

Eating Disorders

Eating Disorders are complex psychological conditions that interrupt one's relationship with food, thereby impacting physical and mental health. Eating disorders are non-discriminatory, impacting anyone of any race, wealth status, gender, sexuality, age, body size, ethnicity, or religion. There is nothing uncommon about eating disorders. Those with marginalized identities are more likely to develop an eating disorder and those who hold multiple marginalized identities are the most likely. According to the National Alliance of Eating Disorders, 29 million Americans will experience a clinically significant eating disorder during their lifetime. Additionally, hospitalizations for eating disorder care rose dramatically during the COVID-19 pandemic. Many people who suffer from subthreshold disordered eating (meaning they don't receive a clinical diagnosis but disordered eating is present) often never receive care for their struggles. You don't need a clinical diagnosis of an eating disorder to have a complicated relationship with food and a need for support. You can find this support through therapists, dietitians, and physicians who identify as being weight-inclusive eating disorder treatment providers.

Signs and Symptoms

Signs that someone may have disordered eating can include emotional, behavioral, and physical symptoms. Below are some examples, but remember, every person's experience is unique and every possible sign/symptom is not listed below. If you think you may have disordered eating, ask a trusted healthcare or mental health professional for support.

- Preoccupation with food and food choices: This can look like spending most of the day thinking about food/food choices, tracking what is eaten, or watching media about food in excess
- Feelings of being out of control around food (i.e. feeling like you can't stop eating if you start)
- Having food rules: This can include having limitations around the times one is allowed to eat, how much one is allowed to eat, or what order food is allowed to be eaten



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- Removing certain food groups or types of food from the diet for reasons unrelated to a medical necessity (i.e. removing gluten from diet when celiac disease is not present)
- Frequent dieting and weight cycling
- Cognitive issues such as difficulty concentrating, memory loss, mood swings, and lethargy
- Avoidance of social situations involving food or withdrawal from usual friendships or activities
- Exercise as a means of earning food
- Body checking, which can look like measuring oneself using one's hands or tape measurements, frequently looking at oneself in the mirror, or habitually/excessively trying on certain clothes and assessing the fit of the garments
- Cold intolerance
- Fainting or fainting spells
- Fluctuations in weight in either direction
- Muscle weakness or cramping
- Poor wound healing/easy bruising
- Dental issues such as frequent cavities, enamel erosion, and tooth sensitivity
- Gastrointestinal issues such as constipation, diarrhea, painful cramping, gastric reflux

The most common eating disorder is **Binge Eating Disorder**, followed by **Bulimia Nervosa**, then **Anorexia Nervosa**. Binge Eating Disorder, while characterized by episodes of bingeing, negative self-esteem, and feeling out of control and guilt around food, can still be related to restriction. This can look like attempting a diet all day long and then having nighttime binges. Even the desire to restrict or thinking about restricting can trigger a binge. Bulimia Nervosa consists of binges followed by purging and there can be body image concerns present. Anorexia Nervosa is typically associated with extreme dietary restriction and body image disturbances often resulting in extreme weight loss (but not always, refer to the OSFED section below). **Avoidant Restrictive Food Intake Disorder** is sometimes a less known eating disorder. Otherwise referred to as ARFID, it is often confused with picky eating, when it is in fact



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a serious eating disorder impacting both physical and mental health. With ARFID, the individual struggles with meeting their nutritional needs due to their inability to eat certain foods or avoidance of food. While this condition is often associated with children this eating disorder can occur in adults as well and is sometimes related to a traumatic choking experience or fear of vomiting.

Below is a table consisting of eating disorder behaviors and common eating disorders associated with that behavior:

	Anorexia Nervosa, Restricting Type	Anorexia Nervosa, Binge Eating/Purging Type	Bulimia Nervosa	Binge Eating Disorder	Avoidant Restrictive Food Intake Disorder	Disordered Eating (subthreshold condition)
Dietary restriction	X	X			X	potentially
Binge eating		X	X	X		potentially
Significantly low body weight or significant weight loss	X	X			potentially	potentially
Body image disturbance, weight/shape overvaluation	X	X	X	potentially		potentially
Fear of vomiting or choking					X	potentially



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Below are some more eating disorders that didn't fit so neatly into the above table:

Pica: consumption of non-food substances over a period of at least one month such as (but not limited to) chalk, soil, hair, paper, pebbles.

Rumination Disorder: Repeated regurgitation of food that is either then re-chewed or swallowed, or spit out.

Otherwise Specified Feeding or Eating Disorder (OSFED): This eating disorder contains a large variety of symptoms and eating disordered behaviors. The diagnosis is often used when an individual has a variety of the symptoms associated with the eating disorders listed in the table above, but doesn't meet all of the criteria for one of the above categories. It should be noted that an OSFED diagnosis is just as valid and as serious. It should also be noted that while Atypical Anorexia is sometimes placed under the OSFED diagnosis, there is nothing atypical about it. Many people struggle with extreme restriction and exercise behaviors and either don't lose weight or their weight loss is not recognized as being a concern by the fatphobic medical establishment. Atypical anorexia shares the same adverse and dangerous health consequences as anorexia. Other than opioid addiction, anorexia nervosa has the highest mortality rate of any mental health condition. Your struggle is valid no matter what body size you live in or what eating disorder diagnosis you may have.

More Food Related/Behavioral Concerns:

- **Orthorexia:** cutting out an increasing number of foods/food groups (like carbs, gluten containing foods, animal products, etc) due to a great concern for one's health and the health of the foods the individual is consuming
- **Diabulimia:** neglecting or purposefully mismanaging diabetic care as an outcome of either body image/shape concerns or diabetes care burnout
- **Compulsive Exercise:** frequent exercise despite injury or fatigue that also interferes with day-to-day life and often occurs in inappropriate times or settings, struggles to cope with anxiety or depression without exercise



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Weight-Inclusive Approaches to Eating Disorder Care

As mentioned above, it is critical that all eating disorder symptoms, behaviors, and diagnoses are taken seriously, regardless of one's body size. Weight-inclusive eating disorder care recognizes that one's physical appearance does not dictate the severity of their condition or dictate what a person's eating disorder diagnosis may be. In the author's opinion, weight-inclusive care is the only option when facilitating eating disorder treatment (and more largely any medical care). Weight-inclusive approaches to health prioritize the person as a whole and recognizes that not everyone has the same access to health and healthcare. It is the idea that no one owes anyone their health, regardless of body size. Weight-inclusive healthcare recognizes that there are many healthcare inequities in our society and therefore it is a movement created to prioritize equity by not judging or oppressing people based upon their health status. Providers who are weight-inclusive often identify with the principles of Health at Every Size®. For more information on weight-inclusive approaches to health visit the website for [The Association of Size Diversity and Health](http://TheAssociationofSizeDiversityandHealth.com).



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