Disordered Eating and Eating Disorders

When does “healthy eating” become disordered?

Disordered eating refers to a wide range of abnormal eating behaviors, many of which are shared with eating disorders. The main thing differentiating disordered eating from an eating disorder is the level of severity and frequency of behaviors. Disordered eating can begin as a simple diet, or as changes in behaviors that often go unnoticed by others, and can lead to the development of an eating disorder.

Unfortunately, people with disordered eating and eating disorders often deny their problem and find shame in seeking help, particularly since many of the behaviors associated with disordered eating are normalized (and sometimes even celebrated) by society.

Inadequate nutrition and eating disorders can lead to harmful medical, psychological, and nutritional consequences. The long-term mortality rate of eating disorders is as high as 20%. Eating disorders can affect every organ system in the body.

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<thead>
<tr>
<th>Disordered eating behaviors include:</th>
<th>Healthy eating involves:</th>
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<tr>
<td>● Restrictive or significantly restrained eating</td>
<td>● Eating more on some days, less on others</td>
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<td>● Skipping meals regularly</td>
<td>● Eating some foods just because they taste good</td>
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<td>● Obsessive calorie counting</td>
<td>● Having a positive attitude towards food</td>
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<td>● Eliminating entire food groups from your diet</td>
<td>● Not labeling foods with judgement words such as &quot;good&quot;, &quot;bad&quot;, &quot;clean&quot;</td>
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<tr>
<td>● Compulsively exercising</td>
<td>● Craving certain foods at times</td>
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<td>● Binge or loss-of-control eating</td>
<td>● Eating meals consistently throughout the day that contain a balance of all major food groups</td>
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<td>● Self-induced vomiting</td>
<td>● Treat food and eating as one small part of a balanced life</td>
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<td>● Misusing laxatives or diuretics</td>
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<td>● Measuring self-worth based on body shape and weight</td>
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Disordered eating or eating disorder?

A 2006 national survey by the National Eating Disorders Association (NEDA) found that nearly 20% of the more than 1,000 college students surveyed – both male and female – said they had or previously had an eating disorder.

**Anorexia Nervosa** is characterized by an intense fear of body fat, a disturbed body image, and an obsessive desire to be thin. The result is a life-threatening loss of weight, usually from dietary restriction or self-starvation.

**Bulimia Nervosa** is associated with recurrent episodes of binge eating followed by purging (vomiting, use of laxatives, fasting, or vigorous exercise). It is accompanied by feeling out of control, guilt, and shame. Bulimia also involves being overly concerned with body weight and shape.
**Binge Eating Disorder (BED)** is a condition that resembles bulimia nervosa in that it involves binge eating and feeling out of control. Unlike bulimia, however, people with BED do not purge after binge eating. People with BED may be of average weight, overweight, or obese.

**Other Specified Feeding or Eating Disorder (OSFED)** is a term used to describe eating disorders that don’t fit neatly into the diagnostic criteria for Anorexia or Bulimia Nervosa, but can be just as serious and life-threatening. In many clinics, most individuals treated for eating disorders are diagnosed with OSFED.

**Risks of inadequate nutrition and disordered eating:**
Some of the possible health consequences of disordered eating and eating disorders include:

- Low heart rate, low blood pressure and syncope (fainting)
- Low bone density and osteoporosis
- Low body temperature and frequently feeling cold
- Dry skin, brittle hair, and hair loss
- Difficulty concentrating, mood changes, and sleep disturbances
- Irregular periods and infertility
- Anemia and depressed immune function
- Abnormal blood glucose levels
- Seizures and muscle cramps
- Liver disease and pancreatitis
- Exercise-related injuries and stress fractures
- Kidney failure and abnormal electrolyte levels
- Digestive problems including stomach pain, nausea, constipation, and intestinal obstruction
- Heart failure and cardiac arrhythmias
- Death

**How can I get help?**
If you’re concerned that you may have disordered eating or an eating disorder, University Health Services has a team of health care providers that can help.

The eating disorders team members include medical providers, a dietician, a psychiatrist, and a therapist, all of whom have special training in the treatment of disordered eating and eating disorders, and are sensitive to the difficulties that are part of recovery. The team addresses the physical, mental and nutritional aspects of disordered eating. This service is available to all U.C. Berkeley students.

In addition to an experienced multidisciplinary treatment team, support from family and friends is important to those suffering from an eating disorder. The earlier a person with an eating disorder seeks treatment, the greater the likelihood of physical and emotional recovery.

To request an appointment with the ED clinic, call Clinic 3 at (510) 643-7110. If you want more information about ED services or are unsure if ED Clinic is right for you, you can contact our team dietician, Toby Morris, at 510-642-5075.

For more information on Eating Disorders, and to complete a confidential screening tool that can help you decide whether you’re at risk for - or may have - an eating disorder, visit www.nationaleatingdisorders.org.