



Eating Disorders Signs and Symptoms

Because of the secretive habits of many individuals with eating disorders, their conditions often go undiagnosed. In the case of anorexia nervosa, signs such as extreme weight loss and amenorrhea are more visible. Individuals with bulimia who maintain normal body weight may be able to hide their condition to the casual observer. However, many of the signs of eating disorders may be signs of other emotional problems and should be evaluated by a health care professional. Family members might notice some of the following warning signs of an eating disorder:

- Odd rituals, such as cutting food into small pieces
- Fear of situations involving food (potlucks, parties, cafeterias, etc.)
- Binge eating
- Secretive eating
- Eating very slowly or very rapidly
- Cooking a lot without eating
- Perceiving certain foods as "good" or "bad"
- Excessive beverage consumption
- Excessive gum chewing
- Rigid or excessive exercise regimen
- Use of laxatives, enemas, fasting, diuretics, or vomiting to get rid of food
- Fear of becoming fat; regardless of weight
- Dressing in layers to hide weight loss or gain
- Preoccupation with food/weight
- Self-worth determined by weight
- Severe self-criticism
- Mood shifts
- Social withdrawal
- Need for approval to feel good about self

ANOREXIA NERVOSA

Anorexia nervosa affects up to 1% of the female adolescent population; its occurrence peaks in early to mid-adolescence. According to the DSM-5, diagnostic criteria include:

- Restriction of energy intake relative to requirements leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health.
- Intense fear of gaining weight or becoming fat, even though underweight.
- Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.

Types: In addition, people with anorexia nervosa may control food either by restricting or binge eating/purging. To maintain an abnormally low weight, restricting types simply do not eat enough while binge eating/purging types engage in behaviors like self-induced vomiting or the misuse of laxatives, diuretics, or enemas. In both situations, the anorexic essentially starves herself/himself to achieve dangerously low body-weight.

Complications: The most severe and noticeable consequences of anorexia nervosa parallel those of starvation. The body reacts in a defensive manner to the lack of nourishment by decreasing metabolism and diminishing thyroid function, which contributes to brittle hair and nails, dry skin, lowered pulse rate, cold intolerance, and constipation as well as intermittent diarrhea. In addition, mild anemia, reduced muscle mass, amenorrhea and swelling of joints may accompany anorexia.

Beyond the many immediate effects of anorexia nervosa, the long-term consequences of eating disorders affect the lives of individuals. In addition to the risks of recurrence of the disease, an extreme electrolyte imbalance from chronic malnutrition may cause irregular heart rhythms and heart failure. With calcium deficiency inherent in a restricted diet, anorexics place themselves at increased risk for osteoporosis both during their illness and in later life.

BULIMIA NERVOSA

Bulimia nervosa can and often does occur independently of anorexia nervosa. However, half of all individuals with anorexia develop bulimia. Many of the same symptoms of anorexia nervosa appear in those suffering from bulimia nervosa, including amenorrhea and decreased sex drive. Individuals suffering from bulimia follow a routine of episodic binge eating followed by repeated behaviors to rid the body of calories consumed. As in anorexia nervosa, individuals with bulimia assign exaggerated significance to their body weight and shape in self-evaluation. Criteria for bulimia nervosa include the following:

- Recurrent episodes of binge eating characterized by BOTH of the following:
 - Eating in a discrete amount of time (within a 2 hour period) large amounts of food.

- Sense of lack of control over eating during an episode.
- Recurrent inappropriate compensatory behavior in order to prevent weight gain (purging).
- The binge eating and compensatory behaviors both occur, on average, at least once a week for three months.
- Self-evaluation is unduly influenced by body shape and weight.
- The disturbance does not occur exclusively during episodes of anorexia nervosa.

Complications: Most of the medical complications attributed to bulimia nervosa result from the electrolyte imbalance and secondary trauma of purging behaviors. Loss of potassium due to vomiting, for example, damages heart muscle, increasing the risk of cardiac arrest. Individuals with bulimia who use ipecac to purge further damage their bodies since the emetic's active ingredient is a cardiac and muscle toxin. Repeated vomiting causes inflammation of the esophagus and a dramatic increase in the natural acidity levels of the mouth, leading to dental and enamel erosion.

BINGE EATING DISORDER (BED)

Binge eating disorder affects 1%-3% of the general population. Among participants in weight control programs, though, the rate may reach 15%. BED occurs in women twice as often as in men. In this disorder, the individual consumes an amount of food far beyond the point of satisfying physical hunger. These "binges" also involve eating large amounts of food within a discrete period of time and with a sense of lack of control over the eating. Unlike bulimia or anorexia nervosa, however, BED is not associated with inappropriate compensatory behavior such as vomiting or excessive exercise.

Patients with BED often show marked distress about their eating habits. Criteria for BED include the following:

- Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
 - eating, in a discrete period of time (for example, within any 2-hour period), an amount of food that is definitely larger than most people would eat in a similar period of time under similar circumstances
 - a sense of lack of control over eating during the episode (for example, a feeling that one cannot stop eating or control what or how much one is eating)
- The binge-eating episodes are associated with three (or more) of the following:
 - eating much more rapidly than normal
 - eating until feeling uncomfortably full
 - eating large amounts of food when not feeling physically hungry
 - eating alone because of feeling embarrassed by how much one is eating
 - feeling disgusted with oneself, depressed, or very guilty afterwards
- Marked distress regarding binge eating is present.
- The binge eating occurs, on average, at least once a week for three months.

- The binge eating is not associated with the recurrent use of inappropriate compensatory behavior (for example, purging) and does not occur exclusively during the course Anorexia Nervosa, Bulimia Nervosa, or Avoidant/Restrictive Food Intake Disorder.

Complications: People with BED are often overweight because they maintain a high-caloric diet without expending a similar amount of energy. Physical health complications for this disorder usually relate to medical problems associated with obesity. Individuals who are overweight may have increased cholesterol levels, high blood pressure, and diabetes, as well as increased risk for gallbladder disease, heart disease, and some types of cancer.

OTHER SPECIFIED FEEDING OR EATING DISORDERS

OSFED is a feeding or eating disorder that causes significant distress or impairment, but does not meet the criteria for anorexia nervosa, bulimia nervosa, or binge eating disorder. Eating disorders are not always black and white, and individuals can exhibit disordered eating patterns even if they don't meet the threshold for a full-blown diagnosis.

OSFED has five subtypes:

- **Atypical Anorexia Nervosa:** Restrictive behaviors and features without meeting the low weight criteria.
- **Bulimia Nervosa:** Meets the criteria for Bulimia Nervosa but at a lower frequency and/or limited duration. Episodes of eating, in a discrete period of time an amount of food that is larger than what most individuals would eat with a feeling of lack of control. This followed by inappropriate compensatory behaviors to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, excessive exercising, fasting.
- **Binge Eating Disorder:** Meets the criteria for Binge Eating Disorder but at a lower frequency and/or limited duration. Episodes of eating, in a discrete period of time an amount of food that is larger than what most individuals would eat with a feeling of lack of control.
- **Purging Disorder:** Recurrent purging of calories by self-induced vomiting, misuse of laxatives and diuretics, excessive exercising. This subtype does not include binge eating.
- **Night Eating Syndrome:** Recurrent episodes of night eating, as manifested by eating after awakening from sleep or by excessive food consumption after the evening meal. There is awareness and recall of the eating.

The risks associated with OSFED are severe. Individuals with OSFED will experience risks similar to those of the other eating disorders. Some previous studies show the mortality rate of EDNOS as high as individuals who meet the thresholds for Anorexia.

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