



Overcoming Disordered Eating

Welcome!



Information Pack A

Welcome to the CCI Information Packs on Overcoming Disordered Eating. If you're reading this, it's likely that you're interested in tackling problems to do with controlling your eating, weight or shape. These two Information Packs are designed for you.

Each Pack is organised into modules and includes information, worksheets, and suggested exercises or activities. We recommend that you complete the Information Packs (and their modules) in sequence, finishing Pack A before moving on to Pack B.

- **Pack A (Take Charge...Initiate Change)** provides information about disordered eating and offers strategies to help you start changing the *behaviours* associated with your disordered eating and weight control habits.
- **Pack B (In Charge...Mindset Matters)** offers you strategies to change your disordered *thoughts* about eating and weight control.

We want to extend a warm welcome to you on this journey towards learning and changing. It's important to know that overcoming disordered eating may take some time, especially if you've had your problems for several years. Be patient - this isn't a race! It's better to work through the modules thoroughly and keep practicing the strategies we introduce, until you feel confident and ready to tackle another problematic aspect of your eating and weight control habits. This way you'll be able to consolidate your changes.

Remind yourself not to give up, but to keep going. Persevere and keep at it!

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Overcoming Disordered Eating

Information Pack A

Take Charge ... Initiate Change

Module I

What is Disordered Eating?

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This is the first module of Information Pack A, which provides information about disordered eating and offers strategies to help you start changing the *behaviours* associated with your disordered eating and weight control habits. We suggest you read through all the modules of this Information Pack, in order, before embarking on change.

If you do think you might suffer from an eating disorder, it is important that you talk to your General Practitioner, as there are many physical complications that can arise from being at an unhealthy low weight or from losing weight very quickly, or from purging. We advise you to seek professional help with working on an eating disorder.

If you use any extreme weight control behaviours – even rarely – you should also see your General Practitioner for a full medical check-up, as your health might be compromised. Such extreme measures include:

- *extreme food restriction/fasting (and/or rapid weight loss)*
- *purging (self-induced vomiting, misuse of laxatives or diuretics)*
- *extreme exercise*



Introduction

Welcome to the CCI information Pack A on Overcoming Disordered Eating. In the modules of this Information Pack we will introduce you to some important information about disordered eating and weight control behaviours. We will help you identify whether you have disordered eating or if you might have an eating disorder. You will then be in a position to decide whether you might benefit from these Information Packs – or if you might need to seek professional help, either as an adjunct to reading these modules or instead of it.

We recommend that you read the modules in order from 1-10. Please make sure you complete this module before proceeding to Module 2, and Information Pack A before progressing to Information Pack B. We also suggest that you read through all of the modules of this Information Pack before deciding whether you want to change and before answering the questions. It's important for you to be fully informed and to know what you're letting yourself in for! It takes a huge commitment to change, and it helps to see the bigger picture before embarking on your journey towards healthier eating habits and weight control behaviours.

Once an eating disorder develops, it can easily become entrenched and difficult to change. Therefore, if you have mildly disordered eating patterns, it makes sense to work on improving them. These Information Packs have been designed for people like you, but might also be of help to people with more serious eating behaviours.

There are many myths around the subject of eating disorders. In this module, we will examine what an eating disorder is and explore the impact that an eating disorder can have on a person's life. We will help you identify the level of your disordered eating. We will also outline an approach to help keep you get on track with healthy eating habits. Our intention is to help you stop any disordered eating habits and weight control behaviours, and develop a healthy eating plan to stabilise your weight within a range that is healthy for you – and maintain those habits for the rest of your life. How does that sound?

What is an Eating Disorder?

An eating disorder is a serious mental illness characterised by extreme concerns about weight, shape, eating and/or body image. These concerns lead to disordered and unhealthy patterns of behaviour, including restricting food intake, fasting, counting calories, vomiting, misuse of laxative use, and excessive or driven exercise. These behaviours can greatly affect a person's physical, psychological and social functioning.

Approximately 9% of the Australian population suffer from an eating disorder according to the NEDC. Eating disorders affect people of all ages, of all socio-economic backgrounds, and of all shapes and sizes.

Eating disorders are not lifestyle choices, or a “diet gone too far”. They are a serious mental illness that has the highest mortality rate (from medical complications and suicide) of any psychiatric disorder. They can also lead to serious physical and emotional consequences.

(See our handouts titled Eating Disorders: What Are The Risks? and Starvation Syndrome). They are not “phases” that people snap out of and recovery requires treatment and support.

With early appropriate treatment, dedication and hard work, recovery is possible. The sooner you get help, the greater the chance of a full recovery.

Therefore, if you have concerns that you or someone close to you has an eating disorder, it is important to take the issue seriously, and to seek urgent medical advice.



Five of the more common types of eating disorders recognised by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) are Bulimia Nervosa, Anorexia Nervosa, Other Specified Feeding and Eating Disorder (OSFED), Binge Eating Disorder and Avoidant/Restrictive Food Intake Disorder (ARFID).



We will now examine the main eating disorder diagnoses and describe the behaviours, or symptoms, that categorise these disorders. These symptoms will be outlined below to help you understand the different types of eating disorders, but we will revisit specific behaviours in more detail in subsequent modules.

Bulimia Nervosa

Bulimia Nervosa is characterised by recurrent episodes of binge eating, followed by compensatory behaviours.

- **Binge eating:** Binge eating involves two key components:
 1. Eating an amount of food that most people would consider very large within a relatively short period of time (e.g., within two hours).
 2. Feeling a sense of loss of control over eating (e.g., you couldn't stop even if you wanted to, or you couldn't resist starting).
- **Compensatory behaviours:** are ways of attempting to control weight or shape. This includes vomiting, misusing laxatives or diuretics, fasting, excessive exercise, or misusing over the counter or prescription medications for the purpose of weight control.
- Because of the large amount of food consumed in a binge, and the relative ineffectiveness of most compensatory behaviours, weight may fluctuate, but many people with bulimia nervosa remain within the typical weight range or may even gain weight. People who meet criteria from Bulimia Nervosa often get caught up in an out of control cycle of binge eating and attempting to compensate. This can lead to feelings of guilt, shame and embarrassment, as well as preoccupation with eating, body image and fear of weight gain. For this reason, individuals often keep their eating and compensatory behaviours very secretive, and therefore the disorder can go undetected by friends and family. We examine binge eating and purging in more detail in Module 6.

Anorexia Nervosa

Anorexia Nervosa is characterised by persistent restricted intake leading to significantly low body weight. This is accompanied by an intense fear of weight gain, or, persistent behaviour that interferes with necessary weight gain.

For a person with Anorexia Nervosa, self-worth is often very much caught up with weight, shape or control over eating. Individuals also often experience a distorted view of their body, believing that they are overweight when in fact they are dangerously underweight.

There are two subtypes of Anorexia Nervosa:

- **Restricting type** refers to individuals who severely restrict the amount and type of food they eat. They may also engage in other weight control behaviours such as excessive exercise.
- **Binge Eating/Purging type** also involves extreme restriction, but this is accompanied by episodes of binge eating and compensatory purging.





Other Specified Feeding or Eating Disorders

A person with OSFED presents with some of the symptoms of other eating disorders (Anorexia Nervosa, Bulimia Nervosa or Binge Eating Disorder), but does not quite meet the full criteria. OSFED is no less serious than other eating disorders and is the most commonly diagnosed eating disorder amongst adolescents and adults.

Binge Eating Disorder

Binge eating disorder is characterised by regular episodes of binge eating. Unlike Bulimia Nervosa, someone suffering from Binge Eating Disorder will not engage in compensatory behaviours (such as vomiting, laxatives, fasting etc.). Individuals with Binge Eating Disorder will often eat alone or in secret because of feelings of shame and guilt about their eating behaviours. Many people with binge eating disorder are at a higher weight.

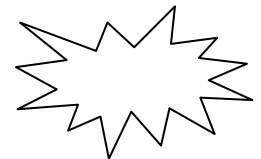


Avoidant/Restrictive Food Intake Disorder

An ARFID diagnosis describes a disorder where an individual struggles to obtain adequate nutrition, in the absence of the fear of weight gain &/or preoccupation with weight and shape that characterises AN, BN or OSFED.

Feeding or eating disturbances such as lack of interest in food or lack of appetite, aversion to certain textures, or feared consequences of eating (not weight/shape based) lead to weight loss and difficulty maintained a healthy weight for them.

The Impact of Eating Disorders



So far we've examined the different types of eating disorders. If you are reading this information pack, it is likely that you have identified some disordered eating patterns in yourself, or possibly you are concerned about someone close to you. We will now examine the impact that these disorders can have on the lives of people suffering from them. People with eating disorders usually experience considerable physical, emotional and personality changes, as well as changes to their work and social lives. As you read through this section, you may identify many of these changes in your own life, or in someone close to you.

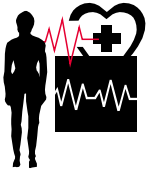
Physical Changes

Eating disorders cause both internal and external physical changes. External changes include loss of scalp hair, increase in body hair, dry skin and brittle nails. Internal damage can be caused by vomiting, laxative misuse and malnutrition. People with eating disorders often have electrolyte abnormalities and cardiovascular problems (heart problems as a result of weight loss and/or purging, which cause dizziness or fainting), gastrointestinal changes (digestive problems such as bloating, reflux and constipation), hormonal imbalances (loss of periods in females and low testosterone in males), infertility, immune deficiencies, bone density problems and dental damage.

These physical effects can be dangerous, and some of them are irreversible. Electrolyte imbalances can cause heart attacks or strokes, which can lead to coma or death. Gastro-intestinal damage can include incontinence (loss of bowel control) or oesophageal tears, which cause the vomit to enter the lung and result in suffocation. Vomiting can result in the acid wearing away dental enamel, which can never be restored. (You may have to have teeth replaced or capped.) Being underweight during the years of growth (childhood and adolescence) can cause two permanent forms of damage. First is stunted growth – that is, underweight individuals stop growing taller and may never achieve their potential height. Second (because of the low hormone levels) is compromised bone density, which causes brittle bones and can lead to osteoporosis, or osteopaenia, which it is called in its early stage.



This damage is permanent, as the bones never ‘catch up’, even when normal weight is restored. It leaves you vulnerable to stress fractures and broken bones throughout your life. Some physicians recommend calcium supplements, but currently there is no scientific evidence that these lessen the problem.



You should seek medical examination and advice if you are vomiting, misusing laxatives or severely restricting your food, regardless of your weight. You may be concerned about telling your General Practitioner about your difficulties, but it’s important that you do, so that the correct tests can be done. *It’s worth noting that sometimes test results can come back looking ‘normal’, but that does not always mean an absence of problems, it just means that the tests didn’t pick up the physical changes.* At least your doctor will be able to monitor your health.

- Have you noticed any physical changes since you developed disordered eating?
- Have you noticed external changes, such as hair loss or dry skin?
- Have you experienced weakness or dizziness?
- Do you have gastro-intestinal problems?
- Has your menstrual pattern changed?
- Have you sought medical examinations and advice?

How have these changes impacted on your life? Please write your thoughts below.

Emotional and Behavioural Changes

An eating disorder influences more than just your body; it also affects the way you think and what you think about. Preoccupation with food and eating can develop to such an extent that it becomes almost impossible to concentrate on anything else. This obsession with food and eating (or not eating) often replaces previously enjoyed hobbies and activities of interest.

Since the development of disordered eating, you may have felt a change in your personality. Malnutrition leads people to feel grumpy and irritated, and often depressed and anxious, causing dramatic personality changes. You may have noticed that you have become more secretive in your daily life, feeling the need to hide your behaviours from family and friends. These changes are a feature of your disordered eating and are reversible once you recover.



Have you noticed any changes in your mood or behaviour since you have developed disordered eating? How have these changes impacted on your life? Please write your thoughts below.



Impact on work and social life



Eating disorders can have a huge impact on people’s work and social lives. Fatigue and preoccupation with food can affect your concentration at work. Work places can also become sites of extreme anxiety due to efforts to hide disordered eating and avoid tempting foods. Those with disordered eating also frequently experience changes in their social lives. You may have found that you do not want to be around people as you are afraid they might discover and judge your behaviour, or may not understand you. Additionally, behaviour such as excessive exercise may take precedence over social activities, increasing your isolation.

Has your disordered eating impacted on your work or social life? What changes have you experienced? How has this made you feel? Please write your thoughts below.

The Role of Diets and Dieting

It is likely that if you are reading this far, you are interested in developing healthier eating patterns. It is very likely that you have been, or still are, dieting. We know that in Westernised societies there is pressure for people to be a certain weight or shape: thinness is idealised and fatness is stigmatised. The reason that most people diet is because they are dissatisfied with their bodies. Then, for some people, their attempts to control their eating and weight get OUT of control, and seem to take over their lives. Has this happened to you?

Most dieting involves following strict dietary rules, not only restricting calories but often prohibiting certain foods. In Modules 8 and 9 we will explain in detail why fad dieting is a recipe for disordered eating, yo-yo dieting and subsequent unhealthy and distressing weight fluctuations, plus feeling badly about yourself. Magazines and the diet industry make millions of dollars taking advantage of people’s insecurities...and under false pretences. How is this relevant? Well, research suggests that it’s not that people fail on diets but that diets fail people, because when the human body receives insufficient food, it is hard-wired to maintain a healthy weight – and eat more to make up for the nutritional deficit. So why do people persevere with dieting? Diets often work in the short term, and research tells us that people tend to remember the early days of a diet when they were able to lose weight relatively easily, felt more in control, and received praise from other people (“You look great! Have you lost weight?”). After the diet has failed, they think THEY have failed and beat themselves up, and they try to relive those moments of weight loss and mastery by starting another diet. Does this ring any bells for you?

If you have developed disordered eating, you may well be reluctant to give up your current behaviours because you don’t want to gain weight. But we ask that you keep an open mind and keep reading this and subsequent modules. We want you to understand that diets don’t work – and why they don’t work. Plus, as we’ve already said, they can actually be harmful.



What is BMI?

We live in a society that is weight-obsessed. We don't want you to get too hung up on your weight, but it is useful to know a bit about weight: what you weigh and whether your weight is in the typical range. It will help you set reasonable goals for yourself. We will be saying more about weighing yourself in Module 5.

Body Mass Index (BMI)

Nowadays doctors and the media don't just talk about weight, they talk in terms of BMI. What exactly is your BMI? It's your Body Mass Index, a number that takes into account your height and weight in the one calculation. It's a way of comparing your weight with that of others, even people of very different heights. This is the formula: **Weight (in kilograms) divided by height (in metres) squared**

E.g., a woman who weighs 67kg and who is 1.7m tall, would have a BMI of: 23.18
That is, weight (67kgs) divided by height squared ($1.70 \times 1.70 = 2.89$) = 23.18.

You may have heard that the average weight range is between BMI 20 and 25. However, many parts of our physical and psychological makeup are determined either in part, or completely, by our genes. For example, height is mostly determined by genetic factors - some environmental factors may influence it a little, but for the most part, it is what it is. Some people are shorter than average while others are taller than average. People generally accept that we can't change our height, it's just the way we were born. In the long term, the same principle applies to weight. Genetics play a large part in determining the weight that our bodies tend towards, and this depends on our overall build, our bone structure, metabolism, musculature, and much more. Research suggests that each human body has a weight range that it is genetically predisposed to maintain. This natural weight range is called your "set point". Set point will vary for every individual **regardless of other factors such as their height and gender**. This means that not everyone will naturally sit between a BMI of 20 and 25, and that's OK!

If you are engaging in disordered eating behaviours, you may be above or below your "set point". The modules in this series will discuss the need to eat regularly, flexibly and adequately in order to reach your set point, or the weight range that is healthy for you.



What to Expect From this Information Pack

If you've got this far, then you might be interested in tackling your problems, and this set of Information Packs could be useful to you. If you have mildly disordered eating patterns, you may want to improve them. *But if you think you might have an eating disorder, in addition to working on this information pack, you should see your General Practitioner for a full medical check-up.*

We suggest that you continue reading through all of the modules in this Information Pack, in order to get a complete picture of what will be involved if you decide to work on your eating and weight control behaviours. We have begun by discussing what eating disorders are and what impact they can have on one's life. In the next module we will look at how ready you are to change, and we will describe various ways in which you might want to proceed. In the following modules we will discuss what keeps disordered eating going, and suggest some steps you might want to take. We will then provide you with more information about disordered eating and weight control behaviours, and look at what might help you change from unhealthy to healthy behaviours.

When using self-help material, some people might want to skip sections or complete sections in a different order. *The modules in this information pack have been designed to be completed in the order they appear.* They will be most helpful to you if you work through them in sequence, finishing each module before moving on to the next one in the series. We believe that by doing this, you will maximise the benefits you might receive from working through this information pack.

We believe that these Information Packs could be beneficial to anyone who would like to address difficulties they are having with disordered eating or weight control behaviours. We encourage you to take this journey through all our modules, where our aim is that you will come away with balanced and healthy eating habits. You might find that it gets a little tough at times, but we encourage you to stay with it, keep working through these modules, and you will reap the rewards when you stay through to the end. See you at the next module!

The following are the modules that make up this Information Pack A:

- Module 2: How Ready am I to Change?
- Module 3: How Eating Disorders are Maintained
- Module 4: Self-Monitoring
- Module 5: Regular Eating & Regular Weighing
- Module 6: Binge Eating, Purging & Driven Exercise
- Module 7: Moods & Disordered Eating
- Module 8: Dietary Rules
- Module 9: Progress Review & Barriers to Change





Module Summary

- These modules are designed to help people overcome disordered eating, by which we mean develop more healthy eating behaviours. It would be helpful for you to read through all the modules before deciding whether you wish to change.
- Eating disorders can be extremely harmful to your health. Everyone with an eating disorder should see their General Practitioner for a medical check-up.
- Eating disorders are characterised by two key features: *disordered eating habits* and *disordered weight control behaviours*. Even mildly disordered eating patterns are problematic as they can lead to an eating disorder.
- There are many different types of eating disorders
- People with eating disorders experience immense changes in their physical, mental and emotional functioning, as well as changes to their work and social lives.
- Completing the modules in order will help you tackle your disordered eating.
- There is one further Information Pack, but we encourage you to work through Information Pack A before tackling the issues in Information Pack B.

What I Have Learned in this Module

Think about what you have learned in this module and any useful bits of information, tips or strategies that you want to remember. Write them down below so you can refer to them later.

Think about how you might use the information you have just learned. Write down some ways in which you could make use of this information.

Coming Up...



In Module 2 (How Ready Am I to Change?) we will help you to evaluate the pros and cons of changing your eating behaviour.



About This Module

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BACKGROUND AND REFERENCES

The concepts and strategies in this module have been developed from evidence-based psychological treatment of eating disorders, primarily Cognitive Behaviour Therapy (CBT). This can be found in the following:

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