

## **Eating Disorders: Anorexia, Bulimia and Binge Eating**

**Disclaimer:** These notes are intended for information only, and should not be seen as a substitute for professional advice.

### **What are eating disorders?**

Many people may worry about their appearance and weight. They also may worry about what and how much they eat. People with eating disorders also worry about food, appearance and weight, but these concerns become a constant preoccupation and obsession that can affect many areas of their life. There are many possible factors which can predispose some people to develop an eating disorder. For example, cultural factors such as social pressures to diet and unrealistic media representations of thinness as ideal and desirable can place much emphasis on appearance. Additionally, interpersonal experiences such as teasing about appearance can lead to poor body image. Family factors may also be an influence when parents or siblings focus on shape and weight. Personality characteristics including low self-esteem, perfectionism, or difficulty coping with negative emotional states can also be influencing factors.

### **Anorexia**

People with anorexia strive to actively maintain a very low body weight (BMI < 17.5, BMI = kg/m<sup>2</sup>). They have an intense fear of gaining weight or becoming fat, even though they are underweight. They are overly concerned with their shape and weight and they deny the seriousness of their low body weight. There is strict adherence to dieting, they may over-exercise, they have extreme anxiety about eating with others and they may have ritualistic eating habits. They may experience difficulty concentrating and they may also be socially withdrawn. They may use laxatives or self-induced vomiting to remove food from their bodies. Women may also experience an absence of periods. Anorexics are usually in their teens or early twenties and are mostly females, though about 10% are male. The prevalence rate of anorexia in the population is 0.1 to 0.5%.

### **Bulimia and Binge Eating Disorder**

People with bulimia experience recurrent episodes of binge eating which is eating within a period of 2 hours an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances. They also experience a sense of lack of control over eating during the episode and feel as if they can't stop or control what or how much they eat. They also use recurrent, inappropriate, and extreme compensatory methods of weight control in order to prevent weight gain such as self-induced vomiting, misuse of laxatives, diuretics, or other medications, fasting or excessive exercise. They are overly concerned with their body shape and weight. People with binge eating disorder are similar but they do not use extreme compensatory methods of weight control. Those with bulimia also experience great anxiety about eating with others, they can often be depressed, have high anxiety and impaired concentration. They may also have low self-esteem and a tendency towards perfectionism. Bulimia can lead to damage to teeth, the throat and oesophagus, electrolyte imbalance, cardiac and kidney problems. Bulimia usually occurs in young adults and binge eating disorder tends to occur in middle age. The prevalence rate of bulimia is 1.0 to 2.0% and that of binge-eating disorder is about 2%.

## Treatment options

You can talk to a doctor in the Health Service because a physical examination may be necessary or you could see a counsellor at the **University Counselling Services** (Building 109, Tel: 9266 7850). Seeing a counsellor can provide you with an independent and confidential place to discuss issues of concern. The Counselling Service is a free and confidential service where you can receive personal counselling and/or a referral to specialist groups for eating disorders. Web site: <http://counselling.curtin.edu.au//index.html>

## Tips for self-help

- Acknowledge that there is a problem. The earlier you can get treatment, the easier it will be to change. Make an appointment with a counsellor at the University Counselling Service (details above) as soon as possible.
- Think about any issues that may have impacted on your sense of self-esteem and try to identify difficulties in your relationships, your family or events in your past history that may have distressed you or affected the way you feel about yourself.
- Challenge the way you think about your body image. Find out how others see you and how important your weight is to them, compared to how you see yourself and the importance of your weight to you.
- Try to develop a regular pattern of eating with three main meals a day and 2 snacks. You may want to do this gradually by starting with one or two main meals and then introducing the remainder. You can choose what you eat, but don't purge after the meal. Ask a friend or member of your family to help you to stick to this plan. A sensible meal plan may look something like this:
  - 7.30am Breakfast
  - 10.00am Snack
  - 1.00pm Lunch
  - 4.00pm Snack
  - 7.00pm Dinner
- Try to only eat in certain parts of your house such as the dining room or kitchen and limit the quantity and type of food you have at home. Take a list with you when you do your shopping and only buy things on the list.
- Try to only eat at these times. If you feel the urge to eat in between, try to distract yourself by talking to a friend or going out. You may also choose to go for a brisk walk or have a shower.
- Try to limit your alcohol intake because people who drink a lot can also want to snack more and drinking can reduce your ability to control how much and what you eat.
- Accept and respect your body regardless of the shape and size. Set realistic expectations for changing it and recognise its strengths and limitations. Understand also that your body does not equate with your identity and that there are other aspects that make up your identity such as your personality, your talents, your interests, your career, your sporting ability, your family life, and your personal qualities.
- Don't keep a secret and ask for support and help from a professional helper or self-help group.
- Ask yourself what you really want from life. How does the eating disorder fit with that?
- Write a letter to your eating disorder, your friend. Write a letter to your eating disorder, your enemy.
- Think of food as restorative "medicine" that will help you to feel better about yourself.
- If you eat to regulate negative emotions, think of alternative ways in which you can cope with the intensity of the emotion such as talking to a friend or going for a walk.
- Make change and developing a healthy normal eating pattern a priority.

- Consider some of the psychological consequences of your current eating disorder such as guilt, shame, anxiety about eating in public, depressed mood. Overcoming your eating disorder will help decrease some of these negative effects.
- By implementing a healthy eating pattern, think about the ways in which your social life may improve – you will be able to eat out with friends and have them over for a meal.
- Think about the improvements to your health if you adopt a healthy eating pattern.
- Keep in mind that research has found that dieting and extreme restrictive eating can increase the likelihood of binges and/or depression, so if you stop dieting, you will be less likely to want to binge or to become depressed.
- Try to stop checking your body frequently by looking in mirrors, pinching or measuring yourself, because these actions add to your preoccupation with your body image.
- Remember that vomiting does not rid you of all the calories that have been absorbed from a binge because most calories are absorbed immediately after ingestion. By having a binge-free day and following a normal meal plan, you will gain fewer calories than you would by bingeing and then vomiting. Similarly, laxatives and diuretics are ineffective in reducing calorie absorption and only contribute to dehydrating you.

### **How to help a friend with an eating disorder**

- Try to view your friend as a person first rather than someone with an eating disorder and continue to do things that you normally would with a friend.
- Be supportive and encourage them to seek help but try not to nag them or spy on their eating habits.
- Be available to listen to your friend if s/he is distressed, but know your own limits and don't take on your friend's problem.

We hope that these suggestions are helpful to you. There are many things you can do to help yourself, but don't hesitate to seek help from others such as the University Counselling Service if things become overwhelming for you.

### **Further information and resources**

Useful books and online resources:

*Body Image Workbook.* By Thomas F. Cash.

*Bulimia and Binge-Eating.* A self-help guide using cognitive behavioural techniques. (1993).  
By Peter J. Cooper

*Feeling Good. The New Mood Therapy.* (1980). By David D. Burns.

*Overcoming Depression.* (2000). A self-help guide using cognitive behavioural techniques.  
By Paul Gilbert.

*Overcoming Low Self-Esteem. Self-Help Course.* (2006) A 3-part programme based on  
Cognitive Behavioural Techniques. By Melanie Fennell.

*Self-Esteem.* (2000). By Matthew McKay and Patrick Fanning.

<http://www.mirror-mirror.org/>

<http://www.something-fishy.org/default.php>

[Improving Self-Esteem: Overcoming low self-esteem](#)

### **Urgent help:**

Call Crisis care (24 hour telephone counselling service) on (08) 9223 1111.