

Eating disorders are some of the most challenging mental illnesses. Untreated eating disorders can result in severe medical complications and even death in certain cases. As scientific studies suggest that nearly one-in-twenty people will experience symptoms of an eating disorder at some point in their lives, proper diagnosis and treatment of these complex conditions is of critical importance.

Eating disorders are often underdiagnosed which can delay necessary treatment. There is no specific test (e.g., x-ray or blood test) that can diagnosis an eating disorder. Rather, a diagnosis is made by a trained clinician based on the signs and symptoms of these illnesses. While many people may experience unhealthy eating habits and have concerns with their body image, people with eating disorders generally experience severe dysfunction due to their symptoms. The specifics of the eating disorders summarized below are reviewed separately on individual NAMI fact sheets.

In general, treatment of these challenging mental illnesses involves a multi-disciplinary team of clinicians to help an individual dealing with an eating disorder. This usually includes a primary care doctor (e.g., pediatrician or internist), a nutritionist, a therapist, and a psychiatrist. Working together, members of the treatment team can help to meet the medical, nutritional and psychiatric needs of individuals with an eating disorder. In the vast majority of cases, psychopharmacological medications are not curative treatments for people with eating disorders. In certain cases, some people may find that medications are a helpful part of their treatment.

Eating disorders frequently occur in people with other mental illnesses, including depression, anxiety disorders and substance abuse issues. For people with a co-existing mental illness, effective treatment of this second condition is critically important for proper treatment of their eating disorder. Historically, eating disorders were thought to be conditions that were limited to upper-middle class, teenage Caucasian females. Over the past few decades, it is clear that women of all ages, ethnicities and socioeconomic backgrounds are confronted with the challenges of eating disorders. Males are less likely to have eating disorders than females, but it has been suggested that as awareness grows, more males are being treated for these severe mental illnesses.

## **Anorexia Nervosa**

Anorexia nervosa is a serious and potentially life-threatening mental illness. Anorexia nervosa is an eating disorder defined by an inability to maintain one's body weight within 15 percent of their Ideal Body Weight (IBW). Other essential features of this disorder include an intense fear of gaining weight, a distorted image of one's body, denial of the seriousness of the illness, and—in females—amenorrhea, an absence of at least three consecutive menstrual cycles when they were otherwise expected to occur.

### **Bulimia Nervosa**

People with bulimia nervosa are overly concerned with their body's shape and weight—they engage in detrimental behaviors in an attempt to control their body image. Bulimia nervosa is often characterized by a destructive pattern of bingeing (eating too much unhealthy food) and inappropriate, reactionary behaviors (called purging) to control one's weight following these episodes. Purging behaviors are potentially dangerous and can consist of a wide variety of actions “to get rid of everything I ate.” This can include self-induced vomiting and the abuse of laxatives, enemas or diuretics (e.g., caffeine). Other behaviors such as “fasting” or restrictive dieting following binge-eating episodes are also common, as well as excessive exercising.

### **Binge Eating Disorder**

Binge eating disorder (BED) is not mental illness that is formally characterized in *DSM-IV-TR*, however it is a recognized clinical syndrome that has been diagnosed and treated for over 50 years. During this time, BED has been called by other names—compulsive overeating, emotional eating, or food addiction—but the core symptom of dysfunctional binge eating episodes remains the same. It remains to be seen whether Binge Eating Disorder will be included as a mental illness in the upcoming *DSM-V* (the updated version of *DSM-IV-TR* which will be released in 2013).

### **Support for People with Eating Disorders**

With thorough treatment and the support of their loved ones, many people with eating disorders can expect to see a significant decrease in their symptoms and can go on to live healthy lives in absence of serious medical complications. Family members and friends can be most helpful in providing nonjudgmental support of their loved one and by encouraging their loved one to seek treatment for these serious conditions.

The following resources may be helpful for individuals and their families:

<http://www.nationaleatingdisorders.org/>

<http://www.nimh.nih.gov/health/publications/eating-disorders/complete-index.shtml>

<http://www.edrcsv.org/>

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