



Issue #2:

LEARNING ABOUT EATING DISORDERS



Eating disorders are a complex, serious and sometimes fatal illness that cause severe disturbances to an individual's eating behaviour, their sense of identity, self-worth, and self-esteem.¹

It is estimated that between two to three percent of Canadians meet the diagnostic criteria for an eating disorder.² Of these individuals, between 10 to 20 percent will die from related complications.³

There is much to know about eating disorders, and the impact it has on one's mental and physical health. In this edition of Life Lines, we will explore potential causes of eating disorders, identify recognizable symptoms to be aware of, types of eating disorders, and what measures can be used to prevent an eating disorder from forming.

Factors contributing to eating disorders

There are a variety of factors that may contribute to an individual developing an eating disorder. While the factors below aren't necessarily predictive, they may contribute to the onset of an eating disorder.⁴

Biological. In some individuals, scientists believe there can be biochemical or biological predispositions which increase the odds of developing an eating disorder. Scientists have observed imbalances in certain chemicals within the brain that control appetite, digestion and hunger, often as a result of inherited genetics. Research has shown a significant genetic risk to the development of an eating disorder.^{5,6}

Psychological. There are various psychological correlations that could lead someone to develop an eating disorder. Behaviours and personal factors including low self-esteem, lack of control in life, feelings of inadequacy, anger, anxiety, depression, loneliness and stress have all been linked to eating disorders.^{5,6}

Societal. With cultural pressures and a bias that celebrates "thinness" or muscularity, we collectively place value on the "perfect body" which both women and men struggle to achieve. Often the most celebrated looks are sometimes unattainable and unhealthy for the average individual. Cultural norms have placed value on someone's physical appearance, with less emphasis on their inner qualities and strengths. Stresses may form due to social norms, perpetuating discrimination or prejudice onto those who suffer from eating disorders.^{5,6}

Interpersonal. For some, eating disorders are a result of interpersonal trauma that has been experienced in a specific instance or throughout one's life, including trauma stemming from troubled relationships or negative communications. These interactions between people can impact an individual's view of themselves. Those who may have been teased for their weight or body shape, or have experienced sexual, physical, or emotional abuse, may face an increased risk of the development of an eating disorder later in life.^{5,6}



Common eating disorders

Eating disorders are very complex given the various contributing factors. Many biological, behavioural, and social underpinnings cultivate this disorder. Most frequently developed in adolescence and early adulthood, these disorders can affect anyone at any point in their life, and are often difficult to recognize due to the ability to hide identifying behaviours.⁷

Anorexia nervosa. Is characterized by persistent restrictions of food intake as a result of fear of gaining weight or becoming obese. Individuals often suffer from distorted perceptions of body weight and shape, seeing themselves as perpetually overweight. Some people with anorexia nervosa will lose weight through fasting, diet, excessive exercise, taking laxatives, diuretics or enemas. Individuals who suffer from anorexia nervosa may appear to be below minimal body weight for their age, sex, and physical health.⁷

- Brittle hair or nails
- Compulsive exercise
- Continual dieting
- Depression
- Distorted view of body
- Drop in internal body temperature
- Growth of fine hair over body
- Infrequent or absent menstrual periods
- Intense fear of weight gain
- Lethargy
- Low blood pressure
- Mild anemia, and muscle weakness and loss
- Severe constipation
- Significant weight loss

Common characteristics of anorexia are:

Bulimia nervosa. Is considered as recurrent and frequent episodes of eating large amounts of food (binge-eating), followed by purging (vomiting, excessive use of laxatives or diuretics), fasting, and excessive exercise at least once a week for three months. Unlike those who have anorexia, people with bulimia maintain body weight at or a minimal normal level.⁷

Common characteristics of bulimia are:

- Abuse of laxatives or diuretics to lose weight
- Dental problems, like tooth decay
- Depression or mood swings
- Frequent use of bathroom after meals
- Heartburn or bloating
- Intestinal distress and irritation from laxative abuse
- Irregular menstrual periods
- Kidney problems from diuretic abuse
- Purging by strict dieting, fasting, vigorous exercise, or vomiting
- Recurrent episodes of binge eating
- Reddened fingers
- Self-evaluation that is unduly influenced by body shape and weight
- Severe dehydration from purging of fluids
- Swollen cheeks

Binge-eating. Is characterized by reoccurring binge-eating episodes with respect to food consumption. Often the portion size is out of the norm in comparison to what an average individual would eat in a single meal. Unlike bulimia, individuals who have binge-eating disorder do not purge, exercise, or fast after eating. This often results in individuals with binge-eating disorder being overweight or obese.⁷

Common characteristics of binge-eating are:

- Often eating alone due to embarrassment caused by the quantity and size of meal
- Not associated with regular use of compensatory behaviours (purging, fasting, excessive exercise)
- Occurs, on average, at least once a week for six months
- Eating large amounts of food when not hungry
- Much more rapid eating than normal
- Eating until feeling uncomfortably full
- Feeling of disgust with oneself, being depressed, stressed, anxious, or experiencing feelings of guilt after binge-eating
- Distressed behaviour about the binge-eating

Methods to minimize an eating disorder

It is essential to understand there are methods to minimize an individual's risk of developing an eating disorder. Regardless of whether you are seeking knowledge for yourself or a loved one, it is essential to practice the methods below when dealing with a potential concern.

Educate yourself. In addition to the disorders noted previously, there are other classifications including but not limited to, restrictive food intake disorder, rumination disorder, and pica disorder. With greater awareness, we may combat or avoid judgmental or mistaken attitudes about food, weight, body image, and eating disorders. Furthermore, try to avoid categorizing foods as good or safe versus bad or dangerous, and focus on eating a balanced diet.⁸

Challenge the thin ideal. Choose to challenge false beliefs that thinness or muscularity are the only acceptable and desired states, while body fat and weight gain are shameful or an indication of laziness, worthlessness or immorality. Discourage the ideals that dieting, lower weight or smaller body size will automatically lead to a happier and more fulfilling life. Decide to not judge others or yourself on the basis of body weight or shape. Overturn perceptions that a person's weight or muscularity says anything about their character, personality, or value as a person.⁸

Talk about it. Decide to be a role-model for healthy self-esteem and body image. People pay attention and learn from the ways you speak about yourself. Choose to be respectful and appreciative of who you are. Value yourself based on your ambitions, goals, character, talents and accomplishments. Embrace the natural beauty, diversity, uniqueness, and shapes and sizes of the human body. If you suspect someone close to you may have symptoms of an eating disorder, express your concern in a caring and respectful matter, be gentle but firm encouraging the individual to seek qualified medical and professional help, where necessary.⁸

Take action. Start to become a critical viewer of media and their messaging about self-esteem and body image. When you hear comments or see imagery on the television, talk back to the television.

If you see advertisements or articles in magazines that make you feel bad about your body shape or size, turn the page, consider the impact and control your choices. Furthermore, become a supporter of local or national not-for-profits that focus on eating disorders.⁸

If you are concerned that you or a loved one may have an eating disorder, speak to a qualified medical practitioner today.

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