

ANOREXIA NERVOSA

Characterized primarily by self-starvation and excessive weight loss.

Symptoms include:

- Inadequate food intake leading to significant weight loss.
- Intense fear of weight gain, obsession with size, and persistent behavior to prevent weight gain.
- Disturbance in self-image.
- Denial of the seriousness of low body weight.

Health consequences include:

- Heart failure, osteoporosis, muscle loss, and growth of lanugo (hair all over the body).

BULIMIA NERVOSA

Characterized primarily by a cycle of binge eating followed by compensatory behaviors, such as self-induced vomiting, in an attempt to counteract the effects of binge eating.

Symptoms include:

- Regular intake of large amounts of food accompanied by a sense of loss of control over eating behavior.
- Use of inappropriate compensatory behaviors such as vomiting, laxative or diuretic abuse, fasting, and/or obsessive or compulsive exercise.
- Extreme concern with body weight and shape.

Health consequences include:

- Heart failure, gastric rupture, tooth decay, rupture of the esophagus, and pancreatitis.

BINGE EATING DISORDER

Characterized primarily by recurrent binge eating without the regular use of compensatory measures.

Symptoms include:

- Frequent episodes of eating large quantities of food in short periods of time.
- Feeling out of control during the binge.
- Experiencing shame, guilt, and distress after the binge.

Health consequences include:

- Heart disease, type II diabetes mellitus, gastric rupture, and gallbladder disease.

OTHER SPECIFIED FEEDING OR EATING DISORDER (OSFED)

A feeding or eating disorder that causes significant distress or impairment but does not meet the criteria for another feeding or eating disorder.

Examples of OSFED include:

- Atypical anorexia nervosa (weight is not below normal)
- Bulimia nervosa (with less frequent behaviors)
- Binge eating disorder (with less frequent occurrences)
- Purging disorder (purging without binge eating)
- Night eating syndrome (excessive nighttime food consumption)

Eating disorders come in many different forms and OSFED is equally as severe as the other eating disorder diagnoses.

WHAT DOES TREATMENT INVOLVE?

Eating disorders require the care of a trained professional with expertise in the treatment of eating disorders.

- The most effective treatment involves some form of psychotherapy or counseling coupled with careful attention to medical and nutritional needs.
- Treatment should be tailored to the patient's individual issues.
- Treatment must address the eating disorder symptoms as well as psychological, biological, nutritional, interpersonal, and cultural forces that contribute to or maintain the disorder.
- Early diagnosis and intervention significantly enhance recovery.

WHO'S AT RISK?

- Anyone can develop an eating disorder regardless of gender, age, race, ethnicity, culture, size, socioeconomic status, or sexual orientation.
- Eating disorders also impact the family, friends, and loved ones of someone struggling.

HELP ENCOURAGE HEALTHY BEHAVIORS

- Learn all you can about eating disorders and the dangers of dieting.
 - Awareness encourages healthy attitudes about food and body shape.
- Model good behaviors in your attitudes about food, body image, and weight-related issues.
 - Avoid negative comments about your or anyone else's body.
 - Eat balanced meals, get plenty of rest, and exercise for enjoyment.
 - Demonstrate openness in talking to a counselor and your loved ones about mental health.
- Talk to others about natural differences in body types and the body's powerful attempts to maintain these naturally varied shapes and sizes.
- Connect with organizations like the National Eating Disorders Association by volunteering your time or giving a tax-deductible donation.

