



heretohelp

Mental health and substance use
information you can trust



CANADIAN MENTAL
HEALTH ASSOCIATION
ASSOCIATION CANADIENNE
POUR LA SANTÉ MENTALE
BC DIVISION

learn about

eating disorders

primer fact sheets 2010 www.heretohelp.bc.ca



These disorders are about much more than food—they're also about how you feel about yourself, how you cope with your feelings and other deeper factors.

Millions of people aren't happy with the way they look. In fact, the National Eating Disorder Information Centre estimates that up to 40% of nine year-old girls have dieted to lose weight—even when they were at a normal weight. We're constantly told that thinner is better and that we should look a certain way. Some people go to extremes to lose weight because they feel like they're not thin enough. And unfortunately, this can lead to an eating disorder.

What is it?

Eating disorders are a group of mental disorders that affect the way you feel about food and the way you feel about your body and yourself. There are three main eating disorders: anorexia nervosa, bulimia nervosa and binge-eating disorder.* While these are all called eating disorders, it's important to remember that these disorders are about much more than food—they're also about how you feel about yourself, how you cope with your feelings and other deeper factors.

Anorexia nervosa (anorexia) is a mental disorder that affects how you feel about your body and how you eat. You think

that your body is much bigger than it actually is, and may be very scared of gaining weight. You may also believe that you'd be a better person if you were thin.

People living with anorexia try to lose weight by eating very little, refusing to eat at all or exercising too much. Other people eat a small amount of food and then immediately try to eliminate the food by purging. Younger people living with anorexia may refuse to gain weight as they get older, even though the weight gain related to growing is normal and healthy.

eating disorders

could I have an eating disorder?

- I'm always thinking about food, dieting and my weight
- I often avoid food even when I am hungry
- I feel guilty and ashamed after I eat
- I often feel out of control when I eat
- I feel better when I don't eat
- I will never be happy unless I reach my ideal weight
- I rarely/never get my menstrual period
- I often try to "get rid" of food by purging
- I experience physical signs that my body isn't getting enough nutrients, such as hair loss, dry skin, dizziness or lack of energy

If you answered yes to any of these questions, the best thing to do is talk to your doctor

Many people living with anorexia don't see how harmful it is to eat so little food and may even refuse treatment because they fear they might get "fat." But eating very little food is dangerous. You don't get the nutrients you need, and this can affect every part of your body. Some of the problems include heart problems, bone problems and fertility problems in women. As many as 10% of people living with anorexia die from health problems related to their disorder or from suicide.

While anorexia is generally associated with low body weight, everyone's body is different and anorexia doesn't look the same in all people. And it's important to remember that warning signs can start long before you notice significant weight loss.

Bulimia nervosa (bulimia) is a mental disorder that also affects how you feel about your body and how you eat. But with bulimia, you eat a lot of food in a short period of time. This is called bingeing or binge eating. While you eat, you might feel like you can't control how much you eat. You also might feel good while you're eating. But when you're finished eating, you might be scared that you'll gain weight. As a result, you might try to purge the food. Like anorexia, people living with bulimia may also think they're much bigger than they really are or feel like they'd be a better person if they were thin.

It can be hard to tell if someone is living with bulimia because they may not lose a lot of weight and they may secretly binge and purge. But even though bulimia isn't always as visible as anorexia, it can still cause a lot of serious long-term health problems.

Binge-eating disorder is a mental disorder that affects the way you eat. With this disorder, you eat a lot of food in a short period of time (binge) on a regular basis. You can't control what you eat or how much you eat, but you feel distressed, disgusted, guilty or depressed after eating. Binge eating may be a response to low mood or depression, anxiety, stress or feeling "numb." The difference between binge-eating disorder and bulimia is that people living with binge-eating disorder don't try to purge the food they just ate. Binge-eating disorder is sometimes called "compulsive overeating."

*It's important to note that binge-eating disorder is currently diagnosed as "Eating Disorder Not Otherwise Specified" or EDNOS. Mental health professionals recognize that binge-eating disorder causes a lot of distress, and they can treat binge-eating disorder. The label "EDNOS" has to do with the current manual for diagnosing mental disorders—it doesn't mean that your symptoms are less real or less distressing.

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Who does it affect?

Anorexia nervosa affects between 0.5% and 4% of women in Canada and bulimia nervosa affects between 1% and 4% of women in Canada. However, binge-eating disorder affects about 2% of all people in Canada. These disorders are more likely to affect the following groups of people:

- **Women**—About 90% of people diagnosed with anorexia and bulimia are women. But binge-eating disorder affects men and women more equally.
- **Young people**—All of these disorders often start in the teenage and young adult years, though they can also start earlier or later in life, too.
- **Family members**—Eating disorders tend to run in families, so you have a higher risk of developing an eating disorder if a close family member also has an eating disorder.
- **People with other mental disorders**—Eating disorders may be associated with mood disorders like depression, anxiety disorders like obsessive-compulsive disorder, substance use disorders and some personality disorders.
- **People with certain ways of coping or thinking about themselves**—Eating disorders may have a greater effect on people who feel poorly about the way they look, people who want everything to be perfect all the time and people who have a hard time coping with stress or expressing their feelings. Anorexia and bulimia may also give people a sense of control, and may be a way to cope when they feel like they have little control in their life.

- **People who diet**—People who diet may have a higher risk of developing an eating disorder. Rates of binge-eating disorder may also be higher in people who lost a lot of weight by dieting.
- **People from certain cultures or careers**—Anorexia and bulimia are more common among people who have jobs that depend on the way their body looks. This may include some dancers, models and athletes. Eating disorders may also be more common in cultures with strong gender stereotypes—for example, thin women and lean, muscular men.

What can I do about it?

It's very important to get help for an eating disorder because bingeing, purging and/or severely limiting how much food you eat can cause a lot of serious health problems. But eating disorders are very treatable and many people recover with treatment. Treatment for an eating disorder often includes support from a few different professionals. Regular medical check-ups are also important to treat physical health problems.

Counselling—Counselling is a very important part of treatment. Cognitive-behavioural therapy or CBT helps you understand the thoughts, feelings and behaviours behind the disorder. Interpersonal therapy or IPT focuses on your relationships with other people. Family therapy can help the entire family understand the disorder.

Nutritional help—A nutritionist can help you learn about food and help you create healthy meal plans.

Support groups—Support groups for yourself or your loved ones can help you see that you aren't alone. You can learn new ways of coping and find support from others.

Hospitalization—If you weigh too little or you start to develop serious health problems, you may need to be treated in the hospital.

Medication—Medication usually isn't the first treatment option, though some research suggests that a type of antidepressant can help people living with bulimia and binge-eating disorder control bingeing and/or purging.

Self-help—There are many things you can do at home to help cope. Some ideas include getting enough sleep, learning stress management and problem-solving strategies, keeping in touch with family and friends, practicing relaxation techniques, and taking time to do things you enjoy. Your mental health professional can suggest other useful things to try at home.



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where do I go from here?

In addition to talking to your family doctor, check out the resources below for more information about eating disorders:

Jessie's Legacy Program, Family Services of the North Shore

Visit www.familyservices.bc.ca or call Mimi Hudson at 604-988-5281 to contact Family Services of the North Shore. FSNS provides eating disorders prevention education, resources and support for BC youth, families, educators and professionals through the Jessie's Legacy program.

Kelty Resource Centre

Contact this BC resource centre at www.bcmhas.ca/keltyresourcecentre or 1-800-665-1822 (toll-free in BC) or 604-875-2084 (in Greater Vancouver) for information, referrals and support for children, youth and their families in all areas of mental health and substance use, and for people of all ages around eating disorders.

BC Partners for Mental Health and Addictions Information

Visit www.heretohelp.bc.ca for the Mental Disorders Toolkit, more fact sheets, a discussion forum, and personal stories about eating disorders and other mental health problems. The Toolkit is full of information, tips and self-tests to help you understand mental health problems.

Your Local Crisis Line

Crisis lines aren't only for people in crisis. You can call for information on local services or if you just need someone to talk to. If you are in distress, call 310-6789 (do not add 604, 778 or 250 before the number) 24 hours a day to connect to a BC crisis line, without a wait or busy signal. The crisis lines linked in through 310-6789 have received advanced training in mental health issues and services by members of the BC Partners for Mental Health and Addictions Information.

Resources available in many languages:

*For each service below, if English is not your first language, say the name of your preferred language in English to be connected to an interpreter. More than 100 languages are available.

HealthLink BC

Call 811 or visit www.healthlinkbc.ca to access free, non-emergency health information for anyone in your family, including mental health information. Through 811, you can also speak to a registered nurse about symptoms you're worried about, or a pharmacist about medication questions.



This fact sheet was written by the Canadian Mental Health Association's BC Division. The references for this fact sheet come from reputable government or academic sources and research studies. Please contact us if you would like the footnotes for this fact sheet. Fact sheets have been vetted by clinicians where appropriate.



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HeretoHelp is a project of the BC Partners for Mental Health and Addictions Information. The BC Partners are a group of nonprofit agencies working together to help individuals and families manage mental health and substance use problems, with the help of good quality information. We represent Anxiety Disorders Association of BC, BC Schizophrenia Society, Canadian Mental Health Association's BC Division, Centre for Addiction Research of BC, FORCE Society for Kids' Mental Health, Jessie's Legacy Program, Family Services of the North Shore, and Mood Disorders Association of BC. The BC Partners are funded by BC Mental Health and Addiction Services, an agency of the Provincial Health Services Authority.