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## Eating disorders vs. non-disordered eating <sup>[1]</sup>

Dear Alice,

What are some types of eating disorders?

### **Answer**

Dear Reader,

Eating disorders are psychiatric illnesses involving frequent and severe atypical eating behaviors. They can be triggered by complex psychological turmoil, stemming from negative body image issues, life's daily stressors, feelings of helplessness, problems with school or work, or relationship troubles. To cope with these stressors, individuals may restrict or increase their food intake to exhibit control over their lives and often judge themselves based on their success in doing so. Though there are many eating disorders, the three most common are anorexia nervosa, bulimia nervosa, and binge eating disorder. Each of these disorders include unique habits, symptoms, and health complications (read on for more information). That said, it *is* possible to overcome eating disorders through a plethora of resources, including workshops offering healthy coping techniques, counseling, support groups, and treatment centers which provide personalized care.

Eating disorders are often misrepresented in terms of prevalence, how they may present, and who's at risk. The National Eating Disorders Association (NEDA) <sup>[2]</sup> reports that as many as 20 million women and ten million men will have an eating disorder in their lifetime. It's not always possible to visually detect if someone is engaging in disordered eating behaviors; a person may have a seemingly "average" or "healthy" weight and still be dealing with a disorder. There also may be a misperception that only white women struggle with these disorders. While they're more prevalent amongst women, people of any ethnicity, race, and gender can and do regularly struggle with eating disorders. As a result, it may be harder for many people to recognize and understand their illnesses, leaving them without a diagnosis and the accompanying care they need. For those who do realize they have a disorder, they may find it harder to seek the help they need for fear of being stigmatized or not being taken seriously by their loved ones and medical providers. In order to address these myths and create a more supportive culture, knowing about the nuances and symptoms of each disorder can be helpful.

**Anorexia nervosa** is characterized by self-starvation and excessive weight loss but can also include bingeing (eating large amounts of food in a short period of time with little feeling of control), purging (actions such as vomiting or using laxatives or diuretics after eating), and compulsive exercising. It's characterized by a misperception of body size and shape (i.e., body dysmorphia), and an intense fear of becoming "fat" (though this definition may vary by person and community). Some symptoms are:

- Abnormal or drastic weight loss within a short period of time
- Refusal to maintain body weight at or above a minimally healthy weight for age and height
- Amenorrhea (no menstrual periods for at least three consecutive months)
- Weakness
- Digestive problems, including constipation
- Insomnia
- Cold hands and feet due to poor blood circulation
- Life-threatening weakening of heart muscle

Anorexia often begins during mid-adolescence, more commonly among 13 to 14 year olds and 18 to 19 year olds. After a person is diagnosed, the priority is medical treatment to correct any severe medical conditions. The next step is psychological treatment, such as individual and group therapy, which many people find to be effective at targeting the fundamental causes of the disorder. The National Association of Anorexia Nervosa and Associated Disorders <sup>[3]</sup> has tools online to help find support groups and therapists.

**Bulimia nervosa** typically involves regular and repeated binge eating episodes that are followed by purging or other compensatory behaviors to prevent weight gain. These binge-purge episodes are usually done in secret, with the purging being accomplished by self-induced vomiting and misuse of laxatives, diuretics, or enemas. Some people with bulimia may not purge but may avoid weight gain through other extreme behaviors, such as excessive physical activity or self-induced starvation. Some symptoms include:

- Severe dental problems
- Constipation
- Digestion problems
- Dehydration
- Weakened muscles
- Stomach ulcers
- Potentially fatal heart problems

Unlike with people who are anorexic and underweight, those with bulimia because are more likely to be of "average" weight to slightly overweight. Onset of the disorder usually occurs between 15 and 24 years, and those diagnosed with the condition are primarily treated with antidepressants. Psychological treatment, particularly cognitive behavioral therapy and interpersonal therapy, has been found to be as effective as antidepressants in the short-term. However, in the long-term, psychological treatment has been found to be more effective.

Similar to bulimia, **binge eating disorder (also known as compulsive overeating)** is characterized by regular and repeated binge eating episodes, which involve rapidly and

uncontrollably eating large amounts of food in single sittings until feeling uncomfortably full. There are no purging or other compensatory behaviors, and those with the disorder are often obese and experience fluctuations in their body weight. Treatment is similar to that for bulimia nervosa. To learn more about compulsive eating, check out [Overeaters Anonymous](#) [4].

Finally, it's equally valuable to know what distinguishes disordered eating from **non-disordered eating**. Non-disordered eating involves being able to eat when you're hungry and until you're satisfied. Depending on the person, daily meals can involve three big meals or several small meals or snacks. Sometimes it can involve overeating or "emotional eating", but it regularly involves exhibiting moderate constraint over food selection. Ultimately, it requires that a person trust their body to utilize the food eaten, and not let the relationship with food consume their life. In short, non-disordered eating is flexible. It varies in response to a person's emotions, schedule, hunger, and proximity to food.

If you're worried that you or loved one may have an eating disorder, or if you have general questions surrounding your relationship with food, you may wish to speak with your health care provider or mental health professional for guidance. You can determine appropriate next-steps to ease your mind. For more information on eating disorders, check out [Disordered Eating and Eating Disorders](#) [5] in the *Go Ask Alice!* archives. Similarly, check out NEDA for a breakdown of each type of eating disorder and associated symptoms.

Hopefully this response fed your curiosity!

Alice!

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[Disordered Eating & Eating Disorders](#) [7]

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[Forgetting to eat](#) [8]

[Partner living with bulimia — What can I do to help her and myself?](#) [9]

[I want to lose weight, but I'm scared I'll lose control](#) [10]

## Resources

[Columbia Health Eating Disorders Team \(Morningside\)](#) [11]

[Columbia Health Nutrition Services \(Morningside\)](#) [12]

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