

The university student's guide to

EATING DISORDERS

What is an eating disorder?

Eating disorders are illnesses that involve serious changes in eating behaviour. They include anorexia nervosa, bulimia nervosa and overeating. A healthy, balanced diet is one of the cornerstones of a healthy lifestyle. When eating behaviours become disrupted, a person's nutritional status can be compromised and overall health can be affected. Depending on the length of time a person suffers from an eating disorder and the severity of the disorder, there could be permanent changes to physical health.

Eating behaviours are influenced by several factors, including availability of food, cultural values, family, friends, partners and peers. Eating disorders evolve within the context of these many factors, so they are complex illnesses. They are treated as mental health disorders. If you see yourself in the descriptions of the following eating disorders, you should seek the help of a health care professional. There are ways to overcome these disorders.

Anorexia

The main feature of anorexia is that a person actively maintains a body weight that is below what is considered normal (see Body Image chapter for determining your healthy weight). Other features of anorexia nervosa include:

- Feeling abnormally sensitive about being fat or morbidly fearful of becoming fat.
- A marked loss of weight, not due to any physical or psychological disease, so that the person's Body Mass Index (BMI) is 15 or less.
- Amenorrhea (absence of menstruation) in women.
- Among those who are severely ill, they may have a distorted body image. These individuals tend to look at parts of their body rather than the whole body to decide whether or not they are fat (i.e. heavy thighs even if their buttocks have disappeared!). Individuals lose weight by restricting their food intake and may abuse laxatives. Other individuals vomit and purge. They may eat more food but prevent it from being absorbed.

Bulimia

The features of bulimia nervosa are:

- The person tends to be of normal weight or overweight.
- There is a compulsion to eat large quantities of food over a short period of time (2 hours or less) more than twice a week.
- Anxiety, stress, or unhappiness may precipitate an episode of binge-eating and the individual has a feeling of lack of control over her or his eating behaviour.
- The person engages in strict dieting/fasting, vigorous exercise and/or regularly practices self-induced vomiting and /or uses laxatives and diuretics.

Obesity

In medical terms, obesity is generally defined as a BMI of 30 or more and should not be confused with being overweight, which is typically defined as having a BMI of 25 – 29. One of the behavioural signs of obesity is that a person consumes more food than is necessary for weight maintenance. The main problems associated with this eating disorder are a preoccupation with food, irritability, nervousness, and depression, not to mention the health risks of being obese.



ON THE NET

Eating disorders information from National Institutes of Mental Health
www.nimh.nih.gov/publicat/eatingdisorder.cfm

www.mirror-mirror.org

HOW TO HELP A FRIEND WITH AN EATING DISORDER

The most important thing you can do for an individual you suspect has an eating disorder is to SUPPORT her or him. Here are some helpful suggestions:

- Know the signs and symptoms of anorexia nervosa and bulimia nervosa.
- Discuss your concerns with the individual before drawing any conclusions.
- Discuss your concerns with a resource person available to you such as a health care professional, a counsellor, or a youth worker.
- In discussing your concerns with the individual, be compassionate and open and try to do it in an informal matter. Talk to her/him as a concerned person who cares.
- In your discussion, limit your concerns to the person's health and functioning. Don't focus on weight loss or body size. Let the person know that you are ready to help.
- Have patience; expect to be rejected at first. It is difficult to admit that you have a problem and the thought of giving up the behaviour is even more difficult. Make sure you leave the person with the impression that you think the situation is serious.
- Throughout the whole process of detection, referral, and recovery, keep the focus on feeling healthy (physically and emotionally), and not on weight.
- Don't make promises you can't keep (e.g. don't tell the person that you'll be there for her or him if you are planning a long trip).
- Be aware of community resources and what to do in case of an emergency.
- Know your limits! Do not try to be a substitute for professional care.

Adapted from: Eating Disorders: An Overview: A Comprehensive Look At Anorexia Nervosa and Bulimia Nervosa, 1988, National Eating Disorders Information Centre.