

Eating Disorders:



About More Than Food



National Institute
of Mental Health

What are eating disorders?

Eating disorders are serious, biologically influenced medical illnesses marked by severe disturbances to one's eating behaviors. Although many people may be concerned about their health, weight, or appearance from time to time, some people become fixated or obsessed with weight loss, body weight or shape, and controlling their food intake. These may be signs of an eating disorder.

Eating disorders are not a choice. These disorders can affect a person's physical and mental health. In some cases, they can be life-threatening. With treatment, however, people can recover completely from eating disorders.

Who is at risk for eating disorders?

Eating disorders can affect people of all ages, racial and ethnic backgrounds, body weights, and genders. Even people who appear healthy, such as athletes, can have eating disorders and be extremely ill. People with eating disorders can be underweight, normal weight, or overweight. In other words, you can't tell if someone has an eating disorder by looking at them.

The exact cause of eating disorders is not fully understood. Research suggests a combination of genetic, biological, behavioral, psychological, and social factors can raise a person's risk.

What are the common types of eating disorders?

Common eating disorders include anorexia nervosa, bulimia nervosa, binge-eating disorder, and avoidant restrictive food intake disorder. Each of these disorders is associated with different but sometimes overlapping symptoms. People exhibiting any combination of these symptoms may have an eating disorder and should be evaluated by a health care provider.

What is anorexia nervosa?

Anorexia nervosa is a condition where people avoid food, severely restrict food, or eat very small quantities of only certain foods. They also may weigh themselves repeatedly. Even when dangerously underweight, they may see themselves as overweight.

There are two subtypes of anorexia nervosa: a *restrictive* subtype and a *binge-purge* subtype.

Restrictive: People with the restrictive subtype of anorexia nervosa severely limit the amount and type of food they consume.

Binge-Purge: People with the binge-purge subtype of anorexia nervosa also greatly restrict the amount and type of food they consume. In addition, they may have binge-eating and purging episodes—eating large amounts of food in a short time followed by vomiting or using laxatives or diuretics to get rid of what was consumed.

Symptoms of anorexia nervosa include:

- Extremely restricted eating and/or intensive and excessive exercise
- Extreme thinness (emaciation)
- A relentless pursuit of thinness and unwillingness to maintain a normal or healthy weight
- Intense fear of gaining weight
- Distorted body or self-image that is heavily influenced by perceptions of body weight and shape
- Denial of the seriousness of low body weight

Over time, anorexia nervosa can lead to numerous serious health consequences, including:

- Thinning of the bones (osteopenia or osteoporosis)
- Mild anemia
- Muscle wasting and weakness
- Brittle hair and nails
- Dry and yellowish skin
- Growth of fine hair all over the body (lanugo)
- Severe constipation
- Low blood pressure
- Slowed breathing and pulse
- Damage to the structure and function of the heart
- Drop in internal body temperature, causing a person to feel cold all the time
- Lethargy, sluggishness, or feeling tired all the time
- Infertility
- Brain damage
- Multiple organ failure

Anorexia nervosa can be fatal. It has an extremely high death (mortality) rate compared with other mental disorders. People with anorexia are at risk of dying from medical complications associated with starvation. Suicide is the second leading cause of death for people diagnosed with anorexia nervosa.

If you or someone you know is in immediate distress or is thinking about hurting themselves, call the **National Suicide Prevention Lifeline** toll-free at 1-800-273-TALK (8255). You also can text the **Crisis Text Line** (HELLO to 741741) or use the Lifeline Chat at the **National Suicide Prevention Lifeline** website at <https://suicidepreventionlifeline.org>. If you suspect a medical emergency, seek medical attention or call 911 immediately.

What is bulimia nervosa?

Bulimia nervosa is a condition where people have recurrent episodes of eating unusually large amounts of food and feeling a lack of control over their eating. This binge eating is followed by behaviors that compensate for the overeating to prevent weight gain, such as forced vomiting, excessive use of laxatives or diuretics, fasting, excessive exercise, or a combination of these behaviors. Unlike those with anorexia nervosa, people with bulimia nervosa may maintain a normal weight or be overweight.

Symptoms and health consequences of bulimia nervosa include:

- Chronically inflamed and sore throat
- Swollen salivary glands in the neck and jaw area
- Worn tooth enamel and increasingly sensitive and decaying teeth from exposure to stomach acid when vomiting
- Acid reflux disorder and other gastrointestinal problems
- Intestinal distress and irritation from laxative abuse
- Severe dehydration from purging
- Electrolyte imbalance (too low or too high levels of sodium, calcium, potassium, and other minerals), which can lead to stroke or heart attack



What is binge-eating disorder?

Binge-eating disorder is a condition where people lose control of their eating and have reoccurring episodes of eating unusually large amounts of food. Unlike bulimia nervosa, periods of binge eating are not followed by purging, excessive exercise, or fasting. As a result, people with binge-eating disorder are often overweight or obese.

Symptoms of binge-eating disorder include:

- Eating unusually large amounts of food in a short amount of time, for example, within two hours
- Eating rapidly during binge episodes
- Eating even when full or not hungry
- Eating until uncomfortably full
- Eating alone or in secret to avoid embarrassment
- Feeling distressed, ashamed, or guilty about eating
- Frequent dieting, possibly without weight loss

What is avoidant restrictive food intake disorder?

Avoidant restrictive food intake disorder (ARFID), previously known as selective eating disorder, is a condition where people limit the amount or type of food eaten. Unlike anorexia nervosa, people with ARFID do not have a distorted body image or extreme fear of gaining weight. ARFID is most common in middle childhood and usually has an earlier onset than other eating disorders. Many children go through phases of picky eating, but a child with ARFID does not eat enough calories to grow and develop properly, and an adult with ARFID does not eat enough calories to maintain basic body function.

Symptoms of ARFID include:

- Dramatic restriction of types or amount of food eaten
- Lack of appetite or interest in food
- Dramatic weight loss
- Upset stomach, abdominal pain, or other gastrointestinal issues with no other known cause
- Limited range of preferred foods that becomes even more limited (“picky eating” that gets progressively worse)

How are eating disorders treated?

Eating disorders can be treated successfully. Early detection and treatment are important for a full recovery. People with eating disorders are at higher risk for suicide and medical complications.

A person's family can play a crucial role in treatment. Family members can encourage the person with eating or body image issues to seek help. They also can provide support during treatment and can be a great ally to both the individual and the health care provider. Research suggests that incorporating the family into treatment for eating disorders can improve treatment outcomes, particularly for adolescents.

Treatment plans for eating disorders include psychotherapy, medical care and monitoring, nutritional counseling, medications, or a combination of these approaches. Typical treatment goals include:

- Restoring adequate nutrition
- Bringing weight to a healthy level
- Reducing excessive exercise
- Stopping binge-purge and binge-eating behaviors

People with eating disorders also may have other mental disorders (such as depression or anxiety) or problems with substance use. It's critical to treat any co-occurring conditions as part of the treatment plan.

Specific forms of psychotherapy ("talk therapy") and cognitive-behavioral approaches can treat certain eating disorders effectively. For general information about psychotherapies, visit www.nimh.nih.gov/psychotherapies.

Research also suggests that medications may help treat some eating disorders and co-occurring anxiety or depression related to eating disorders. Information about medications changes frequently, so talk to your health care provider. Visit the U.S. Food and Drug Administration (FDA) website at www.fda.gov/drugsatfda for the latest warnings, patient medication guides, and FDA-approved medications.



Where can I find help?

If you're unsure where to get help, your health care provider is a good place to start. Your health care provider can refer you to a qualified mental health professional, such as a psychiatrist or psychologist, who has experience treating eating disorders.

You can learn more about getting help and finding a health care provider on the National Institute of Mental Health (NIMH) webpage, Help for Mental Illnesses, at www.nimh.nih.gov/findhelp. If you need help identifying a provider in your area, call the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Referral Helpline at 1-800-662-HELP (4357). You also can search SAMHSA's online Behavioral Health Treatment Services Locator (<https://findtreatment.samhsa.gov>), which lists facilities and programs that provide mental health services.

For tips on talking with your health care provider about your mental health, read NIMH's fact sheet, Taking Control of Your Mental Health: Tips for Talking With Your Health Care Provider, at www.nimh.nih.gov/talkingtips.

For additional resources, visit the Agency for Healthcare Research and Quality website at www.ahrq.gov/questions.

Are there clinical trials studying eating disorders?

NIMH supports a wide range of research, including clinical trials that look at new ways to prevent, detect, or treat diseases and conditions, including eating disorders. Although individuals may benefit from being part of a clinical trial, participants should be aware that the primary purpose of a clinical trial is to gain new scientific knowledge so that others may be better helped in the future.

Researchers at NIMH and around the country conduct clinical trials with patients and healthy volunteers. Talk to your health care provider about clinical trials, their benefits and risks, and whether one is right for you. For more information about clinical research and how to find clinical trials being conducted around the country, visit www.nimh.nih.gov/clinicaltrials.

Reprints

This publication is in the public domain and may be reproduced or copied without permission from NIMH. Citation of NIMH as a source is appreciated. To learn more about using NIMH publications, please contact the NIMH Information Resource Center at 1-866-615-6464, email nimhinfo@nih.gov, or refer to NIMH's reprint guidelines at www.nimh.nih.gov/reprints.

For More Information

NIMH website

www.nimh.nih.gov

www.nimh.nih.gov/espanol (en español)

MedlinePlus (National Library of Medicine)

<https://medlineplus.gov>

<https://medlineplus.gov/spanish> (en español)

ClinicalTrials.gov

www.clinicaltrials.gov

<https://salud.nih.gov/investigacion-clinica> (en español)

National Institute of Mental Health

Office of Science Policy, Planning, and Communications

6001 Executive Boulevard

Room 6200, MSC 9663

Bethesda, MD 20892-9663

Phone: 301-443-4513 or

Toll-free: 1-866-615-6464

TTY: 301-443-8431 or

TTY Toll-free: 1-866-415-8051

Fax: 301-443-4279

Email: nimhinfo@nih.gov

Website: www.nimh.nih.gov



National Institute
of Mental Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

NIH Publication No. 21-MH-4901

Revised 2021