

What are Eating Disorders?

Eating disorders are serious and complex illnesses. They have both a physical and a psychological component to them. Anorexia nervosa and bulimia nervosa are the most well-known eating disorders. There are also other eating disorders. Your child's treatment team will talk to you about which eating disorder your child has. Below is information about eating disorders.

First, these are some terms that might be helpful to know:

Restriction: Restriction refers to the reduction in food intake or not increasing the amount of food consumed to match what the body needs. Sometimes this is done intentionally (for example, dieting); other times it is not. Restriction can include cutting out whole food groups (meat, fats, “junk” food). It can include continuing to eat everything – just eating less.

Compensatory behavior: This is more commonly known as purging (or vomiting). Vomiting is not the only compensatory behavior. We call it compensatory because it is behavior designed to “compensate” for the ingestion of calories. It is behavior designed to get rid of or burn off calories eaten. While vomiting is the most well-known compensatory behavior, other behaviors include fasting, exercising, using laxatives, and using diet pills.

Binge (objective): In binge eating, the person eats a large amount of food in a short period of time. The average number of calories consumed during a binge is around 3,000 in a 2-hour period. Importantly, the person feels out of control while eating. Not all children and adolescents will report feeling out of control or like they cannot stop while eating.

Binge (subjective): A subjective binge is when someone feels like they have eaten a large amount of food, even if it is not a large amount (three cookies, for example). No matter how much was actually eaten, the person feels like they lost control of their eating during this period. Again, some children have a hard time expressing a lack of control. They may say they cannot help themselves.

Compulsive exercise: While exercise can be beneficial, there are times when it can become too much or problematic. Compulsive exercise refers to times when a person feels driven to exercise. Signs of this include not being able to skip a work-out (even in bad weather or if injured), feeling guilty about missing a workout, missing other activities to exercise (spending time with friends or after school activities), following strict rules about how much or what kind of exercise to do, and consistently setting higher or more difficult bars for exercise. When people exercise to “make up for” how much they ate – it can also be compensatory.

Body dysmorphia: Many people will say that someone with an eating disorder has body dysmorphia when they mean that they are dissatisfied with their body or think they are fat even though they are clearly malnourished. That is not really accurate. Body dysmorphia is its own psychological disorder. It is when someone focuses on a perceived flaw in their appearance (a bump on their nose) to the point where it interferes with their life. If the degree or type of body dissatisfaction or concern over appearance is in the context of an eating disorder – it is not body dysmorphia.

31:B:232

What are the actual eating disorders?

Anorexia Nervosa: Someone with anorexia nervosa has a body weight that is lower than what is expected for their age, sex, and developmental growth patterns. The low weight may be due to weight loss or it could be because someone did not grow and gain weight as expected. Someone who is at a low weight may not “look sick.” It is impossible to tell how healthy someone is from body size. Importantly, someone with anorexia can vomit or have other compensatory behaviors. Individuals with anorexia may also have the following:

- Fear of gaining weight or getting fat and/or engaging in behavior that prevents weight gain.
- Influence of body weight or shape on how they view themselves, a distorted perception of their body, and/or a lack of recognition as to how sick they are.

Bulimia Nervosa: If someone has anorexia nervosa, they cannot be diagnosed with bulimia (they would have what we call anorexia, binge/purge type). Perceptions of their own weight and shape influences how someone with bulimia feels about themselves.

They also have the following behaviors:

- Binge eating (objective) at least once a week for 3 months.
- Compensatory behavior (such as vomiting, laxative use, excessive exercise) at least once a week for 3 months. These typically occur close in time after a binge.

Binge Eating Disorder: Someone with binge eating disorder typically engages in binge eating once a week for 3 months. The binge eating is characterized by some of the following:

- Eating rapidly.
- Eating until feeling very full.
- Eating a large amount when not hungry.
- Eating alone due to embarrassment or feeling guilty.
- Feeling disgusted or depressed after eating.

Someone with binge eating disorder does not engage in compensatory behaviors.

Avoidant Restrictive Food Intake Disorder: We call this disorder ARFID. ARFID is often thought of as extreme picky eating. Youth with ARFID do not express any body image concerns. They may or may not be underweight – but if they are, they typically want to gain weight. Many will have nutritional deficits (not enough of some vitamins or not enough protein) and some will require tube feeding. Most individual’s with ARFID struggle in their daily life (with school, work, friends) due to not being able to eat a variety of foods.

Individuals with ARFID typically fall into one of 3 categories (though some can be in more than one):

- Lack of interest in food or lack of desire to eat.
- Not liking the sensory properties of food (texture, smell).
- Fear that something bad (like vomiting, choking, or stomach pain) will happen after eating.

Other Specified Feeding or Eating Disorder: This is a group of eating disorders that do not fall into one of the categories above. This includes what is called “atypical anorexia nervosa” where someone meets all the criteria for anorexia nervosa and their weight is in what is often considered the “normal” range. At CHOP, we consider this the same thing as anorexia nervosa. Individuals with anorexia who are in a normal range can be just as medically compromised and have just as severe anorexia as someone whose weight is very low.

Other eating disorders that fall into this category are bulimia nervosa and binge eating disorder where the bingeing or purging does not happen weekly or has not been going on for 3 months. Finally, individuals who purge (but do not binge) would fall into this group.

Unspecified Feeding and Eating Disorder: This is when individuals clearly have an eating disorder, but we need more information to determine which eating disorder or if there are several medical or psychiatric questions that need to be answered before we can say which eating disorder is present.