

WHAT is an eating disorder? An eating disorder is a mental disorder defined by abnormal eating habits that negatively affect a person's physical or mental health. Biological and environmental factors play a role.



WHO is affected by an eating disorder? *Eating disorders do not discriminate* and can affect people of any age, race, gender, gender identity, sexual orientation, socioeconomic status, body size and shape, disability, and religion. Each of these factors can be barriers to care and even recognition.

STAGGERING **Statistics**

BED is over **3x** more common than Anorexia and Bulimia combined.



For males competing in weight-class sports (wrestling, rowing, horseracing) and aesthetic sports (bodybuilding, gymnastics, swimming, diving), 33% are affected by disordered eating. Female athletes in weight-class and aesthetic sports experience disordered eating at estimates of up to 62%.



In a survey consisting of over 1,000 LGBTQ youth (ages 13–24):

54% have been diagnosed with an Eating Disorder

71% of transgender individuals identified as straight reported having an Eating Disorder with Anorexia being the most common

58% diagnosed with an Eating Disorder have considered suicide

10,200 deaths each year are the direct result of an eating disorder—that's **one death every 52 minutes**.

People in larger bodies are **1/2** as likely as those at a "normal weight" or "underweight" to be diagnosed with an eating disorder.

Black, Indigenous & People of Color (BIPOC) are **50% less likely** to be diagnosed or to receive treatment for an eating disorder.

BED

is more common than

breast cancer

HIV

schizophrenia

9% of the US population, or **28.8 million Americans**, will have an eating disorder in their lifetime.

Approximately **40%** of those with Binge Eating Disorder are male.

3/10 individuals looking for weight loss treatments show signs of BED.



35% of "normal dieters" progress to pathological dieting. Of those, **20–25%** progress to partial or full eating disorders.

46% of 9–11 year-olds report that they are "sometimes" or "very often" on diets, and **82%** of their families are "sometimes" or "very often" on diets.

Built on compassion. Backed by science.



Lab Findings:

- Low white blood count (WBC) in low-weight individuals
- Low potassium
- High liver function test (LFT)
- Low sodium
- Elevated thyroid stimulating hormone (TSH) in low-weight individuals

Physical Exam Findings:

- Low heart rate
- Significant changes in weight over a short period of time, both up and down
- Dry and brittle nails
- Fine hair on body
- Swelling around salivary glands
- Cavities or discoloration of teeth



How to Talk to Your Patient:

Pursuing treatment can be a scary step for someone struggling with an eating disorder.

- Use the same screening questions for ALL patients (not just those who fit the stereotype of an eating disorder).
- Remain nonjudgmental
- Explain your medical findings
- Use simple, yet direct messages
- Discuss how the referral process works and what the patient can expect
- Fill out the referral form on www.eatingdisorder.care with the patient or fax the referral form to EDCare.



Suggested Resources to Learn More:



We believe recovery is possible.

Through normalizing eating and exploring the insights necessary to empower change, our patients have the tools to walk out our doors and onto a path of lasting recovery.

Levels of Care in Eating Disorder Treatment

**Offered at EDCare*

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www.eatingdisorder.care



Eating Disorders at a Glance: Staggering Statistics

1. BED is over 3x more common than Anorexia and Bulimia combined.
2. For males competing in weight-class sports (wrestling, rowing, horseracing) and aesthetic sports (bodybuilding, gymnastics, swimming, diving), 33% are affected by disordered eating. Female athletes in weight-class and aesthetic sports experience disordered eating at estimates of up to 62%.
3. In a survey consisting of over 1,000 LGBTQ youth (ages 13-24):
 - 54% have been diagnosed with an Eating Disorder
 - 71% of transgender individuals identified as straight reported having an Eating Disorder with Anorexia being the most common
 - 58% diagnosed with an Eating Disorder have considered suicide
4. 10,200 deaths each year are the direct result of an eating disorder—that's one death every 52 minutes.
5. People in larger bodies are ½ as likely as those at a "normal weight" or "underweight" to be diagnosed with an eating disorder.
6. BED is more common than breast cancer, HIV, schizophrenia.
7. Black, Indigenous & People of Color (BIPOC) are 50% less likely to be diagnosed or to receive treatment for an eating disorder.
8. 9% of the US population, or 28.8 million Americans, will have an eating disorder in their lifetime.
9. Approximately 40% of those with Binge Eating Disorder are male.
10. 3/10 individuals looking for weight loss treatment show signs of BED.
11. 35% of "normal dieters" progress to pathological dieting. Of those, 20-25% progress to partial or full eating disorders. 46% of 9-11 year-olds report that they are "sometimes" or "very often" on diets, and 82% of their families are "sometimes" or "very often" on diets.

Sources:

1. Hudson JI, Hiripi E, Pope HG Jr, and Kessler RC. (2007). The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. *Biological Psychiatry*, 61(3):348–58. doi:10.1016/j.biopsych.2006.03.040.
2. *Sport Nutrition for Coaches* by Leslie Bonci, MPH, RD, CSSD, 2009, Human Kinetics. Byrne et al. 2001; Sundot - Borgen & Torstviet 2004.
3. *The Trevor Project and The National Eating Disorders Association (NEDA) (2018)*. <https://www.nationaleatingdisorders.org/over-half-lgbtq-youth-new-national-survey-have-been-diagnosed-eating-disorders>
4. Deloitte Access Economics. *The Social and Economic Cost of Eating Disorders in the United States of America: A Report for the Strategic Training Initiative for the Prevention of Eating Disorders and the Academy for Eating Disorders*. June 2020.
5. Nagata, J. M., Garber, A. K., Tabler, J. L., Murray, S. B., & Bibbins-Domingo, K. (2018). Prevalence and Correlates of Disordered Eating Behaviors Among Young adults with Overweight or Obesity. *Journal of General Internal Medicine*, 33(8), 1337–1343.
6. Hudson JI, Hiripi E, Pope HG Jr, and Kessler RC. (2007). The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. *Biological Psychiatry*, 61(3):348–58. doi:10.1016/j.biopsych.2006.03.040.
7. Deloitte Access Economics. *The Social and Economic Cost of Eating Disorders in the United States of America: A Report for the Strategic Training Initiative for the Prevention of Eating Disorders and the Academy for Eating Disorders*. June 2020. Available at: <https://www.hsph.harvard.edu/striped/report-economic-costs-of-eating-disorders/>.

Becker, A. E., Franko, D. L., Speck, A., & Herzog, D. B. (2003). Ethnicity and differential access to care for eating disorder symptoms. *International Journal of Eating Disorders*, 33(2), 205–212. doi:10.1002/eat.10129
8. Deloitte Access Economics. *The Social and Economic Cost of Eating Disorders in the United States of America: A Report for the Strategic Training Initiative for the Prevention of Eating Disorders and the Academy for Eating Disorders*. June 2020. Available at: <https://www.hsph.harvard.edu/striped/report-economic-costs-of-eating-disorders/>
9. Westerberg, D. P., & Waitz, M. (2013). Binge-eating disorder. *Osteopathic Family Physician*, 5(6), 230–233.
10. Westerberg, D. P., & Waitz, M. (2013). Binge-eating disorder. *Osteopathic Family Physician*, 5(6), 230–233.
11. Shisslak, Crago, & Estes, 1995.

Gustafson-Larson & Terry, 1992.