



Eating Disorders

Eating disorders are a significant public health problem for individuals across the lifespan. Currently, it is estimated that approximately 5 million Americans have a diagnosable eating disorder. These disorders include anorexia nervosa, bulimia nervosa, and eating disorder not otherwise specified (EDNOS). EDNOS is diagnosed when an individual suffers from binge eating disorder or has a clinically significant eating disorder but does not currently meet all the diagnostic criteria for anorexia nervosa or bulimia nervosa. Research indicates that EDNOS is more prevalent and as serious a problem as anorexia nervosa and bulimia nervosa (Levine & Smolak, 2006; Norring & Palmer, 2005).

It is unknown how many others may suffer from disordered eating which does not meet criteria for a diagnosable eating disorder. Disordered eating behaviors may be risk factors for the development of eating disorders. While eating disorders of all types are consistently more common in women than in men, approximately 40% of individuals seeking treatment for binge eating disorder are male (Hudson, Hiripi, Pope, & Kessler, 2007; Smith, Marcus, Lewis, Fitzgibbon, & Schreiner, 1998). Of additional concern is the occurrence of eating disorders in younger pre-adolescent children, adult women, and ethnic and racial minorities (Maine & Kelly, 2005; Shaw, Ramirez, Trost, Randall, & Stice, 2004).

Physical and Mental Health Effects

- Studies suggest that the risk of death is significantly higher in those suffering from anorexia nervosa than in the general population. Related deaths result from physical health complications of the disorder as well as suicide (Berkman, Bulik, Brownley, Lohr, Sedway, Rooks, et al., 2006).
- Physical health consequences associated with eating disorders include death, endocrine abnormalities (including mismanagement of diabetes), gastrointestinal problems, cardiovascular and pulmonary problems, electrolyte abnormalities (e.g., low sodium or potassium), diminished bone mineral density, and dermatological changes (e.g., dry skin and hair loss) (Mitchell & Crow, 2006).
- Eating disorders are commonly associated with mental health problems including mood, anxiety, impulse-control, and substance use disorders (Hudson, Hiripi, Pope, & Kessler, 2007).
- Eating disorders may have serious, chronic effects on one's quality of life, resulting in life-long physical, psychological, and interpersonal problems (de la Rie, Noordenbox, & van Furth, 2005; Su & Birmingham, 2003).

Recognition and Treatment

- Common risk factors for eating disorders include gender, race or ethnicity, childhood eating and gastrointestinal problems, elevated shape and weight concerns, sexual abuse and other adverse events, negative body image and self-evaluation, and general psychiatric comorbidity (Jacobi, Hayward, de Zwaan, Kraemer, & Agras, 2004).
- A variety of barriers limit access to appropriate treatment for eating disorders. Research suggests that less than half of individuals with bulimia nervosa and binge eating disorder have sought treatment for their eating disorder. (Hudson, Hiripi, Pope, & Kessler, 2007).

APA Recommendations to Address Eating Disorders

APA supports legislative strategies that improve access to affordable, high quality mental and behavioral health care for those with eating disorders and co-occurring problems. Research and expert clinical opinions indicate that such care must be multidisciplinary, integrative, and relatively long term. In addition, initiatives are needed to encourage positive body image, healthy eating habits, appropriate levels of physical activity, and improved self-esteem. APA recommendations for public policies to address eating disorders include the following:

- Improve access to mental and behavioral health care by eliminating barriers such as limitations in health care coverage.
- Support the integration of physical and mental health care to improve screening, referral, and treatment of eating disorders and co-morbidities.
- Support prevention and intervention programs in health care settings, schools, and communities to address eating disorders, disordered eating, and other disorders pertaining to weight and shape management, such as abuse of steroids and food supplements.
- Support evaluations of prevention and treatment approaches for all eating disorders, including eating disorder not otherwise specified (EDNOS).
- Support interdisciplinary training and education of health care providers to address eating disorders through appropriate screening, treatment, and/or referral.
- Support research efforts regarding eating disorder incidence and prevalence, morbidity and mortality, prevention and intervention, and recovery.
- Support education, advocacy, and research efforts to integrate the prevention of eating disorders and disordered eating with obesity prevention efforts. Sound nutrition, an active lifestyle, healthy body image, reduction of teasing and stigmatization based on weight and shape, media literacy, and the development of “life skills” (e.g., effective stress management) are necessary components in the prevention of eating disorders, disordered eating, and obesity (Haines & Neumark-Sztainer, 2006).

APA Strongly Urges Congress to Support:

- **Improved Nutrition and Physical Activity (IMPACT) Act (H.R. 2677)** to address the problems of obesity and eating disorders through increased training and prevention with a focus on healthy eating and improved physical activity.
- **Eating Disorders Awareness, Prevention, and Education Act (H.R. 88)** to improve identification of students with eating disorders; increase awareness of eating disorders among parents and students; train educators with respect to effective eating disorder prevention and assistance methods; and study the impact of eating disorders on educational advancement and achievement.
- **Centers for Disease Control and Prevention (CDC) efforts to collect data** regarding the morbidity and mortality of anorexia nervosa, bulimia nervosa, and EDNOS.



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