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Butterfly Foundation

*A Challenge to Wellness:
Eating Disorders and Body
Dissatisfaction*

**Australian Women Lawyers
Conference - Investing in the Future**
25th August 2018

Christine Morgan CEO



Butterfly
Foundation for Eating Disorders



**DID YOU
KNOW?**

**Approximately
1 in 24
Australians are
experiencing an
eating disorder
today**

DISPELLING THE MYTHS = THE FACTS

Myth: *Eating Disorders most commonly affect 'middle class' adolescent girls who diet*

Facts: Eating Disorders are: **Diverse**
Common
Serious
Complex
Need action
Treatable

Eating Disorders are neuropsychiatric disorders with a very high fatality rate



EATING DISORDERS ARE DIVERSE

- ❖ All genders, ages, sizes, shapes, cultural backgrounds
- ❖ Symptoms and diagnosis may vary over time
- ❖ Transdiagnostic view – features in common
 - Over evaluation of shape, weight and their control
 - Psychological impairment and distress
 - Feelings of hopelessness, anxiety and depression
 - Intense feelings of self-hatred sustained by ‘the tormenting voice of a harsh inner critic’
 - Major wide-ranging serious medical complications which can affect every major organ in the body



Anorexia Nervosa

Restriction of Energy intake

- significantly low body weight
- less than minimally expected wt
- Intense fear of weight gain / fatness**
 - behaviour that interferes with wt gain, despite low wt
- Disturbance in body image**
 - self evaluation unduly influenced by body weight / shape
 - persistent lack of recognition of seriousness of low wt

Binge Eating Disorder

Recurrent Binge-eating

Abnormal eating behaviour with marked distress/guilt

- Frequency ≥ 1 / week for 3 months
- **Absence of:**
 - compensatory behaviours
 - Anorexia Nervosa
 - Bulimia Nervosa

Bulimia Nervosa

- **Recurrent Binge-eating**
- **Inappropriate compensatory weight control behaviours**
 - Frequency ≥ 1 / week for 3 months
- **Self-evaluation unduly influenced by body weight/shape**
- **Absence of Anorexia Nervosa**

Other Specified Feeding & Eating Disorders - OSFED

Mixed behaviours / presentation, but serious illness:

- Atypical AN (AAN) – ‘normal’ weight AN
- Sub-threshold BN
- Sub-threshold BED
- Purging Disorder
- Night Eating Syndrome

EATING DISORDERS ARE COMMON

- ❖ Point prevalence 4% = 1 million Australians
- ❖ Lifetime prevalence 11% across genders
- ❖ Lifetime prevalence for women 15%
- ❖ Rates increasing over last 30 years
- ❖ Males represent 25% of people with Anorexia Nervosa and Bulimia Nervosa, and 40% of those with Binge Eating Disorder
- ❖ 2nd leading cause of disability due to a mental disorder (after anxiety and depression)
- ❖ 3rd most chronic illness (obesity, asthma)



EATING DISORDERS ARE SERIOUS

- ❖ Significant medical and mental health consequences
- ❖ Increased mortality rates
 - Mortality in AN – among highest of all mental disorders in young and middle aged adults
 - Mortality – gastrointestinal complaints, infection, severe emaciation, suicide
 - 20% of deaths from AN result from suicide
 - Suicide ideation is 200x greater than general population – all genders, across diagnoses
 - Lifetime rate of self injury behaviour in women with eating disorders is 35%



MEDICAL SIGNS, SYMPTOMS & COMPLICATIONS

GENERAL:

- Marked weight loss, gain, fluctuations or unexplained change in growth curve or body mass index (BMI) percentiles in a child or adolescent who is still growing and developing
- Cold intolerance
- Weakness
- Fatigue or lethargy
- Presyncope (dizziness)
- Syncope (fainting)
- Hot flashes, sweating episodes

ORAL AND DENTAL:

- Oral trauma/lacerations
- Perimyolysis (dental erosion on posterior tooth surfaces) and dental caries (cavities)
- Parotid (salivary) gland enlargement

CARDIORESPIRATORY:

- Chest pain
- Heart palpitations
- Orthostatic tachycardia/hypotension (low blood pressure)
- Dyspnea (shortness of breath)
- Edema (swelling)

GASTROINTESTINAL:

- Epigastric discomfort
- Abdominal bloating
- Early satiety (fullness)
- Gastroesophageal reflux (heartburn)
- Hematemesis (blood in vomit)
- Hemorrhoids and rectal prolapse
- Constipation

ENDOCRINE

- Amenorrhea or oligomenorrhea (absent or irregular menses)
- Low sex drive
- Stress fractures
- Low bone mineral density
- Infertility

NEUROPSYCHIATRIC

- Depressive/Anxious/
Obsessive/Compulsive
symptoms and behaviors
- Memory loss
- Poor concentration
- Insomnia
- Self-harm

DERMATOLOGIC

- Lanugo hair (fine hair growth on the body and face)
- Hair loss
- Carotenoderma (yellowish discoloration of skin)
- Russell's sign (calluses or scars on the back of the hand from self-induced vomiting)
- Poor wound healing
- Dry brittle hair and nails

Source: Academy for Eating Disorders' (AED) Medical Care Standards - www.aedweb.org and www.aedweb.org/Medical_Care_Standards

EATING DISORDERS ARE COMPLEX

- ❖ Occurs in all age groups, genders, economic and ethnic backgrounds
- ❖ 20-40% of people with eating disorders present with comorbid psychological and physical disorders – depression, anxiety disorders, substance abuse, personality disorders
- ❖ Genetic / biological, psychological and environmental factors
- ❖ Long term duration of illness - lags in diagnosis, complexity in treatment



EATING DISORDERS NEED ACTION - THEY ARE TREATABLE

- ❖ Prevention
 - Modifiable risk factors – ‘thin ideal’, causal factors of dieting, body dissatisfaction
- ❖ Early Identification and Intervention
 - Treatment in first 2 years most successful – recovery rates of <50% can be increased to >75%
 - Long term illness - socio economic cost of \$70B of which productivity cost is \$15.1B and BOD \$52.6B
- ❖ Treatable illnesses
 - Recovery is possible
 - <23% in treatment





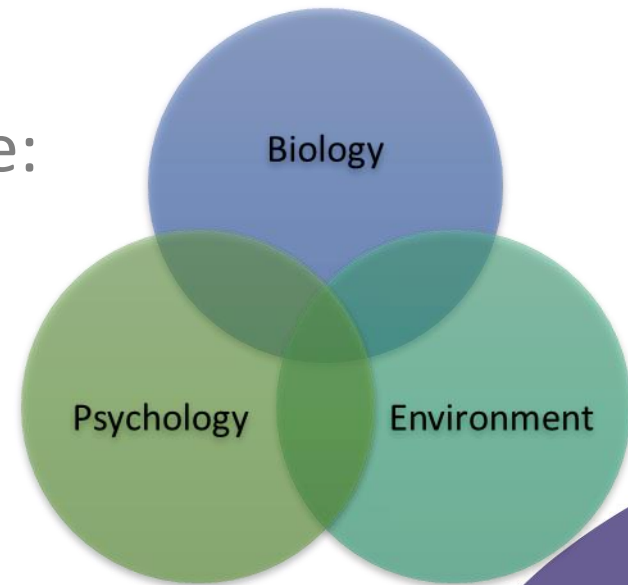
**CAUSES OF EATING
DISORDERS AND
THOSE MOST AT
RISK**



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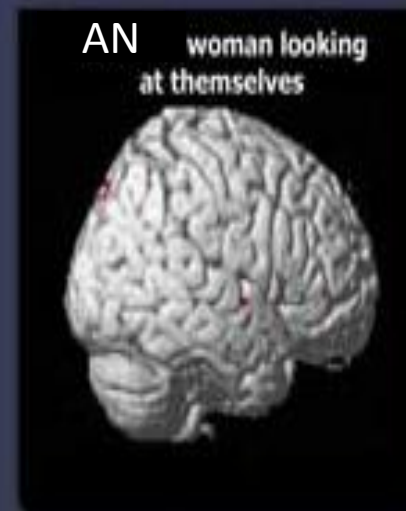
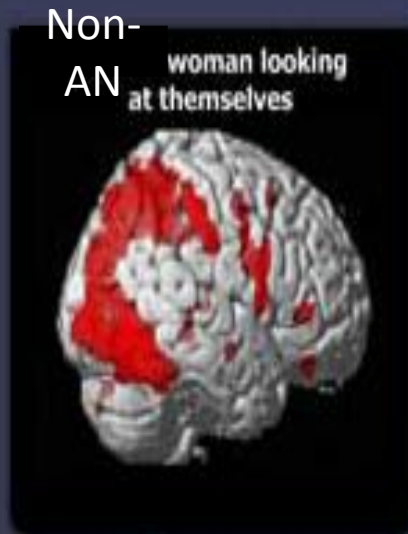
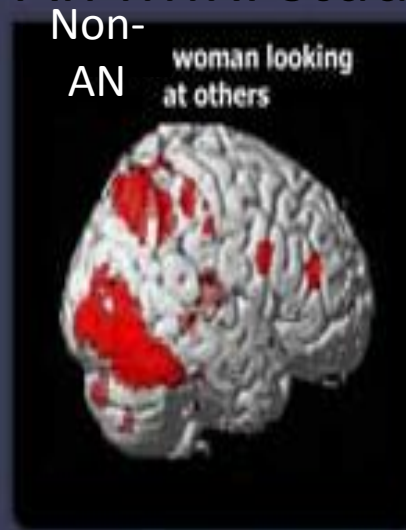
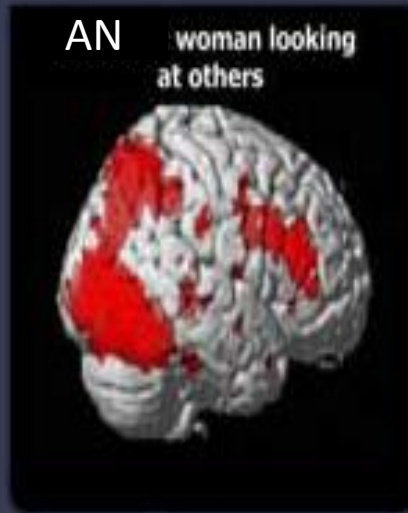
WHAT CAUSES AN EATING DISORDER?

- ❖ Multi-factorial and complex
- ❖ No single cause of eating disorders has been identified
- ❖ Contributing risk factors include:
 - Genetic vulnerability
 - Psychological factors
 - Environmental & Socio-cultural influences



Body Image Processing in Patient with AN:

An fMRI study



Slide and information courtesy of Dr Chris Thornton

Starvation

Impact of poor nutrition on brain

Stress

Impact of stress and anxiety on brain, perception and choices

Inner Critic

Harsh, demanding inner voice

Habit

Repeatedly reinforced behaviour becomes automatic

Personal Traits

Perfectionism, anxiety, obsessive or impulsive traits

Personal Values

Value placed on the ED; pride in self discipline (AN); value placed on related activities (e.g. Sport, modelling)



Social Pressures

Impact of social environment and relationships

Life Experience

Lessons from past experience including experience of treatment

Hard Work

Effort required to maintain or hide the ED; effort required to recover; effort required to regain the ED self

Loss of Alternatives

Lack of alternative goals, identities, coping strategies and supportive relationships

WHO IS AT HIGH RISK?

- ❖ Adolescents
- ❖ Women
- ❖ Competitive occupations / recreation that emphasise body shape
- ❖ People with perfectionist or compulsive personality traits
- ❖ Anyone in key transition periods
- ❖ Low self-esteem, anxiety, depression, substance misuse
- ❖ Illness - Diabetes or Polycystic Ovary Syndrome
- ❖ Families with a history of eating disorders
- ❖ Experience of trauma, particularly in childhood
- ❖ Those seeking weight loss treatment or dieting





IMPACTS AND WARNING SIGNS



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LIVING A NIGHTMARE

'I was recently asked to sum up my experience of anorexia nervosa in one sentence—actually, I can do it in just one word—isolation...you feel completely alone'

'There is a tyrant in my head screaming abuse at me 24/7'

'After a binge/purge episode I feel like I have been hit by a truck'

'There were numerous times when ending it all crossed my mind because I was just so tired'



IMPACTS OF FOOD RESTRICTION

- ❖ **Eating behaviours**
 - Overwhelming preoccupation with food
 - Ritualistic eating
- ❖ **Emotional and personality**
 - Depression, mood swings, anxiety
- ❖ **Cognitive effects**
 - Impaired problem solving and decision making
 - Poor concentration, alertness, comprehension, judgment
- ❖ **Social effects**
 - Progressively more withdrawn and isolated
 - Libido decreased



WARNING SIGNS

Be alert to:

- ❖ Preoccupation with eating, body, shape and weight and extreme sensitivity to comment
- ❖ Feeling 'out of control' around food
- ❖ Rigid thought patterns - food and body size and shape
- ❖ Obsessive rituals around food preparation and eating
- ❖ Changes in emotional state – depression, anxiety
- ❖ Compulsive or excessive exercising
- ❖ Weight fluctuations
- ❖ Secretive behaviour around food and eating
- ❖ Evidence of purging or purging behaviours



ACCESSING INFORMATION & HELP

8am – midnight 7 days per week (except national public holidays)

Email: support@thebutterflyfoundation.org.au

Webchat: www.thebutterflyfoundation.org.au

Support
Counselling
Referrals
Online support groups
Online carers groups
Information
Advice

Butterfly's National Helpline

Call 1800 ED HOPE (1800 33 4673)



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