# Mental Health

# 1 of 29 - Welcome

Welcome to unit 10: Understanding eating disorders.

In this session you will learn:

1. The meaning of the term ‘eating disorder’
2. The possible causes of eating disorders
3. The effects of an eating disorder on the individual and others
4. How to manage a specific eating disorder

# 2 of 29 - Defining the term ‘eating disorder’

What is an eating disorder?

Eating disorders are serious mental health illnesses that affect approximately 1.6 million people in the UK. Those who experience eating disorders are driven by an abnormal fear of becoming overweight.

They can affect anyone at any time for any reason, although they are 7 to 10 times more common in women than in men.

Eating disorders are not glamorous, nor are they the result of glamorisation through the worlds of fashion or celebrity. Although social pressures may contribute to a disorder, they are rarely the cause.

Here is a definition of ‘eating disorders’:

‘An eating disorder is when you have an unhealthy attitude to food, which can take over your life and make you ill. It can involve eating too much or too little or becoming obsessed with your weight and body shape. But there are treatments that can help, and you can recover from an eating disorder. Men and women of any age can get an eating disorder, but they most commonly affect young women aged 13 to 17 years old.’

[Click here for the source](https://www.nhs.uk/conditions/eating-disorders/).

# 3 of 29 – Types of eating disorders

Anorexia nervosa:

There are two types of anorexia:

The restricting type of anorexia: Weight loss is achieved by restricting calories, for example; following drastic diets; fasting; exercising to excess.

The purging type of anorexia: Weight loss is achieved by; vomiting; using laxatives or diuretics.

Anorexia occurs mainly in teenage girls, but it is increasingly affecting boys.

Many people with anorexia nervosa see themselves as overweight, even when they are clearly underweight. Eating, food, and weight control become obsessions for them. People with anorexia nervosa typically weigh themselves repeatedly, portion food carefully and eat very small quantities of only certain foods. Some people with anorexia nervosa may also engage in binge-eating followed by extreme dieting, excessive exercise, self-induced vomiting and misuse of laxatives, diuretics or enemas.

Some who have anorexia nervosa recover with treatment after only one episode. Some people get well but have relapses, whilst others have a more chronic, or long-lasting, form of anorexia nervosa, in which their health declines as they battle the illness.

Bulimia nervosa:

Bulimia nervosa may often start in the mid-teens but people who experience this may hide it and not seek help until their early to mid-20s.

Unlike anorexia nervosa, people with bulimia nervosa usually maintain what is considered a healthy or normal weight, while some are slightly overweight. But like people with anorexia nervosa, they often fear gaining weight, want desperately to lose weight, and are intensely unhappy with their body size and shape. Usually, bulimic behaviour is done secretly because it is often accompanied by feelings of disgust or shame. The binge-eating and purging cycle happens anywhere from several times a week to many times a day.

Binge-eating nervosa:

With binge-eating disorder a person loses control over his or her eating. Unlike bulimia nervosa, periods of binge-eating are not followed by purging, excessive exercise or fasting. As a result, people with binge-eating disorder often are overweight or obese.

# 4 of 29 – Question 1

Is the following statement true or false?

“Not all eating disorders involve severely restricting how much you eat.”

Answer: The correct answer is **true**. Binge eating is also a symptom of an eating disorder.

# 5 of 29 – Question 2

Is the following statement true or false?

“Eating disorders affect males and females equally.”

Answer: The correct answer is **false**. Women are approximately 7 to 10 times more likely to be affected by an eating disorder.

# 6 of 29 – Question 3

Is the following statement true or false?

“Many people with anorexia nervosa think they are overweight even when they are visibly underweight.”

Answer: The correct answer is **true**.

# 7 of 29 – Question 4

Is the following statement true or false?

“People with binge-eating disorder (BED) are often a healthy weight.”

Answer: The correct answer is **false**. People with BED tend to be overweight because the binge eating is not following with purging.

# 8 of 29 – Question 5

Is the following statement true or false?

“The behaviours associated with bulimia nervosa are often conducted in secret.”

Answer: The correct answer is **true**.

# 9 of 29 – The possible causes of eating disorders

The precise causes of eating disorders are not known. However:

It is widely accepted that some people have distinct psychological personality traits, making them more vulnerable.

Environmental factors, such as going through puberty or living in a culture where being thin is an ideal, causes the person to begin a pattern of long-term dieting and weight loss.

The lack of a normal diet has a biological effect on the brain, which helps reinforce the obsessive thinking and behaviour associated with eating disorders.

A cycle then begins to take shape. The more the person diets, the greater its effect on the brain and the greater the desire to lose weight.

This means that symptoms gradually, and then rapidly, get worse.

Important psychological, environmental and biological risk factors in a person developing eating disorders are:

* Genetic inheritance
* Social pressure where the media represents being thin as an ideal body shape
* Deeply felt and longstanding unhappiness
* Seeking control by losing weight
* Wanting to put off the challenges associated with being an adult - anorexia reverses some of the physical changes caused by the onset of puberty, such as sexual drive and menstruation
* Low self-esteem as a result of abuse

# 10 of 29 – Psychological, environmental and physical factors of eating disorders

Psychological:

There are a number of personality traits that may be linked to the development of eating disorders. During adolescence these traits may intensify due to hormonal changes caused by the onset of puberty. These traits include the following:

* A tendency towards depression and anxiety
* Poor reaction to stress
* Excessive worrying and feeling scared or doubtful about the future
* Perfectionism - setting strict, demanding goals or standards
* Inhibition - where a person restrains or controls their behaviour and expression
* Obsessive thoughts and compulsion to do certain things

Environmental:

Environmental factors that may contribute towards eating disorders include:

* A stressful life event, such as losing a job or the breakdown of a relationship
* Bereavement
* Pressures and stress at school, such as exams or bullying
* Difficult family relationships

Child abuse, whether psychological or sexual, may also be a factor that triggers the development of eating disorders. Children who are abused in some way may develop eating disorders as a way of gaining control over a part of their lives, for a feeling of comfort, or because they are subject to an unhealthy or insufficient diet.

Biological:

Extreme dieting can disrupt normal functions of the brain, making symptoms worse. For example:

Malnutrition can change the balance of hormones in the body, which can affect how the brain functions. The change in hormones causes the brain to become sensitive to the effects of an amino acid called tryptophan. This sensitivity can cause feelings of anxiety in people when they eat. By starving themselves and excessively exercising, they lower the levels of tryptophan, which may make the person feel calmer and more relaxed.

Another theory is that the part of the brain controlling a person's sense of appetite becomes disrupted. When your body needs more food, your brain releases chemicals to stimulate your appetite. Once you have eaten enough food, hormones send a signal to your brain to release a different set of chemicals that reward you for eating, and make you feel satisfied. It is thought that this reward system becomes disrupted in people with eating disorders. The feeling of fullness after a meal does not produce a sense of reward, but a sense of anxiety, guilt or self-loathing. In turn, feeling hungry may help reduce these negative feelings.

# 11 of 29 – Question 6

Is the following statement true or false?

“The causes of eating disorders are well known.”

Answer: The correct answer is **false**.

# 12 of 29 – Question 7

Is the following statement true or false?

“Going through puberty can trigger an eating disorder.”

Answer: The correct answer is **true**.

# 13 of 29 – Question 8

Is the following statement true or false?

“Extreme dieting can affect the brain’s normal function.”

Answer: The correct answer is **true**.

# 14 of 29 – Signs and symptoms of eating disorders

Anorexia nervosa signs and symptoms:

* Extreme thinness so that the person looks emaciated
* A relentless pursuit of thinness and an unwillingness to maintain a normal or healthy weight
* Intense fear of gaining weight
* Distorted body image - the person sees their body and weight differently to what it is in reality
* Self-esteem that is heavily influenced by perceptions of body weight and shape, or a denial of the seriousness of having low body weight
* Lack of menstruation among girls and women
* Extremely restricted eating

Binge-eating disorder (BED) signs and symptoms:

People with binge-eating disorder often are overweight or obese. It is characterised by:

* A higher risk of developing cardiovascular disease and high blood pressure in those who are obese
* Feelings of guilt, shame and distress about their binge-eating, which can lead to more binge-eating

# 15 of 29 – How an eating disorder may affect a person's life

The effects of anorexia on the individual and their life could be either physical or psychological.

Physical effects include:

* Thinning of the bones
* Brittle hair and nails
* Dry and yellowish skin
* Growth of fine hair all over the body
* Severe constipation
* Mild anaemia
* Muscle wasting and weakness
* Brain damage
* Infertility
* Multi-organ failure
* Drop in internal body temperature causing a person to feel cold all the time
* Low blood pressure, slowed breathing and pulse
* Lethargy, sluggishness, or feeling tired all the time
* Damage to the structure and function of the heart

Psychological effects include:

* Unable to separate emotions from eating behaviours
* Lacks confidence in own skills and abilities
* Lack of self-worth
* Distorted perception of own body
* Low self-esteem
* Feelings of worthlessness
* A lack of interest in the future

# 16 of 29 – Case study

Read the following case study to see how anorexia affected Laura:

“It started when my grandma died when I was thirteen. We’d always been really close, and I had spent many happy weekends and holidays with her. I couldn’t understand why she had to be taken from me, and in hindsight I think it sparked depression as from that moment things started to spiral out of control.

The world didn’t seem so safe without my Gran, and somehow, I must have blamed myself, as what was growing was definitely self-hatred. At the time I was a little chubby, and the kids at school would tease me for my chubby cheeks and clothes that were too tight. Even family members commented on the ‘puppy fat’ I was carrying, and one well-meaning aunt suggested to my mum I was put on a diet, which didn’t help.

The reality was I had friends, puberty was creeping up, I was bright and liked school. Sure, I was carrying a little extra weight, but it wasn’t anything serious and would have gone in time.

But in my mind back then, I wasn’t pretty enough, I wasn’t tall enough, I was flat chested, I had spots, my hair was brown not blonde, I didn’t fit in the popular clique.

And then I just summarised all that into being because I was fat. The only thing that could make me not a failure and geek was if I was thin. Really thin. I admired girls where I could see their bones. I wanted that, to see my hip bones jut out, my collarbone visible.

The changes were small – at first. We had a canteen that was packed with chips, beans and burgers but I started opting for the jacket potato, leaving half, and then just picking. Everyone was so busy talking about boys and pop groups they didn’t care what I was eating, and no one ever commented.

Rather than hate cross-country I began to love it, as I knew that the pain in my chest equalled fat coming off my body.

And like all good anorexics, I was secretive. I would lie that I had eaten, and I was fine. Hide food and throw it in the bin on the way to school. I never went out with friends if food was involved – I pretended I was busy or wasn’t allowed out.

Even at six-and-a-half stone I still thought I was fat and knew that if I wanted to hit the jackpot and see my bones sticking out then I would have to keep going.

My stomach hurt all the time, I was dizzy whenever I stood up, and my periods were non-existent. Then there was the cold – I was always so chilly that sometimes my teeth chattered. And the fatigue. Nobody ever talks about how exhausting anorexia is. You just have no energy at all.”

[Click here for the source](https://www.harleytherapy.co.uk/counselling/anorexia-case-study.htm).

# 17 of 29 – Activity

Consider what you have just read. In your workbook for this unit, answer the following questions. This will help you with your assessment questions later.

1. What factors led to Laura developing an eating disorder?
2. Think about the ways Laura hid her behaviours from others. Do you think it is easy to hide an eating disorder?
3. Why do you think Laura continued with her dieting regime, even when she was clearly in a lot of discomfort?

# 18 of 29 – How a person's eating disorder may affect others

When someone develops an eating disorder such as anorexia, their entire family can be disrupted.

The following are a few emotions that family members and other people may experience:

* Overprotection
* Guilt
* Annoyance
* Worry
* Disappointment
* Anger
* Jealousy
* Denial
* Confusion
* Powerlessness

Family therapy:

Family Therapy can be useful in helping a family to support someone with anorexia. During family therapy sessions, the therapist will show family members how to deal with the disruptions caused by the eating disorder and teach them more about it.

# 19 of 29 – Question 9

Is the following statement true or false?

“Anaemia is a psychological effect of anorexia.”

Answer: The correct answer is **true.** Anaemia is a physical effect of anorexia.

# 20 of 29 – Question 10

Is the following statement true or false?

“Certain sounds and smells can trigger PTSD.”

Answer: The correct answer is **true**.

# 21 of 29 – How to manage a specific eating disorder

Different approaches to the treatment of eating disorders.

If someone is diagnosed with an eating disorder, their GP will probably be involved in their ongoing treatment and care. Other healthcare professionals involved in the treatment may include:

* A specialist counsellor
* Psychiatrist
* Psychologist
* Nurse
* Dietician specialising in nutrition
* Paediatrician - in cases of children and teenagers

This group can be known as a care team.

Different treatments:

The person affected may be treated in different ways depending on the severity of the illness.

For example:

* An out-patient - this is most common
* A day patient or a patient in a day unit
* An inpatient in hospital or specialist centre, if the weight loss or symptoms are severe

Different approaches to the treatment of eating disorders usually include the following:

* Psychological treatment - talking to a therapist or counsellor.

A range of psychological treatments are used to treat eating disorders such as:

Cognitive analytic therapy (CAT) - to break unhealthy patterns of behaviour.

Cognitive behavioural therapy (CBT) - where the that will encourage a person to adopt healthier, more realistic ways of thinking that should lead to more positive behaviour.

Interpersonal therapy (IPT) - where the therapist will explore negative issues associated with interpersonal relationships and how these issues can be resolved.

Focal psychodynamic therapy (FPT) - that encourages the person to think about how early childhood experiences may have affected them. The person may then be able to find more successful ways of coping with stressful situations and negative thoughts and emotions.

**Advice about eating and nutrition:**

This is to help them gain weight safely, ensuring they receive the vitamins and nutrients they need. They will be encouraged to eat small amounts of food and gradually increase the portions, because the body will not be used to dealing with normal amounts straight away. The aim is to have a regular eating pattern, with three meals a day.

**Medication:**

Medication alone is not usually effective in treating anorexia. It is usually only used to treat associated symptoms, such as obsessive-compulsive disorder (OCD) or depression.

Medication will usually be recommended in combination with the psychological or nutritional treatments.

**Compulsory treatment:**

Occasionally, someone with anorexia may refuse treatment even though they are severely ill, and their life is at risk.

In this situation, doctors may decide to admit the person to hospital for compulsory treatment under the Mental Health Act. This is sometimes known as being ‘sectioned’.

All of these approaches work better when combined, rather than on their own.

#  22 of 29 – Getting help

For a person experiencing a specific eating disorder such as anorexia, the first important step on the road to recovery is to acknowledge that they have a disorder. Meeting others with similar difficulties can help people alleviate feelings of isolation.

It is also helpful to:

Encourage them to talk about what it is that is distressing them

* Be honest and open about your own feelings
* Do not get angry with them
* Encourage them to take up new interests
* Do things to help shift the focus away from food
* Help them to access local support groups

If you know someone with anorexia, you can help their recovery by encouraging them to do the following:

Build a support network - This could include making use of telephone helplines and resources on the internet.

Eat sensibly and exercise regularly - Some people think if they reach their target weight the weight will keep going up and up - this won't happen if you follow a healthy diet, eat foods low in saturated fat, plenty of oily fish, fruit and vegetables, and drink plenty of water.

Look for new activities – Getting involved in new activities will give them something else to focus on other than the eating disorder.

Think of healthy ways of getting out feelings and emotions - This could include writing about how they feel in a diary, poetry, drawing, art, exercising, dancing or learning self-defence.

Not put too much pressure on themselves - Everyone makes mistakes, and everyone has off days.

Recognise that it is ok to ask for help and to express their feelings.

# 23 of 29 - Local resources and treatments for someone with an eating disorder

Possible treatment and Resources include:

* GPs
* Health centres
* Referral to a psychiatrist or community mental health team (CMHT)
* Talking therapies, such as psychotherapy and counselling
* Contact with a community psychiatric nurse, social worker or support worker
* Support groups
* Hospital care

# 24 of 29 - Question 11

Is the following statement true or false?

“Medication is not really an effective treatment on its own.”

Answer: The correct answer is **true**.

# 25 of 29 - Question 12

Is the following statement true or false?

“OCD can be a symptom of an eating disorder.”

Answer: The correct answer is **true**.

# 26 of 29 - Question 13

Is the following statement true or false?

“Doctors will never section a person with an eating disorder.”

Answer: The correct answer is **false**. In the event of the person being at significant risk, hospitalisation may be necessary. This can be done without the persons consent.

# 27 of 29 - Question 14

Is the following statement true or false?

“Cognitive analytic therapy is used to break unhealthy patterns of behaviour.”

Answer: The correct answer is **true**.

# 28 of 29 - Question 15

Is the following statement true or false?

“A paediatrician is not part of the team of experts who care for people with eating disorders.”

Answer: The correct answer is **false**. A paediatrician will get involved in the event of a child or young person having an eating disorder.

# 29 of 29 – Conclusion

Well done, you have completed this session on eating disorders.

Please upload your worksheet for this unit to your e-portfolio. This will help you to answer the assessment criteria.

We have covered:

1. The meaning of the term ‘eating disorder’
2. The possible causes of eating disorders
3. The effects of an eating disorder on the individual and others
4. How to manage a specific eating disorder