

WHAT CAUSES

Eating Disorders?

@eatingdisorderstrainingaust
www.eatingdisorderstrainingaustralia.com.au

There is no single known cause. Eating disorders are complex neurobiological disorders. Many factors contribute to the development of an eating disorder.

With the lifetime prevalence of eating disorders in Australia estimated at 9%, it's time to really think about what contributes to eating disorders developing and what we can do about it!

RISK FACTORS

The following are some of the strongest predictors/ risk factors for developing an eating disorder. More details about each one can be found below.

- Dieting
- Low Self-worth / self-esteem
- Body Image dissatisfaction
- Genetic and biological factors



RISK FACTOR 1 DIETING

Disordered eating and dieting is the most significant risk factor in developing an eating disorder. Young people who diet are 5 times more likely to develop an ED than those who do not diet.

Dieting is often normalised as a rite of passage but the messages imbedded in diet culture and dieting in general are harmful, untrue and can lead to a difficult and unhealthy relationship with food and your body.



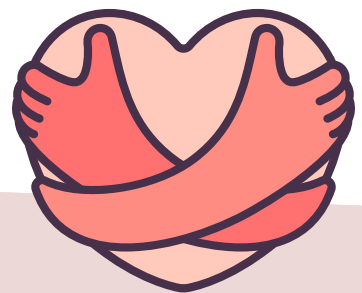
RISK FACTORS 3 BODY IMAGE DISSATISFACTION

Body image dissatisfaction is one of the top 3 concerns for young people in Australia. Our society's focus on appearance and the thin ideal further fuels negative thoughts and feelings about one's body. If someone is unhappy with their weight, shape, size or appearance, they are at a greater risk of wanting to change this through dieting and exercise, which places them at risk of developing an eating disorder.



RISK FACTOR 2 LOW SELF-WORTH

Low self-esteem or self-worth has shown to be a risk factor for eating disorders. Feeling bad about yourself and your worth as a person places you at a greater risk of engaging in behaviours to 'change' yourself, that can lead to so many negative physical and psychological consequences. It can also impact mood and general well-being. When low self-worth interacts with body image dissatisfaction and dieting, you can see how it places individuals at risk of developing an eating disorder.



RISK FACTOR 4 GENES & BIOLOGY

Research shows us that having mental illness (especially eating disorders) in the family increases an individual's risk of also developing an eating disorder. Other biological factors including temperament and neurochemistry have shown to be contributing factors.



- There is no single cause. It is the interaction of genetic predisposition with environmental & psychological factors (such as dieting, low self-worth and body image dissatisfaction) that trigger off an eating disorder. There are many other factors not mentioned here that would also contribute.
- No one chooses to have an eating disorder. It is not about vanity or a lifestyle choice. It is a serious illness that requires early detection and recognition and with that treatment and support.
- We can all make a difference by being aware, paying attention and changing how we think about and respond to these factors.

How to Recognise signs of an Eating Disorder

Eating disorders affect individuals of all shapes, sizes, ages and backgrounds. With eating disorders rates on the rise and many unhelpful myths/beliefs being upheld in our society about eating, weight and bodies, it is crucial to be aware of warning signs. These signs individually do not indicate an ED but may warrant further investigation/exploration. Here are some common signs.

Psychological Signs

- Preoccupation with body appearance and/or weight
- Increased mood changes, irritability
- Reduced concentration, memory or flexibility of thoughts
- Anxiety or depression / general and around food & meals
- Mental list of 'good' and 'bad' foods
- Feelings of being out of control with food
- Guilt, shame and self dislike
- Difficulty with relationships or changes in relationships

Behavioral signs

- Increased interest in preparing food for others
- Obsessive rituals / Hoarding food
- Impaired achievement at school or work
- Wearing baggy clothes/change in clothing style
- Excessive or fluctuating exercise patterns
- Making frequent excuses not to eat
- Very slow or fast eating
- Rearranging food on the plate
- Trips to bathroom after meals

Physical signs

- Weight loss or rapid fluctuation in weight
- Loss or irregularity of menstrual periods or nocturnal emissions
- Faintness, dizziness and fatigue / Sensitivity to cold
- Changes in hair, skin and nails (brittle, dry)
- Edema / dehydration
- Hypoglycemia (low blood glucose levels)
- Easy bruising and slow wound healing
- Sore throat, indigestion or heartburn
- Bowel problems such as constipation, diarrhea or cramps

Social & other signs

- Social withdrawal or isolation
- Avoidance of social situations involving food
- Not eating around others
- Decreased interest in hobbies or activities
- Difficulty connecting to others

@eatingdisorderstrainingaust

www.eatingdisorderstrainingaustralia.com.au

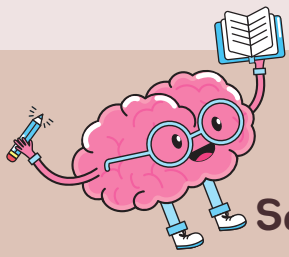
The Neuroscience Of Eating Disorders

The basics



Neuroplasticity

The brain is considered to be plastic, meaning that with the right conditions, the brain can re-wire itself, it has the ability to adapt and change through learning. As the saying goes, the neurons that fire together, wire together. New pathways are formed as a result of experience. Unlearning occurs through less frequent activation of certain neural pathways.



Neurotransmitters

Serotonin (S) and Dopamine (D) are the two most commonly implicated neurotransmitters in EDs due to their role in regulating eating behaviour, hunger, memory, reward and pleasure. When serotonin levels are not too high/ low, one feels 'good', regulated, calmer, & more stable. When Dopamine levels are not too high/low, one experiences pleasure and feels motivated.

What the data shows



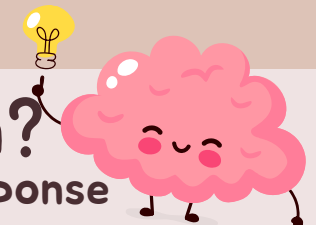
So far, research has shown that individuals with Anorexia Nervosa experience lower levels of S when underweight and higher levels in recovery. With re-feeding this leads to a spike in anxiety and greater perfectionism, harm avoidance and ability to go without pleasure. Restriction and less food become MORE rewarding, feel better and decrease low mood. Dopamine issues have been implicated with the onset of AN. Increase in dopamine does not result in greater pleasure or motivation, in fact, it is the amygdala (fear and anxiety) that are triggered in relation to food.



What about BN and BED?

Research has shown that in clients with Bulimia Nervosa, drops in S are experienced following restriction, leading to binge eating and irritability. Generally, lower levels of D are experienced, which increase with binge eating. For Binge Eating Disorder, lower levels of both S and D have been implicated, however, with a greater hyper-responsiveness to food (food is far more pleasurable and rewarding).

What does this mean?



Clients with AN experience greater anxiety and fear in response to food and with the process of re-feeding/ increasing food intake. This makes recovery and eating more challenging. Clients with BN and BED experience a desensitisation of dopamine circuits, leading to cravings and binge eating, experienced as rewarding and pleasurable.



How can this be useful?

Information regarding the way in which the brain works and functions and how the brain is impacted by eating disorders can help sufferers and their loved ones understand the impact, reduce blame and set up more realistic expectations about what the client can do/ what to expect in treatment.