Disordered Eating

What is disordered eating?

Disordered eating is when a person regularly engages in unhealthy and destructive eating behaviours such as restrictive dieting, compulsive eating or skipping meals. Disordered eating can include behaviours which reflect many but not all of the symptoms of eating disorders such as Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder or Eating Disorder Not Otherwise Specified (EDNOS).

Disordered eating and dieting behaviour are the most common indicators of the development of an eating disorder. Eating disorders are severe and life threatening mental illnesses. An eating disorder is not a lifestyle choice.

Disordered eating can have a destructive impact upon a person’s life and has been linked to a reduced ability to cope with stressful situations. There is also increased incidence of suicidal thoughts and behaviours in adolescents with disordered eating.

Examples of disordered eating include:

- Fasting or chronic restrained eating
- Skipping meals
- Binge eating
- Self induced vomiting
- Restrictive dieting
- Unbalanced eating (e.g. restricting a major food group such as ‘fatty’ foods or carbohydrates)
- Laxative, diuretic, enema misuse
- Steroid and creatine use - supplements designed to enhance athletic performance and alter physical appearance
- Using diet pills

Why are disordered eating and dieting dangerous?

Not everyone who diets will develop an eating disorder but it would be hard to find a person with an eating disorder who has not been on a diet themselves. Dieting is one of the most common forms of disordered eating.

Severely restricting the amount of food you eat can be a very dangerous practice. When the body is starved of food it responds by reducing the rate at which it burns energy (the metabolic rate), this can result in overeating and binge eating behaviours that can lead to weight gain and obesity.
Feelings of guilt and failure are common in people who engage in disordered eating. These feelings can arise as a result of binge eating, ‘breaking’ a diet or weight gain. A person with disordered eating behaviours may isolate themselves for fear of socialising in situations where people will be eating. This can contribute to low self esteem and significant emotional impairment.

**Diets don’t work**

95% of people who diet will return to their usual weight, or weigh even more, within two years. Weight loss and ‘fad’ diets do not take people’s individual requirements into consideration and can result in a person feeling hungry, experiencing low moods, lacking in energy levels and developing poor health.

**What are the risks associated with disordered eating and dieting?**

The risks associated with disordered eating are severe. People with disordered eating may experience:

- A clinical eating disorder (Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder or Eating Disorder Otherwise Not Specified)
- Weight gain
- Osteoporosis - a condition that can lead to human bones becoming fragile and easy to fracture
- Fatigue and poor sleep quality
- Constipation and/or diarrhoea
- Headaches
- Muscle cramps

**Is it possible to change disordered eating and dieting behaviour?**

Yes. It is possible to change eating behaviour, even if you have been engaging in disordered eating and dieting for many years. With the right support and treatment and a high level of personal commitment your body can learn to function to its full capacity again.

Seeking help from a practitioner with specialised knowledge in health and nutrition can assist you in reversing the adverse effects of disordered eating and restoring emotional, mental and physical health.

**Getting help**

Disordered eating is the number one cause of the onset of an eating disorder and seeking help early is the best preventative measure. While your GP may not be a specialist in eating disorders, they are a good ‘first base.’ A GP can provide a referral to a practitioner with specialised knowledge in health, nutrition and eating disorders.

To find help in your local area go to www.nedc.com.au/helplines