



Eating Disorders: An Overview

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After reading the newsletter, the home health aide should be able to:

1. Identify three eating disorders and their signs.
2. List the physical effects on health caused by eating disorders.
3. Discuss causes and risk factors associated with eating disorders.

When you picture someone who has an eating disorder, who do you see? Do you imagine a very thin teenage girl? Many people believe that eating disorders affect only teen girls, but these disorders can affect both women and men, ranging in age from young children to the elderly. And, many people with eating disorders do not "look" like they have an eating disorder, as their weight may be normal or above-normal.



According to the National Eating Disorders Association, eating disorders affect 20 million women and 10 million men in the US. Because these can affect all age groups, including the elderly, healthcare providers in all settings should have knowledge of the various types of eating disorders. This helps to identify people who may suffer from these disorders, allowing them to receive needed treatment.

This newsletter will present an overview of common eating disorders. Signs of each disorder and its effects on health will be covered. Future newsletter issues will focus on information specific to each disorder.

What Are Eating Disorders?

The National Institutes of Health (NIH) define eating disorders as "serious and often fatal illnesses that cause severe disturbances to a person's eating behaviors." There are several types of common eating disorders, including:

Anorexia nervosa (AN): Characteristics of anorexia include severe food restriction, below-normal body weight, fear of gaining weight, and an intense obsession with weight and food. In females, lack of menstrual periods (amenorrhea) is common. Individuals with anorexia have a distorted body image, seeing themselves as fat, even when they are dangerously underweight. Excessive amounts of exercise may also be used to reduce weight. Some people with anorexia may periodically eat large quantities of food in a binge, then purge, relieving themselves of the food by vomiting or use of laxatives. Signs of anorexia include reluctance to eat, often seen as just pushing food around on the plate, or claiming to have already eaten. Rigid calorie counting, cutting food into tiny pieces, and excessive chewing of food, as well as irritability and isolation, are also common.



The starvation caused by anorexia results in serious complications, including muscle loss, osteoporosis, slow and irregular heartbeat, low blood pressure, low body temperature and kidney failure. Up to 20% of affected persons die from anorexia, usually from cardiac problems or suicide.

Bulimia nervosa (BN): Persons with this disorder binge, eating very large quantities of food in a short period of time. The person feels out of control and unable to stop eating.

This is followed by behaviors to avoid weight gain, such as purging through the use of vomiting or laxatives, or by fasting and/or excessive exercise. The person obsesses about food and body weight, and fears gaining weight. Signs include calluses on the knuckles from sticking the fingers down the throat, hiding or hoarding food, excessive empty food wrappers/containers, having an odor of vomit, and frequent trips to the bathroom after eating. While some people with bulimia are underweight, many are of normal weight or overweight. Bingeing and purging may cause tooth damage from stomach acid, tears in the esophagus or stomach, dehydration, kidney damage, and chemical imbalance that causes heart irregularities or seizures.

Binge-eating disorder (BED): As with bulimia, binge-eating disorder involves eating large quantities of food in a short period of time. But, unlike bulimia, there are no behaviors done to avoid weight gain. The person with binge-eating disorder feels out of control and unable to stop eating.



Common signs include eating to the point of discomfort, eating when not hungry, eating alone due to shame, and feeling disgusted, guilty or depressed after the binge. People with BED are often overweight or obese. BED is the most common eating disorder in the US, and affects a higher percentage of men than the other eating disorders. Complications of BED include heart disease, hypertension, obesity, type 2 diabetes and high cholesterol levels.

Other specified feeding or eating disorders (OSFED): This diagnosis is used when a person has some, but not all, of the characteristics of an eating disorder. For example, a person who has the signs of anorexia, but whose weight is still within the normal range, would fall under this category.

It is very important to understand that eating disorders are not a lifestyle choice, such as someone simply deciding to eat less or more. These are very serious mental illnesses, and can lead to severe physical complications and even death. According to data from the NIH, anorexia has the highest mortality rate of any psychiatric disorder.

So, when people are at risk of dying because of an eating disorder, why don't they just start eating again to save themselves? Anxiety, depression and low self-esteem are common in those having eating disorders. Behaviors that occur with eating disorders, such as severe food restriction or purging, serve to help the person feel in control

and reduce anxiety. This makes it virtually impossible for these individuals to "just stop" the abnormal behaviors and eat normally, without professional treatment. Even with effective treatment, recovery is a long and difficult process.

Causes and Risk Factors

The causes of eating disorders are not well known, and are thought to be a combination of factors, including:

Genetic: Because some eating disorders, such as anorexia and bulimia, tend to run in families, genes are believed to play a significant role. In fact, 50-80% of a person's risk for developing an eating disorder is believed to be genetic.

Biologic: How the brain functions to control appetite and the effects of brain chemicals, such as dopamine and serotonin, can influence the development of eating disorders.



Psychological: Certain personality traits are more commonly associated with eating disorders. These include perfectionism, fear of criticism, rigid thoughts/beliefs, hypersensitivity and being unhappy with body size or shape. Feelings of low self-esteem, inadequacy, lack of control of one's life, depression, anxiety and stress are commonly associated with eating disorders.

Social: A strong emphasis on being thin is evident in many social messages, from the disapproving looks of others toward obese persons, to product marketing that glorifies very thin or photo-shopped women.

Eating disorders can occur in both males and females of all races and ethnic backgrounds, ranging in age from young children to the elderly. However, the highest risk for development of these disorders is in females age 12-25. Older people with eating disorders may have developed them at a young age, and never recovered, or the disorder can develop for the first time in later years. A family history of relatives with eating disorders increases the risk, as does dieting, stress, and disorders such as anxiety or depression. Risk for eating disorders also increases in situations where great emphasis is placed on the person's weight, such as modeling or competing in gymnastics or wrestling.

Healthcare providers play a key role in identifying signs of possible eating disorders in their clients. The earlier these disorders are identified and treated, the better are the chances for recovery. Future newsletter issues will focus on specific eating disorders and their treatment.



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NAME: _____ DATE: _____ UNIT: _____

Directions: Place the letter of the one best answer in the space provided.

- ____ 1. Eating disorders are best described as:
 - A. behaviors used by rebellious teens to “get back at” their parents
 - B. lifestyle choices made by people who prefer not to eat much
 - C. methods to control weight that can result in rapid weight loss
 - D. serious illnesses that cause disturbances in eating behaviors

- ____ 2. Males are most likely to have which of the following eating disorders?
 - A. anorexia
 - B. bulimia
 - C. binge-eating disorder
 - D. none of the above, as males do not develop eating disorders

- ____ 3. Which of the following is NOT typical of a person with anorexia?
 - A. below-average body weight
 - B. fear of gaining weight
 - C. little or no interest in food
 - D. severe food restriction

- ____ 4. Anorexia nervosa can cause which of the following complications?
 - A. low blood pressure
 - B. kidney failure
 - C. osteoporosis
 - D. all of the above

- ____ 5. Which of the following behaviors typically occurs with bulimia?
 - A. bingeing and purging
 - B. eating only very small amounts of food
 - C. eating large amounts of food with no attempt to lose weight
 - D. rigid calorie counting and meal planning

- _____ 6. Which of the following mental health disorders is most likely to cause death?
- A. depression
 - B. bulimia
 - C. anorexia
 - D. anxiety
- _____ 7. People with eating disorders are always underweight.
- A. True
 - B. False
- _____ 8. Which of the following is the most common eating disorder in the US?
- A. binge-eating disorder
 - B. bulimia
 - C. anorexia
 - D. none of the above, as all occur with about equal frequency
- _____ 9. How much of a person's risk for eating disorders is believed to be genetic?
- A. none, since no genetic factors have been identified
 - B. a very small amount, less than 10%
 - C. approximately 25%
 - D. at least 50% or more
- _____ 10. Anxiety, depression, stress and dieting can all increase the risk of developing eating disorders.
- A. True
 - B. False

