

Eating disorders: key facts from the Royal College of Psychiatrists

☐ What are eating disorders?

Many 'eating styles' can help us to stay healthy but some are driven by an intense fear of becoming fat. These can damage our health and are called eating disorders. The two most common problems are anorexia nervosa and bulimia nervosa. We describe them separately here but their symptoms are often mixed.

☐ Who gets eating disorders?

Eating disorders are around ten times more common in girls and women. In teenagers, they affect seven girls in every 1000 but only one boy in every 1000.

□ What causes eating disorders?

We do not know for certain but many factors could play a part. They include:

- social pressure: Western culture, particularly the media, idealises being thin
- control: losing weight can make us feel good and in control
- puberty: anorexia reverses some of the physical changes of becoming an adult
- family: saying 'no' to food may be the only way you can express your feelings
- depression: binges may start off as a way of coping with unhappiness
- low self-esteem
- genes may play a part.

□ Anorexia

Signs and symptoms:

- worrying more and more about your weight
- eating less
- exercising more
- being unable to stop losing weight, even when you are below a safe weight
- smoking and chewing gum to keep your weight down
- losing interest in sex
- in women, periods become irregular or stop
- in men and boys, erections and wet dreams stop and testicles shrink

When does it start?

Usually in the teenage years but it can start at any time.

□ Bulimia

Signs and symptoms:

- worrying more about your weight
- binge eating
- making yourself vomit and/or using laxatives
- having irregular periods and feeling guilty about your eating pattern but staying a normal weight.

When does it start?

Often in the mid-teens but people don't usually seek help for it until their twenties because they are able to hide it.

□ Binge eating disorder

This has recently been recognised. It involves dieting and binge eating but not vomiting. It is distressing but less harmful than bulimia. People with binge eating disorder are more likely to become overweight.

□ Can treatment help?

- Helping yourself
 - Bulimia can be tackled using a self-help manual with guidance from a therapist but anorexia
 usually needs help from a clinic or therapist.
 - Try to stick to regular mealtimes breakfast, lunch and dinner. If your weight is very low, have extra snacks.
 - Keep a diary of what you eat as well as your thoughts and feelings. You can use this to see whether there are links between how you feel, think and eat.

- Be honest with yourself and with others. Remind yourself that you don't always have to be achieving things – let yourself off the hook sometimes.
- Think about joining a self-help group and contact the Eating Disorders Association (now known as beat, www.b-eat.co.uk).
- Professional help

Your GP can refer you to a specialist counsellor, psychiatrist or psychologist. Your eating disorder may have caused physical problems or you may have an unrecognised medical condition – a physical health check would be wise.

□ Treatments for anorexia

Psychiatric support

A specialist will want to find out when the problem started and how it developed. You will be weighed and, depending on how much weight you've lost, you may need a physical examination and blood tests. With your permission, the specialist might want to talk with your family or a friend to see what light they can shed on the problem.

Psychotherapy or counselling

This involves talking to a therapist about your thoughts and feelings. It can help you to understand how the problem started and how you can change some of the ways you think and feel about things. It can be upsetting to talk about some things but a good therapist will help you to do this in a way which helps you to cope better with your difficulties. They will also help you value yourself more and rebuild your sense of self-esteem.

Advice and help with eating

A dietician may talk to you about healthy eating. You may need vitamin supplements.

Hospital admission

This is only an option if you are dangerously underweight or just not getting better. It involves controlling your eating, doing physical checks and talking about problems.

Compulsory treatment

This only happens if someone is so unwell that their life or health is in danger or they cannot make proper decisions for themselves and need to be protected.

How effective is the treatment?

More than half make a recovery, although it can take some years to recover completely.

□ Treatments for bulimia

Cognitive-behavioural therapy (CBT)

This can be done with a therapist, with a self-help book, in group sessions or with a computer program. Cognitive-behavioural therapy helps you to look at the links between your thoughts, feelings and actions.

Interpersonal therapy

This is usually done with an individual therapist. This treatment focuses on your relationships with other people.

Eating advice

This helps you to get back to regular eating, without starving or vomiting.

Medication

Antidepressants can reduce the urge to binge. Unfortunately, without the other forms of help, the benefits wear off after a while.

How effective is the treatment?

About half of individuals with bulimia recover. Recovery usually takes place slowly over a few months or many years.

This key facts leaflet is a shortened version of our main leaflet which you can find at www.rcpsych.ac.uk
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