

Live Well to Learn Well

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Taking care of our nutrition is an essential component of being healthy. However, when we become too fixated on the next meal, eat with the intention of cultivating a certain body type, or let the scales determine whether we're having a "good day" or a "bad day," our relationship to food can become a problem.

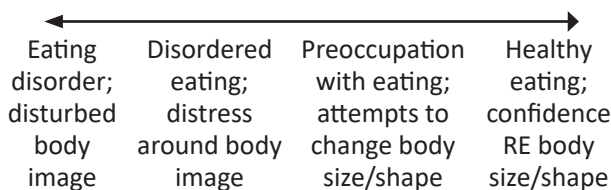
Eating disorders (EDs) are illnesses in which people experience severe disturbances in their eating behaviors and related thoughts and emotions (APA). Prevalence of EDs is growing among college-aged students—a 2011 survey of college campuses found that over 32% of women and 25% of men had an ED at some point (NEDA).

An ED can manifest itself in different ways. While there are important distinctions between the types, they are caused by a similarity in mindset. People with EDs usually suffer from body dysmorphia (i.e., a disturbed body image), too.



*Try to leave the scales to the fish.
Bodies are beautiful in their diversity.*

Eating Issues & Body Image Continuum



Signs of an eating disorder

- Preoccupation with weight, food, calories, dieting, and/or body image
- Development of abnormal, secretive, extreme, or ritualized food or eating habits
- Withdrawal from usual friends and activities
- Evidence of binge eating, such as the disappearance of large quantities of food
- Evidence of purging behaviors, including frequent trips to the bathroom after meals, self-induced vomiting, periods of fasting, or laxative, diet pill, or diuretic abuse
- Compulsive or excessive exercising
- Discoloration or staining of teeth
- Feelings of isolation, depression, anxiety, or irritability

Body image

Everyone thinks about or perceives their physical appearance to a degree. People may have a positive body image, when they can see their body in a clear, truthful way and embrace their

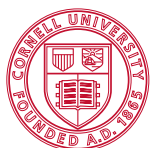
body for how it is. On the other hand, a person can have a negative or distorted body image. Negative body image is a distorted perception of one's physical body. This is also known as body dysmorphia, when a person is unable to see themselves as they truly are. This can result in feelings of shame, anxiety, or self-consciousness. Having a negative body image is the greatest contributor to the development of anorexia or bulimia nervosa (Stice, 2012).

There are many things that can affect a person's body image. Societal standards of the "perfect body" surround us every day. Entertainment and media tend to reinforce this ideal. Social media in particular can give us harmful ideas of what a person should look like and how to achieve an "ideal body." Recognizing these messages is an important first step in overcoming those standards and feeling happy in your own body.

Risk factors for eating disorders

Anyone can develop an ED, regardless of life experience. However, there are several risk factors that, if present, make a person more likely to develop one of these illnesses. Risks include:

- **Having a parent or sibling with an eating disorder**—while it is unclear if there is a genetic basis for developing an ED, studies have found that a person’s risk increases if a close family member has experienced an ED
- **Having a mental health condition**—anxiety or depression are common comorbidities



with an ED; studies show that people with anorexia nervosa are much more likely to have an anxiety disorder

- **Having a close relative with a mental health condition**—people with EDs experience mental health conditions at higher rates
- **Perfectionism**—having excessively high expectations for yourself
- **Behavioral inflexibility**—tendency to follow rules and set rules for yourself
- **History of bullying**—the majority of those with EDs say that weight shaming contributed to them developing their illness
- **Body image dissatisfaction or body dysmorphia**

Anorexia nervosa

Anorexia nervosa is caused by an extreme control of food, calorie restriction, or starvation. People with anorexia also can engage in purging behaviors, such as excessive exercising, vomiting, or taking laxatives. Signs include:

- Dramatic weight loss
- Avoidance of certain foods, or labeling foods as “good” or “bad”
- Skipping meals or avoiding events with food
- Expressing the need to “burn off” calories consumed
- Keeping an intense, rigid exercise routine
- Constantly feeling cold
- Having thinning or fine hair

Anorexia nervosa is associated with short- and long-term health consequences. These mainly result from the lack of nutrients associated with calorie restriction.

People with anorexia may have reduced muscle mass. Heart failure can come from the body breaking down muscle groups and organs for energy. The body will also burn the protective layer of fat that surrounds organs, resulting in damage to these systems. Women with anorexia may experience disrupted menstruation.

The mortality risk for anorexia nervosa is the highest among EDs; one study found that patients with anorexia had a six-fold increase in mortality compared to the general population (NEDA, Papadopoulos paper, 2009).

Bulimia Nervosa

Bulimia nervosa is a pattern of bingeing and purging episodes. A bingeing episode is a consumption of a large amount of food in a short amount of time. During a binge, a person loses control over their eating. To compensate for the binge, a person will then purge. Purging can be through vomiting, laxatives, diuretics, other medications, fasting, or excessive exercise. Signs of bulimia include:

- Being uncomfortable eating in public
- Leaving after meals
- Stealing or hoarding food
- Drinking excessive amounts of water
- Swelling in the cheeks or jaw
- Discolored teeth
- Callouses/cuts on the backs of hands
- Weight fluctuations

Bulimia nervosa can affect a person in many ways. The esophagus can become worn down and at risk for rupturing. The pancreas can become inflamed. Purging can also throw off the balance of electrolytes in the body, affecting the heart. Bingeing over time can lead to insulin resistance. There are also negative health consequences associated with weight fluctuations, such as slowed metabolism and heart conditions.

Binge Eating Disorder

Binge Eating Disorder, or BED, is classified as recurrent episodes of eating large quantities of food. Binges are usually short. During a binge, a person eats to the point of discomfort. People with BED feel ashamed or experience a loss of control during the binge. Afterward, they can be distressed or guilty.

BED is the most common ED in the US. It is also newly recognized. It is distinct from bulimia in that it is not followed by purging. Signs of BED include:

- Being uncomfortable eating around others, social isolation
- Change in eating behaviors, such as skipping meals or continuously eating
- Food rituals
- Fixation on appearance
- Signs of a bingeing episode, like many empty food containers

BED is associated with some specific health concerns. Many of these are related to the digestive system. The

intestines can become blocked, possibly leading to infection. A bingeing episode can rupture the stomach, which is a life threatening condition.

Other Specified Feeding or Eating Disorder (OSFED)

Patterns of disordered and dangerous eating that do not meet the diagnostic criteria for other EDs are classified under OSFED. A person with OSFED could have characteristics of one or more EDs. Examples include low frequency of bingeing and/or purging, or extreme calorie restriction without significant weight loss. Signs of OSFED include:

- Preoccupation with food or diet
- Comments about their body, especially being “fat”
- Change in eating habits
- Dressing in layers or baggy clothes
- Extreme mood swings

OSFED is serious, even though it does not meet the criteria for other disorders. A person with OSFED can suffer from any health conditions associated with another ED. Research has shown that incidences of medical complications and even death are just as high for people with OSFED as with another ED.

Resources

Options for support and healing:

The Collaborative Health and Eating Program (CHEP) provides confidential care for nutrition, eating problems, and body image concerns. To schedule an appointment, call 607-255-5155. There is no charge for an appointment to discuss another student about whom you are concerned: health.cornell.edu/CHEP

EARS (Empathy Assistance and Referral Service) promotes student mental health and well-being through peer support, training and workshops, and outreach efforts. Visit ears.cornell.org to learn more.

The Upstate NY Eating Disorder Service provides specialized treatment for EDs, phone 607-732-5646.

National Eating Disorders Association provides information and referrals for treatment across the US. Visit nationaleatingdisorders.org or phone 800-931-2237.