

Massachusetts Institute of Technology

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A Guide to Eating Disorders

If you think that you or someone you know may have an eating disorder, please contact your MIT Medical primary care provider at 617-253-4481 or the Mental Health Service at 617-253-2916.

The term “eating disorder” is so general that it simply connotes a problem with a person’s attitude toward food and/or with the act of eating. It can also imply that there is only one disorder and, therefore, only one cause. Yet, anorexia nervosa and forms of binge eating, most notably bulimia nervosa, are considered to be eating disorders, and, as such, can have serious consequences.

Despite the seriousness of eating disorders, there are no perfect definitions, no precise causes, and no absolute cures. The information below is intended to help you understand what eating disorders really are, and how they can affect short- and long-term health.

Basic Facts

- 5 million American women and 500,000 American men suffer from eating disorders, which can have devastating long-term effects and lead ultimately to death.
- Eating disorders that are properly diagnosed and treated can be cured.
- Girls are more concerned about their weight than boys are, but an increasing number of boys feel similar pressures to be thin and muscular.
- 75 percent of young women want to lose weight; 55 percent of young men want to gain weight.
- 53 percent of 23-year-old women feel they are fat, as do 9 percent of 20-year-old men.
- 84 percent of adult women wish to weigh less, as do 52 percent of adult men.
- It is estimated that 1 percent of young women, ages 12-18, are affected by anorexia.
- One-fifth of all college females suffer from symptoms of bulimia.
- It is estimated that between 1 percent and 3 percent of American adolescents and young women are bulimic.
- It is estimated that about 2 percent of the general American population is affected by binge eating.

Basic Symptoms

To help people who may be suffering from anorexia nervosa or bulimia nervosa, we've listed common symptoms and possible side effects below.

When reviewing the symptoms, you should keep in mind two things: these lists include only some of the possible characteristics of eating disorders, and a person doesn't need to show all the signs listed to have a problem. Any symptom or combination of symptoms that disrupts an individual's life constitutes a problem.

Symptoms of anorexia nervosa

- Feel that others are pressuring you to be thin
- Feel guilty about what you eat
- Feel that your weight is one of the only things you can control
- Feel you've become isolated from family and friends
- Feel fat, despite others telling you that you're not
- Exercise excessively or diet excessively
- Count all the hidden calories or grams of fat in each bite of food
- Often feel depressed or unhappy with yourself
- Weigh yourself several times each day

Symptoms of bulimia nervosa

- Feel that others are pressuring you to be thin
- Feel guilty about what you eat
- Feel that your weight is one of the only things you can control
- Feel you've become isolated from family and friends
- Prefer to eat alone and/or consume large amounts of food in a brief amount of time
- Feel fat despite others telling you that you're not
- Exercise excessively or diet excessively
- Ever induce vomiting after eating or drinking
- Use laxatives, diet pills, or diuretics each week
- Often feel depressed or unhappy with yourself
- Weigh yourself several times each day
- Use food as a comfort for lonely, anxious, depressed, or nervous feelings

Related Health Problems

All eating disorders are dangerous to a person's health and can cause serious short- and long-term physical problems. While some of these problems may be reversible, others can do permanent damage or lead to death.

Health problems associated with both anorexia and bulimia

- Exhaustion
- Loss of appetite
- Disruption to the metabolism
- Malnutrition
- Growth of fine, downy hair over body
- Yellowing, dry skin and fingernails
- Dry brittle hair
- Electrolyte imbalance
- Amenorrhea
- Shrinking of or permanent damage to internal organs
- Infertility
- Heart problems
- Dementia

Additional health problems associated with bulimia

- Tooth and gum damage
- Esophageal and digestive tract problems
- Distended abdomen
- Callused fingers

Other health problems that have been associated with bulimia and anorexia include a constant feeling of being cold, bloodshot eyes with dark circles, dizziness, weakness, moodiness, insomnia, cessation of menstruation, swollen glands, weight loss, sore throat, and dry skin. Left untreated, these eating disorders can also lead to death.

Frequently Asked Questions: Eating Disorders

Q What are the major kinds of eating disorders?

A There are three major types of eating disorders — anorexia nervosa, bulimia nervosa, and binge eating, which is closely related to bulimia:

Anorexia nervosa: People with anorexia nervosa have a distorted body image that causes them to see themselves as overweight, even when they're dangerously thin. They often refuse to eat, exercise compulsively, and develop unusual habits, such as refusing to eat in front of others. As a result, they can lose large amounts of weight and may even starve to death.

Bulimia nervosa : People with bulimia nervosa eat excessive quantities of food, and then purge their bodies of the food and calories they fear by using laxatives, enemas, or diuretics, vomiting, and/or exercising. Often acting in secrecy, they feel disgusted and ashamed while they're bingeing, and then relieved of tension and negative emotion once their stomachs are empty again.

Binge eating disorder: Like people with bulimia, those with binge eating disorder experience frequent episodes of out-of-control eating. The difference is that binge eaters don't purge their bodies of excess calories.

It is important to prevent problematic behaviors from evolving into full-fledged eating disorders. Anorexia and bulimia are usually preceded by very strict dieting and weight loss. Binge eating disorder can begin with occasional bingeing. Whenever eating behaviors begin to have a destructive impact on someone's self-image or ability to function, it's time to see a highly trained mental health professional, such as a licensed psychologist experienced in treating people with eating disorders.

Q Who suffers from eating disorders?

A Surveys show that over half the people in the nation are preoccupied with their weight, thinking they need to either lose it or gain it. According to the National Institutes of Mental Health, adolescent and young women account for 90 percent of these cases, but older women, men, and boys can also develop disorders.

People who have a history of depression or sexual abuse, or a genetic predisposition to an eating disorder, have a greater risk of developing a disorder. People who feel the obsessive need for perfection and control or who were pushed harder than their capabilities as children can acquire an eating disorder, as well.

People sometimes have eating disorders without their families or friends ever suspecting they have a problem. Aware that their behavior is abnormal, people with eating disorders may withdraw from social contact, hide their behavior, and deny that their eating patterns are problematic. Making an accurate diagnosis requires the involvement of a licensed psychologist or other appropriate mental health expert.

Q What causes eating disorders?

A Certain psychological factors predispose people to developing eating disorders. Dysfunctional families or relationships can be a factor, as can certain personality traits. Most people with eating disorders also suffer from low self-esteem, feelings of helplessness, and intense dissatisfaction with the way they look.

Specific traits are linked to each of the disorders. People with anorexia tend to be perfectionists, for instance, while people with bulimia are often impulsive. Physical factors, such as genetics, also may play a role in putting people at risk.

A wide range of situations can precipitate eating disorders in susceptible individuals. Family members or friends may repeatedly tease people about their bodies. People may be participating in gymnastics or other sports that emphasize low weight or a certain body image. Negative emotions or traumas, such as rape, abuse, or the death of a loved one, can trigger disorders. Even a happy event, such as giving birth, can lead to a disorder due to the stress of the new role or change in body image.

Q What are the symptoms of an eating disorder?

A Health problems associated with both anorexia and bulimia include:

Exhaustion, loss of appetite, disruption to the metabolism, malnutrition, growth of fine, downy hair over body, yellowing, dry skin and fingernails, dry brittle hair, electrolyte imbalance, amenorrhea, shrinking of or permanent damage to internal organs, infertility, heart problems, and dementia.

Additional health problems associated with bulimia include tooth and gum damage, esophageal and digestive tract problems, distended abdomen, and callused fingers

Q Why is it important to seek treatment for these disorders?

A Research indicates that eating disorders are one of the psychological problems least likely to be treated. But, eating disorders don't often go away on their own, and leaving them untreated can have serious consequences. In fact, the National Institutes of Mental Health estimates that one in 10 anorexia cases end in death from starvation, suicide, or medical complications, such as heart attacks or kidney failure.

Physical problems associated with eating disorders include anemia, palpitations, hair and bone loss, tooth decay, esophagitis, and the cessation of menstruation. People with binge eating disorder may develop high blood pressure, diabetes, and other problems associated with obesity.

Eating disorders are also associated with depression and other mental disorders. Researchers don't yet know whether eating disorders are symptoms of the problems, or the problems develop because of the isolation, stigma, and physiological changes wrought by the eating disorders themselves. What is clear is that people with eating disorders suffer higher rates of depression, anxiety disorders, and substance abuse than other people.

Q How can a psychotherapist help someone recover?

A Psychotherapists play a vital role in the successful treatment of eating disorders and are integral members of the multidisciplinary team that may be required to provide patient care. Other members include a physician, who can rule out medical illnesses and determine that the patient is not in immediate physical danger, and a nutritionist, who can assess and help improve the person's diet.

Once the psychotherapist has identified important issues that need attention and developed a treatment plan, he or she helps the patient replace destructive thoughts and behaviors with more positive ones. The psychotherapist and patient, for example, might work together to focus on health rather than weight. Or, the patient might keep a food diary to help identify situations that trigger the disorder.

Simply changing a patient's thoughts and behaviors is not enough, however. To ensure lasting improvement, psychologists and patients must work together to explore the psychological issues underlying the eating disorder, either in individual or group therapy sessions. Psychotherapy may need to focus on improving the patient's personal relationships, or it may involve helping the patient get beyond the event or situation that triggered the disorder.

Some patients, especially those with bulimia, can also benefit from medication, but it should always be in combination with psychotherapy, not as a replacement for it. Patients who are advised to take medication should be aware of possible side effects and the need for close supervision by a physician.

Q Does treatment really work?

A Yes. Most cases of eating disorder can be treated successfully by appropriately trained health and mental health care professionals. But, for many patients, treatment may need to be long-term.

Incorporating family or marital therapy into patient care may help prevent relapses by resolving interpersonal issues related to the eating disorder. Psychotherapists can guide family members in understanding the patient's disorder and learning new techniques for coping with problems. Support groups can help with this, too.

Regardless of the treatment, the sooner it starts the better. The longer abnormal eating patterns continue the more deeply ingrained they become and the more difficult they are to treat. Furthermore, eating disorders can severely impair a person's health and ability to function.

But the prospects for long-term recovery are good for most people who seek help from appropriate professionals. Qualified psychotherapists with experience in this area can help those who suffer from eating disorders regain control of their eating behaviors and their lives.

Q How can I help someone with an eating disorder?

A If you think that you have an eating disorder, you should seek immediate help, either from a local doctor, school nurse, school counselor, eating disorder specialist, or other trained professional, or nationally using one of the addresses or hotlines listed below.

You can help a friend with an eating disorder by listening, being available and offering support, giving hope, suggesting that he or she seek counseling, and acknowledging his or her openness — sharing this kind of problem is a difficult thing to do.

Whatever you do, do *not* blame your friend, gossip, monitor eating habits, ignore or reject your friend, or suggest that the behavior is abnormal or should be stopped. Also, don't feel guilty or think you need to solve the problem.

Please remember, it is your responsibility to seek help for yourself or your friend.

National Resources

For more information about eating disorders, contact the following resources:

National Association of Anorexia and Associated Disorders (ANAD)

Box 7

Highland Park, IL 60035

(312) 831-3438

members.aol.com/anad20/index.html

National Anorexic Aid Society, Inc.

5796 Carl Road

Columbus, OH 43229

(614) 436-1112

National Eating Disorders Organization (NEDO)

Laureate Eating Disorder Program

6655 South Yale Avenue

Tulsa, OK 74136

(918) 481-4044

www.laureate.com/nedointro.html

Overeaters Anonymous (OA)

6075 Zenith Court, NE

Rio Rancho, NM 87124

(505) 891-2664

www.overeatersanonymous.org/v20.htm

Rational Recovery Systems (RRS)

P.O. Box 800

Lotus, CA 95651

(916) 621-4374

www.rational.org/recovery

Anorexia Nervosa and Related Eating Disorders, Inc.

P.O. Box 5102

Eugene, OR 97405

(503) 344-1144

Harvard Eating Disorder Center

www.hedc.org

The information has been adapted from the following web sites:

“Eating Disorders”, a page created by Claire Rifelj at Middlebury Union High School,

http://wso.williams.edu:8000/~crifelj/Old_Pages/Eating_Disorders.html

“Eating Disorders: Psychotherapy’s Role in Effective Treatment,” from a fact sheet created by The American Psychological Association Practice Directorate, with the assistance of Kelly D. Brownell, Ph.D.; Kathy J. Hoetting, Ph.D.; Michael R. Lowe, Ph.D.; and Gina E. Rayfield, Ph.D.,

<http://www.williams.edu/admin/health/ephnotes/notes052.html>

“Eating Concerns,” a web site developed by Peer Health at Williams College,

<http://wso.williams.edu/orgs/peerh/eat/>