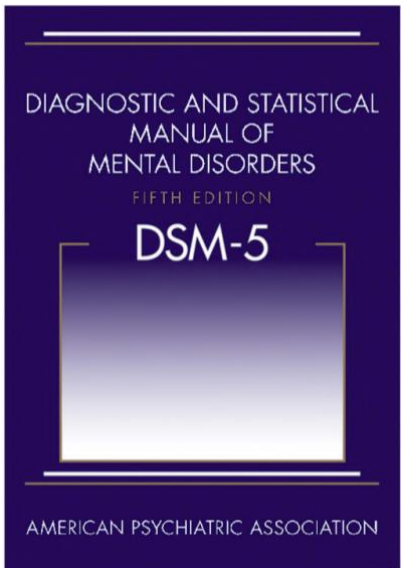
Official signs and symptoms

The official manual used to diagnose and define eating disorders is the DSM-5, according to which there are five criteria one must meet to have bulimia:

1. *'Recurrent episodes of binge eating, which are characterized by BOTH of the following*

a) Eating, in a discrete period of time (e.g. within any 2-hour period) , an amount of food that is definitely larger than what most people would eat in a similar period of time under similar circumstances.
b) A sense of lack of control over eating during the episode (e.g. a feeling that one cannot stop eating or control what or how much one is eating).

2. *Recurrent, inappropriate compensatory behaviors in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, or other medications; fasting; or excessive exercise.*
3. *The binge eating and inappropriate compensatory behaviors both occur, on average, at least once a week for 3 months.*
4. *Self-evaluation is unduly influenced by body shape and weight.*
5. *The disturbance does not occur exclusively during episodes of anorexia nervosa.'*

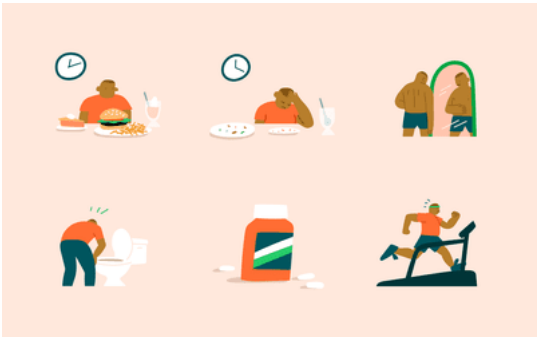


(Copied directly from the DSM-5) (Association A. P., Diagnostic and Statistical Manual of Mental Disorders, May 18 2013)

Misconceptions of bulimia

1. Every bulimic person self-induces vomiting

People believe that every bulimic person vomits their food to get rid of calories. Although most bulimic people self-induce vomiting, there are many that don't. The problem with this myth is that many people are not believed or do not realise they have bulimia because they don't vomit as a form of purging. Having said that, it's important to remember that one can also be bulimic when fasting or doing excessive exercise as a purging method.



2. Bulimia is less serious than anorexia

'Anorexia is the only serious eating disorder.' This phrase has been said too many times, certainly regarding the fact that bulimia has been proven to be just as dangerous and damaging as anorexia.

3. Bulimia is easy to recognise

'I would know if my child had bulimia.' This is a common thought told by many parents. Nevertheless, it is impossible to know a person has bulimia just by looking at them. Similar to any eating disorder, one cannot determine whether someone has bulimia by looking at their outer appearance.

Consequences of bulimia

Bulimia is a very serious, in some cases deadly, eating disorder, which damages a person's mental and physical health. The most common physical consequences are mostly caused by purging behaviours.

Physical health consequences

- Weakened and damaged heart
- Tooth damage and tooth decay (if the person vomits as purging)
- Damage to the gastrointestinal tract
- Chronic constipation (if the person misuses laxatives)

- Damage to the kidneys (dehydration)
- Damage to the throat (if the person vomits as purging)
- Slow metabolism
- Fertility problems
- Low bone density (later in life)
- Loss of menstruation

Mental health consequences

- Clinical depression
- Anxiety
- Low self-esteem
- Damage to relationships a person has with others
- Substance abuse
- Self-harm
- Impulsiveness
- Suicidal thoughts
- Mood problems

Of the many side effects of bulimia, some are only irritating one's everyday life, others are life-threatening. In addition, several of the mental and physical effects of bulimia can last long past the time one with bulimia has technically recovered.

Binge eating disorder (BED)

What is binge eating disorder?

Binge eating disorder is an eating disorder characterized by the intake of a very large amount of food in a very short period of time. This event usually happens several times a week, where the person eats an unusual amount of food in comparison to what an average person would eat in a similar period of time in the same conditions. A person with binge eating disorder usually binges secretly and feels a lot of shame and guilt following a bingeing period.

Living with binge eating disorder

For this work, I interviewed a person who is currently recovering from BED and wishes to remain anonymous, about the different feelings one might go through when living with BED:

'Living with binge eating disorder is hard because all you ever think about is food. On one hand, you are constantly thinking about food, in the bus, at work, when out with friends. On the other hand, you are scared to be near food because when you are, you have the feeling of losing control.

The feeling of losing control is quite scary because after a while you can't trust yourself anymore. I can't trust myself to be around food and not eat all of it up. Sometimes, I can't have certain foods in the house, or I can't buy food gift for friends because the risk is too big that they won't even last until the event. The feeling of not being able to trust yourself is horrible.

Another factor that's very present when you have binge eating disorder is the severe anxiety of getting caught. One of the reasons you don't pay attention to what you are eating while bingeing is because you are too busy worrying that someone will walk in on you bingeing.

Living with binge eating disorder is an endless circle of hell. You try to avoid food, then you get to food and you're fine for a moment, until urge to binge hits you. Afterwards, there's that feeling of relief while bingeing, midden in the process, you get a numb feeling and finally, after the binge you feel sick, and you are mentally exhausted because of the immense feeling of shame and guilt.'

Causes

The specific causes of binge eating disorder are still unknown. There are, nonetheless, risk factors which have been proven to make a person more likely to develop binge eating disorder.

Psychological and behavioural factors

There are some psychological causes that make a person more susceptible of developing BED, they include:

- Emotional trauma
- Negative self-image
- Low self-esteem
- Depression

- Phobias
- PTSD
- History of substance abuse
- Bipolar disorder
- Anxiety

Genetical factors

Like most eating disorder, binge eating disorder is often linked to genetical factors. According to some studies, people with BED have an increased sensitivity to dopamine. This means that people with binge eating disorder have an unusual responsiveness to feelings of reward and pleasure. Other studies suggest that binge eating disorder is heritable. (Bulik CM, April 2003) (Bakalar, Shank, Vannucci, & Radin, June 2015) (Smink FR, August 2021)

The root of binge eating disorder can change from one person to another. It usually is a mixture of feelings, thoughts, and genes, of which the combination results into developing BED.

Signs and symptoms

Recognising binge eating disorder may be hard as most people binge secretly. Nevertheless, there is a list of the signs one can look out for when suspecting an eating disorder in someone.

Physical signs and symptoms

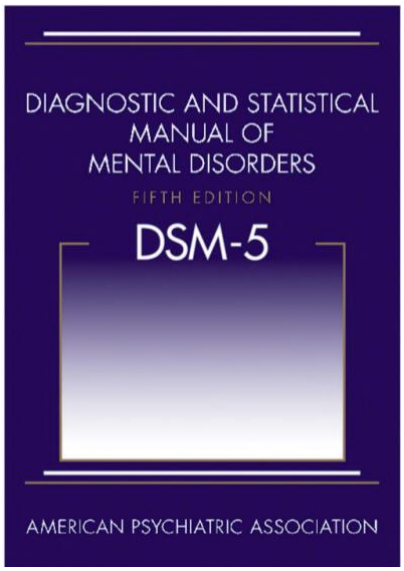
- Noticeable changes in weight (e.g., weight gain)
- Stomach cramps, other non-specific gastrointestinal complaints (e.g., constipation)

Psychological and behavioural signs and symptoms

- Evidence of binge eating, including disappearance of large amounts of food or lots of empty wrappers and containers indicating consumption of large amounts of food
- Preference to eat alone or seeming uncomfortable or afraid to eat in front of others
- Sudden changes in daily diets, (e.g., cutting out whole food groups (e.g., no sugar or carbs))
- Hiding food (e.g., hiding food in strange places or hiding it when someone walks in.)
- Withdrawal from usual friends and activities
- Extreme concern with body weight and shape
- Frequent checking in the mirror
- Feelings of disgust, depression, or guilt after overeating
- Feelings of low self-esteem
- Difficulties concentrating

Official signs and symptoms

Official signs, symptoms and criteria are found in the DSM-5, according to which there are several criteria a person must meet for them to be considered a person with binge eating disorder.



A. *Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:*
    1. *Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than what most people would eat in a similar period of time under similar circumstances.*
    2. *A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).*
B. *The binge-eating episodes are associated with three (or more) of the following: 1.*

Eating much more rapidly than normal.

    1.

Eating until feeling uncomfortably full.

    2.
    3. *Eating large amounts of food when not feeling physically hungry.*
    4. *Eating alone because of feeling embarrassed by how much one is eating.*
    5. *Feeling disgusted with oneself, depressed, or very guilty afterward.*
C. *Marked distress regarding binge eating is present.*
D. *The binge eating occurs, on average, at least once a week for 3 months.*
E. *The binge eating is not associated with the recurrent use of inappropriate compensatory behavior as in bulimia nervosa and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa.*

(Copied directly from the DSM-5) (Association A. P., Diagnostic and Statistical Manual of Mental Disorders, May 18 2013)

Misconceptions of binge eating disorder

1. A person with BED must be overweight

The idea that one must have a certain body for one to have BED is entirely mistaken. It is true that recurrent binge eating can lead to weight gain, but it does not necessarily. Thus, even a very skinny people could have binge eating disorder, regardless of their weight or size.

2. People with BED lack willpower to stop

For an unknown reason, this is a widely spread myth. Yet, binge eating disorder is not a lack of willpower to eat less. A person with binge eating disorder is not in control of their thoughts and feelings when binge eating, thus even with all the willpower in the world, their mental illness would still control them.

3. Binge eating disorder is the same as overeating

In many situations, the terms ‘overeating’ and ‘binge eating’ are used interchangeably. But it is important to note that everyone overeats at some point, but that does not mean that a person is bingeing. For this to be true, the event must repeat itself regularly. It is essential to make a clear distinction between the two terms to avoid minimising the severity of the actual eating disorder.

Consequences of binge eating disorder

Suffering from binge eating disorder comes with many psychological and physical consequences. Depending on the severity of the eating disorder and how long certain behaviours have been present, the complications might increase.

Physical health consequences

- Obesity
- Medical conditions related to obesity (e.g., type 2 diabetes, heart diseases or stroke)
- Asthma
- High blood pressure
- High cholesterol
- Irritable bowel syndrome (IBS)
- Chronic pain conditions
- Fertility problems pregnancy complications
- Risk of development of polycystic ovary syndrome
- Menstrual problems

Mental health consequences

- Depression
- Anxiety
- Bipolar disorder
- Sleep problems
- Problems with social interactions

To conclude, binge eating disorder is a serious condition that can harm a person's health in numerous very serious ways. Thus, it is important to seek treatment as quickly as possible to minimise the effects the illness may have on a person.

Chapter 3: Recovery

Recovery

For this part of the work, I talked to a person who recently recovered from an eating disorder and extracted a part I found to be quite important for others recovering from eating disorders.

'*Recovering from an eating disorder may feel impossible. But recovery is not impossible, and every person who sets their mind to it, can recover. In all honesty, recovering from an eating disorder is not an easy task. During one's journey towards recovery, there will be a lot of ups and downs. Some days will feel easier and others impossible. Recovering from an eating disorder can take months, if not years, but the truth is, recovering from an eating disorder is possible and so worth it, and it feels amazing.'*

As mentioned above, recovery may take a very long time, nevertheless everyone has the capacity to recover. But there might be several steps one must take to be able to recover from an eating disorder. While talking to several recovered people, I was able to put together a list of steps most of them took on their journey towards recovery.

The first step one must take is acceptance. The concerned person needs to accept and admit to themselves that they have an eating disorder.

Once the first step is fulfilled, the next step is the diagnosis, which may be major part of recovery, as it often helps the person realise that they really have an eating disorder.

Diagnosis

Eating disorders are diagnosed based on certain criteria involving signs, symptoms and eating habits. These exact criteria are defined in the DSM-5. If your doctor suspects you have an eating disorder, he or she will likely perform an exam and request tests to make a diagnosis. Those tests generally include physical and psychological evaluations.

Physical exam

The physical exam usually consists of your doctor checking your height, weight, heart rhythms and lungs. Other check-ups might include checking your hair or skin for dryness or your teeth for decay, examining your abdomen or asking you about sore throats or intestinal issues.

Laboratory tests

There's a very high probability that your doctor asks you to run laboratory tests because eating disorder do not only damage the outside but also the inside of your body. Some lab tests might include:

- A complete blood count
- Liver, kidney, and thyroid function tests
- Urinalysis
- X-ray scan (to examine your bones)
- Electrocardiogram (for potential heart irregularities)

Those tests will help the doctor place a better and more specific diagnosis. Having said that, a physical evaluation alone cannot tell if one has an eating disorder or not. Therefore, your doctor will also do a psychological evaluation.

Psychological evaluations

During a psychological evaluation, your mental health doctor will ask you questions about your eating habits which may be personal. It is important to answer each question honestly so that your doctor can make an accurate diagnosis and recommend an adapted treatment plan.

The third step of eating disorder recovery is admitting that one needs treatment. This is a hard step to take because the concerned person is often aware that treatment may take a very long time. Nonetheless, treatment is important and in almost all cases, it is necessary.

Treatment

The earlier one starts treatment; the more effective and faster results one will get. When talking about treatment, there is no 'one size fits all', as there exists more than one type of treatment. They vary depending on the eating disorder, the severity and the person's mental and physical health.

Generally, treatment consists of a combination of psychological therapy (psychotherapy), nutrition counselling and monitoring. In more severe cases, treatment might include hospitalisation, inpatient treatment and/or medication.

It is normal for the patient and their surroundings to feel overwhelmed about where to start treatment and recovery. To start, one can go to a primary care practitioner or any mental health professional of their choice. Then the person will most likely get a team, consisting of, a mental health professional, such as a psychologist, or psychotherapist, a nutritionist/registered dietitian and finally, the person's loved ones that will work together with then on their recovery.

Psychological therapy

The most important part of eating disorder treatment is the psychological therapy. This consists of seeing a mental health professional, such as a psychotherapist or a psychologist, who will determine which psychotherapy/psychotherapies are best regarding the person's eating disorder and their symptoms. Below, are listed some of the most common therapies:

- Cognitive behavioural therapy (CBT)
- Group cognitive behavioural therapy
- Dialectical behaviour therapy (DBT)
- Family-based therapy (FBT)
- Psychodynamic psychotherapy

An important factor to take into consideration when selecting a psychotherapist is the type of therapy they offer. Different therapies work differently for different people; thus, it is normal to try different therapies and different specialists.

Nutrition counselling

Nutrition counselling is another part of treatment. Most eating disorder sufferers not only suffer from poor self-image and distorted thoughts about weight, shape, and size, but they also struggle with food and nutrition. With the help of a nutritionist or a registered dietitian, one will work on regaining healthy eating behaviours. During nutrition counselling, one may practice meal planning, establish regular eating patterns, and be taught how to avoid dieting or bingeing.

Medication

Medication is not necessary in all cases, and it does not cure an eating disorder. Nevertheless, it can help a person suffering from an eating disorder who also suffers from depression, anxiety, or other mental health problems. The most common medication prescribed to treat eating disorders are antidepressants. Depending on other situations or physical health problems, one may also need other adapted medication.

Inpatient hospitalisation

Hospitalisation may be necessary if the patient refuses standard treatment, or if the eating disorder is putting them in physical danger (e.g., severely underweight, and unable to gain weight). Inpatient hospitalisation provides additional support, structure, medical care, and monitoring.

If a person gets inpatient treatment, they will be moved from the general psychiatric hospital unit to a specialised unit for eating disorders. This is because on top of having mental health disorders, a patient with eating disorders also suffers from severe physical issues, which require further medical care. If one gets inpatient treatment, possibilities are that they require daily monitoring and supervision for meals, tube feeding also called medical refeeding, strong medication and/or additional laboratory tests.

Inpatient hospitalisation is usually short-term due to the high expenses. An average inpatient length of stay is two to four weeks but may be shorter or longer depending on the individual's recovery and progress.

Inpatient treatment at Residential Treatment Centres for eating disorders (RTC)

In cases where the patient is medically stable but mentally unstable, they can be placed in residential treatment centres. These are houses in which the patient lives for a certain time period, with other patients suffering from eating disorders, until the team at the centre considers the patient mentally stable enough to continue treatment in their own home. These facilities commonly provide help for patients with compensatory behaviour of anorexia or bulimia nervosa. On average, a patient stays in a residential treatment centre for 80 days, during which they will be provided with supervised meals and regular intensive psychotherapy.

Recovery on our own

As it is very expensive, not everyone is able to afford professional help. Although recovering from an eating disorder without professional help is very difficult because one might not have the right tools to heal, it is not impossible, and many people have done it before. There are many small and big actions a person can do to recover from an eating disorder on their own. A person who is currently recovering from an eating disorder themselves suggests the following:

- *'Write down the reasons why you want to recover and look at them when things get harder.*
- *Make sure to wear and buy clothes that fit you and make you feel confident.*
- *Try to avoid looking in the mirror too often or checking your body.*
- *Throw away or hide your scale and try not to weigh yourself if possible.*
- *Keep a recovery journal. (This can also be a digital journal)*
- *Accept that you will not win every day, but that does not mean you lose the whole battle.*
- *Acknowledge the fact that some days will be harder and feel impossible.*
- *Write down all the things you would do if it were not for your eating disorder.*
- *Write down all the healthy physical changes that are happening in your body.*
- *Talk to people you trust about what you feel and what you're experiencing.*
- *Unfollow all toxic/triggering social media accounts or accounts that make you feel bad about yourself.*
- *Surround yourself with people that encourage you to get better.*
- *If you get eating disorder thoughts try to see why you feel that way and if necessary, distract yourself until the urge of the eating disorder passes.*
- *Remember to take baby steps and not set your expectations too high.*
- *Follow people who make you feel good about yourself.*
- *If you like it, you may want to follow social media accounts that are focused on recovery and body positivity.'*

There are many more moves one can make to recover from an eating disorder on their own. Important to remember is to take one step at a time and remind oneself that they can recover if they really set their mind to it.

Supporting a person with an eating disorder

Close people and eating disorder

Supporting a person with an eating disorder might not always be easy. Their view on aspects such as weight, appearance, and food, is so uniquely different that it can be hard to understand for a healthy person. Nevertheless, there are certain behaviours one, can follow and do to help a person with an eating disorder:

- Do not judge them for having an eating disorder.
- Do not blame them for their eating disorder. An eating disorder is not a choice; it is an illness.
- Stop making comments about their food and nutrition. (e.g., how much/little, what or how often they eat)
- Avoid commenting on appearance or weight. Whether it is theirs, one's own or anyone else's.
- Try to cut out food labelling. Avoid labelling food as 'good' or 'bad' for the body. Instead, one should try to represent foods as foods. (e.g., chocolate is not a 'cheat food', it's just a food one consumes)
- Avoid giving the other person simple solutions. (e.g., 'just accept yourself the way)
- Never force the person to eat more or less unless advised to do so by a professional.
- Do not obligate them to get treatment. Treatment should be a choice taken by the person themselves. (Except if dealt with an underaged person of which one is the legal guardian.)

Alternatively, one can try offering treatment options and support. A person may also try to understand their loved ones eating disorder, by either researching about it or asking them directly.

'How can I address someone's eating disorder?'

When addressing someone's eating disorder, the person addressing it must make sure to choose the correct time where both people are emotionally calm, and the conversation will not be interrupted.

One can start by explaining why they are concerned and try to refer to specific examples or behaviours that they have noticed. Most likely, the person with the eating disorder will deny having one and become defensive. In this case, it is important to remain supportive and patient. It may take some time before the person opens up. If they do, however, it is crucial to always stay non-judgmental and supportive, even if that may be very difficult.

After the person admits they have an eating disorder, the person asking should offer treatment options and support. Encouraging the sick person to seek professional help and trying to be there if they decide to undergo treatment is also an important part of the discussion.

If, however, the person with the eating disorder refuses treatment or recovery, the other person can still support them. But they should be aware that it is not their responsibility to get the sick person to recover from their eating disorder.

In conclusion, one can say that support from family and loved ones is important, in most cases however, professional help is needed to recover from an eating disorder.

Eating disorders at home

If someone in a person's household suffers from an eating disorder, there are a few things they can do to help their recovery.

1. They should be mindful about how they talk about food, bodies, and appearances. One should also avoid dieting and remarks about their own body or someone else's. Instead, they should focus more about other things that define a human being, such as personality, talents, or qualities.

2. They can try to make mealtimes more pleasant and enjoyable. Do not force the ill person, but they may try to encourage them to join others at the table during mealtimes, even if they are unwilling to eat in front of others or eat the served food.

3. They should remember to give the person time and space. It is good to encourage a person in eating. But one should not overdo it by monitoring the person's every meal or behaviour.

4. Something that might help the person suffering from an eating disorder is the promotion of self-esteem and self-confidence, for instance in activities the person engages in, such as hobbies.

5. Finally, one should not blame the eating disorder on anyone. An eating disorder is not anyone's fault and is nothing to feel guilty about, whether one if suffering from one or a person in their environment is.

Living with an eating disorder is an everyday struggle, thus it is important that the person's environment tries to support and encourage the person to recover and heal.

Conclusion

Through this work, I gained a lot of new knowledge about eating disorders. Specifically, through the conversations I held with eating disorder sufferers or people who have recovered from eating disorders, I learned much about how eating disorders feel for people suffering from them. I also elaborated my knowledge regarding the topics of specific eating disorders and how dangerous they can be and become. Furthermore, while talking about my work to people who have not suffered from eating disorders, I realised how little society and the educational system teaches us about eating disorders and how much we must still spread awareness about them.

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