

MANITOBA ADDICTIONS AWARENESS WEEK

| | |
|------------------|--|
| TOPIC: | Disordered Eating |
| AUDIENCE: | Grades 8 – 12; adult |
| OUTCOME: | Explain influences on growth and development during adolescence. |

DISORDERED EATING... “NO MATTER HOW YOU SLICE IT”

What is disordered eating?

“*Disordered Eating*” can refer to any destructive or self-defeating pattern of eating behaviour. The term describes a range of serious emotional and physical problems related to food, weight and body image. Each condition has different symptoms, yet is characterized by extreme behaviours, emotions and attitudes.

Definitions and symptoms of disordered eating patterns

Anorexia Nervosa, bulimia nervosa and compulsive overeating are the most common types of disordered eating. The following are the definitions and symptoms of “*disordered eating*”.

Anorexia Nervosa: Is the best known of the three disorders. It is the “*inability to maintain body weight at or above the minimum of the normal weight range for height and body build.*” Starving is seen as essential to maintain competence and self esteem.

Anorexia Nervosa is characterized by:

- a) An intense & irrational fear of body fat & weight gain even when markedly underweight,
- b) Relentless determination to become thinner and thinner,
- c) Misperception of body weight and shape; feeling and seeing “*fat*” even when emaciated.

Symptoms Include:

- Refusal to maintain normal body weight for age and height
- Intense fear of weight gain
- Weight at 85% or less than expected for age and height
- Distorted body image
- In women, loss of three consecutive menstrual periods
- Denial of the dangers of low weight

Bulimia Nervosa: Is often confused with anorexia nervosa, but is a distinct eating disorder. Like people with anorexia, those with bulimia, are obsessed with their weight and body image. People with Bulimia tend to be average weight to overweight due to their episodes of intense eating. They may, however, go through periods of time when they are underweight. Some people with bulimia don't purge, but will overeat (consuming as many as 20,000 calories at one time), and then compensate by fasting or over exercising.

Symptoms Include:

- Repeated episodes of bingeing and purging.
- Feeling out of control while eating.
- Purging after a binge (vomiting, using laxatives, diet pills, exercise, meal skipping or diuretics to rid the body of food).
- Frequent dieting.
- Belief that self worth requires being thin; extreme concern with weight and shape.
- Person may shoplift or abuse alcohol, drugs, credit cards, and sex.
- Weight may be "normal".

Binge Eating Disorder: Is sometimes called "*compulsive eating*", or "*food addiction*". Individuals with a binge eating disorder are chronic overeaters who go through long periods and frequent bouts of binge eating. Unlike people with anorexia nervosa, people with binge eating disorder do not engage in purging or other compensatory behaviours.

Symptoms Include:

- Eating frequently and in large quantities.
- Feeling out of control and unable to stop eating
- May eat rapidly or secretly
- Feeling uncomfortably full after eating
- Feeling guilty and ashamed of binge eating.
- May have a history of diet failures
- May be obese (about one-fifth of obese persons engage in binge eating).

WHAT FACTORS CONTRIBUTE TO DISORDERED EATING

Disordered eating is complex and causes are thought to include biological, emotional, societal and environmental factors. Factors that can contribute to the onset of eating disorders are: Genetics, family relationships, trauma, and individual cognitive styles. Since disordered eating most often arises during adolescence; there may be some development triggers as well. The transition from childhood to adolescence is thought to be significant. Some researchers believe that the eating disorder may represent an attempt to delay or postpone physical and emotional maturation.

Genetic and hormonal factors are also believed to play significant roles. Individuals who have a family history of depression, alcohol and gambling, obesity, or eating disorders are at higher risk for anorexia nervosa and bulimia. There also appears to be a neurological relationship between eating behaviour patterns and the nervous and hormonal systems, since hunger, food cravings and feelings of fullness are controlled by certain areas of the brain and involve a number of digestive hormones.

WHO IS AFFECTED

Disordered eating is much more common in women than in men. In North America, *anorexia nervosa* predominately affects approximately one out of every 100 adolescent girls. The disorder usually starts in the years between adolescence and young adulthood on average around 14 years of age. *Bulimia nervosa* affects 2 to 5 out of every 100 young women.

Like anorexia *bulimia* predominately affects young, Caucasian, women. It usually appears in the later part of adolescence between the ages of 18 and 20, but it can develop at an earlier or later age and affects 2 to 5 out of every 100 women. However, it is estimated that about 40% to 50% of college women, and as many as 10% of the men suffer from bulimia.

About 30% to 50% of people with anorexia nervosa also suffer from *bulimia nervosa*. One difference between people with bulimia and anorexia nervosa is that bulimics are aware of their problems with food yet they don't feel in control of their condition. Bulimia is more difficult to detect than anorexia due to the secretive nature of the behaviour, and the fact they tend to be average weight to overweight.

Binge eating is the most common disorder, affecting 10% to 15% of mildly obese people. Males, and females of all ages are just as likely to develop this disorder. Binge eating disorder is difficult to identify. People with binge eating disorder are not always overweight and people who are overweight are not necessarily suffering from binge eating disorder. Excessive weight gain has a myriad of causes.

PREVENTION

Disordered eating experts believe there may be value in early intervention strategies. Prevention programs that stress healthy nutritional habits and help young people to develop positive attitudes towards their bodies may have long - term value. One of the most effective ways to prevent children and young people from developing an eating disorder is to help them accept her or his *natural shape and weight*, and develop self-confidence and an understanding of healthy eating.

If you suspect that a friend, student or a family member may suffer from disordered eating, please call the *Eating Disorders Treatment and Prevention Group of Manitoba* – (204) 989-0757.

Sources: *Teaching Students with Mental Health Disorders*, (2000) B.C. Ministry of Education, Special Programs Branch. National Institute of Nutrition, *Prevention of Eating Disorders – A Dilemma* by Niva Piran, Ph.D., C. Psych. Associate Professor, Department of Applied Psychology, Ontario Institute for Studies in Education, Psychiatric Times, *Addiction and the Eating Disorder*, Caroline Davis, PhD. Psychiatric Times, Feb. 2001. Vol. XVIII.Issue2. Health Information Page, University of Alberta Health Centre, *Food, Weight and Body Image. Dieting Among Preadolescent and Young Adolescent Females*, Gail McVey, 2004.