What are Eating Disorders?

Eating disorders are real, complex, and devastating conditions that can have serious consequences for health, productivity, and relationships. They are not a fad, phase or lifestyle choice. Eating disorders are serious, potentially life-threatening conditions that affect a person’s emotional and physical health.

People struggling with an eating disorder need to seek professional help. The earlier a person with an eating disorder seeks treatment, the greater the likelihood of physical and emotional recovery.

In the United States, nearly 10 million females and 1 million males are fighting a life and death battle with an eating disorder such as anorexia or bulimia. Millions more are struggling with binge eating disorder.

For various reasons, many cases are likely not to be reported. In addition, many individuals struggle with body dissatisfaction and sub-clinical disordered eating attitudes and behaviors. More than 80% of women are reported to be dissatisfied with their appearance (Smolak, 1996).

Health consequences

In anorexia nervosa’s cycle of self-starvation, the body is denied the essential nutrients it needs to function normally. Thus, the body is forced to slow down all of its processes to conserve energy, resulting in:

- Abnormally slow heart rate and low blood pressure, which mean that the heart muscle is changing. The risk for heart failure rises as the heart rate and blood pressure levels sink lower and lower.
- Reduction of bone density (osteoporosis), which results in dry, brittle bones.
• Muscle loss and weakness.
• Severe dehydration, which can result in kidney failure.
• Fainting, fatigue, and overall weakness.
• Dry hair and skin; hair loss is common.
• Growth of a downy layer of hair called lanugo all over the body, including the face, in an effort to keep the body warm.

For females between fifteen to twenty-four years old who suffer from anorexia nervosa, the mortality rate associated with the illness is twelve times higher than the death rate of ALL other causes of death (Sullivan, 1995).

(Please note that the heightened mortality rate applies only to those with anorexia and does not mean that anorexia is the leading cause of death among all females aged 15-24 in the general public.

The recurrent binge-and-purge cycles of **bulimia** can affect the entire digestive system and can lead to electrolyte and chemical imbalances in the body that affect the heart and other major organ functions. Health consequences include:

• Electrolyte imbalances that can lead to irregular heartbeats and possibly heart failure and death. Electrolyte imbalance is caused by dehydration and loss of potassium, sodium and chloride from the body as a result of purging behaviors.
• Potential for gastric rupture during periods of bingeing.
• Inflammation and possible rupture of the esophagus from frequent vomiting.
• Tooth decay and staining from stomach acids released during frequent vomiting.
• Chronic irregular bowel movements and constipation as a result of laxative abuse.
• Peptic ulcers and pancreatitis.

**Binge eating disorder** often results in many of the same health risks associated with clinical obesity, including:

• High blood pressure.
• High cholesterol levels.
• Heart disease as a result of elevated triglyceride levels.
• Type II diabetes mellitus.
• Gallbladder disease.

**Did you know…**

• 40% of newly identified cases of anorexia are in girls 15-19 years old.
• A rise in incidence of anorexia in young women 15-19 in each decade since 1930.
• Anorexia has the highest rate of mortality of any mental illness.
• Only 6% of people with bulimia receive mental health care.
• The peak onset of eating disorders occurs during puberty and the late teen/early adult years, but symptoms can occur as young as kindergarten.
• More than one in three “normal dieters” progresses to pathological dieting.
• Eating disorders affect people from **all** walks of life, including young children, middle-aged women and men and individuals of all races and ethnicities.
• Although eating disorders are potentially lethal, they are treatable.
Despite its prevalence, there is inadequate research funding for eating disorders. Funding for eating disorders research is a fraction of that for Alzheimer’s disease. In the year 2008, the National Institute of Health (NIH) funded the following disorders accordingly:

<table>
<thead>
<tr>
<th>Illness</th>
<th>Prevalence</th>
<th>Research Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating disorders:</td>
<td>10 million</td>
<td>$7,000,000*</td>
</tr>
<tr>
<td>Alzheimer’s disease:</td>
<td>4.5 million</td>
<td>$412,000,000</td>
</tr>
<tr>
<td>Schizophrenia:</td>
<td>2.2 million</td>
<td>$249,000,000</td>
</tr>
</tbody>
</table>

* The reported research funds are for anorexia nervosa only. No estimated funding is reported for bulimia nervosa or eating disorders not otherwise specified.

Research dollars spent on eating disorders averaged $.70 per affected individual, compared to $113.00 per affected individual for schizophrenia.

**American Public Opinion on Eating Disorders**

In March 2005, NEDA contracted with Global Market Insite, Inc. (GMI), a leader in global market research, to conduct a 1,500 nationwide sample of adults in the U.S. Their findings concluded from those surveyed that:

- Three out of four Americans believe eating disorders should be covered by insurance companies just like any other illness.
- Americans believe that government should require insurance companies to cover the treatment of eating disorders.
- Four out of ten Americans either suffered or have known someone who has suffered from an eating disorder.

**Dieting and The Drive for Thinness**

- Over one-half of teenage girls and nearly one-third of teenage boys use unhealthy weight control behaviors such as skipping meals, fasting, smoking cigarettes, vomiting, and taking laxatives (Neumark-Sztainer, 2005).
- Girls who diet frequently are 12 times as likely to binge as girls who don’t diet (Neumark-Sztainer, 2005).
- 42% of 1st-3rd grade girls want to be thinner (Collins, 1991).
- 81% of 10 year olds are afraid of being fat (Mellin et al., 1991).
- The average American woman is 5’4” tall and weighs 140 pounds. The average American model is 5’11” tall and weighs 117 pounds.
- Most fashion models are thinner than 98% of American women (Smolak, 1996).
46% of 9-11 year-olds are “sometimes” or “very often” on diets, and 82% of their families are “sometimes” or “very often” on diets (Gustafson-Larson & Terry, 1992).

91% of women recently surveyed on a college campus had attempted to control their weight through dieting, 22% dieted “often” or “always” (Kurth et al., 1995).

95% of all dieters will regain their lost weight in 1-5 years (Grodstein, et al., 1996).

35% of “normal dieters” progress to pathological dieting. Of those, 20-25% progress to partial or full-syndrome eating disorders (Shisslak & Crago, 1995).

25% of American men and 45% of American women are on a diet on any given day (Smolak, 1996).

Americans spend over $40 billion on dieting and diet-related products each year (Smolak, 1996).

References


Please also cite the National Eating Disorders Association's Information and Referral Helpline: 1-800-931-2237 and website: www.NationalEatingDisorders.org