

## Common Types of Eating Disorders

### **Anorexia Nervosa (AN)**

Anorexia Nervosa is a serious, potentially life-threatening eating disorder characterized by self-starvation, excessive weight loss, fear of weight gain, and refusal to maintain a weight which is normal for one's height and age. These individuals often perceive themselves as being fat even though they are extremely thin.

### **Bulimia Nervosa (BN)**

Bulimia Nervosa is a serious, potentially life-threatening eating disorder characterized by a cycle by bingeing and compensatory behaviors. These behaviors include self-induced vomiting, laxative and/or diuretic misuse, and excessive exercise and are used to "compensate" or "undo" the effects of binge eating by ridding the body of food and calories.

### **Binge Eating Disorder (BED)**

Binge Eating Disorder, also known as compulsive eating, is a serious, potentially life threatening eating disorder characterized by recurrent binge eating without the regular use of compensatory behaviors.

## Feeding or Eating Disorders Not Elsewhere Classified

### **Atypical Anorexia Nervosa**

All of the criteria for Anorexia Nervosa are met, except the individual's weight is within or above the normal range.

### **Subthreshold Bulimia Nervosa**

All of the criteria for Bulimia Nervosa are met, except behavior occurs less than once a week and fewer than 3 months.

### **Subthreshold Binge Eating Disorder**

All of the criteria for Binge Eating Disorder are met, except behavior occurs less than once a week and fewer than 3 months.

### **Purging Disorder**

Recurrent purging behavior to influence weight or shape in the absence of bingeing.

### **Night Eating Syndrome**

Recurrent episodes of eating after awakening from sleep or excessive food consumption after an evening meal.

## What Causes an Eating Disorder?

*The development of an Eating Disorder is complex in nature and often stems from a variety of influences (genetics, environment, media, trauma or life changes, society, etc.) Individuals with an eating disorder often have negative body image, poor self-esteem, anxiety, depression, and/or obsessive compulsive disorder. Eating disorders affect both men and women.*



## How to help a Friend with an Eating Disorder

Talk with your friend. Pick a time and place that is informal but private.

Do not nag, blame, or admonish. Let them know you are there to help.

Your friend may be resentful or angry, but do not take it personally.

Encourage your friend to speak to a professional.

Assist your friend in getting help.



## Contact Professionals

### UNIVERSITY HEALTH SERVICES

General Appointment: 850-644-4567

Nutrition Appointment: 850-644-8871

<http://uhs.fsu.edu>

### THE UNIVERSITY COUNSELING CENTER

Counseling Appointment: 850-644-2003

<http://counseling.fsu.edu>

For more information about mental health click on the Test Your Mood link found on this site.



## What College Women Should Know About EATING DISORDERS



UNIVERSITY HEALTH  
SERVICES



UNIVERSITY  
COUNSELING CENTER  
at Florida State University

Use the checklist below to assess yourself by checking the statements that apply to you:

- ☐ I am terrified about being overweight
- ☐ I find myself preoccupied with food
- ☐ I feel extremely guilty after eating
- ☐ I am preoccupied with a desire to be thinner
- ☐ I think about burning up calories when I exercise
- ☐ I am preoccupied with the thought of having fat on my body
- ☐ I feel that food controls my life
- ☐ I excessively count calories, carbohydrates, or fat
- ☐ I feel dissatisfied with my body
- ☐ I think about food, weight and/or my body size all the time
- ☐ I feel pressure from TV or magazines to have a perfect body

If you answered ‘yes’ to any of these statements, you may have negative body image.

- ☐ I vomit after I have eaten
- ☐ I have gone on eating binges where I feel that I may not be able to stop
- ☐ I have the impulse to vomit after meals
- ☐ I frequently skip meals to control my weight
- ☐ I frequently use laxatives, diuretics, or other substances to control my weight
- ☐ I feel shame about my eating behaviors
- ☐ I am secretive about my eating or exercise practices

If you answered ‘yes’ to any of these statements, you may have disordered eating.

## What Treatment Options are Available for Students at Florida State?

### Mental Health Counseling

Eating disorders often occur as symptoms of emotional conflict. One common emotional conflict is stress which can trigger eating disorder symptoms such as negative body image or body dissatisfaction and excessive thoughts about weight, dieting, and food. During the initial counseling session, the student will be asked questions regarding eating habits, behaviors, lifestyle, and emotions. With the student’s input, the counselor will establish treatment goals and evaluate progress at follow-up appointments.

### Nutrition Assessment and Follow-Up

The initial nutrition assessment provides an opportunity for the student to share their eating patterns and thoughts about weight, eating, and food. Then, an individualized nutrition care plan is developed by the nutritionist and the student. The ultimate goal is to help the student decrease disordered eating, normalize eating behaviors, stabilize weight and help the student feel confident about making balanced food choices to meet nutritional needs.

### Medical Evaluation

All students with a suspected eating disorder should be examined by a medical practitioner. The purpose of this evaluation is to confirm a diagnosis and to evaluate for medical complications that may result from starvation, laxative, diuretic and diet pill abuse and/or binge/purge cycles such as:

*Low body weight, heart rate, and body temperature*  
*Damage to the esophagus, stomach, and/or teeth*  
*Abnormal bowel function*  
*Electrolyte imbalances, abnormal heart rhythms*

The medical practitioner may recommend medications to treat underlying depression, anxiety, or other mental health concerns. Many cases of eating disorders can be treated on an outpatient basis. However, students who do not respond to treatment may be referred to a higher level of care such as hospitalization or residential treatment facility.

### Treatment Team Approach

Due to the complexity of eating disorders, treatment requires a comprehensive team approach. This multidisciplinary healthcare Eating Disorder Treatment Team includes dietitians, medical practitioners (primary care physicians, psychiatrists, and advanced RNs) and mental health professionals (counselors, psychologists, art therapists, and clinical social workers). Initial assessment and ongoing follow-up with each team member is an essential aspect in the treatment of an eating disorder. To further optimize students’ care, the team meets monthly to discuss the care plans for students with eating disorders. Each member discusses their students’ progress from their individual perspectives and receives professional support and suggestions from other members.

## How Prevalent are Eating Disorders?

Eating disorders have the highest mortality rate of any other mental disorder.

The incidence of AN is around eight per 100,000 persons per year which translates to 0.3% in men, 0.9% in women or 0.3% in adolescents.<sup>1</sup>

The average prevalence rate for AN and BN among FSU students is 0.6 % and 0.8%, respectively.<sup>2</sup>

About 5% of FSU students report struggling with an ED.<sup>2</sup>

Approximately 2-5% of the general population may be diagnosed with BED.<sup>3</sup>

As much as 33% of female students are using harmful or risky eating behaviors.<sup>4</sup>

Approximately 34% of undergraduate females believe they are fat even though others say they are thin, and approximately 26% report worrying that they have lost control over how much they eat.<sup>5</sup>

The number of students engaging in eating disordered behavior has significantly increased in the last 15 years.

*Despite the seemingly low incidence of eating disorders, there are many individuals with body dissatisfaction. Comparing oneself to media images and internalizing the “ideal standards” as a way to judge oneself (self-worth) – is a major risk factor for the development of eating disorders.*



<sup>1</sup>Hudson JI, Hiripi E, Pope HG, Kessler RC. "The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication." Biological Psychiatry. 2007; 61:348-58.

<sup>2</sup>American College Health Association. American College Health Association-National College Health Assessment II: Florida State University Executive Summary Spring 2014. Hanover, MD: American College Health Association; 2014.

<sup>3</sup>R. L. Spitzer, S. Yanovski, T. Wadden et al., "Binge eating disorder: its further validation in a multisite study," International Journal of Eating Disorders, vol. 13, no. 2, pp. 137–153, 1993.

<sup>4</sup>Schwitzer, AM et al. "Eating disorders among college women: prevention, education, and treatment responses." Journal of American College Health. 1998. 46(5): 199-207.

<sup>5</sup>Eisenberg D, Nicklett EJ, Roeder K, Kirz NE. Eating disorder symptoms among college students: prevalence, persistence, correlates, and treatment-seeking. Journal of American College Health. 2011.