

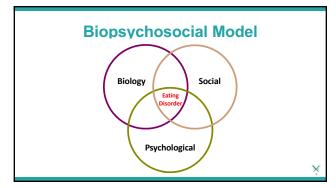
# **Eating Disorders**

- The defining feature of the eating disorders is a harmful preoccupation with weight, body shape, and food, which leads to disordered and potentially dangerous eating behaviors.
- Approximately 5.5 million adults suffer with an eating disorder in the United States every year.
- Eating disorders are three to four times more common in women than men.
- Eating disorder diagnoses include anorexia nervosa, bulimia nervosa, binge eating disorder, and other eating disorders.

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### **Eating Disorder Risk Factors**

### Biological Factors -

- Genetics and family history.
   Perinatal factors (e.g., low birth weight, maternal smoking).
- Dysfunction in brain regions involved in reward processing and impulse control.
- Puberty and hormonal factors.Early history of dieting.

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# **Eating Disorder Risk Factors**

#### Psychological Factors -

- Negative self-evaluation.
  Heightened perfectionism.
- · Low self-esteem.
- Body dissatisfaction.
- Childhood anxiety disorder or obsessional traits.
- Depressive symptoms.
- Feelings of inadequacy.

# **Eating Disorder Risk Factors**

#### Social Factors -

- Maternal focus on weight and appearance.
- Family conflict.
- · Childhood physical or sexual abuse.
- An achievement-oriented family.
- Cultural emphasis on thinness and the "perfect body".

### **Anorexia Nervosa**

- Severely limited food intake that leads to a body weight much lower than what is considered healthy for the person's age, sex, and physical condition.
- Extreme fear of gaining weight or becoming "fat," even when already underweight. This fear may show up as behaviors that actively prevent weight gain.
- Distorted view of body size or shape, or denial of how dangerous the low body weight is to one's health.
- Highest lifetime mortality among psychiatric disorders (20%).

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#### **Anorexia Nervosa**

#### What to watch for -

- · Rapid loss of weight.
- An obsessive preoccupation with weight gain or "getting fat".
- · Withdrawal from friends or social gatherings.
- Compulsive food / eating rituals (extremely restricted eating).
- · Hair loss.
- Fainting.Amenorrhea.
- Dry, scaly skin / brittle nails.
- Growth of thin white hair all over the body (lanugo).

### **Bulimia Nervosa**

- Repeated episodes of binge eating, where a person eats a large amount of food in a short period of time and feels unable to stop or control how much they're eating.
- Unhealthy behaviors to try to "undo" the eating, such as making themselves vomit, misusing laxatives or diet pills, fasting, or exercising too much, in an effort to avoid weight gain.
- · Self-worth is heavily tied to body weight and shape.
- Usually maintain a weight that appears typical for their age and height, though some may be underweight or overweight.

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### **Bulimia Nervosa**

#### What to watch for -

- Excessive, rigid exercise regimen.
- An obsessive preoccupation with weight gain or "getting fat".
- Withdrawal from friends or social gatherings.
- Hoarding of food in strange places.
- Calluses, scaring, or abrasions on the back of the hands and knuckles from self-induced vomiting (Russell's sign).
- Tooth erosion.
- Gastrointestinal problems (e.g., constipation, heartburn, reflux).
- Chronically inflamed and sore throat.
- Bad breath.

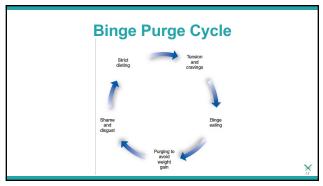


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### **Bulimia Nervosa**







### **Binge Eating Disorder**

- Frequent episodes of eating large amounts of food in a short period, often accompanied by a feeling of being out of control during the episode.
- Binge episodes are linked to emotional distress, such as shame, guilt, or depression, and are often done in secret.
- Individuals with BED do not regularly use behaviors like vomiting, fasting, or excessive exercise to "make up" for the binge eating.
- BED can affect people of all body sizes, but about **65% of those** diagnosed are classified as obese.

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### **Binge Eating Disorder**

#### What to watch for -

- Noticeable fluctuations in weight, both up and down.
- Evidence of binge eating (e.g., food wrappers).
- Gastrointestinal problems (e.g., constipation, heartburn, reflux).
- Withdrawal from friends or social gatherings.
- Hoarding of food in strange places.
- Avoids eating in public or with others and often feels embarrassed about the quantity of food consumed.
- Shows extreme concern with body weight and shape.

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### **Summary**

- Eating disorders are characterized by harmful obsessions with weight, body image, and food, affecting around 5.5 million U.S. adults annually—3 to 4 times more common in women than men.
- Eating disorders arise from a combination of biological (e.g., genetics, brain dysfunction), psychological (e.g., perfectionism, low self-esteem), and social (e.g., family dynamics, cultural pressure) influences.
- Anorexia Nervosa has the highest mortality rate of any psychiatric **disorder** (20%), and all eating disorders significantly impair emotional, physical, and social functioning.

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### **Gateway to Hope University (GTHU)**

health training, educational resources, and ongoing support to individuals, faith communities, schools, and workplaces.

We developed GTHU to provide you with the training needed to recognize, refer, relate, and effectively and compassionately respond to those in mental distress.



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### **Mental Health Coach Training**

- Evidence-based training incorporating ongoing research and feedback from GTHU network of Mental Health Coaches.
- Learn essential information, skills. practical scenarios, and actionable steps to compassionately respond to those in mental distress.



Deepen your knowledge and response skills through our Specialization Trainings:

o Addiction and Behavioral Health Disorders
o Child and Adolescent Mental Health Aging and Elder Care Trauma







