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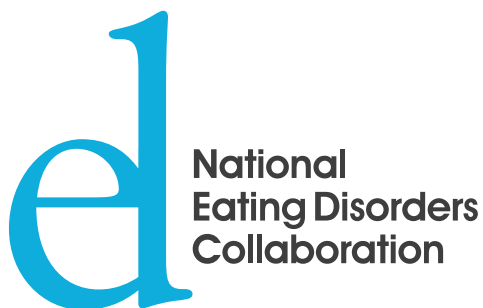
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Australian Government
Department of Health and Ageing

Eating Disorders in Australia

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The National Eating Disorders Collaboration (NEDC) is a collaboration of people and organisations with expertise in the field of eating disorders, individuals from a range of healthcare and research sectors and people with a lived experience of an eating disorder.

Through the contribution of its members, the NEDC has the resources to lead the way in addressing eating disorders in Australia.

nedc.com.au brings research, expertise and evidence from leaders in the field together in one place.

It's a one stop portal to make eating disorders information a lot more accessible for everyone.

What is an eating disorder?

People with eating disorders have disturbed eating behaviours and distorted beliefs, with extreme concerns about weight, shape, eating and body image.

Eating disorders are serious mental illnesses; they are not a lifestyle choice.

Eating disorders not only involve considerable psychological impairment and distress, but they are also associated with major wide-ranging and serious medical complications, which can affect every major organ in the body.

Eating disorders occur in both men and women, young and old, rich and poor, and from all cultural backgrounds. No one chooses to have an eating disorder.

There are several feeding and eating disorders that are recognised by the Diagnostic and Statistical Manual of Mental Disorders (DSM). Among these are the following eating disorders:

Anorexia Nervosa: A person with Anorexia Nervosa may place severe restriction on the amount and type of food they consume, leading to a body weight that is lower than the minimum expected for their age, gender and general health. They may be unable to maintain what is considered to be a healthy weight. They may also have lost a considerable amount of weight in a short period of time. Even when people with Anorexia Nervosa are underweight they will still possess an intense fear of gaining weight or may behave in ways that interfere with weight gain. People with Anorexia Nervosa may also engage in bingeing or compensatory behaviours.

Bulimia Nervosa: A person with Bulimia Nervosa may have repeated episodes of binge eating, which is eating a very large amount of food within a relatively short period of time. This is followed by repeated behaviours which compensate for binge eating episodes as a way of trying to control weight e.g. vomiting, fasting,

excessive exercise or misuse of laxatives, drugs or medications. These behaviours are often concealed and people with Bulimia Nervosa can go to great lengths to keep their eating and exercise habits secret. Many people with Bulimia Nervosa experience weight fluctuations and do not lose weight; they can remain in the normal weight range, be slightly underweight, or may even gain weight.

Binge Eating Disorder: A person with Binge Eating Disorder will repeatedly engage in binge eating episodes where they eat a large amount of food in a short period of time. During these episodes they will feel a loss of control over their eating and may not be able to stop even if they want to. People with Binge Eating Disorder often feel guilty or ashamed about the amount, and the way they eat during a binge eating episode. Binge eating often occurs at times of stress, anger, boredom or distress.

Other Specified Feeding and Eating Disorders (OSFED): A person may present with many of the symptoms of other eating disorders, but will not meet the full criteria for that diagnosis. In these cases the disorder may be classified as atypical or low frequency/limited duration, under the overall heading of an Other Specified Feeding and Eating Disorder (OSFED). This does not mean that the person has a less serious eating disorder. All disorders in this category are serious mental illnesses that cause clinically significant distress and psychological impairment.

While the goal of diagnosis is to accurately describe symptoms and seek the right help for them, a large number of people have other significant eating and feeding issues and distorted body image which are not covered by these categories.

For further information about the different kinds of eating disorders please visit www.nedc.com.au/eatingdisordersexplained.

What causes an eating disorder?

The factors that contribute to the onset of an eating disorder are complex. Each person's experience is influenced by a unique mix of biological and environmental factors. Like most health conditions, a combination of several different factors may increase the likelihood that a person will experience an eating disorder at some point in their life.

Known contributing risk factors include:

Genetic vulnerability - There is some evidence that eating disorders have a genetic basis. This means that a person may inherit their likelihood to develop Anorexia Nervosa, Bulimia Nervosa or Binge Eating Disorder. It has been shown that this genetic influence is not simply due to the inheritance of any one gene but results from a much more complicated interaction between many genes and non-inherited genetic factors as well.

Psychological factors - Research into Anorexia Nervosa and Bulimia Nervosa specifically, has identified a number of personality traits that may be present before, during, and after recovery from an eating disorder. These include perfectionism, obsessive-compulsiveness, neuroticism, negative emotionality, harm avoidance and low self esteem.

Socio-cultural influences - Evidence shows that socio-cultural influences play a role in the development of eating disorders, particularly among people who internalise the beauty ideal of thinness. Images communicated through mass media such as television, magazines and advertising are unrealistic, airbrushed and altered to achieve a culturally perceived image of 'perfection' that does not actually exist.

What are the signs and symptoms of an eating disorder?

A person with an eating disorder may have disturbed eating behaviours coupled with extreme concerns about weight, shape, eating and body image. They may display a combination of these symptoms:

Physical warning signs:

- Rapid weight loss or frequent changes in weight
- Fainting or dizziness
- Always feeling tired and not sleeping well
- Feeling cold most of the time, even in warm weather

Psychological warning signs:

- Preoccupation with eating, food, body shape and weight
- Feeling anxious around meal times
- Feeling 'out of control' around food
- Having a distorted body image
- Feeling obsessed with body shape, weight and appearance
- Rigid thoughts about food being 'good' or 'bad'
- Changes in emotional and psychological state (for example; depression, stress, anxiety, irritability, low self esteem)
- Using food as a source of comfort (for example; eating as a way to deal with boredom, stress or depression)
- Using food as self punishment (for example; refusing to eat due to depression, stress or other emotional reasons)

Behavioural warning signs:

- Dieting behaviour (e.g. fasting, counting calories/kilojoules, avoiding food groups such as fats and carbohydrates)
- Eating in private and avoiding meals with other people
- Evidence of binge eating (e.g. disappearance of large amounts of food)
- Changes in clothing style (e.g. wearing baggy clothes)

- Compulsive or excessive exercising (e.g. exercising in bad weather, in spite of sickness, injury or social events; and experiencing distress if exercise is not possible)
- Making lists of good or bad foods
- Suddenly disliking food they have always enjoyed in the past
- Obsessive rituals around food preparation and eating that are not culturally sanctioned practices
- Extreme sensitivity to comments about body shape, weight, eating and exercise habits
- Secretive behaviour around food (e.g. saying they have eaten when they haven't, hiding uneaten food)

Due to the nature of an eating disorder, a person may go to great lengths to hide, disguise or deny their behaviour.

How common are eating disorders?

Research shows that eating disorders are becoming more common in Australian society. While estimates of the incidence of eating disorders vary between countries and studies, there is agreement that eating disorders, disordered eating and body image issues have increased worldwide over the last 30 years.

Eating disorders are estimated to affect approximately 9% of the population. In a review of population-based studies of eating disorders in Australia, it was estimated that there were more than 913,000 people in Australia with eating disorders in 2012. These estimates do not take into consideration the frequent under-reporting and under-treatment of eating disorders.

Eating disorders can occur in people as young as 7 or as old as 70; however evidence shows that young people are increasingly at risk. Body dissatisfaction is identified in the Mission Australia Youth Survey (2012) as one of the three top ranked issues of concern for young people. Research conducted with young people in 2010 on behalf of the NEDC indicated that most young people know at least one other young person who they think might have an eating disorder.

What is the impact on Australian Society?

All eating disorders come with severe medical and psychological complications. The consequences of an eating disorder are not limited to acute episodes of illness but may also be long term.

A person with an eating disorder may experience impairment to social and functional roles and the impact may include psychiatric and behavioural effects, medical complications, social isolation, disability and an increased risk of death.

Some of the serious consequences of an eating disorder include:

- The risk of premature death. The mortality rate for people with eating disorders is the highest of all psychiatric illnesses, and over 12 times higher than that for people without eating disorders. This includes an increased risk of suicide.
- Increased risk of complications with other medical conditions like diabetes. For females with Anorexia Nervosa and diabetes, there is a 15.7-fold increase in mortality rates when compared with females with diabetes alone
- Increased risk of obesity. One in five people with obesity also present with disordered eating, mainly in the form of binge eating, but also evident in episodes of strict dieting and purging.

The impact of an eating disorder is not only felt by the individual, but often by that person's entire family, circle of support or wider community. For families, the impact may include caregiver stress, loss of family income, disruption to family relationships and a high suicide risk.

The cost of care for a person with an eating disorder is substantial. Eating disorders are the 12th leading cause of mental health hospitalisation costs within Australia. The expense of treatment of an episode of Anorexia Nervosa has been reported to come second only to the cost of cardiac artery bypass surgery in the private hospital sector in Australia.

Bulimia Nervosa and Anorexia Nervosa are the 8th and 10th leading causes, respectively, of burden of disease and injury in females aged 15 to 24 in Australia.

Is recovery from an eating disorder possible?

Eating disorders are serious, potentially life threatening mental and physical illnesses. Research shows that approximately 20% of people with anorexia remain chronically ill for the long term.

However with appropriate treatment and a high level of personal commitment, recovery from an eating disorder is achievable.

Evidence shows that the sooner you start treatment for an eating disorder, the shorter the recovery process will be. Seeking help at the first warning sign is much more effective than waiting until the illness is established.

How can I get help?

If you suspect that you or someone you know has an eating disorder, it is important to seek help immediately. The earlier you seek help the closer you are to recovery.

You should seek health support. While your GP may not be a specialist in eating disorders, they are a good place to start to get help. A GP can provide a referral to a practitioner with specialised knowledge in health, nutrition and eating disorders.

You can also find confidential support through the Butterfly National Support Line and Web Counselling Service. This free service provides online, phone and email support and counselling for anyone with a question about eating disorders or negative body image, including sufferers, carers, family and friends, teachers, employers and more.

The National Support Line and Web Counselling Service is open Monday to Friday 8am to 9pm AEST daylight savings adjusted (except national/major public holidays).

Phone: 1800 ED HOPE / 1800 33 4673

Email: support@thebutterflyfoundation.org.au

Website: www.thebutterflyfoundation.org.au/web-counselling



Become a member

We welcome individuals and organisations to become members of the NEDC. As a member you can get involved in one of the working groups and contribute to project deliverables. You will also be informed on collaboration activity and receive access to the members only area of the website

Sign up for newsletters and e-bulletins

You can sign up to receive regular e-newsletters about all that the NEDC is doing. And if you are professional or would like to hear more about what is happening within the wider eating disorders sector, you can register to receive our e-bulletins.

Join our e-Network

If you are an eating disorders expert or other professional with an interest in eating disorders and would like to connect with other professionals about this issue please join our e-Network for professionals.