
QUICK FACTS

ABOUT EATING DISORDERS

The National Eating Disorder Information Centre is committed to promoting healthy lifestyles and respect for all bodies. We strive to provide credible, up-to-date information to enable individuals to make informed choices.

We believe that increased awareness of the factors that contribute to and maintain disordered eating will discourage the development of eating disorders, and encourage early intervention when there is a problem.

nedic

National Eating Disorder Information Centre

www.nedic.ca

EATING DISORDERS

Eating disorders are serious mental illnesses characterized by persistent disturbances in eating and eating-related behaviours that result in harm to one's physical health, mental health, and/or psychosocial functioning. These behaviours often serve as ways of coping with distressing life circumstances, interpersonal difficulties, and/or negative emotions. Eating disorder behaviours may also be symptoms of malnourishment or starvation.

There is no singular cause of an eating disorder.

The development of an eating disorder cannot be attributed to a specific person, event, or gene. Eating disorders are complex illnesses that are best understood as the outcome of the interaction of multiple biological, psychological, and sociocultural factors. Risk factors include genetic vulnerability/family history, body dissatisfaction, low self-esteem, perfectionism, predisposition to experiencing negative emotions, dieting, and exposure to weight stigma.

Eating disorders affect people of all ages, genders, socioeconomic classes, racial backgrounds, ethnicities, and abilities. While these illnesses disproportionately affect girls and women, approximately 20% of people living with an eating disorder are boys and men.

ANOREXIA NERVOSA

Anorexia nervosa is characterized by persistent behaviours (such as restrictive eating, over-exercising, diet pill misuse, and/or vomiting) driven by an intense fear of gaining weight or being fat that interfere with maintaining one's biologically-appropriate body weight. Individuals with anorexia nervosa may experience disturbances in how they experience their weight and shape, or difficulties recognizing the seriousness of their condition.

In children and young adolescents, anorexia nervosa can be more difficult to spot because they often do not present with the signs and symptoms that are recognized as typical among adults. For example, a child may not lose weight, may not be old enough to experience the loss of menstrual periods (in the case of a female), and may not express worries about body size or shape. Any child whose eating behaviours have markedly changed, and/or is not growing in a way that is consistent with their previous growth patterns should raise concerns.

BULIMIA NERVOSA

Bulimia nervosa is characterized by recurring episodes of binge-eating (consumption of an unusually large quantity of food in a relatively short period of time, in a way that feels out of control) followed by behaviours intended to purge the body of the food consumed or compensate for food eaten and prevent weight gain. Common compensatory behaviours include self-induced vomiting, laxative use, intense exercise, and food restriction. In affected individuals, much of their self-evaluation is based on their weight and shape. The cycle of bingeing and purging also adds to feelings of low self-esteem, shame, failure, and being out of control. Bulimia nervosa can be difficult to detect as affected individuals are not significantly underweight.

BINGE-EATING DISORDER

Binge-eating disorder is characterized by recurring episodes of binge-eating. For affected individuals, their eating patterns cause a great deal of distress. Unlike individuals with bulimia nervosa, those with binge-eating disorder do not routinely engage in compensatory behaviours after binge-eating episodes; however, they may occasionally fast or go on diets.

OTHER SPECIFIED FEEDING OR EATING DISORDER (OSFED)

The eating disorders in this category are characterized by behavioural patterns that do not fit the criteria for anorexia nervosa, bulimia nervosa, or binge-eating disorder, but still compromise health and functioning. Examples include: atypical anorexia nervosa (all of the same characteristics as anorexia nervosa, except the person's weight is still within or above the "average" range for age and height despite having lost a large amount of weight); purging disorder (persistent purging behaviours without the presence of binge-eating episodes and without being underweight); and night eating syndrome (excessive consumption of food following an evening meal or after waking from sleep in the night).

AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER (ARFID)

Symptoms often show up in infancy or childhood and may persist until adulthood. An individual with ARFID may avoid foods with certain characteristics (flavours, textures, or colours), or may be fearful of eating after having a distressing experience involving food (such as becoming physically ill after eating). Individuals with ARFID do not overvalue body weight or shape or experience significant disturbances in the way body weight or shape are perceived. The degree of food avoidance/restriction (which is not explained by limited access to food or a medical condition) is such that the body's requirements for nutrition and energy are consistently unmet.

WARNING SIGNS AND SYMPTOMS OF EATING DISORDERS

- Excessive concern about one's weight, size, or shape.
- Preoccupation with food and nutrition.
- Extreme concern about being judged by others on appearance and behaviour.
- Depression or irritability.
- Guilt or shame about eating.
- Rigid and ritualistic eating behaviours.
- Progressive elimination of foods from one's diet.
- Feeling fat despite being at a low or "average" weight.
- Exercising through fatigue, illness, or injury.
- Noticeable weight loss or weight fluctuations.
- Evidence of vomiting after eating.

HOW YOU CAN HELP SOMEONE WHO HAS AN EATING DISORDER

- If you are a parent/caregiver of a child or adolescent with an eating disorder, you will need to help ensure that they take in an adequate amount of food and do not compensate. There are professionals, websites, and books to help you do this.
- Seek credible information about eating disorders and the risks of dieting, and learn as much as you can – the more you know, the better you can respond.
- Let the individual know you are concerned and willing to provide support. Find out where the individual can go for help and encourage them to seek it.
- Gather resources to help the individual understand the negative impacts of eating disorders and that recovery is possible.
- Be patient. Overcoming an eating problem can be a lengthy process.
- Avoid focusing on appearance. Instead, talk about concerning behaviours you have observed.
- Understand your limits and take care of yourself. Role-model healthy attitudes and behaviours.
- Address food- and weight-related prejudices in yourself and others.
- Support organizations like NEDIC which can do the work that you alone cannot.

HOW NEDIC CAN HELP

- Provide support through our national toll-free helpline and instant chat service.
- Provide information and resources on eating disorders and food and weight preoccupation through our website and helpline.
- Refer you to professionals who specialize in eating disorders using our national service provider directory.
- Support you in developing your own resources.
- Deliver presentations and workshops.
- Coordinate and promote activities for Eating Disorder Awareness Week and International No Diet Day.

National Eating Disorder Information Centre

200 Elizabeth St., ES 7-421 Toronto, ON M5G 2C4 Canada

Tel: 416-340-4156

Fax: 416-340-4736

Toll-free: 1-866-NEDIC-20

Email: nedic@uhn.ca

Web: www.nedic.ca

NEDIC relies heavily on donations and fundraising opportunities to support our programs. Visit nedic.ca/donate to make a contribution.

Charitable Registration Number 12386 4068 RR 0001

For local information, please contact: