National Eating Disorders Collaboration

Evidence Experience Expertise

Facts about eating disorders

Fact sheet for Primary Health Networks

Background

- Eating disorders are serious, complex mental illnesses accompanied by physical and psychiatric complications which may be severe and life threatening. They are characterised by disturbances in behaviours, thoughts and feelings towards body weight/shape and/or food and eating.
- Approximately one million Australians are living with an eating disorder in any given year (1).
- While more common in females, eating disorders also occur in males, who are often less likely to seek treatment (1).
- The most common eating disorder is binge eating disorder (47%), followed by other specified feeding and eating disorders (OSFED) (38%), bulimia nervosa (12%), and anorexia nervosa (3%) (1).
- Eating disorders do not necessarily result in weight change and can have serious physical health effects without weight loss or gain.
- The mortality rate for people with eating disorders is up to six times higher than that for people without eating disorders (3). The increased risk of premature death exists for all types of eating disorders (3). The risk of premature death relates in part to associated medical complications; suicide has also been identified as a major cause of death (4).
- Eating disorders commonly occur with other comorbid psychiatric and medical conditions. Comorbid psychiatric conditions can include depression, anxiety, substance use disorders, and personality disorders. Physical comorbidities can include osteopenia or osteoporosis, hypotension and digestive issues. The presence of a comorbid condition may increase the severity and chronicity of the eating disorder (5).
- Among people with a diagnosed eating disorder, only around 23% access appropriate treatment (6). Many people with eating disorders receive treatment for comorbid conditions without receiving treatment for their eating disorder (7).

The stepped system of care for eating disorders

- Eating disorders require a stepped model of care, which provides a continuum of coordinated, evidence-based services that increase or decrease in intensity according to a person's changing psychological, physical, nutritional and functional needs. It is essential that eating disorders are specifically addressed, as eating disorders are self-sustaining and will not usually resolve without intervention.
- A gap analysis conducted by NEDC in 2013 identified significant gaps in the continuum of care available to people with eating disorders in Australia, with no health districts found to be delivering a full continuum of care (8). While improvements have been made since 2013, gaps still remain.

The role of Primary Health Networks (PHNs)

- Eating disorders specifically fall under the PHN priority area of mental health. Operating as service commissioners and system integrators, PHNs have an important role in improving access to high quality primary care services for people with eating disorders, as well as improving the coordination of care:
- **PHNs should promote early intervention and treatment**. The primary care setting is essential for ensuring that people are connected to an appropriate level of care as early as possible in the course of illness. Without early intervention and treatment, eating disorders are likely to persist long term, lead to physical health complications, and reduce quality of life and life expectancy (8).
- **PHNs should plan for the needs of people with severe mental illness**. People with eating disorders may experience severe illness. PHNs are expected to plan for the integrated provision of services for people with mental illness, coordinate services for people with severe mental illness who are supported in primary health care, and commission high intensity primary mental health services to address service gaps for people with severe mental illness (9).
- **PHNs should consider the needs of people with eating disorders across all mental health policies**. Eating disorders are a distinct group of complex illnesses with treatment requirements that are different to other types of mental illness due to the complex overlapping nature of mental health and physical health needs. It is therefore essential that eating disorder considerations are identified and incorporated into all mental health policies and initiatives, otherwise the needs of people with eating disorders will not be adequately addressed.

Further reading

- The National Practice Standards for eating disorders present an evidence-based consensus on the key requirements of health and other professionals across the system of care for eating disorders in Australia.
- The National Eating Disorders Collaboration (NEDC) has a dedicated online portal for PHNs.
- NEDC's fact sheet, Key considerations for service providers, synthesises key evidence-based guidelines and frameworks to support healthcare services to understand their role in identifying, responding to, and/or treating eating disorders.

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