

Groups at high risk of eating disorders and co-occurring conditions

Fact sheet for Primary Health Networks

High risk groups

The elements that contribute to the development of an eating disorder are complex, and involve a range of biological, psychological, and sociocultural factors. An individual's susceptibility to developing an eating disorder is best understood as a complex interaction between these factors, and the presence of risk factors will vary from patient to patient.

However, based on the known risk factors for eating disorders, particular groups have been identified as being at high risk for developing an eating disorder:

- Females, especially during biological and social transition periods (e.g. onset of puberty, change in relationship status, pregnancy and postpartum, menopause, change in social role) (1,2).
- Children and adolescents. Although eating disorders can develop at any age, risk is highest for young men and women between 13 and 17 years of age (3). Adolescent girls who diet at a severe level are 18 times more likely to develop an eating disorder within 6 months. This risk increases to a 1 in 5 chance over 12 months (4).
- People in competitive occupations, sports, performing arts and activities that emphasise thin body shape and/or have weight requirements (e.g. modeling, gymnastics, jockeys, dance, athletics, wrestlers, boxers) (5).
- Gender and sexual minority groups (e.g. LGBTQI+) (6, 7).

Co-occurring conditions

Individuals with an eating disorder are at increased risk of psychological distress and psychiatric disorders, as well as medical comorbidities.

Psychiatric comorbidities

Research suggests that over 80% of adults diagnosed with an eating disorder have at least one other psychiatric disorder (8).

The most common psychiatric comorbidities associated with eating disorders include:

- Mood disorders (e.g. major depressive disorder)
- Anxiety disorders (e.g. generalised anxiety disorder, social anxiety)
- Post-traumatic stress disorder (PTSD) and trauma
- Substance use
- Personality disorders (avoidant, OCPD, borderline)
- Sexual dysfunction
- Self-harm
- Suicidality

Medical comorbidities

Comorbid medical conditions experienced by people living with eating disorders may be connected to their eating disorder symptoms and behaviours, for example osteoporosis. For other comorbidities, the direction and mechanisms underlying any connection are unclear and a focus of future research. The following complications have been shown to have an increased prevalence in people living with an eating disorder compared with the general population:

- Type I and II diabetes
- PCOS
- Osteopenia and osteoporosis
- Hypotension
- Gastrointestinal problems
- Joint pains
- Headache and migraine
- Menstrual problems



References

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The National Eating Disorders Collaboration (NEDC) is funded by the Australian Government Department of Health.

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