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Most Common Types of Eating Disorders

Anorexia Nervosa (AN)

Restriction of intake causing a significantly low body weight with an intense fear of weight gain. People with AN often believe their self-worth is based on their weight, shape, and ability to control eating. These individuals have a distorted view of their body and may believe they are overweight or do not recognize the seriousness of their low weight.

There are two subtypes of Anorexia Nervosa:

Restricting Subtype: severely restricting calorie intake by dieting, fasting, and/or excessive exercise

Binge/purge Subtype: extreme restriction also accompanied by binge eating and compensatory purging (vomiting, laxatives, etc.)

Bulimia Nervosa (BN)

Recurrent episodes of binge eating followed by compensatory behaviors. Compensatory behaviors are a way of attempting to control weight or shape such as self-induced vomiting, misuse of laxatives or medications, fasting, excessive exercise, or other measures. Due to larger intake with binges and the ineffectiveness of compensatory behaviors, weight fluctuation is common. Individuals with BN are at or above the expected weight for their body.

Binge Eating Disorder (BED)

Recurrent episodes of eating a very large amount of food in a short period of time where the individual feels out of control or unable to stop. These episodes occur without any subsequent compensatory behaviors. These amounts are greater than most people would eat under the same circumstances. Eating in alone or in secret due to shame and guilt regarding behaviors is extremely common in BED.

Other Specified Feeding or Eating Disorder (OSFED)

Characterized by some symptoms of other eating disorders being met (Anorexia Nervosa, Bulimia Nervosa, or Binge Eating Disorder) but not meeting the full criteria for diagnosis. OSFED is the most common diagnosis and no less serious than other diagnoses. An example of a common OSFED subtype is Atypical Anorexia where a person meets all the criteria of AN except that despite significant weight loss, they are still at, within, or above their normal weight range.

People with eating disorders are often extremely secretive about their behaviors and the severity the disorder can go undetected by friends, family, and even professionals for extended periods of time.

Through treatment with a licensed mental health professional trained in eating disorders,

RECOVERY IS POSSIBLE.

Physical Risks of EATING DISORDERS



Heart Health

Smaller and/or weaker heart, decreased blood volume, low blood pressure, decreased heart rate, arrhythmias, elevated blood cholesterol, poor circulation, low red and white blood cell count, electrolyte imbalance, cardiac arrest

Bone and Hormone Impacts

Osteoporosis, osteopenia, fractures, weakened joints, amenorrhea (loss of menstrual cycle), decreased production of estrogen and/or testosterone



Gastrointestinal Problems

Stomach cramps/pain, constipation, diarrhea, nausea, acid-reflux, getting full quickly, limited/missing hunger cues, bloating, malabsorption problems, cathartic colon, bleeding or rupture of esophagus, gastrointestinal system, or rectum.

Metabolic Changes

Slowed metabolism, irregularities in stress and/or growth hormones, weakened immune system, low thyroid levels, complications with pregnancy, low libido



Impacts on the Brain

Mental confusion, difficulty concentrating, shrinkage of the overall size of the brain as well as both gray and white matter, dizziness/fainting, nerve related conditions, delayed response time, emotional dysregulation

What is Disordered Eating?

Behaviors

🌸 Dieting

- skipping meals
- counting calories
- always on a new diet
- cutting out food groups
- over-emphasis on "healthy" foods
- intermittent fasting

🌸 Food Obsessions

- strict rules around meals
- having safe foods
- binge eating
- eating the same foods all the time
- having "good" and "bad" foods
- constantly thinking about food

🌸 Body Image Issues

- fear of weight changes
- avoidance of mirrors
- negative self image
- frequent weighing or measuring
- difficulty clothes shopping
- body image effects your day

🌸 Compensatory Behaviors

- working out to burn calories
- checking fitness apps
- avoiding social eating
- joining weight loss challenges
- making excuses not to eat
- using laxatives or diet pills

Symptoms

🌸 Social Issues

- avoiding eating in public or missing events due to food concerns
- withdrawing from relationships or friendships
- changes in performance at work or school

🌸 Physical

- loss of or irregular period
- low energy
- more frequent illness
- weight changes
- extreme fatigue
- GI issues

When Does it Become an EATING DISORDER ?

Like other mental illnesses, it rises to a clinical level when the behaviors and symptoms impair your life and ability to function and cause you to miss out on things that matter to you.

This may look like:

- malnutrition affecting performance
- withdrawing from friends and family
- spending more time and energy on your diet than on hobbies
- choosing ED behaviors over relationships

Common COMORBIDITIES

People experiencing eating disorders are at increased risk of experiencing co-occurring psychiatric or medical conditions.

55-97% of people diagnosed with an eating disorder receive a diagnosis for at least one more psychiatric disorder.

Most Common Types of Psychiatric Disorders

that co-occur with Eating Disorders include:

- Mood disorders (major depressive disorder)
- Anxiety disorders (social anxiety disorder, GAD)
- Post-traumatic stress disorder (PTSD) and trauma
- Obsessive Compulsive Disorder
- Personality disorders (borderline, OCPD)
- Sexual dysfunction
- Non-suicidal self-injury and suicidal ideation
- Substance Use Disorders

Death by suicide is significantly more prevalent in eating disorders populations compared to the general population. Recent research has found that individuals with anorexia are 31 times more likely to suicide than individuals from the general population, and the suicide rate for individuals with bulimia is 7.5 times higher than that of the general population.

The Role of Media in Weight Stigma

How to stop perpetuating anti-fat bias

Mass media, including news, entertainment, and social media, play a crucial role in the dissemination of health information and shape understandings of and attitudes towards public health issues, including weight

Exposure to weight biased media content, such as over-representing thin individuals, using weight-related humor, and spreading misinformation about causes of overweight and obesity, can reinforce negative attitudes.

Being Mindful of Language

Sometimes without even realizing we use language that is not helpful. As you go about your jobs reporting here are some things to be mindful of



Unhelpful Topics

- Focusing on diet fads or weight loss challenges
- Commenting on peoples body size or shape
- Praising disordered eating habits or restriction
- Labeling foods as "bad", "good", or "clean"

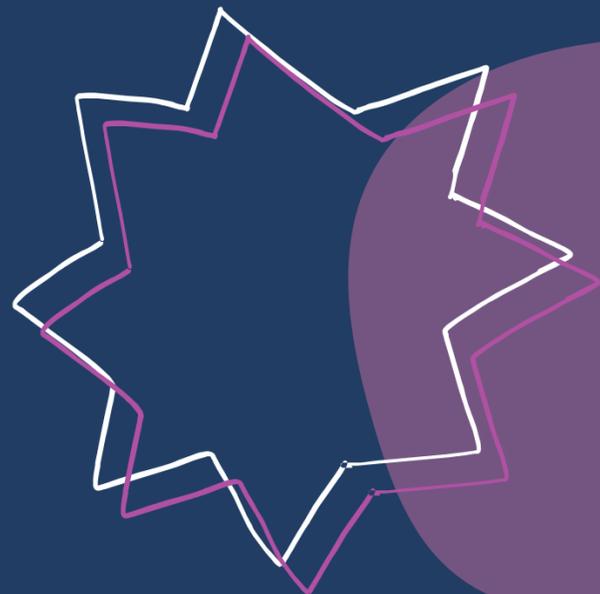


Instead Try.....

- Speaking about bodies in neutral terms and without making assumptions about health
- Appreciating all of the amazing things our bodies can do

- Talking about exercise as a way to change your size
- Ascribing moral values to body size or shape
- The Assumption that smaller bodies are better bodies
- Using the word "fat" in a negative context

- Focus on benefits of movement and exercise outside of weight changes or body modification
- Appreciating foods for the joy it brings, cultural significance, taste, and energy without judgement



Resources

1 **NEDA - National Eating Disorders Association**
neda.nationaleatingdisorders.org

2 **Louisville Center for Eating Disorders**
louisvillecenterforeatingdisorders.com

3 **Eating Anxiety Therapy (EAT) Lab**
louisvilleeatlab.com

4 **Kentucky Eating Disorder Council**
dbhdid.ky.gov/dbh/kedc.aspx

5 **F.E.A.S.T**
Families Empowering and Supporting Treatment for Eating Disorders
www.feast-ed.org

Project Heal
www.theprojectheal.org