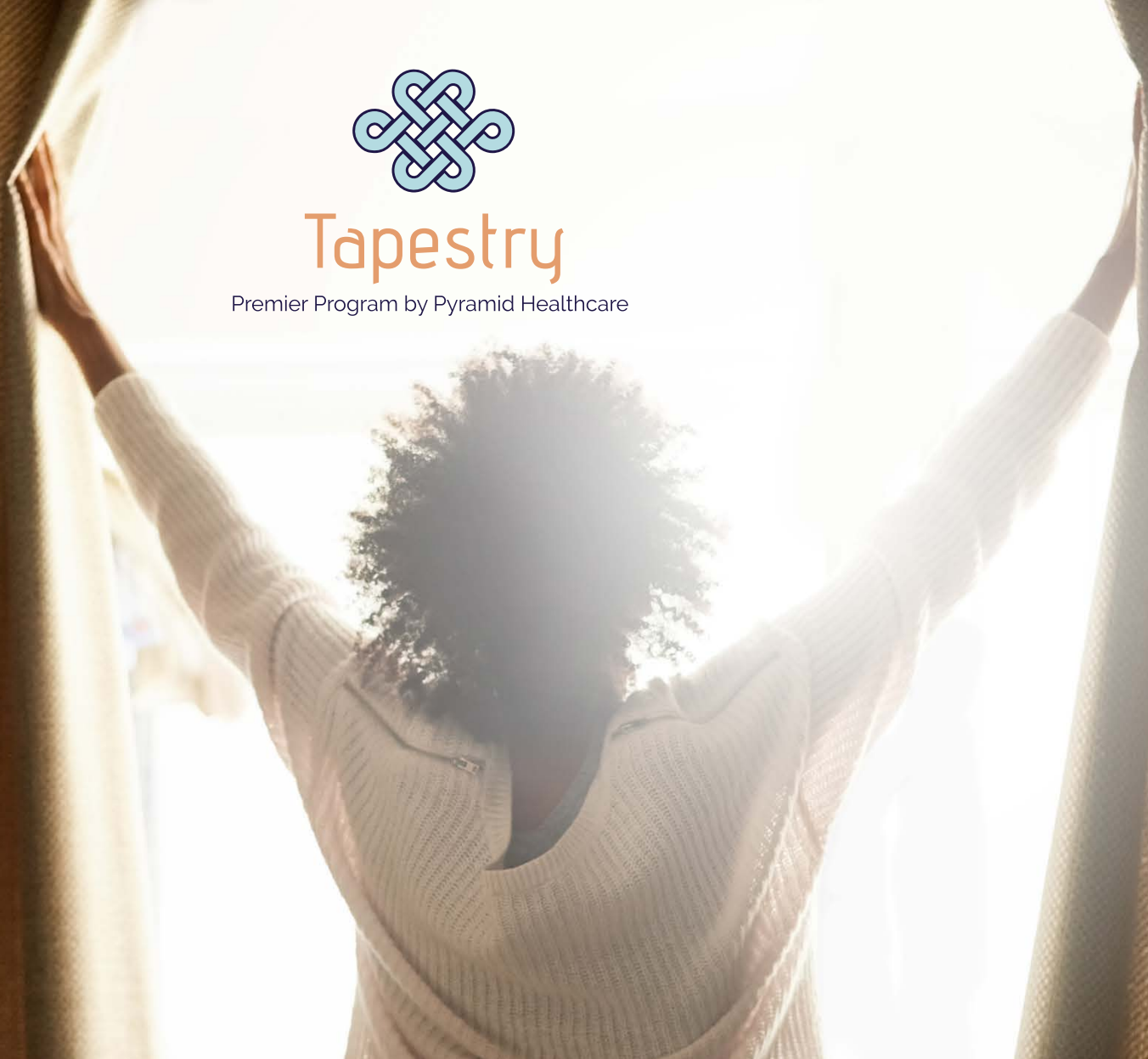




Tapestry

Premier Program by Pyramid Healthcare



Eating Disorders 101:

Binge Eating, Anorexia Nervosa and Bulimia Nervosa

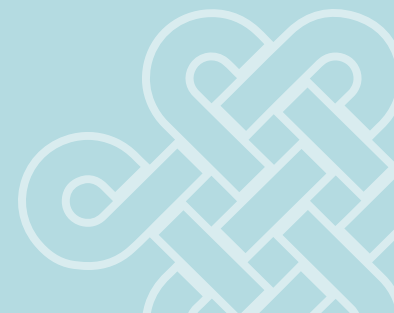


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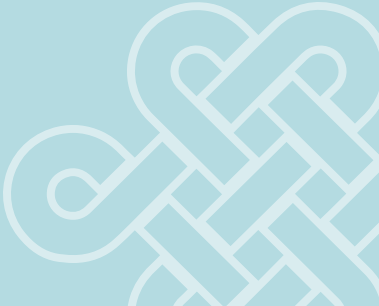
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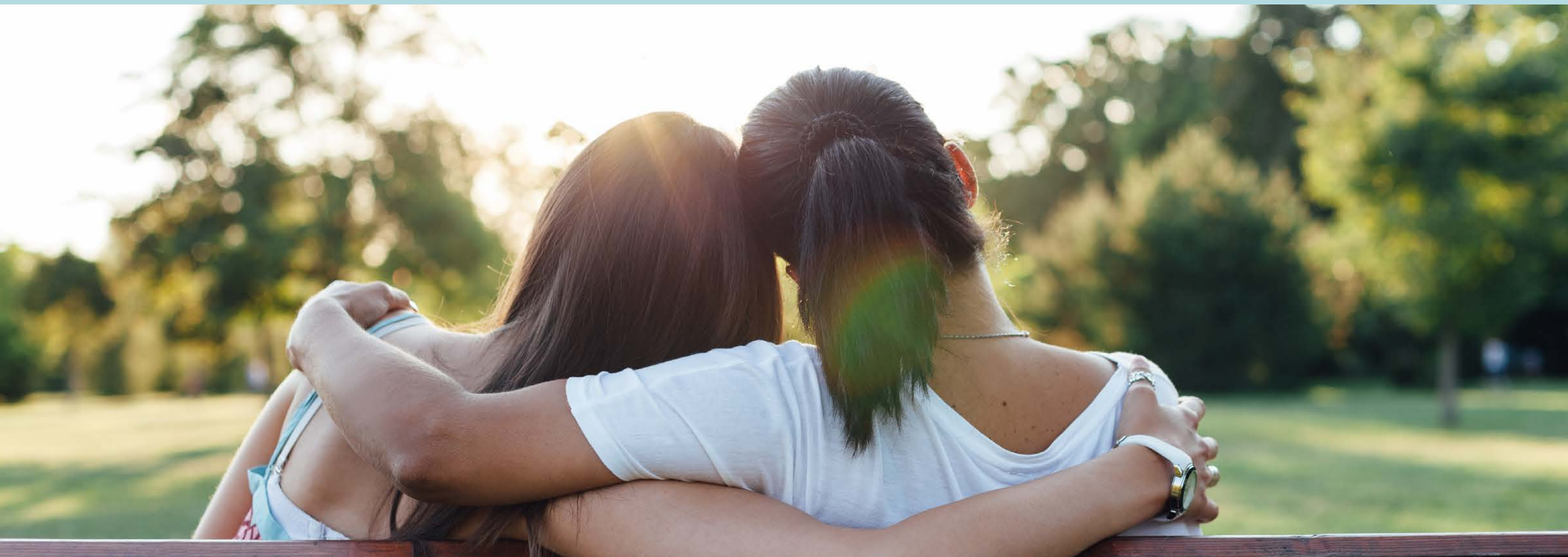


Introduction

Eating disorders are mental health disorders that represent extremes in thought and behavior patterns surrounding eating. Eating disorders can lead to serious medical problems, and they can be fatal.

According to the National Association of Anorexia Nervosa and Associated Disorders, up to 20 percent of people who don't seek treatment for an eating disorder will die.¹

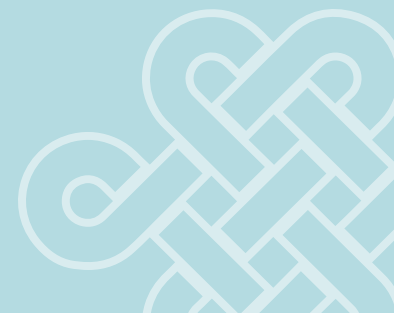
If you're worried that you or someone you love might have an eating disorder, you may be wondering what your next steps should be. You probably have a lot of questions and just as many worries, but it's hard to know where to begin. This primer will help you better understand the most common eating disorders, what causes them, how they're treated and what you can do to promote long-term recovery.





The Three Most Common Eating Disorders

and How They're Diagnosed



The three most common eating disorders are binge eating disorder, anorexia nervosa and bulimia nervosa.

Binge Eating Disorder

Binge eating disorder is the most common eating disorder in the U.S., according to the National Eating Disorders Association.² It's characterized by episodes of eating large amounts of food, often quickly and to the point of discomfort. Binge eating disorder is not associated with compensatory behaviors like excessive exercise or purging.

An episode of binge eating is characterized by:

- » Eating a larger amount of food in one sitting than most people would eat in a similar time period under similar circumstances
- » Feeling a lack of control over eating during the episode

A formal diagnosis of binge eating disorder requires at least one episode of binge eating a week for at least three months. Additionally, at least three of the following must be true during a typical binge eating episode:

- » Eating faster than normal
- » Eating until you're uncomfortably full
- » Eating large amounts of food even though you're not hungry
- » Eating alone because you feel embarrassed about how much you're eating
- » Feeling depressed, guilty or disgusted with yourself afterward



Anorexia Nervosa

Anorexia nervosa is a serious, life-threatening eating disorder that has the highest mortality rate of all psychiatric disorders. An estimated two percent of American women and 0.3 percent of American men have a lifetime history of anorexia, according to NEDA.³

Anorexia is diagnosed using the following criteria:

- » Extreme restriction of calories relative to one's daily energy requirements
- » Low body weight for one's age, sex and height
- » Intense fear of weight gain, even in those who are underweight
- » A distorted body perception, which includes denial of the seriousness of extremely low body weight
- » An undue influence of body weight on self-perception and self-evaluation

Although anorexia nervosa is commonly associated with being underweight or emaciated, not everyone who has anorexia experiences extreme weight loss. Atypical anorexia is diagnosed in those who meet the criteria for anorexia except for low body weight.

Common signs and symptoms of anorexia include:

- » Constant dieting and an obsession with the calorie and fat content of food
- » Engaging in ritualistic eating patterns, including hiding food, cutting food into tiny pieces or eating alone
- » Disrupted or absent menstruation
- » Social isolation
- » Depression or lethargy
- » Thinning hair or hair loss
- » Soft, fine hair known as lanugo growing on the face and body



Bulimia Nervosa

Bulimia nervosa is a potentially life-threatening eating disorder characterized by a cycle of bingeing and engaging in behaviors to compensate for a binge. According to NEDA, 1.5 percent of American women and 0.5 percent of American men have a lifetime history of bulimia.⁴

Bulimia is diagnosed using the following criteria:

- » Recurrent episodes of binge eating
- » A sense of a loss of control over eating during the binge
- » Engaging in unhealthy behaviors to compensate for the binge, such as self-induced vomiting or purging, heavy laxative or diuretic use, fasting between binges or excessive exercise
- » A heavy influence of body weight on self-perception
- » Bingeing and purging at least once a week for at least three months

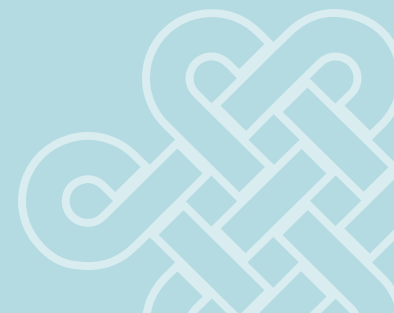
Signs and symptoms of bulimia include:

- » Eating in secret
- » Using the bathroom immediately after eating
- » Sores on the knuckles or fingers or damage to the teeth and gums from self-induced vomiting
- » An excessively negative body image





The Causes of Eating Disorders





Eating disorders almost always have underlying causes, and successfully treating an eating disorder requires addressing them. Genetic, psychological, biological and socio-cultural risk factors can contribute to the development of an eating disorder.

Genetic Factors

Although there is some evidence that eating disorders may run in a family, the genetic influence is thought to be a complicated interaction between many different genes that govern a variety of biological processes.



Psychological Factors

Researchers have identified a number of personality traits that are common among people who have bulimia and anorexia:

- » Perfectionism
- » Obsessive thinking
- » Negative thinking
- » Emotional hypersensitivity
- » Impulsivity, particularly with bulimia
- » Inflexibility and excessive persistence, particularly with anorexia

Learning more balanced ways of thinking and behaving is a central focus of treatment for eating disorders.

Biological Factors

According to the American Psychological Association, a number of complex biological factors may contribute to eating disorders.⁵

- » People with anorexia appear to have heightened activity in the brain region associated with habitual behaviors.
- » People with anorexia and bulimia may have structural and chemical abnormalities in the brain region responsible for sending a signal to stop eating.
- » Increased or decreased activity of certain neurotransmitters may contribute to disordered eating. These neurotransmitters include dopamine, which is involved in the reward and motivational aspects of eating, and serotonin, which plays a role in mood and impulse regulation.

Medications can help regulate brain function to reduce urges and promote healthier ways of thinking and behaving.



Sociocultural Factors

Girls and women have impossible beauty standards to live up to, and for many, obtaining or maintaining the "perfect" body is a major, constant struggle. Fear of weight gain, fat-shaming, teasing and other forms of discrimination and prejudice can contribute to disordered eating, as can dysfunctional personal relationships.

Eating Disorders and Sexual Trauma

A study published in the journal *Child Abuse & Neglect* found a significant association between a history of trauma and eating disorders.⁶ An estimated 30 percent of people who have an eating disorder also have a history of sexual trauma.⁷ Research shows that more than two-thirds of sexual assault and rape victims develop moderate to severe stress reactions, which may include nightmares, insomnia, flashbacks, unwanted thoughts and feelings of intense anger. These are often diagnosed as post-traumatic stress disorder.

Some sexual abuse survivors may develop disordered eating as a way to cope with traumatic memories and symptoms of PTSD. For others, an eating disorder may develop as the result of intense body shame. Some disordered eating behaviors, such as starving the body, may be a coping mechanism similar to other self-harming behaviors like cutting.



Eating Disorders and Substance Abuse

According to the Substance Abuse and Mental Health Services Administration, eating disorders and substance use disorders commonly co-occur.⁸ Research shows that 27 percent of people with anorexia, 36.8 percent of people with bulimia, and 23.3 percent of people with binge eating disorder also have a co-occurring substance use disorder.

Treating co-occurring eating and substance use disorders at the same time, each in the context of the other, is essential for successful long-term recovery from both disorders.

PERCENTAGE OF PEOPLE

Experiencing Both Substance Abuse Disorder & Eating Disorder

ANOREXIA NERVOSA

27%

A horizontal bar chart for Anorexia Nervosa. The bar is light blue and is divided into two sections: a light blue section on the left representing 27% and a white section on the right representing the remaining 73%.

BULIMIA NERVOSA

36.8%

A horizontal bar chart for Bulimia Nervosa. The bar is orange and is divided into two sections: an orange section on the left representing 36.8% and a white section on the right representing the remaining 63.2%.

BINGE EATING DISORDER

23.3%

A horizontal bar chart for Binge Eating Disorder. The bar is dark blue and is divided into two sections: a dark blue section on the left representing 23.3% and a white section on the right representing the remaining 76.7%.

Eating Disorders and Mental Illnesses

Mental illnesses—particularly anxiety—also commonly co-occur with eating disorders. According to SAMHSA, an estimated 48 percent of people with anorexia, 65 percent of people with binge eating disorder and 81 percent of people with bulimia have a co-occurring anxiety disorder.

Anorexia is commonly associated with major depressive disorder and narcissistic personality disorder, and bulimia is often associated with borderline personality disorder. Both anorexia and bulimia are associated with bipolar II disorder.

Integrated treatment for a mental disorder that co-occurs with an eating disorder offers the best treatment outcomes.

PERCENTAGE OF PEOPLE

Experiencing Both Anxiety Disorder & Eating Disorder

ANOREXIA NERVOSA

48%

BINGE EATING DISORDER

65%

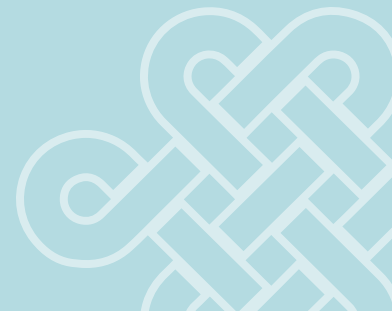
BULIMIA NERVOSA

81%





How Eating Disorders Are Treated





There is no single treatment for eating disorders that works for every individual. Eating disorders are extremely complex, involving any number of underlying factors. A large body of research shows that a holistic and individualized approach to treatment is essential for successful long-term recovery.

A holistic approach addresses various issues of the body, mind and spirit through a variety of treatment therapies. In general, treatment will consist of a combination of therapies covering four areas: medical stabilization, nutritional rehab, pharmacotherapy and psychotherapy.

Medical Stabilization

For individuals who are severely malnourished or dehydrated, treatment will start with medical care to restore stable health and address any other medical issues stemming from the eating disorder.



Nutritional Rehabilitation

Nutritional rehabilitation is a major focus in eating disorder treatment. For people with anorexia, this begins with a process known as refeeding, which takes place in an inpatient program. During refeeding, health professionals supervise the process of reintroducing adequate nutrients into the diet. This is a slow process, because too many nutrients too fast can lead to serious medical problems.

Other nutritional services are typically provided by a registered dietitian and include:

- » Nutritional evaluation
- » Education about essential nutrition
- » Risk assessments
- » Individualized meal plans
- » Strategies for good nutrition
- » Weight monitoring

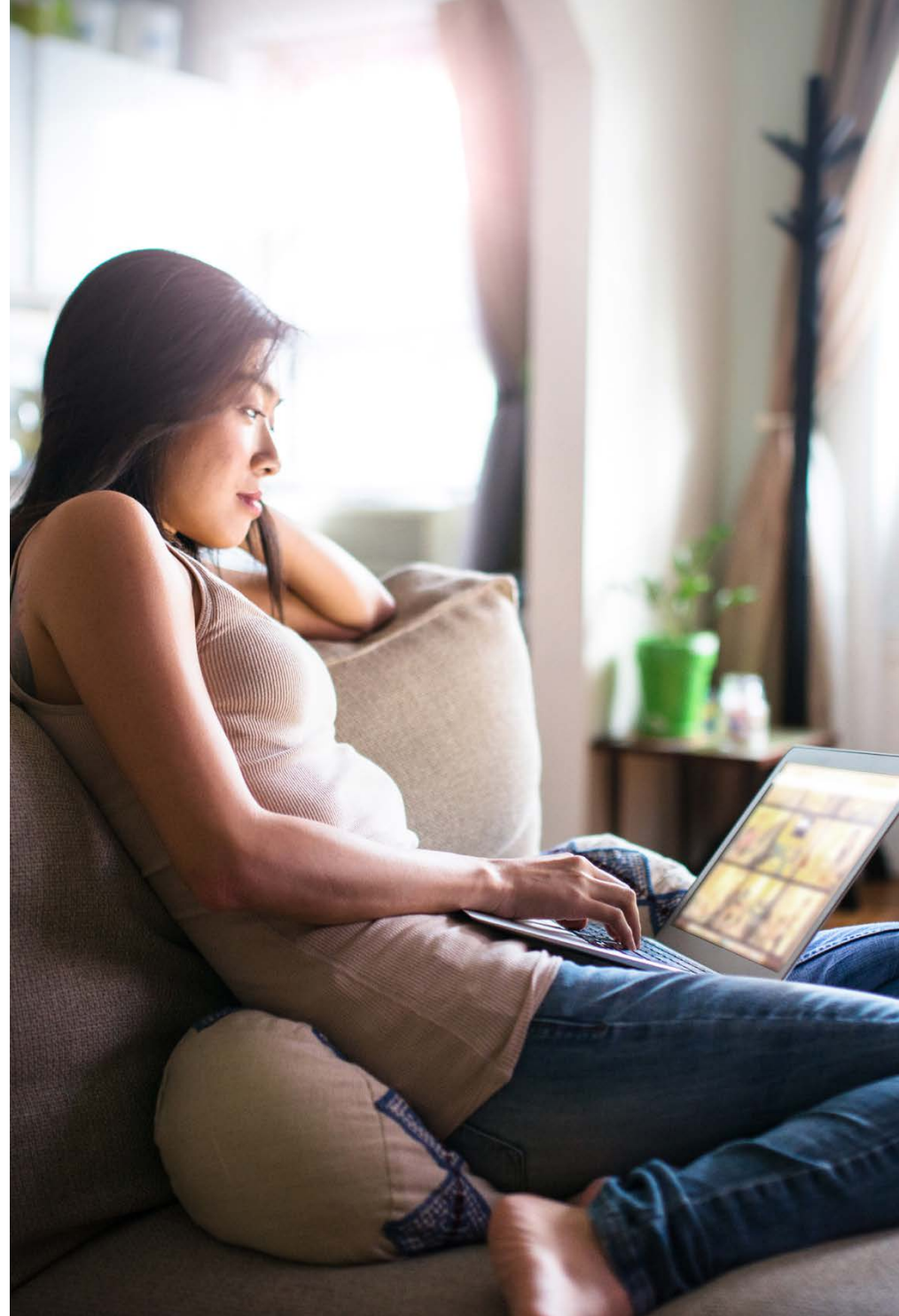


Pharmacotherapy

Pharmacotherapy is the use of medications to treat an illness. While no medications have been proven effective for treating anorexia nervosa, several have been approved by the U.S. Food and Drug Administration to treat bulimia and binge eating disorder. These include:

- » Fluoxetine, a selective serotonin reuptake inhibitor, which is used to treat both bulimia and binge eating disorder by improving the function of serotonin, the neurotransmitter that controls mood and thinking.
- » Topiramate, an anti-convulsant, which has been shown to reduce the urge to binge. It may also help some people lose weight.
- » Trazodone, a tricyclic antidepressant, which helps to reduce binge and purge behaviors in people with bulimia. It's not associated with weight gain, unlike many other antidepressants.

Pharmacotherapy for treating an eating disorder may also include medications to treat any underlying mental or medical illnesses.



Psychotherapy

Psychotherapy, or "talk therapy," is the foundation of eating disorder treatment. Psychotherapy helps you:

- » Identify and change faulty ideas, beliefs and ways of thinking and behaving
- » Develop essential skills for coping with stress, urges and negative emotions
- » Improve interpersonal relationships
- » Address underlying issues like chronic stress or trauma

Research shows that the most effective psychotherapies for treating eating disorders include dialectical behavior therapy, interpersonal psychotherapy and Maudsley-approach family therapy.

- » Dialectical behavior therapy helps you address distorted ways of thinking about body image and eating, and it helps alter disordered behaviors surrounding food. It also helps you address other factors contributing to the eating disorder.
- » Interpersonal psychotherapy helps you learn to cope with the frustration and low emotional states related to dysfunctional relationships. It also helps you develop better communication skills for healthier relationships.

Maudsley approach family therapy is used to treat adolescent eating disorders. It's based on the family systems theory, which holds that individuals can't be fully understood in complete isolation, but rather as a part of their family, which is an emotional unit. The Maudsley approach helps families address a wide range of interpersonal issues. Restoring healthy functioning to the family system is crucial for adolescent recovery from an eating disorder.





In Recovery:

Tips for Long-Term Success



Let's be honest; recovering from an eating disorder takes hard work. Treatment will help you develop a higher level of self-awareness and self-esteem. It'll help you change self-destructive thought and behavior patterns and develop a toolkit of skills and strategies for coping with negative emotions, stress and urges. The more fully you engage with your treatment plan, the more successful your recovery will be.

Once you've completed treatment, you can stay ahead of potential relapses by drawing on what you learned in treatment and engaging in these daily practices.

Manage Stress and Anxiety

Anxiety commonly occurs with eating disorders, and stress is a powerful trigger for slipping back into old habits and unhealthy ways of thinking. A number of healthy lifestyle habits can help you keep your anxiety and stress levels down:

- » Meditation reduces stress at the cellular level, and it's been proven effective for treating anxiety, improving your mood and normalizing brain wave function.
- » Adequate sleep is essential for reducing stress and anxiety. Develop healthy sleep habits for a good night's rest every night.
- » Breathe. Deep-breathing exercises reduce stress hormone levels on the spot. Just a few minutes of deep, slow breathing can restore your sense of calm and well-being.
- » Avoid stimulants. Caffeine and other stimulants can heighten your stress response and leave you feeling jittery and anxious.



Stay Mindful

Awareness of your emotional state can help you stay focused on practicing the skills and strategies you learned in treatment. Likewise, stay mindful of your body's hunger cues and satiation cues. To improve mindfulness:

- » Meditate daily to increase self-awareness and focus
- » Record your thoughts and feelings in a journal each day
- » Take regular self-assessments throughout the day to identify your emotional state and address any negative thoughts or emotions

Practice Self-Care

Be kind to yourself. Taking care of your mind, body and spirit is central to successful recovery.

- » Avoid negative self-talk
- » Have fun and enjoy yourself every day
- » Engage in activities that make you feel good about yourself, such as nurturing plants in the garden, creating art or music or volunteering for a cause you hold dear
- » Surround yourself with supportive people who have a healthy relationship with food and who value character over appearance



Get Support

A solid support system of friends and family helps you navigate challenges in recovery and stay motivated to succeed.

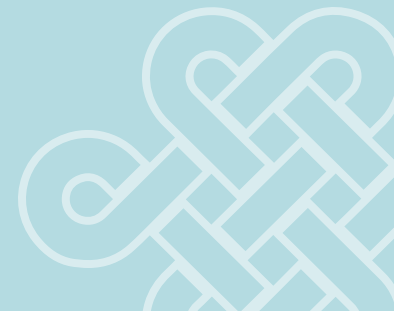
- » Join a support group, which provides a safe place where people going through similar struggles with eating disorders can exchange support, tips, advice and encouragement.
- » Ask for help when you need it. It's not always easy to ask for help, but turning to a trusted friend or family member when you're feeling overwhelmed can help you stay on track with recovery.
- » Engage in any ongoing groups or programs offered by your treatment center. These can help you sustain recovery for the long-term.

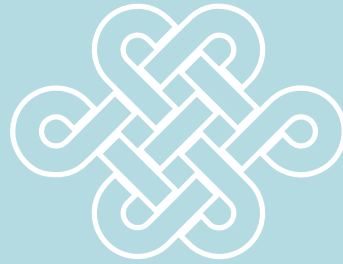
With an individualized treatment plan through a high-quality treatment program, you can successfully recover from an eating disorder and enjoy better health, a higher quality of life and an improved sense of well-being. Treatment works, and it can work for you or someone you love, too.



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Premier Program by Pyramid Healthcare

Nestled in the beautiful Blue Ridge Mountains of North Carolina, Tapestry provides premier eating disorder treatment to those who are struggling with anorexia, bulimia, binge eating, orthorexia and exercise addiction. Tapestry's small, homelike facilities provide a safe, supportive environment for those who are seeking lasting recovery.

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