



Overcoming Disordered Eating

Information Pack A

Take Charge ... Initiate Change

Module 6

Binge Eating, Purging & Driven Exercise

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This is the sixth 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

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Introduction

In this module, we will begin to tackle some of the core symptoms of your disordered eating. We will define binge eating, consider why you may be engaging in this behaviour and explore ways to combat its occurrence. We will also examine behaviours that are designed to compensate for binge eating. Firstly, we will explore purging through self-induced vomiting and the misuse of laxatives or diuretics. Secondly, we will examine driven exercise and how to recognise it in your own life. We will also provide you with information about the ineffectiveness of these compensatory behaviours.

Binge Eating

We briefly covered binge eating in Modules 1 and 3. However, we will now revisit this behaviour in more detail. Remember, there are two aspects to binge eating:

- eating a very large quantity of food in a discrete period of time (usually less than two hours)
- feeling out of control.

After a binge episode people often say, “Even if I had wanted to, I couldn’t have stopped eating”. Additionally, binge eating episodes often evoke feelings of guilt and shame. They are often done in secret, because people who binge are afraid what others might think of them if they knew about the out of control eating and the large amounts of food consumed. Often, they will eat everything in the fridge or larder when the house is empty, and then go out and buy the same foods, replacing what they’ve consumed so nobody will know how much they’ve eaten.



The term “large” is ambiguous, but you may find it helpful to judge food quantities by imagining how much food a stranger would label “large”. (See Module 4 for examples of what might be considered “large”.) When people with an eating disorder eat more than they feel comfortable with, they often describe that as a “binge”. It may be that what you are calling a “binge” is really eating an amount of food others would call “normal”, but you feel uncomfortable with it as it reflects the breaking of a dietary rule.



Please take some time to consider if you binge, how often you binge, when and where you binge, your experiences with binge eating, and how binge eating makes you feel. Is what you eat really a binge or is it that you feel out of control eating just a little more than you feel comfortable with? Write your thoughts in the space below.

There are two reasons why people binge eat. Firstly, some people binge because of the physiological effects of hunger. Secondly, some people binge to regulate, control or numb unpleasant moods or feelings. In this module we will examine the physiological effects of *hunger* on binge eating behaviour, as you will need to overcome this first. The influence of *moods* on binge eating behaviour will be examined in the next module.

In Module 3, we discussed how dietary restraint leads to extreme hunger and preoccupation with food, which leads to periods of uncontrolled binge eating. Soon this dietary restraint and binge eating becomes a vicious cycle. This is a crucial maintaining mechanism for eating disorders, so we will now cover this cycle in detail. The story overleaf illustrates the establishment of the physiological hunger and binge eating cycle. As you read, consider how the feelings and events relate to your own experiences.



Emma was unhappy with her weight and shape, and decided to diet. Her diet had two rules: eat less food, and avoid treats like chocolate or ice cream. Emma followed the diet for a while, but soon found she was always hungry. She also noticed that she thought more about food than she had before she started her diet, especially chocolate. After returning home from work the fourth afternoon, she broke her dietary rules and overate, eating a 'forbidden' food, half a litre of ice cream. After eating, Emma felt distressed. She had broken her diet and felt ugly and fat. She decided to try again, but this time with very strict rules. She would only eat a little bit of breakfast and nothing all day until dinnertime. Emma followed these strict rules for three days. During this time, she ate very little. That pleased her but she was constantly feeling hungry and lacked energy and concentration. The hungrier she became, the more she obsessed about food. All day her thoughts were preoccupied with food. She imagined elaborate ways of preparing all of her favourite foods, whilst eating none of them. The more she tried to avoid food, the harder it became to resist. On the third afternoon, she gave way to her hunger and ate whatever she could find in her kitchen. She ate three packets of biscuits, leftovers from the previous night's supper (some shepherd's pie and half an apple pie) and all the ice cream in the freezer. Emma ate quickly, feeling an initial rush of satisfaction. But she felt no control over her behaviour and ate until uncomfortably full, then when she had finished eating, she felt very distressed. She was ashamed of her behaviour, and felt guilty for breaking her rules. She vowed she would not succumb again, and resumed her strict rules. Soon Emma found herself in a seemingly unbreakable cycle of hunger and binge eating.

This story is not uncommon. Emma began with a diet, and failed in her expectations. Each failure made her more determined to restrict her eating. As her rules became stricter she was no longer on a simple 'diet'. She was following **strict** dietary rules, the form of rules discussed in Modules 1 and 3. These rules are rigid, and allow for no occasional treats. Do you follow such rules? Following strict rules and severely restricting food intake will always lead to the extreme hunger and preoccupation with food that Emma experienced. This is a natural physiological reaction; your body tries to make you eat to receive the nourishment it needs to function. This physiological reaction makes binge episodes inevitable. The disappointment and guilt associated with binge eating encourages people, just like Emma, to vow that they will become more "successful" at restricting food intake. Unfortunately, often they are unsuccessful, and the strict dietary rules only support the vicious cycle of hunger and binge eating.

Addressing Dietary Restraint

Do you recognise this cycle of hunger and binge eating in your own experiences? If so, you need to break this cycle to overcome your eating disorder. To do this, you must address your dietary restraint behaviours. We will examine dietary restraint in detail in Module 8. You may feel that dietary restraint is the solution to your fears of getting fat and your desire to lose weight. However, dietary restraint is more of a problem than a solution. Remember, as we have described previously, dietary restraint actually keeps your disordered eating going. In Module 5 we introduced regular eating practices that would give structure to your eating habits. Once you are eating regularly, you must eat enough food in each meal or snack to stop yourself feeling hungry. When your body has sufficient nourishment, your mind will stop constantly thinking about food and eating. You will find that binge eating is no longer necessary, and you have broken the vicious cycle!

Furthermore, if you leave more than 4-5 hours between eating during the day while you are awake, your body goes into starvation mode. It prepares for insufficient nourishment by switching on the metabolic processes that help conserve energy, slowing the metabolism. This means that when you do next eat, your body will metabolise that food in such a way as to store the energy...which lessens any weight loss effects.

Eating less food and eating less often actually SLOWS DOWN your metabolism, which means that your body burns off the energy from food more slowly, and will conserve energy by storing this as fat.



Addressing the Actual Binge

Even as you begin to eat regularly and reduce the amount of dietary restraint, you might find that at times you are still binge eating. This is understandable, especially if it is a habit that you have engaged in for a long time. Do not despair! There are ways you can begin to challenge the automatic aspects of binge eating, and you will learn that you can indeed have some control over your eating behaviours.

Imagine the following scenario:

You have been to the shops and bought a bag full of 'binge foods' on your way home from work. You get home at 4.30 and you are expecting your partner home at 5.30. What you usually do at this point is to shovel the food into your mouth as quickly as possible, consuming as much as you can without really tasting it, before you're interrupted. (If you engage in self-induced vomiting, you may allow yourself a certain amount of time to vomit and clean up the toilet before your partner returns.)

Here are some useful **strategies for gaining some control** over the binge:

Eating mindfully

If you are going to binge anyway and consume a large amount of calories, it helps to become aware of what you're eating. This also slows things down. When you binge, do you eat food straight out of the packet, shovelling as much into your mouth as you can, without noticing what you're eating or how much you've consumed? Some people talk about being in a trance-like state during a binge episode. That's eating in a *mindless* way. What a waste! If you're going to consume that many calories, then why not enjoy them?!

Here are some suggestions for eating more *mindfully*:

- Put all your food on a plate or into a bowl before you eat it. For example, instead of eating ice-cream straight from the carton, spoon out a few scoops into a bowl. With biscuits, instead of eating them one by one from the packet, put 6 or 8 on a plate. If it's chips, instead of eating them by the handful out of the packet, empty half the packet into a bowl – then eat.
- Notice the binge foods.
 - With every mouthful, take notice of what you're eating, without judging. With chocolate chip cookies, you might think: "The crunchiness contrasts with the soft oozing chocolate." Or you might think: "These taste a bit stale. And extremely sweet."
 - When you have eaten everything on the plate or in the bowl, ask yourself: "What do I want to do now?" After a plate of 8 chocolate chip cookies, you might think: "I enjoyed these, I'll have another plate full." Or you might think: "They were very sweet and I really feel like some bread and butter." Or you might just decide you've had enough.

The important thing is to be *conscious* about what you're doing – which helps you develop more control. We will be saying more about *mindfulness* in the next module.



Delaying the binge

Again, if you are going to binge anyway, then it is worth making a conscious effort to postpone the binge. Start off by waiting just thirty seconds. After you've put your first portion of food onto your plate or in a bowl, watch the second hand on your wristwatch or count to 30 slowly, and hold off on eating even a single mouthful until 30 seconds have elapsed. Once you realise that you can do this, you may want to try postponing the binge for 1 minute, then 5 minutes, then 10 minutes, and so on.

These two strategies help you **gain back some control** over what you've been thinking of as out-of-control eating. Eating mindfully gives you back some of the control, because every time you make a decision ("more cookies" or "I'd prefer chips"), you are becoming active in controlling what you eat. With time, you can make healthier choices. Likewise, being able to wait, even just one minute, before embarking on a binge, means that you are less at the mercy of the binge and more active in choosing when to start.



Purging

Binge eating episodes are upsetting. They can cause feelings of guilt, shame and fear of weight gain. Some people continue to binge and live with the distressing but inevitable results of the overeating: they gain weight. Other people with eating disorders use a compensatory behaviour known as “purging” to overcome these distressing feelings. Purging behaviour is intended to rid the body of recently eaten food, and people who purge experience relief because they believe they have got rid of the extra calories they consumed in the binge. Purging can include self-induced vomiting and laxative or diuretic misuse.

Dehydration

All forms of purging result in dehydration. Since water is a large part of what makes up your body weight, you might have noticed that the number on the scale is slightly less after purging. But this doesn't mean that you've really 'lost weight' or are 'less fat'. This apparent 'weight loss' only reflects fluid loss and it is only temporary, since your body will return to a normal state after drinking fluids. Furthermore, one effect of dehydration is that the body reacts by attempting to retain water, so you may feel bloated or have a swollen feeling afterwards. Some people get swollen ankles or wrists. This will cease once you stop purging.



Depleting your body of fluids can have serious consequences, such as electrolyte imbalances. Electrolytes are vital for heart functioning. Imbalances result in dizziness and fainting, and one potential danger is total heart failure, leading to death. As long as you continue to purge, it is vital that you rehydrate your body by replenishing your fluids, drinking a few glasses of water after each episode. *Water has no calories. Drinking water will not make you fat.*

Self-Induced Vomiting

Do you now or have you ever made yourself sick by vomiting in order to try to get rid of calories from the food you've eaten? If so, this section contains some information that you might find interesting and useful.

If you vomit frequently (or even rarely) to control your weight, think back to the time when you first began this behaviour. It would have started as a rare occurrence, possibly after you overate. Perhaps you were introduced to this behaviour by a friend, or heard about it on TV, or read about it in a magazine. You thought “I'll just do this once” and perhaps after that first time you swore never to do it again because it was “gross”. But then you went on another diet and ended up eating more than you thought you should. You continued, and ended up binge eating...and decide to vomit again.

Over time you adjusted to the unpleasant sensations of vomiting. You got used to the nasty taste and smell, cleaning up the toilet, rinsing your mouth with mouth wash. It became easier to vomit. You did your best to push to the back of your mind any negative feelings such as self-disgust and shame, and convinced yourself it wasn't really too bad, you could stop it any time you really wanted.

As you vomited more frequently, you started thinking differently about your eating. You began thinking you could engage in binge eating episodes without harm because you knew you could vomit up the food afterwards. This encouraged you to eat even more food, taking advantage of the eventual purge. You may have thought, as some people do: “This is great – I can have my cake and eat it too!”

When you vomited, you probably believed that you vomited up all the calories from the binge, and that your body didn't absorb any of the calories from the food you had eaten. However, this is not the case. It may surprise you to know that absorption begins in the mouth and oesophagus. Before food reaches your stomach, your body has already begun the absorption process. Furthermore, not all of the food in your stomach is expelled when you vomit. Even if you vomit until there seems nothing left in your stomach, it



doesn't mean that you have got rid of all the calories you've just consumed. Most of these calories will have already been absorbed. Even if you vomit immediately after binge eating, research has shown that your body absorbs at least 40% of the calories in the food that you eat, and usually much more, up to 75%.

Not only is vomiting an ineffective weight control measure, it is also bad for your health. Frequent vomiting leads to serious physical side effects including dehydration and electrolyte imbalances, salivary gland enlargement, tearing and bleeding of the oesophagus, disruption of the digestive system and erosion of tooth enamel. *If you are vomiting, even infrequently, it is important to see your doctor for regular check-ups.* Tears in the oesophagus can be serious and even fatal if the vomit leaks into the lungs. *If you see blood in your vomit, see your doctor immediately.* Many people who vomit suffer from reflux, heartburn, bloating (which they often interpret as "fat") and constipation or diarrhoea. Over time, dental enamel is worn away and sometimes teeth need to be replaced.

As outlined above, self-induced vomiting is an unhealthy and unhelpful behaviour. If you currently engage in frequent vomiting, you need to address this issue to overcome your eating disorder. Consciously recognising and evaluating the problem is the first step to eliminating the behaviour. If you use vomiting to compensate for binge eating, you will find that this behaviour will probably stop as you cease binge eating.

However, there are a number of reasons why people engage in frequent vomiting other than compensating for binge eating. We will now examine each of these reasons, and identify ways to combat this behaviour.

- **Weight control.** If you vomit in the absence of binge eating for the purpose of weight control, you should find it helpful to consider the ineffectiveness of vomiting as a weight control method. If you are losing weight, it is probably not because you vomit but *because you are restricting the amount you eat.*
- **Mood regulation.** You may find that you vomit to improve your mood and to counteract feelings of low self-worth. To combat this behaviour, it is important to examine your thought patterns and determine what moods and events lead to the urge to vomit. You can write down your moods and feelings in your self-monitoring record. Critically consider these moods and why they encourage this urge to vomit. Once you are conscious of these moods, try to "surf" them, and resist the urge. The concept of mood regulation will be examined in more detail in the next module.
- **Avoiding sensations of fullness.** You may feel distressed and uncomfortable when your stomach feels "full", and vomit to remove this discomfort. But you need to remember that it is normal for your stomach to feel slightly different for a short while after you have eaten, while the food travels through your stomach and into the intestines. To overcome your distress around this sensation of fullness, you will need to expose yourself repeatedly to the sensation of having food in your stomach, without vomiting. This will involve "surfing" the urge to vomit. You may also find it useful to wear looser clothing so that you are not so conscious of the food in your stomach. Remember that *feeling full is not the same as being fat*, does not mean you overate, and will go away with time. (It is important to note that after some time of regular vomiting, the stomach gets used to it, and when you cease vomiting, the stomach sometimes reacts by bloating after you've eaten. You'll need to be patient and wait for your stomach to return to healthy functioning, which may take a week or two. It's hard, but worth it.)
- **Seeking an empty stomach.** You may vomit in the desire to have an empty stomach. If so, you need to remember that eating is necessary. Indeed, if no food ever reached your stomach you wouldn't survive. You need to examine this feeling, and ask yourself why you desire an empty stomach. Having food in your stomach does not mean you will get fat. We all need food to live.
- **Simple habit.** If vomiting has become an unconscious habit in your life, it is time to make changes. Frequent vomiting is harmful. It interferes with other important activities in your life, including social eating. Furthermore, it is likely to encourage feelings of guilt and shame. By bringing this habit to your conscious awareness, and thinking critically about the negative impact on your life, you can begin phasing this behaviour out of your life.





If you engage in self-induced vomiting, please take a moment to consider this behaviour. Most likely, you vomit to compensate for binge eating episodes. However, you may identify with one of the reasons listed above, or you may have a different reason of your own. Use the information above to develop a personal plan for combating this behaviour in your own life. Write your thoughts in the space below.

Teeth and Dental Care

When you vomit, the gastric acid from your stomach enters your mouth and erodes tooth enamel, which is the hard covering that protects your teeth from damage. When tooth enamel is eroded, your teeth become damaged.

Dental damage can occur after only six months of frequent vomiting. Oral changes can include: chemical erosion of tooth enamel, thermal hypersensitivity (involving increased sensitivity to hot and cold foods), enlargement of the salivary glands, teeth becoming brittle and translucent.

As long as you continue to vomit, follow the guidelines below to minimise damage to your teeth:

- Do not brush your teeth immediately after vomiting. This will cause further abrasion to tooth enamel.
- Rinse your mouth with water, or a mixture of baking soda and water, after vomiting. The baking soda neutralises the acid in your mouth. Then brush your teeth.
- Floss and brush teeth daily to remove plaque.
- Use a fluoride toothpaste to reduce decay and tooth sensitivity.
- If damage is considerable, teeth may need restoring with resins or crowns.



It is important to seek regular dental check-ups. Most people with eating disorders are afraid to tell their dentist about their vomiting because they feel ashamed and guilty. Remember that your dentist is there to help you with your teeth and not to judge you. Your dentist will be able to provide you with the best advice if s/he has the full picture about factors affecting your dental care. Remember that if your dental health is left unchecked it will continue to deteriorate.

Misuse of Laxatives or Diuretics

Do you now or have you ever taken laxatives in order to try to get rid of calories from food you've recently eaten? If so, this section contains some information that you might find interesting and useful.

If you use laxatives frequently (or even rarely) to control your weight, think back to the time when you first began this behaviour. You may have first done it after you overate and you felt especially full. You thought "I'll just do this once" and perhaps after that first time you swore never to do it again because you didn't like having diarrhoea. But you felt empty and that was a relief, until the next time you overate...and decided to use laxatives again. (If you use diuretics, a similar scenario is likely.)

Over time you adjusted to the unpleasant aspects of using laxatives. You got used having to stay home near a toilet, or having diarrhoea or stomach cramps. You did your best to push to the back of your mind any negative feelings such as self-disgust and shame, and convinced yourself it wasn't really too bad, you could stop it any time you really wanted.



As you used the laxatives more frequently, you started thinking differently about your eating. You began thinking you could engage in binge eating episodes without harm because you ‘knew’ you could get rid of food afterwards by using large amounts of laxatives. This allowed you to eat even more food, taking advantage of the eventual purge.

When you used laxatives, you probably believed that you purged most of the calories from the binge, and that your body didn’t absorb many of the calories from the food you had eaten. However, this is not the case. As we’ve mentioned, calorie absorption begins in the mouth and oesophagus, and most of it occurs in the stomach and then continues in the small intestine. By the time the food residue arrives in the large intestine (where the laxatives work), almost all of the nutrition from the food has already been absorbed.

Just as frequent vomiting fails to compensate for binge eating episodes, laxatives and diuretics are not effective weight control behaviour. In fact they are relatively useless, getting rid of only about 10% of the calories consumed! Absorption of calories occurs high in the digestive system, whilst laxatives and diuretics influence the lower area. You may argue that when you stand on the scales after using laxatives or diuretics, you weigh less. It is true that the number on the scale may be lower, but remember what we said in Module 3 about there being no such thing as “true weight”? The lower number after laxatives or diuretics is only temporary and does not involve the loss of body fat. This temporary effect is caused by fluid loss (dehydration), but the number will go up when you drink liquids (re-hydration).

Furthermore, misusing laxatives or diuretics can have serious physical side effects. The misuse of laxatives or diuretics can disrupt normal bowel function, leading to the loss of intestinal muscle tone, bloating, gas, colicky pain, appearance of mucus and blood in the stool and incontinence of faeces. Another problem about laxative misuse is that, with regular use, the bowel gets ‘lazy’ and your tolerance is increased. That is, you find that you need more of them to get the same effect. The misuse of laxatives and diuretics can also lead to serious electrolyte imbalances. *If you are misusing laxatives or diuretics, it is important to see your doctor for regular check-ups.*

As you can see, there are almost no benefits and many dangers in misusing laxatives or diuretics. As with vomiting, if you misuse laxatives or diuretics to compensate for binge eating you will find this behaviour will cease when you stop binge eating. However, laxatives and diuretics are sometimes misused for reasons other than compensating for binge eating, and this behaviour will need to be addressed.

- **Weight control.** If you misuse laxatives or diuretics for weight control, you should find it helpful to consider how ineffective these substances are for decreasing weight and body fat.
- **Seeking an empty stomach.** Laxatives and diuretics are sometimes misused out of the desire to obtain an empty stomach. If this is so, you need to consciously and critically examine this feeling. Ask yourself why you desire an empty stomach. Having food in your digestive system does not mean you will get fat.
- **Self-punishment.** You may be misusing laxatives as a form of self-punishment. This type of behaviour is usually associated with very low self-esteem. If you do abuse laxatives as a form of self-punishment, you need to critically examine this behaviour. Firstly, ask yourself why you need punishing. If you answer this question honestly, you will likely find your “offence” was not even under your control. Secondly, ask yourself if laxative misuse is an appropriate punishment. Remember, you cannot change the past.
- **Simple habit.** If you misuse these substances out of habit, it is time to become conscious of this dangerous behaviour. Critically examine this behaviour, considering the injuries you may be causing your body, the inconvenience it causes in your life, and any discomfort or shame you may feel. Make a conscious decision to cease this behaviour, and phase the misuse of laxatives or diuretics out of your life.



If you misuse laxatives or diuretics, please take a moment to consider this behaviour. Most likely, you use laxatives or diuretics to compensate for binge eating episodes. However, you may identify with one of the reasons listed above, or you may have a different reason of your own. Use the information above to develop a personal plan for combating this behaviour in your own life. Write your thoughts in the space below.

Driven Exercise

Do you now or have you ever exercised in a driven manner in order to try to burn off calories from food you've recently eaten? Do you exercise in a driven manner to take the edge off unpleasant emotions? If so, this section contains some information that you might find interesting and useful.

Moderate exercise is a healthy behaviour. We are all encouraged nowadays to exercise in order to get healthy or maintain a healthy body. And some people report that they feel good after exercising – this is a result of the release of endorphins. Like dieting, exercise is a common activity, often done as part of a weight control regimen. But, like dieting, exercise can get out of hand - and out of control. Because exercise is good for your health, you may feel that it is impossible to exercise too much. However, this is not true.

Exercise becomes unhealthy when it is excessive and obsessive. Overexercising can lead to amenorrhoea (menstrual dysfunction), osteoporosis (low bone density), depression, heart problems, dehydration, and damage to joints and tendons. Some people with eating disorders use excessive exercise as a method of extreme weight control. Just like purging, excessive exercise can also be used to compensate for binge eating episodes. This type of exercise is known as “driven exercise” or “excessive exercise”.

Below is a list of symptoms common to people who exercise excessively:

- Feeling compelled to exercise, rather than exercising for enjoyment or social activities.
- Feeling upset, distressed, anxious, guilty or angry if unable to exercise.
- Exercising at the expense of other areas of your life, such as social and leisure activities.
- Exercising despite the presence of injuries, illness or bad weather.
- Exercising intensely for more than one hour a day.
- Exercising intensely on more than one occasion per day.
- Basing self-worth and self-esteem on exercise achievements.



If you use exercise frequently in a driven manner to control your weight, think back to the time when you first began this behaviour. You may have first started it after you'd put on some weight, and you planned to “burn off the calories”. Perhaps you did lose a little weight (but were you also restricting your food intake at the time?). Over time you started working harder and spending longer at your exercise, believing that you were raising your metabolism and burning off the calories. You did your best to push to the back of your mind any negative feelings such as feeling compelled and out of control, and convinced yourself it wasn't really too bad, you could stop it any time you really wanted, and anyway, it made you feel good.

As you exercised more frequently in a driven manner, you started thinking differently about your eating. You began thinking you could engage in binge eating episodes without harm because you 'knew' you could burn off the calories afterwards by exercising intensely for hours. This allowed you to eat even more food, taking the planned exercise into consideration.



When you exercised in a driven manner, you probably believed that you burned off most of the calories from the binge. However, this is not the case. Combined with restricted food intake, excessive exercise can actually *lower your metabolism!* This helps your body retain the energy from the food consumed, and actually acts to prevent further weight loss. You probably also believed that intense exercise burned off fat, but in fact overexercising actually breaks down muscle fibre.

Take a moment to consider if you engage in driven exercise. If this is so, think about the amount of time that you spend exercising each day or each week. Also, consider why you feel the need to exercise so much. Do you exercise to control your weight and shape? Do you use exercise to compensate for binge eating episodes? Do you exercise to help you deal with negative emotions? Do you get distressed if prevented from exercising? Has exercising excessively impacted on other areas of your life? Please write your thoughts in the space below.

Recognising driven exercise is the first step in overcoming it. Driven exercise must cease if you are to overcome your disordered eating and protect your health.

How Much Exercise is Appropriate?

You should not be engaging in any exercise other than gentle walking if you are severely restricting (seriously undernourished, or with recent rapid weight loss) or if you are regularly purging. It is important to get a medical check-up from your General Practitioner and to tell them about your disordered eating habits and/or weight control behaviours.

If you have disordered eating, you may be wondering how much exercise is appropriate for your own personal circumstances. Please speak to your General Practitioner about how much exercise is appropriate for your current circumstances.





Module Summary

- One of the reasons people binge eat is in response to the physiological effects of hunger. When people restrict their food intake, they become extremely hungry and preoccupied with food. This hunger leads to periods of overeating. In response to overeating, people commonly restrict their food intake further in a determined attempt to become more “successful” at restricting food intake. However, the more people restrict their food intake, the more they succumb to hunger and overeat. This leads to a vicious cycle of food restriction, hunger and binge eating.
- To break the binge eating cycle, dietary restraint needs to be addressed. When you eat regularly and avoid extreme hunger, binge eating will be phased out of your life.
- You can develop a sense of control over your binge eating through *mindful eating* and *delaying the binge*.
- Purging behaviours are often used to compensate for binge eating episodes. This can involve self-induced vomiting, the misuse of laxatives or diuretics.
- Self-induced vomiting and laxative/diuretic misuse are ineffective methods of weight control. When used to compensate for binge eating, self-induced vomiting usually only removes about 30% of the binge calories. The misuse of laxatives and diuretics is even more ineffective in compensating for binge eating.
- Methods of purging can have serious physical side effects, including dehydration, electrolyte imbalances, salivary gland enlargement, tearing and bleeding of the oesophagus, disruption of the digestive system and erosion of tooth enamel.
- Driven exercise is also used as an extreme weight control method and to compensate for binge eating. People who engage in driven exercise feel distress when they cannot exercise, exercise despite injury or bad weather, feel compelled to exercise, prioritise exercise over socialising and having fun, and exercise intensely for more than an hour each day.
- Furthermore, excessive exercise can work against a goal of weight loss by lowering the metabolism.

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 7 (Moods & Disordered Eating) we'll look at how moods can relate to disordered eating



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⁵ Bachelor of Science

² Doctor of Philosophy (Clinical Psychology)

⁴ Bachelor of Arts (Psychology) with Honours

⁶ Graduate Diploma (Nutrition and Dietetics)

We would also like to thank Karina Allen for her contributions to the presentation of these Information Packs.

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:

- Fairburn, C. G. (1995) *Overcoming Binge Eating*. New York: The Guilford Press
- Fairburn, C. G., Cooper, Z., & Shafran, R. (2003) Cognitive behaviour therapy for eating disorders: a “transdiagnostic” theory and treatment. *Behaviour Research and Therapy* 41, pp 509-528
- Fairburn, C. G. (2008) *Cognitive Behavior Therapy and Eating Disorders*. New York: The Guilford Press

“OVERCOMING DISORDERED EATING”

This module forms part of:

Fursland, A., Byrne, S. & Nathan, P. (2007) *Overcoming Disordered Eating*. Perth, Western Australia: Centre for Clinical Interventions

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