



RELIAS | LEARNING

Let's talk  
about...

Eating  
Disorders

Relias Spotlight Series

August 2022

Hello Providers,

Welcome to the Optum Idaho **August Relias Spotlight Series** – a series devoted to offering you access to **free, accessible and continuing education unit-eligible** online education about topics that are important to behavioral health providers. This month we are highlighting the topic of 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.

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. Eating disorders *are* quite prevalent: about 20 million women and 10 million men in America will struggle with an eating disorder at some time during their lives.

## **What are 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.

**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.

**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.

**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.

**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.

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 often 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 and 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.

If you would like more information and education around the topic of eating disorders and treatment, along with promoting nutrition and exercise for members, we encourage you to log into [Relias](#) and search for the following modules:

Recognizing and Treating Feeding and Eating Disorders	REL-BHC-0-RTFED
Impact of Nutrition and Exercise on Behavioral Health for Paraprofessionals	REL-BHC-0-UAINEBH
General Principles of Nutrition and Exercise for Paraprofessionals	REL-BHC-0-GPNE
Keeping Adolescents on a Healthy Track	REL-ACU-0-60050
Nutrition and Exercise for Children's Services Paraprofessionals	REL-HHS-0-NECPP

You are also encouraged to check out the Optum Idaho Spring 2022 Member Newsletter, which features the article Professional Runner Allie Ostrander: A Conversation with Optum

Idaho About Mental Health and Eating Disorders. You can access this article by clicking the link below:

[Member Newsletter -- Spring 2022 \(optumidaho.com\)](#)

Allie also shares her eating disorder recovery journey, eating tips, goal-setting and fitness regimen on her YouTube channel, which you can watch by searching for “Allie Ostrander” on YouTube.com

For additional information about eating disorders and treatments, you can also check out the following resources:

[Eating Disorder Statistics & Research | Learn | NEDA \(nationaleatingdisorders.org\)](#)

[www.nimh.nih.gov](http://www.nimh.nih.gov)

[ANAD | Free Eating Disorder Support Groups & Services](#)

[Journal of Eating Disorders | Home page \(biomedcentral.com\)](#)

Thank you again for the work that you do each day with our members so that Idaho can continue to improve access to behavioral health services. Optum Idaho is excited to offer these resources to you.

Sincerely,

The Optum Education and Training team