



Eating disorders, anxiety and depression

Having an eating disorder is neither a lifestyle choice, a 'diet gone wrong', nor an attempt to get attention. A person with an eating disorder has a mental health condition. Eating disorders are serious, potentially fatal conditions, and most people with eating disorders need psychological treatment and/or physical health treatment (e.g. nutritional advice) to promote recovery.

Anxiety and depression are common in people with eating disorders. The good news is that there are effective treatments both for eating disorders and for anxiety and depression.

This fact sheet looks at the links between eating disorders and other mental health conditions, such as anxiety and depression. It also looks at where to get help, treatment options and what family and friends can do to support people with eating disorders.

What are eating disorders?

Eating disorders involve an unhealthy preoccupation with eating, exercise and body weight/shape. Distorted thoughts and emotions about body image and self-worth can lead to marked changes in eating and exercise behaviours – these may include excessive dieting, fasting, overexercising, using medications (e.g. slimming pills, diuretics, laxatives), vomiting or binge eating. An unhealthy relationship with food is often an attempt to deal with

emotional issues such as negative feelings and low self-esteem.

Eating disorders are common and increasingly prevalent. In Australia, one in four people knows someone who has experienced an eating disorder. About two to three in every 100 Australian females has anorexia or bulimia nervosa, and around four in 100 Australians have symptoms of binge eating disorder.¹ It is not uncommon for a person to progress from one eating disorder to another.

Eating disorders can affect people from any age group, gender or socioeconomic and cultural background.

Features of eating disorders

Anorexia nervosa

- Distorted body image and obsessive fear of gaining weight.
- Extremely limited food intake and/or increased levels of exercise.
- Can lead to a dangerously low body weight, malnutrition and starvation.

Bulimia nervosa

- Often starts with dieting to lose weight.
- Binge eating followed by vomiting, fasting, overexercising, or using laxatives/diuretics as a means of purging.
- The binge/purge/exercise cycle can become increasingly compulsive and uncontrollable over time.

Binge eating disorder

- Eating excessive amounts of food, often when not hungry, as a distraction from other problems.
- No purging, but feelings of intense guilt, shame and self-hatred after binges.
- May involve sporadic fasts and repetitive diets.

Other Specified Feeding and Eating Disorders (OSFED)

OSFED is a term used when a person shows signs of disordered eating but does not meet all the criteria for a specific eating disorder. For example, a person may show all of the psychological signs of anorexia but not yet be considered underweight for their height. This does not mean that the person has a less serious eating disorder; all disorders in this category are serious mental health conditions that cause significant distress.

While the goal of diagnosis is to accurately describe symptoms and seek the right treatment for them, a large number of people have other significant eating concerns and distorted body image which are not covered by these categories.

Warning signs of an eating disorder

If you are aware of someone displaying some of the following warning signs, seek professional help.

Behavioural signs

- dieting or overeating excessively
- eating very quickly or very slowly
- eating only certain types and amounts of food
- avoiding social situations that involve food
- 'playing' with food rather than eating it
- going to the bathroom straight after meals
- wearing loose-fitting clothes to hide weight loss
- preparing and cooking meals for others, but not actually eating
- engaging in repetitive or obsessive behaviours relating to body shape and weight (e.g. weighing)
- exercising excessively, feeling compelled to perform a certain number of repetitions of exercises or experiencing distress if unable to exercise.

Physical signs

- weight loss or weight fluctuations
- sensitivity to the cold or feeling cold most of the time, even in warm temperatures
- changes in or loss of menstrual patterns
- fainting
- swelling around the cheeks or jaw, calluses on knuckles, or damage to teeth due to vomiting.

Emotional or psychological symptoms

- thinking and talking a lot about body image, body weight and food
- expressing extreme dissatisfaction with body or having a distorted body image
- becoming irritable or withdrawing from family and friends
- being sensitive to comments about food, exercise, weight or body shape
- feeling anxious or depressed
- having difficulty concentrating
- having problems with relationships
- having suicidal thoughts or behaviour.



Eating disorders can result in a wide range of physical health problems, including severe malnutrition, or brain, heart or kidney problems, which may lead to loss of consciousness or death. People with untreated eating disorders can die as a result of these illnesses.

What is anxiety?

Anxiety is more than just feeling stressed or worried. Anxious feelings are a normal reaction to a situation where a person feels under pressure and usually go away once the stressful situation has passed, or the 'stressor' is removed.

However, for some people these anxious feelings happen for no apparent reason or continue after the stressful event has passed. For a person experiencing anxiety, anxious feelings cannot be brought under control easily. Anxiety can be a serious condition that makes it hard for a person to cope with daily life. There are many types of anxiety and many people with anxiety experience symptoms of more than one type.

Living with an eating disorder is one of many things – such as a family history of mental health conditions, stressful life events and personality factors – that may trigger anxiety.

Anxiety is common and the sooner a person gets help, the sooner they can recover.

Signs of anxiety

The symptoms of anxiety can often develop gradually over time. Given that we all experience some anxious feelings, it can be hard to know how much is too much. In order to be diagnosed with an anxiety condition, it must have a disabling impact on the person's life. There are many types of anxiety, and there are a range of symptoms for each.

Anxiety can be expressed in different ways such as uncontrollable worry, intense fear (phobias or panic attacks), upsetting dreams or flashbacks of a traumatic event.

Some common symptoms of anxiety include:

- hot and cold flushes
- racing heart
- tightening of the chest
- snowballing worries
- obsessive thinking and compulsive behaviour.

There are effective treatments available for anxiety. For more information on anxiety and treatments see the *beyondblue Understanding anxiety* fact sheet or visit www.beyondblue.org.au/anxiety

What is depression?

While we all feel sad, moody or low from time to time, some people experience these feelings intensely, for long periods of time (weeks, months or even years) and sometimes without any apparent reason. Depression is more than just a low mood – it's a serious condition that has an impact on both physical and mental health.

Depression affects how a person feels about themselves. A person may lose interest in work, hobbies and doing things he or she normally enjoys. Some people may lack energy, have difficulty sleeping or sleep more than usual, while some people feel anxious or irritable and find it hard to concentrate.

The good news is that just like a physical condition, depression is treatable and effective treatments are available.

Signs of depression

A person may be depressed if he or she has felt sad, down or miserable most of the time **for more than two weeks** and/or has lost interest or pleasure in usual activities, and has also experienced some of the signs and symptoms on the list below.

It's important to note that everyone experiences some of these symptoms from time to time and it may not necessarily mean a person is depressed. Equally, not every person who is experiencing depression will have all of these symptoms. The symptoms will not provide a diagnosis – for that you need to see a health professional – but they can be used as a guide.

Some common symptoms of depression include:

- not going out anymore, loss of interest in enjoyable activities
- withdrawing from close family and friends
- being unable to concentrate and not getting things done at work or school
- feeling overwhelmed, indecisive and lacking in confidence
- increased alcohol and drug use
- loss or change of appetite and significant weight loss or gain

- trouble getting to sleep, staying asleep and being tired during the day
- feeling worthless, helpless and guilty
- increased irritability, frustration and moodiness
- feeling unhappy, sad or miserable most of the time
- thoughts such as, "I'm a failure", "Life's not worth living", "People would be better off without me".

As with anxiety, there are effective treatments available for depression. For more information on depression and treatments see *beyondblue's Anxiety and depression: An information booklet* or visit www.beyondblue.org.au/depression

What are the links between eating disorders, anxiety and depression?

Research indicates there is a link between anxiety, depression and eating disorders. Eating disorders are thought to affect about 9 per cent of the population², and almost 3 million Australians are living with depression or anxiety.³ One in five women and one in eight men will experience depression at some time in their life. On average, one in four people will experience anxiety.³ People with eating disorders are twice as likely to experience anxiety and depression when compared to people in the wider community. One study found that close to 50 per cent of adolescents with eating disorders had high levels of anxiety and depression, especially those with bulimia.⁴

However, it is unclear whether depression is a risk factor for an eating disorder, or occurs as a result of an eating disorder. Depression can make people more likely to feel negatively about their bodies and themselves – this may put them at risk of developing an eating disorder. Eating disorders may also make people more at risk of developing depression, particularly if they experience rapid weight loss or starvation.

Research has demonstrated that people with anorexia nervosa tend to have childhood and personality characteristics such as obsessions and perfectionism, suggesting that they have an underlying anxious trait that precedes the eating disorder.

The conditions also share many risk factors:

- biological factors
- genetic factors e.g. a family history of mental health problems
- social factors e.g. media emphasis on a 'thin ideal' of beauty
- psychological factors e.g. low self-esteem, ineffective coping strategies and poor relationships.

Managing anxiety and depression can greatly improve people's wellbeing and quality of life as well as their eating disorder and their attitude towards it. People with anxiety and/or depression can find it difficult to take the first step in seeking help. They may need the support of family, friends and/or a health professional.





What are the treatments for eating disorders, anxiety and depression?

There is no one proven way that people recover from an eating disorder, anxiety or depression and it's different for everybody. However, there is a range of effective treatments and health professionals who can help people on the road to recovery. There are also many things that people with anxiety, depression and an eating disorder can do to help themselves to recover and stay well. The important thing is finding the right treatment and the right health professional that works for you.

Different types of anxiety or depression require different types of treatment. This may include physical exercise for preventing and treating mild anxiety and depression, through to psychological and medical treatment for more severe episodes. The treatment for anxiety and depression in someone with an eating disorder involves a coordinated approach that monitors and treats the symptoms of anxiety, depression and the eating disorder.

Professional treatment for eating disorders involves managing physical health (including nutritional advice) and promoting mental health. In addition, medication, support groups and some alternative therapies may be helpful.

Physical health management

Physical health management aims to monitor, restore and maintain a person's nutritional balance (avoiding starving or overeating) and also treat the longer-term physical problems that result from unhealthy eating patterns. The treatment usually involves seeing a doctor and/or a dietitian, developing a plan for healthy eating and having regular check-ups.

Some people need more intense and structured care in hospital. Being admitted to hospital for treatment of weight loss occurs only if the individual is very malnourished.

Psychological treatments

Psychological treatment for eating disorders begins to address eating patterns and related thoughts, feelings and behaviours by helping people find new ways of thinking about and handling issues such as self-esteem, control, perfectionism and family problems. This can include individual and family therapy and psycho-education (information on psychological issues). Psychological therapies are also used to treat anxiety and depression.

- **Cognitive behaviour therapy (CBT)** is an effective treatment for people with anxiety and depression. It teaches people to evaluate their thinking about common difficulties, helping them to change their thought patterns and the way they react to certain situations.

- **Interpersonal therapy (IPT)** is also effective for treating depression and some types of anxiety. It helps people find new ways to get along with others and to resolve losses, changes and conflict in relationships.

Psychological therapies may not only help with recovery, but can also help prevent a recurrence of anxiety or depression. These therapies help build skills in coping with stressful life circumstances and can be provided by a psychologist, psychiatrist or other trained health professional.

Medication

Antidepressant medication, alongside psychological therapies, can also play a role in the treatment of moderate to severe depression and some anxiety conditions.

Making a decision about which antidepressant is best for a person can be complex. The decision will be made in consultation with a doctor, after careful assessment and consideration. The doctor should discuss differences in effects and possible side-effects of medications. Stopping medication should only be done gradually, with a doctor's recommendation and under supervision.

A doctor or treating health professional will take into account several factors when suggesting the most suitable treatment. Regular contact with and ongoing assessment by a doctor to check that treatments are working effectively is an important part of becoming and staying well. Most people taking medication will also benefit from psychological therapies, which will reduce the likelihood of relapse after the person has stopped taking the medication.

Who can assist?

A General Practitioner (GP) is a good first step to discuss your concerns. A good GP can:

- make a diagnosis
- check for any physical health problem or medication that may be contributing to the condition
- discuss available treatments

- if appropriate, work with the person to draw up a Mental Health Treatment Plan so he or she can get a Medicare rebate for psychological treatment
- provide brief counselling or, in some cases, psychological therapies
- prescribe medication
- refer a person to a mental health specialist such as a psychologist, social worker or psychiatrist.

Make sure that the doctor managing your eating disorder knows if you have anxiety or depression. It is recommended that people consult their regular GP or another GP in the same clinic, as medical information is shared within a practice.

Psychologists are health professionals who provide psychological therapies such as cognitive behaviour therapy (CBT) and interpersonal therapy (IPT). Psychologists are not doctors and cannot prescribe medication in Australia.

Psychiatrists are doctors who specialise in mental health. They can make medical and psychiatric assessments, conduct medical tests, provide therapy and prescribe medication. Psychiatrists often use psychological treatments such as CBT, IPT and/or medication. If the condition requires hospital admission, a psychiatrist will be in charge of the person's treatment.

Mental health nurses are specially trained to care for people with mental health conditions. They work with psychiatrists and GPs to review a person's mental health, monitor medication and provide information about mental health conditions and treatment. Some have training in psychological therapies.

Social workers in mental health are specially trained to work with people who are experiencing difficulties in life. Social workers can help people find ways to manage more effectively some of the situations that trigger these conditions such as family issues, financial problems, work stress and living arrangements. Mental health social workers can also provide focused psychological self-help strategies.



Occupational therapists in mental health help people who, because of a mental health condition, have difficulty participating in normal, everyday activities. Mental health occupational therapists also provide focused psychological self-help strategies.

Aboriginal and Torres Strait Islander mental health workers understand the mental health issues of Indigenous people and what is needed to provide culturally safe and accessible services. Some may have undertaken training in mental health and psychological therapies. Support provided by Aboriginal and Torres Strait Islander mental health workers might include, but is not limited to, case management, screening, assessment, referrals, transport to and attendance at specialist appointments, education, improving access to mainstream services, advocacy, counselling, support for family and acute distress response.

The cost of treatment from a mental health professional varies. However, in the same way that people can get a Medicare rebate when they see a doctor, they can also get part or all of the consultation fee subsidised when they see a mental health professional for treatment of anxiety or depression. See *beyondblue's Getting help – How much does it cost?* fact sheet at www.beyondblue.org.au/resources

To find a mental health practitioner in your area, visit www.beyondblue.org.au/find-a-professional or call the *beyondblue* Support Service on **1300 22 4636**.

Helpful strategies and tips

- Learn about anxiety, depression and eating disorders and how these conditions interact.
- Develop a mental health plan with your doctor.
- Visit your doctor regularly to review your eating disorder and mental health management.
- Talk to your doctor about possible barriers to treatment, such as cost, organisation or planning, as well as what to do if your condition worsens.
- Get help, support and encouragement from family and friends and have them help you to follow your mental health plan.
- Learn relaxation techniques.
- Get involved in social activities.
- Stay active and exercise under the supervision of a doctor.
- Eat healthily and include a wide variety of nutritious foods.
- Limit your use of alcohol, tobacco and caffeine.

How family and friends can help

- When a person has an eating disorder and anxiety or depression, it can affect family and friends. It's important for family and friends to look after their own health as well as looking after the person who has an eating disorder.
- Learn about eating disorders, anxiety and depression and their symptoms to help you recognise warning signs.
- Encourage the person to go to the doctor if their eating disorder, anxiety or depression gets worse. Make sure you seek help if you think you need it, too.
- Support the person by helping them to follow their mental health plans. Gently remind the person to take their anxiety and depression medication regularly and to attend all their medical appointments.
- Encourage the person to do things that they would normally enjoy.
- Look after your own health by eating well, exercising regularly, getting enough sleep and doing things that you enjoy, too.

References

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- ² Weltzin T E, Weisensel N, Franczyk D, Burnett K, Klitz C, and Bean P. (2005). Eating disorders in men: Update. *Journal of Men's Health & Gender*, 2(2), 186-193.
- ³ Australian Bureau of Statistics (2008). *National Survey of Mental Health and Wellbeing: Summary of Results 2007* (4326.0). Canberra: ABS.
- ⁴ Patton GC, Coffey C & Sawyer SM (2003). The outcome of adolescent eating disorders: findings from the Victorian Adolescent Health Cohort Study. *European Child & Adolescent Psychiatry* 12: 1/25-9.



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Where to find more information

beyondblue

www.beyondblue.org.au

Learn more about anxiety and depression, or talk it through with our support service.

☎ 1300 22 4636

✉ Email or 💬 chat to us online at www.beyondblue.org.au/getsupport

mindhealthconnect

www.mindhealthconnect.org.au

Access to trusted, relevant mental health care services, online programs and resources.

The Butterfly Foundation

www.thebutterflyfoundation.org.au

1800 33 4673

Education, support and services for people with eating disorders and their families.

National Eating Disorder Collaboration

www.nedc.com.au

Evidence-based information on eating disorders; their prevention, identification and treatment.

Eating Disorders Foundation of Victoria

www.eatingdisorders.org.au

1300 550 236

Support and information for people with eating disorders and their families in Victoria.

Eating Disorders Foundation of ACT (EDFACT)

(02) 6166 1679

info@edfact.org.au

Information and referral for people with eating disorders and their families in the ACT.

Eating Disorders Association Inc (QLD)

www.eda.org.au

(07) 3394 3661

Support and referral for people with eating disorders and their families in QLD.

Anxiety, Compulsive and Eating Disorders Association (ACEDA) SA

www.aceda.org.au

(08) 8237 4011

Information and support for people with eating disorders, their friends and families in SA.

Bridges Association Inc (WA)

www.bridges.net.au

Information and support for all people affected by eating disorders in WA.

The Centre for Eating and Dieting Disorders (NSW)

www.cedd.org.au

Information for people with eating disorders, their family and friends in NSW.



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