



How to Spot, and Help, Someone with an Eating Disorder

By Michelle Konstantinovsky



If you were asked to describe someone suffering from an eating disorder, what words would you use?

Some iteration of “thin” would likely be your first descriptor. “Scary skinny” seems to be a term favored by celebrity tabloids. Maybe you’d think “gaunt” or “frail”?

Any one of those might be accurate—in some situations. But the truth is, the majority of people struggling with an eating disorder *aren’t* skeletal, and there are a number of other indicators that can suggest a person may be suffering from an eating disorder.

First and foremost, it’s important to know that an eating disorder can take many forms. While men and women with **anorexia** typically restrict their food intake and have irrational fears of weight gain, people with **bulimia** eat excessive amounts at a time and then attempt to purge the food through vomiting, laxatives, diuretics or excessive exercise. Bingeing without purging is known as **binge eating disorder**, and **eating disorder not otherwise specified (EDNOS)** is a diagnosis that includes disorders that don’t quite meet the criteria for the other three categories. In the United States alone, 20 million women and 10 million men will suffer from at least one of these disorders at some time in their lives. Teens and young adults are especially at risk—95 percent of those who have eating disorders are between the ages of 12 and 26.

The Hidden Signs of an Eating Disorder

"You cannot tell if a person has an eating disorder just by looking at them," says Lynn Grefe, president and CEO of the National Eating Disorders Association, the country's leading nonprofit organization dedicated to advocating and supporting individuals and families affected by eating disorders.

For instance, contrary to the stereotypical presentations portrayed in the media, people with bulimia are not always thin or underweight. In fact, sometimes they are of average weight, and can even be overweight.

This is especially important to note when considering men and women of different ethnicities and cultures whose body types may not necessarily fit the stereotypical standard of a stick-thin eating disorder patient. Though statistics do indicate that anorexia occurs more often in Caucasians, people of all ethnicities are at risk for all types of eating disorders.

Other signs are invisible to the public eye. For instance, many women with anorexia have stopped getting their menstrual periods, and people with bulimia may hide food and eat alone due to embarrassment.

The Social Symptoms

There are often behavioral, emotional or social changes that can indicate a person is struggling with an eating disorder.

According to Grefe, many cases of eating disorders have one consistent characteristic: social separation. "Eating disorders often create some isolation," she says. "There's nervousness around meals. Certainly someone with anorexia does not want to sit down and have a meal with people," so they'll make up lots of excuses as to why they can't eat. When someone leaves immediately after every meal, whether it's to go to the bathroom or just leaving the group, that's a clue, says Grefe. That person may be purging after meals or binge eating in private.

"Any preoccupation with body image or food is a red flag," adds Vicki Berkus, MD, Ph.D., medical director for the eating disorders program at Sierra Tucson, a residential treatment center in Arizona. "Anything that becomes a 'have to' instead of a 'want to,' like 'I have to run, I have to go to the gym, I have to not eat lunch, I have to do sit-ups after dinner'—that's a warning sign."

Another hallmark sign of disordered eating is a severe character change or mood swings, says Grefe. Bulimic patients might exhibit a range of other problematic behaviors—grades might drop, they might turn to certain medications, or increase their use of coffee or tea or non-food pacifiers, such as chewing on straws or rubber bands, says Berkus.

Beyond the Looking Glass

Though eating disorders can seem to be all about the body, they're classified as mental health disorders and are about much more than food or appearance. There's no definitive explanation for what causes eating disorders, but it's generally thought to be a complex combination of genetic, behavioral, emotional, psychological, interpersonal and social factors. Dieting, bingeing,

purging and exercising excessively are some of the ways eating disorder sufferers cope with unmanageable feelings and emotions. A 2004 study found that two-thirds of people with eating disorders have suffered from an anxiety disorder at some point in their lives. Depression and obsessive-compulsive disorder are two other mental health issues that commonly occur alongside eating disorders.

Another important aspect to consider is that eating disorders are not limited to teenagers: they can last, in some form or another, well into adulthood. As a case in point, researcher Cynthia Bulik, in a survey of more than 1,800 women aged 50 and older, found that 13 percent of women in this age range exhibit symptoms suggesting disordered eating. However, although symptoms may persist for decades beyond adolescence, eating disorders do tend to start early in life.

Another recent study found that the median age of onset is about 12 to 13 years old. What's especially troubling is that the study authors found that most teenagers diagnosed with an eating disorder also suffered from other problems—some had even reported being suicidal. But only a minority of those teenagers ended up talking to a professional about their problems, researchers found, perhaps due to the denial and shame they might have felt.

Though, sadly, eating disorders are all too common in teens, they should not be ignored or dismissed as “just a phase.” They are a serious problem that can cause emotional, psychological and physical damage; in some cases, this damage can be permanent or even fatal.

Anorexia has one of the highest death rates of any mental health condition: Between 5 and 20 percent of individuals struggling with anorexia will die. (The probability of death increases within that range depending on how long a person struggles.) Even when it's not fatal, anorexia can leave a person with severe, long-term health problems such as osteoporosis.

The binge-purge cycle of bulimia affects the entire digestive system—binges can cause gastric rupture, and vomiting can cause inflammation and rupture of the esophagus—and can lead to electrolyte imbalances that can damage the heart and other major organs. People with bulimia often experience tooth decay due to the stomach acids released during purging. Irregular bowel movements, peptic ulcers and pancreatitis can also occur.

How to Help a Loved One, or Yourself

All these reasons make getting help important, whether you yourself are struggling with an eating disorder or you suspect a loved one is.

If you plan to approach a friend or family member you think may have a problem, it's important to express concern but not make accusations. “Keep it in the ‘I’ form—‘*I’m* concerned, is there anything *I* can do?’ as opposed to, ‘Gee, you look bad. What are you doing?’” Berkus says. “If they're open to it, ask, ‘Can I help you find someone to get help from?’ You can't be the psychiatrist or the nutritionist or the physician. It's a matter of sharing your concern in a compassionate way, offering to help them get help, and then it's up to them.”

When they're ready to take that first step, a good starting point is talking to a trusted primary care physician who can assess the situation and recommend options. There are various types and levels of treatment, ranging from support groups to in-patient treatment centers. You may want to check with your health insurance too, as some plans don't cover the cost of in-patient or outpatient treatment.

Psychological counseling is crucial, but in many cases a healthy weight has to be restored first. Counseling isn't a quick fix, though, and should be seen as a long-term commitment. Additionally, a psychiatrist can help when medications like antidepressants are necessary, and a dietitian can provide nutritional counseling or a meal plan. (For help finding services, check out [NEDA's national helpline and website](#).)

There's no quick fix for eating disorders, and treatment can be a long journey of therapy, nutritional counseling and, in severe cases, even hospitalization. But treatment *does* work, and the sooner it starts, the more likely a person is to fully recover. Showing support for someone who's struggling can make all the difference, and helping a loved one initiate the healing process can be crucial to his or her lasting success.

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Reviewed by Shira Goldenholz, MD, MPH on May 28, 2014

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