The term eating disorder (ED) refers to a range of mental illnesses involving major disturbances in eating behaviors and emotions regarding one’s body image or weight. Eating disorders affect the full range of body sizes and are on a spectrum that include but are not limited to anorexia nervosa (AN), bulimia nervosa (BN) and binge eating disorder (BED). AN is characterized by excessive food restriction and a serious fear of weight gain, BN involves periods of binge eating followed by purging, and BED involves periods of binge eating associated with distress, shame, and dietary restriction but without compensatory behaviors such as purging. While clear-cut causes are hard to identify for these complex conditions, genetic, environmental, and psychological factors all seem to play a role in their development.

Women are up to 3 times more likely to develop AN or BN than men.²

BED is the most common eating disorder in men.²

AN has one of the highest mortality rates of any mental illness.³

94% of American females admitted to the hospital for an ED also have a mood disorder (mainly depression), 56% had anxiety, and 22% had a substance use disorder.⁴

Research Delivers Solutions

In the past, AN in adolescents was treated without involving parents or caregivers. Researchers in both the U.K. and U.S., however, have found that including parents and viewing the family positively (instead of at fault for the ED) improves patient outcomes.³ One study even found that one year after finishing therapy, adolescents participating in family-based treatment had a 49% rate of remission compared to 23% rate of remission for those who received “adolescent-focused individual therapy.”⁹

A 2013 study of BN patients compared two forms of intervention: cognitive behavioral therapy (CBT) and stepped care (SC). CBT consisted of high intensity psychotherapy and fluoxetine drug treatment, considered to be “state-of-the-art” treatment for BN, while the SC treatment consisted of interventions that gradually became more intense and expensive as required. SC was not only less costly, but was also more effective and produced higher rates of abstinence from bingeing behavior.⁶

Researchers have found that some EDs may be linked to “weak central coherence” (fixating on details and difficulty seeing the “big picture”). This thinking style has also been found in many obsessive compulsive disorder (OCD) patients, and may explain some of the obsessive behavior seen in ED patients as well as the high frequency of people with both EDs and OCD.¹⁰
Eating Disorders

Then. Now. Imagine.

THEN
Eating disorders have traditionally been thought of as only affecting young, white, upper middle class females and as a lifestyle choice or lack of willpower.

NOW
We now know that eating disorders don’t discriminate: they can affect people of all ages, races, social classes, genders, and body sizes. As researchers are discovering cognitive, genetic, and environmental risk factors for EDs, we have also learned that EDs are not lifestyle choices or a matter of willpower, but real medical conditions.

IMAGINE
A world without eating disorders.

Spotlight on Media

Many research studies have examined the effects of media exposure on how individuals perceive their own bodies and the development of ED symptoms. One study found that teenage girls’ body image was “significantly more negative after viewing thin media images.” Another found that magazine images influenced 69% of surveyed elementary school girls’ idea of an ideal body shape, with 47% of them wanting to lose weight because of these images. Research like this highlights associations between media and body image, and draws attention to an area of research that could have important implications for understanding and treating eating disorders.