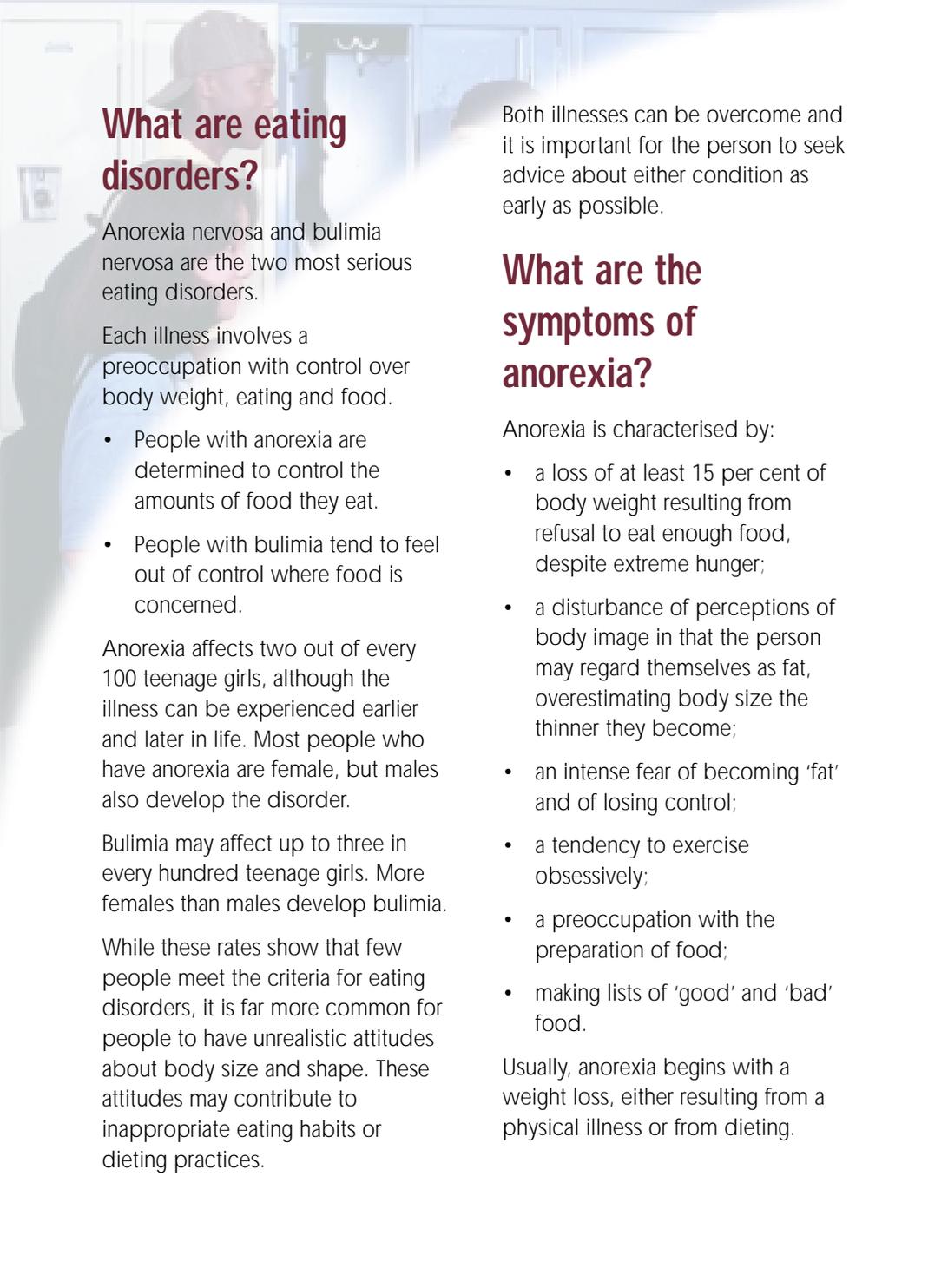


What is an Eating disorder ?





What are eating disorders?

Anorexia nervosa and bulimia nervosa are the two most serious eating disorders.

Each illness involves a preoccupation with control over body weight, eating and food.

- People with anorexia are determined to control the amounts of food they eat.
- People with bulimia tend to feel out of control where food is concerned.

Anorexia affects two out of every 100 teenage girls, although the illness can be experienced earlier and later in life. Most people who have anorexia are female, but males also develop the disorder.

Bulimia may affect up to three in every hundred teenage girls. More females than males develop bulimia.

While these rates show that few people meet the criteria for eating disorders, it is far more common for people to have unrealistic attitudes about body size and shape. These attitudes may contribute to inappropriate eating habits or dieting practices.

Both illnesses can be overcome and it is important for the person to seek advice about either condition as early as possible.

What are the symptoms of anorexia?

Anorexia is characterised by:

- a loss of at least 15 per cent of body weight resulting from refusal to eat enough food, despite extreme hunger;
- a disturbance of perceptions of body image in that the person may regard themselves as fat, overestimating body size the thinner they become;
- an intense fear of becoming 'fat' and of losing control;
- a tendency to exercise obsessively;
- a preoccupation with the preparation of food;
- making lists of 'good' and 'bad' food.

Usually, anorexia begins with a weight loss, either resulting from a physical illness or from dieting.

Favourable comments cause the person to believe that if thin is good, thinner is better.

The body does not react well to starvation, and erratic eating behaviour begins to dominate the person's life.

About 40 per cent of people with anorexia will later develop bulimia.

What are the symptoms of bulimia?

Bulimia is characterised by:

- eating binges which involve consumption of large amounts of calorie-rich food, during which the person feels a loss of personal control and self disgust;
- attempts to compensate for binges and to avoid weight gain by self-induced vomiting, and/or abuse of laxatives and fluid tablets; and
- a combination of restricted eating and compulsive exercise so that control of weight dominates the person's life.

A person with bulimia is usually average or slightly above average weight for height, so is often less recognisable than the person with anorexia.

Bulimia often starts with rigid weight reduction dieting in the 'pursuit of thinness'. Inadequate nutrition causes tiredness and powerful urges to binge eat.

Vomiting after a binge seems to bring a sense of relief, but this is temporary and soon turns to depression and guilt.

Some people use laxatives, apparently unaware that laxatives do not reduce kilojoules or fat content, and serve only to eliminate vital trace elements and to dehydrate the body.

The person can make frantic efforts to break from the pattern, but the vicious binge/purge/exercise cycle, and the feelings associated with it, may have become compulsive and uncontrollable.

A person with bulimia may experience chemical imbalances in the body which bring about lethargy, depression and clouded thinking.

What causes anorexia and bulimia?

The causes of anorexia and bulimia remain unclear. Biological, psychological and social factors are all involved. For some people, some of the following may compound low self-esteem and contribute to the onset of anorexia or bulimia:

Social influences

This includes media and other presentations of the ideal shape in western societies as slim and fit, and a tendency to stereotype fat people in a negative manner.

Personal factors

- changes in life circumstances such as the onset of adolescence, breakdown of relationships, childbirth or the death of a loved one;
- fear of the responsibilities of adulthood;
- poor communication between family members or parental reluctance to allow independence as children mature; or
- a belief that love from family and friends depends on high achievement.

Biological factors

This includes chemical or hormonal imbalances (perhaps associated with adolescence).

What are the effects of anorexia and bulimia?

Physical effects

The physical effects can be serious, but are generally reversible if the illnesses are tackled early. If left untreated, severe anorexia and bulimia can be life-threatening. Responding to early warning signs and obtaining early treatment is essential.

Both illnesses, when severe, can cause:

- harm to the kidneys;
- urinary tract infections and damage to the colon;
- dehydration, constipation and diarrhoea;
- seizures, muscle spasms or cramps (resulting from chemical imbalances);
- chronic indigestion;
- loss of menstruation or irregular periods; and
- strain on most body organs.



Many of the effects of anorexia are related to malnutrition, including:

- absence of menstrual periods;
- severe sensitivity to the cold;
- growth of down-like hair all over the body; and
- inability to think rationally and to concentrate.

Severe bulimia is likely to cause:

- erosion of dental enamel from vomiting;
- swollen salivary glands;
- the possibility of a ruptured stomach; and
- chronic sore throat and gullet.

Emotional and psychological effects:

These are likely to include:

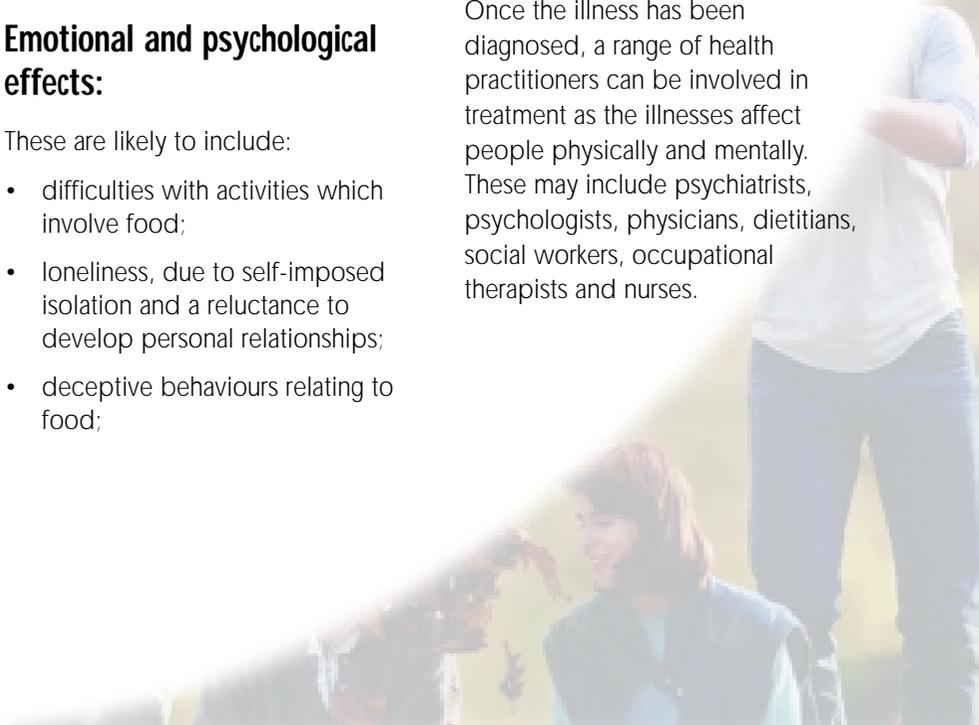
- difficulties with activities which involve food;
- loneliness, due to self-imposed isolation and a reluctance to develop personal relationships;
- deceptive behaviours relating to food;

- fear of the disapproval of others if the illness becomes known, tinged with the hope that family and friends might intervene and provide assistance; and
- mood swings, changes in personality, emotional outbursts or depression.

What treatment is available?

Changes in eating behaviour may be caused by several illnesses other than anorexia or bulimia, so a thorough physical examination by a medical practitioner is the first step.

Once the illness has been diagnosed, a range of health practitioners can be involved in treatment as the illnesses affect people physically and mentally. These may include psychiatrists, psychologists, physicians, dietitians, social workers, occupational therapists and nurses.

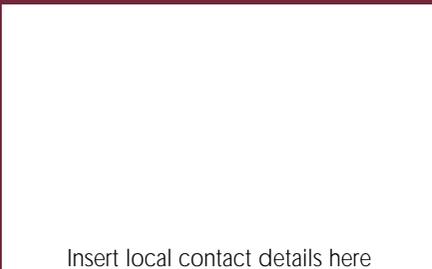


Outpatient treatment and attendance at special programs are the preferred treatment for people with anorexia. Hospitalisation may be necessary for those severely malnourished through lack of food.

Treatment can include medication to assist severe depression and to correct hormonal and chemical imbalances.

Dietary education assists with retraining in healthy eating habits.

Counselling and specific therapies are used to help change unhealthy thoughts about eating, and educating the person that family and friends are supportive.



Where to go for help

- Your general practitioner.
- Your school or university counsellor.
- Your community health centre.

For information on services, check the Community Help and Welfare Services and 24-hour emergency numbers in your local telephone directory.

For immediate counselling assistance, contact Lifeline on **13 1114**. Lifeline can also supply you with contacts, further information and help.

Copies of this and related brochures, which include:

Mental illness: the facts

What is bipolar mood disorder?

What is schizophrenia?

What is depression?

What are anxiety disorders?

are available from the Mental Health Branch of the Department of Health and Aged Care:

GPO Box 9848
CANBERRA ACT 2601

Phone: 1800 066 247
Fax: 1800 634 400

www.health.gov.au/hsdd/mentalhe