

Eating disorders and depression



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Having an eating disorder is not a lifestyle choice, a 'diet gone wrong' nor an attempt to get attention. A person with an eating disorder has a mental illness.

Eating disorders are serious, potentially fatal conditions and most people with eating disorders need psychological treatment and/or physical health treatment (e.g. nutritional advice) to promote recovery.

Many people who have an eating disorder will also experience depression and/or anxiety at some point in their lives.

This fact sheet looks at the links between eating disorders and other mental health problems, such as depression and anxiety disorders. It also looks at where to get help, treatment options and what family and friends can do to support people with eating disorders.

WHAT ARE EATING DISORDERS?

Eating disorders involve an unhealthy preoccupation with eating, exercise and body weight/shape. Distorted thoughts and emotions about body image and self-worth can lead to marked changes in eating and exercise behaviours – these may include excessive dieting, fasting, overexercising, using medications (e.g. slimming pills, diuretics, laxatives), vomiting, or binge eating.

Eating disorders vary in characteristics and causes, but can generally be linked to negative feelings and low self-esteem. An unhealthy relationship with food is often an attempt to deal with underlying mental health problems.

Eating disorders are common and increasing. In Australia, one in four people knows someone who has experienced an eating disorder. About two to three in every 100 Australian females has anorexia or bulimia nervosa, and around four in 100 Australians have symptoms of binge eating disorder.¹ It is not uncommon for a person to progress from one eating disorder to another.

Eating disorders can affect people from any age group, gender or socioeconomic and cultural background.

FEATURES OF EATING DISORDERS

Anorexia nervosa

- Distorted body image and obsessive fear of gaining weight
- Extremely limited food intake and increased levels of exercise
- Can lead to a dangerously low body weight, malnutrition and starvation

Bulimia nervosa

- Often starts with dieting to lose weight
- Binge-eating followed by vomiting, fasting or overexercising
- Binge/purge/exercise cycle can become increasingly compulsive and uncontrollable over time

Binge eating disorder

- Eating of excessive amounts of food, often when not hungry, as a distraction from other problems
- No purging, but feelings of intense guilt, shame and self-hatred after binges
- May involve sporadic fasts and repetitive diets

Eating disorders not otherwise specified (EDNOS)

- EDNOS is a term used when a person shows signs of disordered eating, but does not meet all the criteria of a specific eating disorder. For example, a person could show all of the psychological signs of anorexia and be losing weight, but still be menstruating and not yet be underweight for their height. There are a number of types of EDNOS, though many may not be recognised or diagnosed by a doctor. See www.eatingdisorders.org.au for more information on EDNOS.

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WARNING SIGNS OF AN EATING DISORDER

Anyone experiencing several of the following warning signs should seek help straight away.

Behavioural signs

- Dieting or overeating excessively
- Eating very quickly or very slowly
- Eating only certain types and amounts of food
- Avoiding social situations that involve food
- 'Playing' with food rather than eating it
- Going to the bathroom straight after meals
- Wearing loose-fitting clothes to hide weight loss
- Preparing and cooking meals for others, but not actually eating
- Engaging in repetitive or obsessive behaviours relating to body shape and weight (e.g. weighing)
- Exercising excessively, feeling compelled to perform a certain number of repetitions of exercises or experiencing distress if unable to exercise

Physical signs

- Weight loss or weight fluctuations
- Sensitivity to the cold or feeling cold most of the time, even in warm temperatures
- Changes in or loss of menstrual patterns
- Swelling around the cheeks or jaw, calluses on knuckles, or damage to teeth due to vomiting
- Fainting

Emotional or psychological symptoms

- Thinking and talking a lot about body image, body weight and food
- Expressing extreme dissatisfaction with body or having a distorted body image
- Becoming irritable or withdrawing from family and friends
- Being sensitive to comments about food, exercise, weight or body shape
- Feeling depressed or anxious
- Having difficulty concentrating
- Having problems with relationships
- Having suicidal thoughts or behaviour

Eating disorders can result in a wide range of physical health problems, including severe malnutrition, or brain, heart or kidney problems, which may lead to loss of consciousness or death. People with untreated anorexia and/or bulimia can die as a result of these illnesses.

WHAT ARE THE LINKS BETWEEN EATING DISORDERS AND DEPRESSION?

People with eating disorders are twice as likely to experience depression when compared to people in the wider community. One study found that close to 50 per cent of adolescents with eating disorders had high levels of depression and anxiety, especially those with bulimia.²

However, it is unclear whether depression is a risk factor for an eating disorder, or occurs as a result of an eating disorder. Depression can make people more likely to feel negatively about their bodies and themselves – this may put them at risk of developing an eating disorder. Eating disorders may also make people more at risk of developing depression, particularly if they experience rapid weight loss or starvation.

The two conditions also share many risk factors:

- biological factors
- genetic factors e.g. a family history of mental health problems
- social factors e.g. media emphasis on a 'thin ideal' of beauty
- psychological factors e.g. low self-esteem, ineffective coping strategies and poor relationships.

TAKING ACTION AGAINST EATING DISORDERS

All eating disorders are treatable. Because they are mental illnesses, most people experiencing them benefit from professional help. The sooner they get help, the easier it is to overcome the problem and the more likely they are to make a full recovery. A delay in seeking treatment can lead to serious long-term consequences for the person's *physical* and *mental* health.

Helping yourself

The first step – If you suspect you may have an eating disorder, the first step is to acknowledge that something isn't quite right and that you have to do something about it.

Reaching out – Once you have acknowledged you have a problem, it's good to seek help from others. Trying to tackle an eating disorder alone is very difficult as the underlying psychological issues are often complicated. You could start by talking to someone you know well and trust, before seeking professional help. Telling someone for the first time can be daunting, but can also bring a great sense of relief as you are no longer carrying your concerns alone.

Getting professional help – A good place to start is a health professional with specialist knowledge about eating disorders, such as a General Practitioner (GP), psychiatrist, psychologist or dietitian. These health professionals can give an initial assessment of your physical state and diagnose the nature and severity of the eating disorder. A GP can also outline treatment options and provide referrals for further treatment, according to your personal circumstances and current physical state. To find out about where to get professional help, contact an Eating Disorder association in your state (see page 6 of this fact sheet).

Helping someone else

Getting someone with an eating disorder to acknowledge his or her problem can be difficult. People who experience eating disorders often go to great lengths to hide their illness due to feelings of shame or not wanting to give up their behaviour, or because it's their way of coping with an issue.

Encouraging someone to seek professional help, and supporting them during the process, can be the most important thing that a family member, friend or partner can do. But ultimately, the responsibility for accepting help and getting better lies with the person themselves.

Your aim should be to provide support for the person so that he/she feels safe and secure enough to seek treatment or to find someone else he/she can trust to talk to openly.

COMMON MYTHS ABOUT EATING DISORDERS

The Myth	The Facts
<i>Eating disorders only affect females.</i>	Anorexia and bulimia nervosa are more common in females, but both males and females experience these disorders. Males and females experience binge eating disorder more equally. Females with eating disorders are more likely to focus on weight loss, while males are equally likely to focus on increasing muscle mass or weight loss.
<i>Eating disorders occur in only young people.</i>	Eating disorders can be found in people as young as seven and as old as 70. Most eating disorders start in adolescence – but if untreated, they can last long into adulthood. They can also develop for the first time or only become apparent in adult life.
<i>Eating disorders are an attempt to get attention.</i>	The causes of eating disorders are complex and often involve individual, biological, familial and socio-cultural factors. The behaviours associated with eating disorders may sometimes be interpreted as 'attention seeking', however, they are a sign that the person is struggling with issues and needs help. People with eating disorders often prefer to avoid drawing attention to themselves.
<i>Eating disorders are about appearance.</i>	Eating disorders are psychological illnesses and have little to do with food, eating, appearance or beauty. Eating disorders are usually related to emotional issues such as control and low self-esteem.
<i>People with eating disorders are always thin.</i>	A person with an eating disorder can be underweight, within a healthy weight range, or overweight.



Offering your support³

What is helpful?

- Learn as much as you can about eating disorders before approaching the person.
- Stay calm, and try to be non-judgmental, respectful and kind.
- Discuss your concerns with the person in an open and honest way. Try to use 'I' statements that are not accusing, such as "I am worried about you", rather than 'you' statements such as "You are making me worried".
- Give the person plenty of time to discuss his/her feelings and reassure the person that it's safe to be open and honest.
- Suggest that he/she may benefit from seeking professional help.
- Offer to assist the person in getting the help he/she needs, but be careful not to overwhelm the person with information and suggestions.

What is unhelpful?

- Don't avoid talking to the person because you fear it might make him/her angry or upset, or make the problem worse.
- Don't approach the person in situations that may lead him/her to become sensitive or defensive (e.g. when either of you is feeling angry, emotional, tired or frustrated).
- Don't be critical of the person.

- Don't give simple solutions to overcoming the person's problems, like saying "All you have to do is eat".
- Don't make generalisations such as 'never' and 'always' (e.g. "You're always moody" or "You never do anything but exercise").
- Don't say or imply that what the person is doing is 'stupid' or 'self destructive'.
- Don't take negative reactions personally or show disappointment or anger.
- Don't make promises to the person that you cannot keep.
- Don't try to solve the person's problems for him/her.

TREATMENT OPTIONS

Professional treatment for eating disorders involves managing physical health (including nutritional advice) and promoting mental health. In addition, drug treatment, support groups and some alternative therapies may be useful.

Physical health management aims to monitor, restore and maintain a person's nutritional balance (avoid starving or overeating) and also treat the longer-term physical problems that result from unhealthy eating patterns. The treatment usually involves seeing a doctor and/or a dietitian, developing a plan for healthy eating and having regular check-ups.

FACTS ABOUT DEPRESSION AND ANXIETY DISORDERS

Depression

- Depression is more than just a low mood – it's a serious illness. People with depression find it hard to function every day and may be reluctant to participate in activities they once enjoyed. Depression has serious effects on *physical* and *mental* health. It is very common for people with an eating disorder to experience a level of depression at some time or another.
- One in five females and one in eight males will experience depression in their lifetime.⁴

Anxiety disorders

- Everyone feels anxious from time to time, but for some people, anxious feelings are overwhelming and cannot be brought under control easily. An anxiety disorder is different from feeling stressed – it's a serious condition that makes it hard for the person to cope from day to day.
- Nearly one in seven people will experience some type of anxiety disorder in any one year (around one in six women and one in ten men) and one in four people will experience an anxiety disorder at some stage of their lives.⁴

Depression and anxiety disorders are common, serious conditions, and getting help early assists treatment and promotes recovery. To find out about the symptoms of depression, anxiety and related disorders, effective treatments and how to help someone, visit www.beyondblue.org.au or call the *beyondblue* info line on **1300 22 4636**.

Some people need more intense and structured care in hospital. Being admitted to hospital for treatment of weight loss occurs only if the individual is very malnourished.

Psychological treatment begins to address eating patterns and related thoughts, feelings and behaviours by helping people find new ways of thinking about and handling issues such as self-esteem, control, perfectionism and family problems. This can include individual and family therapy and psycho-education (information on psychological issues). These psychological therapies are also used to treat depression and anxiety:

- **Cognitive Behaviour Therapy (CBT)** – Often people with eating disorders and/or depression have negative ways of seeing situations and themselves. Cognitive Behaviour Therapy is one of the most researched psychological therapies and has a lot of evidence to support its effectiveness in treating people for depression and anxiety disorders. CBT teaches people to think realistically about common difficulties, helping them to change their thought patterns and the way they react to certain situations. Behavioural therapy approaches have been shown to be very helpful for many anxiety disorders.
- **Interpersonal Therapy (IPT)** – Interpersonal Therapy (IPT) has also been researched and found to be effective for treatment of depression. It helps people find new ways to get along with others and to resolve losses, changes and conflict in relationships.

Medication – Antidepressant medication can play a role when people become severely depressed or when other treatments are ineffective in the treatment of depression. Deciding which antidepressants are best for a person can be complex. There is a range of factors that should be discussed with a doctor before starting antidepressants.

Antidepressant medication can take 14 to 21 days before beginning to work effectively. The prescribing health professional should discuss differences in effects and possible side-effects of medications. Stopping medication should only be done gradually, on a doctor's recommendation and under supervision.

Most people taking medication will benefit from psychological therapies as well, as this will reduce the likelihood of relapse once the medication is ceased.

The Therapeutic Goods Administration (Australia's regulatory agency for medical drugs) and manufacturers of antidepressants do not recommend antidepressant use for depression in young people under the age of 18. For more information see *beyondblue* **Fact sheet 11 – Antidepressant medication**.

THINGS TO REMEMBER

- Eating disorders often go hand in hand with one or more other mental illnesses, such as depression or anxiety disorders, due to the associated negative feelings and low self-esteem that are present with both conditions.
- Eating disorders can be difficult to detect. This is because the person may actively conceal their eating or exercise behaviours, deny that they have a problem, or find it difficult to ask for help from family members and friends.
- The sooner a person with an eating disorder gets help, the better. Recovery from an eating disorder and depression or anxiety requires appropriate support from family members, friends, the community and health professionals.
- Helping a family member or friend with an eating disorder involves providing support in a non-judgemental and respectful way. The most important step is to encourage the person to seek professional help and offer to assist him/her to find the help they need.

WHERE TO GET HELP

beyondblue: the national depression initiative
www.beyondblue.org.au

Information on depression, anxiety and related disorders, available treatments and where to get help

***beyondblue* info line 1300 22 4636**

Information on depression, anxiety and related disorders, available treatments and referral only (local call)

Youthbeyondblue

www.youthbeyondblue.com

beyondblue's website for young people – information on depression and anxiety and how to help a friend

Lifeline

www.lifeline.org.au

13 11 14

National 24-hour telephone counselling service (local call cost)

Kids Help Line

www.kidshelp.com.au

1800 55 1800

Counselling for children and young people aged between 5 and 25

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ReachOut.com

www.reachout.com

Information to help young people through tough times

headspace

www.headspace.org.au

Information, support and help for young people

SANE Australia

www.sane.org

1800 18 7263 (1800 18 SANE)

Information about mental illness symptoms, treatments, where to go for support and help for carers

Suicide Call Back Service

1300 659 467

Telephone support for those at risk of suicide, their carers and those bereaved by suicide

HELP FOR EATING DISORDERS

Eating Disorders Foundation of Victoria

1300 550 236

www.eatingdisorders.org.au

Support and information for people with eating disorders and their families in Victoria

Eating Disorders Foundation of ACT (EDFACT)

(02) 6166 1679

info@edfact.org.au

Information and referral for people with eating disorders and their families in the ACT

Eating Disorders Association Inc (QLD)

www.eda.org.au

(07) 3394 3661

Support and referral for people with eating disorders and their families in QLD

Eating Disorders Association of South Australia

www.edasa.org.au

(08) 8237 4011

Information and support for people with eating disorders, their friends and families in SA

Tasmanian Eating Disorders Website

www.tas.eatingdisorders.org.au

Information about services, resources and support groups for around Tasmania

Bridges Association Inc (WA)

www.bridges.net.au

Information and support for all people affected by eating disorders in WA

The Butterfly Foundation (national)

www.thebutterflyfoundation.org.au

(03) 9822 5771

Support and referral for people with eating disorders and their families (national)

The Butterfly Foundation (NSW)

www.thebutterflyfoundation.org.au

(02) 9412 4499

Information for people with eating disorders, their family and friends in NSW

Nutrition Australia

www.nutritionaustralia.org

Information about food and nutrition, healthy eating and healthy weight

SOURCES

This fact sheet was adapted from the following sources:

- 1 Victorian Centre of Excellence in Eating Disorders & Eating Disorders Foundation of Victoria (2004) *An Eating Disorders Resource for Schools. A Manual to Promote Early Intervention and Prevention of Eating Disorders in Schools.*
- 2 Patton GC, Coffey C & Sawyer SM (2003) 'The outcome of adolescent eating disorders: findings from the Victorian Adolescent Health Cohort Study'. *European Child & Adolescent Psychiatry* 12: 1/25-9.
- 3 Adapted from the Mental Health First Aid Training and Research Program (2008). *Eating disorders: first aid guidelines for assisting adults.* Melbourne: Orygen Youth Health Research Centre, University of Melbourne. Available at www.mhfa.com.au.
- 4 Australian Bureau of Statistics (2008) 2007 *National Survey of Mental Health and Wellbeing: Summary of Results* (4326.0), Canberra, ABS.

Eating Disorders Foundation of Victoria – www.eatingdisorders.org.au

Russell S, Fuscaldo G and Ealey W (2008). *Eating Disorders with Comorbid Depression and Anxiety: A Mapping Project of Eating Disorder Organisations in Australia.* Beyondblue Limited: Melbourne

Russell S, Fuscaldo G and Ealey W (2008). *Eating Disorders with Comorbid Depression and Anxiety: Literature Review.* Beyondblue Limited: Melbourne

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