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National Youth Mental Health Foundation

MythBuster: Eating Disorders

"Eating disorders aren't that serious – they're just diets gone wrong…" and other unhelpful myths.

headspace National Youth Mental Health Foundation is funded by the Australian Government Department of Health

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Who is this MythBuster for?

This MythBuster is written for young people and their families and friends. It may also be of interest to health and other professionals working with young people. The first section summarises key facts about eating disorders and young people. The second section describes the common myths about eating disorders and provides evidence that counters these myths.

Eating Disorders

Eating disorders are among the most serious and misunderstood of all mental disorders. A number of myths and stereotypes exist about eating disorders that can be potentially damaging to young people affected by them and to their families.

This MythBuster aims to dispel these myths and present an evidence-based understanding of how eating disorders can affect young people and how their needs can be met.

What are eating disorders?

A person has an eating disorder when their attitudes to food, weight, body size or shape lead to marked changes in their eating or exercise behaviours which interfere with their life and relationships (1). There are six main types of eating disorders[1]: anorexia nervosa, bulimia bervosa, binge eating disorder, avoidant/ restricted food intake disorder, other specified feeding or eating disorder, and unspecified feeding or eating disorder (2).

Bulimia nervosa involves an often-secretive cycle of 'binge' eating (i.e. eating large amounts of food in a short space of time, accompanied by feeling a loss of control) followed by 'compensatory' behaviours (i.e. 'compensating' or trying to get rid of the food by vomiting, abusing laxatives, over-exercising or fasting). **These behaviours are usually very distressing to the person as they are experienced as being out of their control and often bring on intense feelings of guilt and shame** (3-4). Bulimia is no less serious when a person uses over-exercising or fasting to try to lose weight, rather than vomiting or abusing laxatives (5-7).

Anorexia nervosa involves a) the restriction of energy intake compared to the body's requirements, leading to significantly low body weight, b) a distorted body image (i.e. the way a person sees their body is distorted, making them think they are bigger than they actually are) and c) an intense fear of gaining weight (2). Younger people with anorexia nervosa may present with atypical features including denial of a "fear of fat" (2. p.341). Amenorrhea (i.e. the absence of three or more menstrual cycles in a row) is not required to diagnose anorexia nervosa in postmenarcheal females (i.e. women who have begun to have periods) under the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria (2).

Binge eating disorder involves repeated episodes of binge eating where 'excessive' or significantly larger amounts of food are consumed than normally would be over a short period (2). These episodes are accompanied by a sense of lack of control, such as feeling unable to stop oneself from eating or unable to control how much is eaten (2). The person experiences marked distress due to their binge eating (2). Binge eating episodes may also be associated with feelings of disgust, shame, guilt and depression (2). Compensatory behaviours (see bulimia nervosa above) are not present in binge eating disorder (2).

1. Pica and rumination disorder are not covered in this MythBuster

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Avoidant/restricted food intake disorder is a new disorder in the DSM-5. It involves an eating or feeding disturbance characterised by a persistent failure to meet appropriate nutritional/energy intake needs which is not better accounted for by food availability or a culturally sanctioned practice (2). This symptom must be associated with one or more of the following: significant weight loss, significant nutritional deficiency, dependence on nutritional supplements, or significant problems in a person's day-to-day life resulting from their symptoms (2). Unlike other eating disorders, avoidant/restricted food intake disorder does not involve body image disturbance or fear of becoming fat. In adolescents, food avoidance or restriction may be associated with other emotional and social difficulties (2).

Other specified feeding or eating disorder is a category that may apply when someone has symptoms that do not quite fit the criteria for another eating disorder, but that are causing significant distress or interfering in their day-to-day life – for example their work or studies, physical health or relationships.

Examples of this category include when someone is experiencing all the symptoms of bulimia nervosa or binge eating disorder, but the frequency or duration of binge eating episodes is too low to meet criteria; or all the symptoms of anorexia nervosa where there has been weight loss but weight is within the normal range (2).

In contrast, unspecified feeding or eating disorder is diagnosed when the particular reason that the person does not meet criteria for another eating disorder is not specified. The diagnosis is often made when there is not enough information available to make a more specific diagnosis (2).

The most common myths about eating disorders include:

1. Myths about the seriousness of eating disorders

Eating disorders are often described as being a 'trend', 'phase', 'attention-seeking' or simply 'a diet gone wrong'. These myths are damaging as they can fuel the belief that people experiencing eating disorders are responsible for their symptoms and could simply 'stop' their behaviour if they really wanted to, or tried hard enough (8).

2. Myths about who can be affected by eating disorders

Stereotypes about the 'types of people' who develop eating disorders are common (e.g. only females are affected; 8-12). These stereotypes are harmful as they can increase the likelihood that eating disorders will go unnoticed in young people who don't 'fit the mould' (13). They can also make it less likely that these young people will seek support.

3. Myths about treatments for, and recovery from, eating disorders

Beliefs that eating disorders are 'untreatable' are still widespread. This adds to a sense of hopelessness that is sometimes associated with eating disorders – not just in the community, but also among health professionals. However, evidence shows that with support and appropriate treatment, most young people recover from their symptoms (14,15-16). **Early treatment is associated with better outcomes** (17-19).

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Busting the myths...

MYTH: "Eating disorders are a fashion, trend, phase or attention-seeking"

Although some young people might try dieting or other weight-control behaviours because of the influence of their friends, eating disorders don't develop because a person wants to be fashionable. They are serious illnesses that can severely disrupt every aspect of a person's life, including their physical health (20-21). **In adolescence, the health risks can be even more serious as an eating disorder can impact on physical growth and development** (22-23).

Similarly, eating disorders are not about 'attention-seeking'. In fact, people often go to great lengths to hide their behaviours from those around them (10). If someone does notice and approaches them about their weight or behaviour, a person experiencing an eating disorder will often deny that they have a problem (10,22). This may be even more common among adolescents than adults, as adolescents tend to experience greater denial of symptoms and less desire for support (24).

MYTH: "An eating disorder is just a diet gone wrong"

Eating disorders often begin with dieting (8,22-23,25-26), but they are more than just 'a diet gone wrong'. When a person has an eating disorder they can experience a range of distressing and disabling feelings and behaviours, not just restrictive eating, but bingeing, purging (i.e. vomiting or abusing laxatives) and/or excessive exercising. These behaviours are often experienced as being out of the person's control. Other mental health difficulties, such as depression and substance use, are also common (19,27).

MYTH: "Eating disorders don't affect males"

Eating disorders are more common among young women than men. However, they also affect males. Based on the diagnostic criteria in the DSM-5, about 15% of eating disorders diagnosed in adolescents are in males (28). Specifically, it's estimated that approximately 7% of cases of anorexia nervosa, 13% of cases of bulimia nervosa, 20% of cases of binge eating disorder and 29% of cases of other specified feeding or eating disorder occur in adolescent males (28). Some males experiencing eating disorders may be driven by the desire to lose weight, while others may be driven by the desire to gain weight in order to achieve an ideal muscular, trim physique (29).

There is evidence that it takes longer for males to receive professional support and treatment than females (30), which may be explained in part by this myth. Typically it is only when symptoms become severe that a diagnosis of an eating disorder is considered in boys and young men (29). Males may also be even more motivated to hide their symptoms due to the stigma associated with having what they or others perceive to be 'a female disorder' (29).

MYTH: "Eating disorders only affect the wealthy and Westerners"

Stereotypes still exist that eating disorders predominantly affect people from affluent or privileged families (11-12,20,31) and those from Western cultures (e.g. Australia, USA, Europe) where the 'ideal beauty' involves being thin and toned (8,10-11,19). However evidence shows that **anyone can develop an eating disorder, regardless of ethnicity or social class** (8,11-12,20,22,31).

MYTH: "It's easy to tell if someone has an eating disorder because they will be very underweight"

You can't tell just by looking at someone whether or not they have an eating disorder. A person experiencing an eating disorder may be underweight, within a healthy weight range, or overweight (2).

MYTH: "Families are to blame for eating disorders"

A particularly harmful myth is that eating disorders only occur in certain types of families and are 'caused' by certain parenting styles (18). In the past, parents were often prevented from having any involvement in their child's treatment as they were seen as 'part of the problem' (18). Unfortunately, many parents still report feeling 'blamed' for their child's eating disorder (e.g. 32). There is no evidence to suggest that eating disorders are caused by particular parenting styles (10,18,33). **Parents and families should be seen as part of the solution to overcoming an eating disorder, not the problem**. Clinical best-practice guidelines state that family members should normally be included in the treatment of adolescents with eating disorders (34-36).

MYTH: "The solution to eating disorders is simple – just stop"

Supporting someone experiencing an eating disorder can sometimes be challenging. It can be difficult to understand why the person can't change their thoughts about themselves or stop their behaviour and return to 'normal'. Unfortunately, recovery is not as simple as 'just stopping'. People experiencing eating disorders need to be supported to learn how to think more realistically about their body and more positively about themselves, and to learn techniques for managing difficult emotions without turning to food or weight-control behaviours.

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Busting the myths on weight loss...

As well as busting the myths surrounding eating disorders in general, it is important to tackle some unhelpful myths about 'what works' for weight loss and what effect different weight loss strategies can have on your health. People may believe that unhealthy weight loss strategies work and/or that they're not really a serious problem (37). This is a myth, as evidence shows that not only are many of these techniques ineffective ways to lose weight, but they can be very damaging to the person's physical and psychological health (3-7,38).

MYTH: "There is no such thing as too much exercise"

Exercising excessively is not good for you physically or emotionally. Over-exercising can cause serious health problems, including osteoporosis (brittle bones), lowered hormones, heart problems and permanent damage to joints and tendons (39). It can also lead to strong feelings of guilt and depressed mood when exercising goals are not met, or when a person is unable to exercise (40).

MYTH: "Vomiting or using laxatives gets rid of the calories consumed by eating"

Even when done immediately after eating, vomiting does not get rid of all of the calories a person has consumed. Studies have shown that vomiting only gets rid of about half of the calories consumed (41). It also encourages over-eating (41). Similarly, laxatives don't prevent calories being absorbed, so they have almost no impact on weight loss. Both chronic vomiting and laxative abuse can cause serious health problems that can be life-threatening (42-43). Chronic vomiting can cause tearing or bleeding in the oesophagus (the 'food pipe'), digestive problems and dental damage. Abusing laxatives can cause serious problems with bowel functioning, such as bloating, gas, pain and loss of control over bowel movements (44). Both of these behaviours can cause electrolyte imbalances that can be life-threatening (44-45).

MYTH: "Fad dieting is a good way to lose weight"

Fad diets (or any short-term weight loss strategy) might work in the short-term, but in the long-run, they usually lead to weight gain, not loss (38). This is because dieting slows down your body's metabolism, making it harder to burn off calories consumed. Dieting also increases a person's pre-occupation with food and craving, **such that they may actually end up eating more than they would if they were not dieting**.

So what does this all mean?

- Eating disorders are serious, damaging and potentially life-threatening illnesses – they need to be taken seriously, not trivialised.
- There are many unhelpful stereotypes about people experiencing eating disorders. We need to be aware of these stereotypes and challenge them wherever possible.
- Eating disorders are complex conditions that are caused by a combination of factors. It is misguided to blame someone for an eating disorder - either the individual affected or their family. Eating disorders are not a lifestyle choice.
- **Recognising the symptoms or warning signs of eating disorders is critical, as the earlier a problem is detected and treated, the better the outcome for the young person** (see the **headspace** factsheet on Eating Disorders for more information on early warning signs – headspace.org.au. Early treatment increases the chances of fully recovering, and recovering faster.

Getting support

Worried that you may be at-risk of developing, or have, an eating disorder?

It is strongly recommended that you consult a health professional if you feel you may have symptoms of an eating disorder. In addition to professional support, there is a useful online program called 'Overcoming Disordered Eating' (access at cci.health.wa.gov.au and go to resources).

There are other self-help resources available (e.g. Overcoming Bulimia Nervosa and Binge-Eating: New Revised Edition'; 46), however it's not recommended to try to treat an eating disorder using self-help alone – getting professional support as early as possible is important.

The best place to start is to contact your GP or your nearest **headspace** centre **(headspace.org.au).**

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Worried about someone who may have/be developing an eating disorder?

It's important that you approach the person about your concerns and seek advice and support from a health professional. The Mental Health First Aid Guidelines on Eating Disorders provide helpful evidence-based advice on the best steps to follow in approaching the person about your concerns, encouraging them to get professional support and looking after yourself (mhfa.com.au). You can also call the Butterfly Foundation's helpline 1800 334 673 to speak to somebody about your concerns or email: support@thebutterflyfoundation.org.au.

Even if the young person denies that they have a problem, it is very important to seek support from a health professional about your concerns. The best place to start is to contact your GP or your nearest **headspace** centre (headspace.org.au). Sometimes, the process of looking for support can be frustrating, it's important to be persistent in your efforts. There is help out there.

Supporting somebody who may be experiencing an eating disorder?

Resources that may be helpful are available on The Butterfly Foundation's website (thebutterflyfoundation.org.au) and the Victorian Centre of Excellence in Eating Disorders' website (ceed.org.au).

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