



**Office of
Mental Health**

Eating Disorders

**Facts about Eating
Disorders and the
search for solutions.**

2016

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What are eating disorders?

The eating disorders anorexia nervosa, bulimia nervosa, and binge-eating disorder, and their variants, all feature serious disturbances in eating behavior and weight regulation. They are associated with a wide range of adverse psychological, physical, and social consequences. A person with an eating disorder may start out just eating smaller or larger amounts of food, but at some point, their urge to eat less or more spirals out of control. Severe distress or concern about body weight or shape, or extreme efforts to manage weight or food intake, also may characterize an eating disorder.

Eating disorders are real, treatable medical illnesses. They frequently coexist with other illnesses such as depression, substance abuse, or anxiety disorders. Other symptoms can become life-threatening if a person does not receive treatment, which is reflected by anorexia being associated with the highest mortality rate of any psychiatric disorder.

Eating disorders affect both genders, although rates among women and girls are two and one half times greater than among men and boys. Eating disorders frequently appear during the teen years or young adulthood but also may develop during childhood or later in life.

What are the different types of eating disorders?

Anorexia nervosa

Many people with anorexia nervosa see themselves as overweight, even when they are clearly underweight. Eating, food, and weight control become obsessions. People with anorexia nervosa typically weigh themselves repeatedly, portion food carefully, and eat very small quantities of only certain foods. Some people with anorexia nervosa also may engage in binge eating followed by extreme dieting, excessive exercise, self-induced vomiting, or misuse of laxatives, diuretics, or enemas.

Symptoms of anorexia nervosa include:

- Extremely low body weight
- Severe food restriction
- Relentless pursuit of thinness and unwillingness to maintain a normal or healthy weight
- Intense fear of gaining weight
- Distorted body image and self-esteem that is heavily influenced by perceptions of body weight and shape, or a denial of the seriousness of low body weight

* Lack of menstruation among girls and women.

Some who have anorexia nervosa recover with treatment after only one

episode. Others get well but have relapses. Still others have a more chronic, or long-lasting, form of anorexia nervosa, in which their health declines as they battle the illness.

Other symptoms and medical complications may develop over time, including:

- Thinning of the bones (osteopenia or osteoporosis)
- Brittle hair and nails
- Dry and yellowish skin
- Growth of fine hair all over the body (lanugo)
- Mild anemia, muscle wasting, and weakness
- Severe constipation
- Low blood pressure, or slowed breathing and pulse
- Damage to the structure and function of the heart
- Brain damage
- Multi-organ failure
- Drop in internal body temperature, causing a person to feel cold all the time
- Lethargy, sluggishness, or feeling tired all the time
- Infertility.

Bulimia nervosa

People with bulimia nervosa have recurrent and frequent episodes of eating unusually large amounts of food and feel a lack of control over these episodes. This binge eating is followed by behavior that compensates for the overeating such as forced vomiting, excessive use of laxatives or diuretics, fasting, excessive exercise, or a combination of these behaviors.

Unlike anorexia nervosa, people with bulimia nervosa usually maintain what is considered a healthy or normal weight, while some are slightly overweight. But like people with anorexia nervosa, they often fear gaining weight, want desperately to lose weight, and are intensely unhappy with their body size and shape. Usually, bulimic behavior is done secretly because it is often accompanied by feelings of disgust or shame. The binge eating and purging cycle can happen anywhere from several times a week to many times a day.

Other symptoms include:

- Chronically inflamed and sore throat
- Swollen salivary glands in the neck and jaw area
- Worn tooth enamel, and increasingly sensitive and decaying teeth as a result of exposure to stomach acid
- Acid reflux disorder and other gastrointestinal problems

- Intestinal distress and irritation from laxative abuse
- Severe dehydration from purging of fluids
- Electrolyte imbalance—too low or too high levels of sodium, calcium, potassium, and other minerals that can lead to a heart attack or stroke.

Binge-eating disorder

People with binge-eating disorder lose control over their eating. Unlike bulimia nervosa, periods of binge eating are not followed by compensatory behaviors like purging, excessive exercise, or fasting. As a result, people with binge-eating disorder often are overweight or obese. People with binge-eating disorder who are obese are at higher risk for developing cardiovascular disease and high blood pressure. They also experience guilt, shame, and distress about their binge eating, which can lead to more binge eating.

How are eating disorders treated?

Typical treatment goals include restoring adequate nutrition, bringing weight to a healthy level, reducing excessive exercise, and stopping bingeing and purging behaviors. Specific forms of psychotherapy, or talk therapy—including a family-based therapy called the Maudsley approach and cognitive behavioral approaches—have been shown to be useful for treating specific eating disorders. Evidence also suggests that antidepressant medications approved by the U.S. Food and Drug Administration may help for bulimia nervosa and also may be effective for treating co-occurring anxiety or depression for other eating disorders.

Treatment plans often are tailored to individual needs and may include one or more of the following:

- Individual, group, or family psychotherapy
- Medical care and monitoring
- Nutritional counseling
- Medications (for example, antidepressants).

Some patients also may need to be hospitalized to treat problems caused by malnutrition or to ensure they eat enough if they are very underweight. Complete recovery is possible.

What is being done to better understand and treat eating disorders?

Researchers are finding that eating disorders are caused by a complex interaction of genetic, biological, psychological, and social factors. But many questions still need answers. Researchers are studying questions about behavior, genetics, and brain function to better understand risk factors, identify biological markers, and develop specific psychotherapies and medications that can target areas in the brain that control eating behavior. Brain imaging

and genetic studies may provide clues for how each person may respond to specific treatments for these medical illnesses. Ongoing efforts also are aimed at developing and refining strategies for preventing and treating eating disorders among adolescents and adults.

FDA Warnings on Antidepressants

Antidepressants are safe and popular, but some studies have suggested that they may have unintentional effects on some people, especially in adolescents and young adults. The FDA warning says that patients of all ages taking antidepressants should be watched closely, especially during the first few weeks of treatment. Possible side effects to look for are depression that gets worse, suicidal thinking or behavior, or any unusual changes in behavior such as trouble sleeping, agitation, or withdrawal from normal social situations. Families and caregivers should report any changes to the doctor. For the latest information visit the FDA website at www.fda.gov.

Where can I find more information?

To learn more about eating disorders,
visit the National Library of Medicine's Medline Plus:

<http://medlineplus.gov/>

En Español:

<http://medlineplus.gov/spanish>

For information on clinical trials, visit:

<http://www.clinicaltrials.gov/>

For more information on conditions that affect mental health,
resources, and research, go to:

<http://www.mentalhealth.gov>

Or the the NIMH website at:

www.nimh.nih.gov.

For questions or complaints regarding mental health services anywhere in New York state please contact:

**New York State
Office of Mental Health
Customer Relations**
44 Holland Avenue
Albany, NY 12229
(800) 597-8481 (toll free)

For information about mental health services in your community, contact the New York State Office of Mental Health regional office nearest you:

Western New York Field Office
737 Delaware Avenue, Suite 200
Buffalo, NY 14209
(716) 533-4075

Central New York Field Office
545 Cedar Street, 2nd Floor
Syracuse, NY 13210-2319
(315) 426-3930

Hudson River Field Office
10 Ross Circle, Suite 5N
Poughkeepsie, NY 12601
(845) 454-8229

Long Island Field Office
998 Crooked Hill Road,
Building #45-3
West Brentwood, NY 11717-1087
(631) 761-2886

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New York, NY 10001-3101
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**NYSOMH Community Outreach
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44 Holland Avenue
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(800) 597-8481 (toll free)
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