NZ consumer backgrounder **TUES, MARCH 10, 2020**

About eating disorders

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- An eating disorder is a complex mental illness that for some can lead to severe and permanent physical complications, and even death.[1]
- The lifetime prevalence of eating disorders in New Zealand is estimated to be between 1.5 and 2.1 per cent.[2]
- Eating disorders most commonly affect those aged between 25 and 44, but can strike at any age.[3]
- Eating disorders can affect anyone, from any gender, or cultural background.[3]
- Importantly, eating disorders among men are significantly under-diagnosed.[4]
- Like women, men experience disturbances in body image, binge eating and maladaptive weight/shape control behaviours.[5]
- Indeed, the prevalence of binge-eating disorder may be nearly as high in men as in women, and the prevalence of extreme weight control behaviours, such as extreme dietary restrictions and purging, may be increasing more rapidly in men than women.[5]
- Some research suggests those who identify as lesbian, gay, bisexual, transgender or gender diverse may be at increased risk of developing eating disorders.[6, 7]
- People experiencing some eating disorders may hold an inaccurate perception of their body size and shape, and attempt to control their weight and appearance through excessive dieting, exercising, and/or purging.[2]

- Eating disorders are not a choice – they are serious illnesses.[8]
- There are four main types of eating disorders – anorexia nervosa, bulimia nervosa, binge-eating disorder, and other specified feeding or eating disorders (OSFED).[8]
- Many factors influence eating disorders, including genetics, developmental challenges (including puberty), thinking styles (such as perfectionism), body dissatisfaction (body image has ranked among the top four concerns for young people over the past nine years[9]) and socio-cultural pressures.[10]
- Eating disorders cause significant distress and that impacts on the lives of the individual, their family, carers, partners and friends.[11]
- Frequent co-morbidities associated with eating disorders include mood disorders (such as depression), anxiety disorders (especially social anxiety disorder), obsessive-compulsive disorder, substance abuse disorders (such as alcohol problems), and personality disorders.[2, 12]
- Medical complications of eating disorders include cognitive impairment, heart complications, growth retardation and osteoporosis.[13]
- Eating disorders can improve with treatment and time. However only a minority of those with a lived experience of an eating disorder become entirely symptom free.[14]

Eating disorders in Māori & Pacific communities

- Māori and Pacific people constitute approximately 17 per cent and eight percent of New Zealand's population respectively.[15, 16]
- Data suggest that eating disorders are at least as common in among Māori and Pacific populations as the remainder of the population.[3]
- Māori and Pacific populations though are less likely to have contact with health services for mental health reasons, suggesting barriers to access.[2]

About anorexia nervosa

- Anorexia nervosa is a serious and complex condition with psychiatric and physical symptoms.[17, 18]
- The peak age of onset of anorexia nervosa is in early to mid-adolescence but may occur at any age, including in childhood.[13]
- According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria, to be diagnosed with anorexia nervosa a person must display:[17]
    - Persistent restriction of energy intake leading to significantly low body weight (within the context of the minimum expectations for their age, sex, developmental trajectory, and physical health);
    - Either an intense fear of gaining weight, or of becoming fat, or persistent behaviour that interferes with weight gain (despite being significantly low in weight); and
    - Disturbed perceptions of one's body weight or shape, undue influence of body shape and weight on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.
- Factors contributing to the development of anorexia nervosa are complex, and include a strong genetic component.[19] These genes can be triggered by environmental influences, such as dieting or extreme exercise.[20, 21]
- Personality traits of perfectionism and fear of failure, low self-esteem, and emotion avoidance are common among those living with anorexia nervosa.[22]
- Anorexia nervosa is characterised by the severe restriction of food intake, and generally results in significant (and dangerous) weight loss.[23]
- People living with anorexia nervosa often adhere to intense exercise routines.[24, 25]
- Young people with anorexia nervosa aged between 15 and 24 years have 10 times the age-adjusted mortality rate, compared to their same-aged peers, due to medical complications and suicide.[2,26, 27]
- For New Zealanders, the lifetime prevalence of anorexia nervosa is estimated to be 0.6 per cent, representing nearly 30,000 people.[28]
- Anorexia nervosa typically takes five to six years from diagnosis to recovery.[2, 29]
- Around 50 per cent of people with anorexia nervosa will make a full and complete recovery; a further 30 per cent will make a partial recovery, while approximately 20 per cent will have a chronic course of illness. [30]

About bulimia nervosa

- Bulimia nervosa is characterised by recurrent binge-eating episodes (consumption of unusually large amounts of food in a relatively short space of time).[17, 31]
- In bulimia nervosa age of onset is more commonly in later adolescence and young adulthood. [13]
- According to the DSM-5 criteria, to be diagnosed with bulimia nervosa a person must display:[17, 18]
    - Recurrent episodes of binge eating, characterised by; eating in a discreet period of time and consuming larger volumes of food than what most people would consume during a similar period of time, and under similar circumstances;
    - A sense of lack of control over eating (e.g. a feeling that one cannot stop eating or control what or how much they consume);

    - Recurrent inappropriate behaviours to compensate for over consumption in order to prevent weight gain, such as self-induced vomiting, misuse of laxatives, diuretics, or other medications, fasting, or excessive exercise;
    - The binge eating and inappropriate compensatory behaviours occurring at least once a week for three months; and
    - Self-evaluation influenced by body shape and weight.
- Accompanied by a sense of loss of control, binges are often followed by feelings of guilt and shame. Binges are often counteracted by self-induced vomiting, fasting, over-exercising and/or misuse of laxatives, enemas, or diuretics.[31]
- Eating disorders occur at any body size.[32] People with bulimia nervosa may be slightly underweight, of average, or overweight status.[33]
- Because some people mistakenly assume that a person must be underweight to have an eating disorder, bulimia nervosa and other eating disorders can often be missed, or go unnoticed for some time.[14, 34]
- The prevalence of New Zealanders who have had bulimia nervosa at any stage during their lives is estimated to be 1.3 per cent – equating to more than 62,000 people.[2]

About binge-eating disorder

- Binge-eating disorder involves episodes of eating unusually large amounts of food, and a loss of control.[17, 35]
- In binge eating disorder, similar to bulimia nervosa, age of onset is more commonly in later adolescence and young adulthood and has a much more even gender frequency. [13]
- Binge-eating episodes are associated with three (or more) of the following:[17]
    - Eating much more rapidly than normal;
    - Eating until feeling uncomfortably full;
    - Eating large amounts of food when not feeling physically hungry;
    - Eating alone due to embarrassment by how much one is eating; and
    - Feeling disgusted with oneself, depressed, or very guilty after overeating.
- Feelings of guilt, disgust and depression often follow a binge-eating episode.[17, 36]
- Unlike bulimia nervosa, binge-eating disorder does not involve purging. However, the illness can involve sporadic fasting and repetitive diets, as well as weight gain.[37]
- Almost two (1.9) per cent of New Zealand adults are expected to develop binge-eating disorder during their lifetime.[37]

Should you suspect that you, or a loved one, may be living with an eating disorder, speak to your general practitioner without delay.

If you need to talk to a trained counsellor about any mental health issue, contact the 1737 helpline; free call or text 1737 www.healthpoint.co.nz/mental-health-addictions/mental-health-addictions/1737-need-to-talk/.

To learn more about the Eating Disorder Genetics Initiative, head to www.edgi.nz

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