

EATING DISORDERS: Bulimia & Anorexia

Do I have an eating disorder?

Definition:

- When an eating disorder exists, it is recognized by certain behaviors, the most noticeable being an obsession with food and weight. This obsession can lead to compulsive binge eating, starving, forced vomiting, exercising, or other behaviors focused on eating, disposing of, or avoiding food.
- An eating disorder exists when one's attitude toward food and weight has gone awry, when one's feelings about work, school, relationships, day-to-day activities, and one's experience of emotional well-being are determined by what has or has not been eaten or by a number on the scale.
- A person's body size does not necessarily reveal whether they have an eating disorder. A person with an eating disorder could be thin, average, or heavy.
- Athletes are at greater risk of developing an eating disorder. Because some sports (*like gymnastics and wrestling*) require athletes to be a specific weight or body type, athletes can feel pressure to measure up. Beware of anyone who says you should lose weight or gain muscle quickly. They may be focused on winning and less aware of the danger to your health.

Incidence:

- Nearly 10 million American females and 1 million American males have an eating disorder or related condition.
- 75% of American women are dissatisfied with their appearance.
- 42% of girls in the first through third grades want to be thinner.
- 81% of 10 year-old girls are afraid of being fat.
- 51% of nine and ten year-old girls report feeling better about themselves if they are on a diet.

ANOREXIA:

The overwhelming majority (95%) of anorexics are women. The age of onset is usually between 12 to 18 years, but can occur in women in their 40s and 50s. As many as 1 in 100 young women have anorexia, and many more may show some symptoms of the disorder, but do not meet full criteria.

BULIMIA:

About 90-95% of bulimics are women. Bulimia usually starts in adolescence or young adulthood, but is also seen in girls much younger, as well as women in their 40s and 50s. It is estimated that up to 3 out of 100 females have bulimia, but estimates for university campus populations are much higher. Upwards to 20 out of 100 young

women on college campuses may be bulimic or have experimented with some bulimic behaviors.

The binge-purge cycle often begins at transition points of independence (such as leaving for college, moving away from home, getting married, breakup of a relationship with a boyfriend or spouse) when stress is high and there are no other outlets for emotional conflict and tension.

Symptoms:

ANOREXIA:

- Intense fear of becoming obese, which does not diminish as weight loss progresses.
- Disturbance of body image, (*e.g., claiming to "feel fat" even when skinny*).
- Significant weight loss employing severely restrictive diets, self-induced vomiting, use of laxatives, enemas or diuretics, or excessive exercise.
- Refusal to maintain a minimal normal body weight.
- No known physical illness that would account for the weight loss.
- Loss of menstruation.

BULIMIA:

- Episodic binge eating accompanied by an awareness that the eating pattern is abnormal ...eating a lot of food quickly, even when you aren't hungry. Some signs include hiding food, eating "secretly", and eating so much that you feel unable to eat another bite.
- Repeated attempts to lose weight by severely restrictive diets, self-induced vomiting, use of laxatives, enemas or diuretics, or excessive exercise.
- Fear of not being able to stop eating voluntarily.
- Frequent purging can severely damage the enamel of your teeth, seriously damage your esophagus and stomach, and lead to dangerous metabolic imbalances or heart problems.

Helpful Tips:

Eating disorders are about more than food. People with eating disorders may use food to deal with painful emotions. Depression, family problems and a history of physical or sexual abuse can be factors in eating disorders. If you suspect or know that you or someone you know is eating disordered, this is no time for secrets. The problem needs to be acknowledged. Silence at these times will at best continue the discomfort and at worst lead to a dangerous and serious problem being ignored. However, if you are approaching someone you know, be gentle and supportive, not accusing. Note the behaviors you have noticed in this individual for evidence, and then ask if there is anything that you can do to help them. Having an eating disorder is emotionally upsetting, and the individual will

need to have your support. Here are some things you might do to help.

- Plan to approach the person in privacy when there is no immediate stress and there is time to talk.
- Present in a caring but straight forward way what you have observed and what your concerns are. Tell her or him that you are worried and want to help. Friends who are too frustrated or angry with the person to talk supportively should not be a part of this discussion.
- Give the person time to talk and encourage them to verbalize feelings. Ask clarifying questions. Listen carefully; accept what is said non-judgmentally.
- Do not argue about whether there is or is not a problem. Power struggles are not helpful. You might say, "I hear what you are saying and I hope that you are right about this not being a problem. But I'm still very worried about what I have seen and heard and my concern isn't going to go away."
- Provide information about resources for treatment. Ask your friend if she or he will consider talking with an professional and be willing to make a screening appointment at Psychological Services Center or a similar agency. Offer to go with the person and wait during his or her screening appointment. A trained Psychological Services Center (*PSC*) staff member is available for a free screening appointment to put your friend in touch with someone who can help either at PSC or in the Cincinnati area. You can also call the Eating Disorders Awareness and Prevention hotline at (800) 731-2237 or visit their website at www.edap.org for free, confidential information and referrals.
- **Ask and Tell:** Secrecy and shame allow an eating disorder to become a more and more complex trap. If you are concerned that your friend's eating disorder is severe or life-threatening, enlist the help of your residence hall resident assistant, resident coordinator, a relative, friend, or roommate of the person before you intervene. Present a united and supportive front with others.
- If the person denies the problem, becomes angry or refuses treatment, understand that this is often part of the illness. The person has the right to refuse treatment, unless the person's life is in immediate danger. You may feel helpless, angry, and frustrated with them. You might say, "I know you can refuse to go for help, but that won't stop me from worrying and caring about you. I may bring this up to you again later and maybe then we can talk more about it." Follow up with the person. Don't give up too soon..
- Do not try to be a hero or rescuer. You will probably be resented. If you do the best that you can to help on several occasions but the person does not accept, then STOP. Remind yourself that you have done all it is

reasonable to do. Eating disorders are stubborn problems and treatment is most effective when the person is truly ready for it. You may have planted a seed that helps them get ready.

- Eating disorders are usually not emergency situations, but if the person is suicidal or otherwise in serious danger, **GET PROFESSIONAL HELP IMMEDIATELY.** Call Psychological Services Center or Student Health Center or Psychiatric Emergency Services.

If you suspect you have an eating disorder:

- Seek professional help. Eating disorders can be serious, potentially life-threatening conditions. People with eating disorders can – and do- die of starvation, heart attack, and other medical disorders. In most cases, the intervention of professionals can make a significant difference in facilitating recovery and can ease the burden of the disorder. Therapists, support groups, hospitals, dietitians, and medical professionals are available. Whether it is to make an evaluation of the problem or to undertake the treatment process, professionals are there to provide help and a consultation can provide useful information.
- Ask a close friend for help. Facing the problem alone can create a loneliness and isolated feeling that can perpetuate and worsen the problem. Ask a friend for help, and tell them specifically what you need from them because they won't know unless you do.
- Start monitoring your behaviors and feelings with a journal, and try to analyze the information for trends. When you see situations, times or events that seem to "trigger" your behaviors, identify them and either avoid them or develop a better way to manage them.
- Develop a meal plan that is comfortable and that provides enough "fuel" for your body. If you slip off the plan, get back on right away, at the next mealtime.
- Take time to nurture yourself in ways other than food. For example, take a relaxing bath, buy a new hair care product, buy a new CD of your favorite music, or go to a movie with a friend. Slow down, relax, and take care of yourself.

Your Counseling Service:

Timely, confidential, and professional assistance is available at the University Psychological Services Center (8:00am – 5:00pm) for U.C. students located at 316 Dyer Hall. Phone (513-556-0648) or stop in for a no charge intake interview.

**Psychological
Services
Center** 

This fact sheet is provided as service by the University of Cincinnati Psychological Services Center and the Division of Student Affairs and Services. This fact sheet was prepared by Dr. Diann Ackard, Katherine Slemmer, and the professional staff of the Psychological Services Center. Please contact our office (513-556-0648) or our Web site at <http://www.psc.uc.edu> if you would like additional copies.

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