

Free - Take One!

www.sawtoothmountainclinic.org

218-387-2330

Eating Disorders

When Food Becomes Foe



Eating might seem to be a simple act, but the thoughts, feelings, and behaviors that surround it can be complex. What do we eat? How much? How often? When? Where? With whom? The answers to these questions will determine if a person is eating in ways that help them to be healthy or eating in ways that cause them harm. If harm is the result, this could indicate that person is being affected by an eating disorder.

Eating Disorders

Eating disorders are dangerous, but treatable, mental and physical illnesses. They change the ways that a person thinks and behaves in relation to food, eating, and how they feel about their body. Untreated, they can have serious, or even life-threatening, outcomes. They can affect anyone, regardless of sex, gender, age, race/ethnicity, weight, body shape, culture, or religion.

Anorexia Nervosa is most often recognized by dramatic weight loss and an intense fear of weight gain or being fat. People may severely limit the foods they eat, believe they are much bigger than they really are, and worry a great deal about that belief. They may not accept the seriousness of their illness.

Bulimia Nervosa is diagnosed when someone frequently binges (eating large amounts of food in a short period of time) and then purges (making themselves vomit, taking laxatives or diuretics).

They often will try to “cancel out” the food they binge by fasting or exercising excessively. While someone is bingeing, they feel a loss of control over their eating. The way they feel about themselves as a person is often determined by the way they feel about body shape and weight.

Binge Eating Disorder is when someone frequently binges, but doesn’t follow that with purging. They feel a loss of control, guilt, discomfort, and distress. This is the most common eating disorder in the United States.

Avoidant/Restrictive Food Intake Disorder (ARFID) means that someone avoids foods because they’re not interested in eating nor interested food (because they dislike the way it looks, smells, or feels), or because they’re worried that eating will be somehow unpleasant. This disorder is not fueled by fear of gaining weight or distress about body shape or size. It differs from being “picky.” Children with ARFID don’t consume enough calories to grow and develop properly, and adults can’t maintain basic bodily functions.

Orthorexia is not clinically recognized as an eating disorder, but awareness about its dangers is growing. A person with orthorexia is fixated on consuming only food that they believe to be “healthy”, “clean”, or “pure.” Their concern is so extreme that they do themselves harm by unnecessarily eliminating foods or food groups from their diet, become very upset if “safe” foods aren’t available, or spend hours a day worrying about what foods they or others might be serving or eating.

Eating disorders are not just about food, eating, weight, or body image. They are the result of a complex interaction between biological, social, and psychological factors. The threats they can pose are equally complicated. These disorders can cause permanent organ damage, have harmful cardiovascular and pulmonary effects, impair brain functioning, and cause metabolic and digestive problems. They can lead to emotional struggles, social isolation, substance abuse, and an increased risk of suicide.

To learn more about other eating disorders such as Pica, Rumination Disorder, or Laxative or Exercise Abuse, visit the National Eating Disorders Association.

**Taking care of ourselves can take a lot of support.
Ask a nurse or provider if you'd like to talk.**

**We're here to help!
218-387-2330**



Because eating disorders are so complex, it's easy for myths and misconceptions to form around them. [Let's clear up a few:](#)

MYTH: All eating disorders lead to being very underweight.

FACT: Some eating disorders, such as anorexia nervosa, are characterized by severe weight loss, but some are not. You can't tell if someone has an eating disorder by what they weigh or the size of their body.

MYTH: People with eating disorders just need to eat larger amounts of food or quit being picky and eat more kinds of food.

FACT: Getting to a healthy weight is part of the recovery process, but reaching that goal doesn't mean that someone has fully recovered. The medical, social, and psychological impacts of recovery go far beyond the numbers on the scale. Additionally, eating disorders aren't just about being a "picky eater." It's a complex interplay between food, eating, and self that can make it difficult to increase the variety of foods that are eaten.

MYTH: Young, straight, white women are the only ones affected by eating disorders.

FACT: It's true eating disorders usually appear between the ages of 12 and 25 years, and young women are at higher risk. However, eating disorders affect all races and ethnicities, and [people from every demographic](#) are impacted at similar rates. Untrue stereotypes about who is or isn't impacted lead to fewer people receiving the care they need. [People of color](#), [men and boys](#), [people at mid-life and beyond](#), and [LGBTQ+ identified people](#) are all affected by eating disorders.

MYTH: Eating disorders aren't that serious.

FACT: They are the [most fatal](#) of all psychiatric illnesses. It's estimated that 1 in 10 people affected by an eating disorder will die prematurely, either from medical complications brought about by the disorder itself or by suicide.

Warning Signs

The earlier that an eating disorder is detected and [treated](#), the better chance a person has of making a full recovery. A person with an eating disorder won't have all these signs. This list is simply an [overview](#) of signals that may indicate a problem.

Emotional and Behavioral

- General behaviors and attitudes that indicate weight loss, dieting, and control of food are becoming primary concerns
- Preoccupation with weight, food, calories, carbohydrates, fat grams, and dieting
- Refusal to eat certain foods, which worsens into restrictions against whole food categories (no carbohydrates, no fat, etc.)
- Appearing uncomfortable eating around others
- Food rituals (e.g. eating only a particular food or food group, excessive chewing, not allowing foods to touch, etc.)
- Skipping meals or having only tiny portions of food at meals
- Frequent dieting, especially fad diets
- Withdrawal from usual friends and activities
- Extreme mood swings
- Extreme concern with body size and shape
- Frequent checking the mirror for perceived flaws in appearance

Physical

- Noticeable changes in weight, either up and down
- Stomach cramps, or other non-specific gastrointestinal complaints (constipation, acid reflux, etc.)
- Menstrual irregularities — skipping periods or only having a period while on hormonal contraceptives
- Difficulties concentrating
- Abnormal laboratory findings (anemia, low thyroid & hormone levels, low potassium, low white and red blood cell counts)
- Dizziness, especially upon standing or fainting/syncope
- Feeling cold all the time; having cold, mottled hands and feet, or swelling of feet
- Sleep problems
- Cuts and calluses across the top of finger joints (a result of inducing vomiting)
- Dental issues cause by vomiting during purging (e.g. enamel erosion, cavities, and tooth discoloration and sensitivity)
- Dry skin and hair, and brittle nails
- Swelling around the area of salivary glands
- Fine hair on the body (lanugo)
- Muscle weakness
- Poor wound healing and Impaired immune functioning

These behaviors may gradually increase in intensity and severity over time. [If you are concerned for yourself or a loved one](#), please reach out to your provider at Sawtooth Mountain Clinic. They're here to help! Call 218-387-2330 for an appointment.