Anorexia nervosa

About anorexia nervosa

- Anorexia nervosa is a serious, potentially life-threatening illness.¹
- It is a serious, biologically-influenced mental illness.²
- The illness is associated with low body weight, difficulty maintaining a healthy body weight, fear of weight gain, and an extreme focus on weight and shape.³
- Anorexia nervosa is one of four recognised eating disorders which also include bulimia nervosa, binge-eating disorder and other specified feeding and eating disorders (OSFED).⁴
- People with anorexia nervosa often develop a distorted view of their body, placing significant attention on, and defining their self-worth by their perceived body image.⁴
- There are two sub-groups of anorexia nervosa:
  - Restricting – restricting food intake, such as restricting certain types of foods, counting calories, skipping meals and rigid thinking, which is often accompanied by excessive exercise;
  - Binge eating / purging – restricting food intake while also displaying purging behaviour and, in some cases, binge eating.⁴
- Warning signs of anorexia nervosa may be physical, psychological, and behavioural, including:⁴
  - Physical signs: rapid weight loss, menstruation disturbances in females or loss of libido in males, dizziness, poor circulation, lethargy, facial changes (sunken eyes, pale skin);⁴
  - Psychological signs: preoccupation with food and weight, anxiety around meal times, depression and anxiety, distorted body image, low self-esteem, rigid thinking, perfectionism, unable to maintain appropriate body weight;⁴ and
  - Behavioural signs: dieting behaviour, repetitive or obsessive behaviours, deliberate misuse of laxatives or appetite suppressants, secrecy around eating, radical changes in food preferences, food rituals and preoccupation with preparing food for others, self-harm or suicide attempts.⁴

Incidence and mortality of anorexia nervosa

- More than 5,830 West Australians are estimated to have had anorexia nervosa at some point in their lives compared with 51,887 Australians.⁵,⁶
- The overall lifetime prevalence of the illness affects approximately 11 per cent* of West Australians, compared to up to 32 per cent* in other parts of Australia.⁷
- Anorexia nervosa occurs across all age groups, however, is more common among adolescent girls, affecting four-in-every-100.⁸
- In adults, anorexia nervosa typically lasts between five-to-seven years, however for some people, it may become a chronic illness.⁹

Most studies report about a 9:1 ratio of female to males, however a recent population study on adolescents suggests there may be an equal number of males and females living with the illness.\(^4\)

Anorexia nervosa occurs across all socio-economic and cultural demographics.\(^9\)

Anorexia nervosa has the highest mortality rate of any psychiatric illness, and is more than 12 times higher than for people without eating disorders,\(^4\) demonstrating the importance of understanding the biological underpinnings of the illness.

Research shows more than one-in-five people with anorexia nervosa who died prematurely had committed suicide.\(^4\)

- An individual with anorexia nervosa is between 5 – 10 times more likely to die prematurely than a peer without an eating disorder.\(^10\)
- The most common causes of death in people living with anorexia nervosa are the effects of starvation and suicide.\(^11\)
- Upwards of 80 per cent of people living with anorexia nervosa also experience major depressive disorder (MDD) at some point in their lives.\(^12\)
- It is known that anorexia nervosa, MDD and suicide all run in families, and are influenced by genetic factors.\(^13\)
- New research reveals that liability to anorexia nervosa and suicide attempts are influenced by shared genetic factors, suggesting that some underlying biological and genetically influenced factors may increase risk for both outcomes.\(^14\)

**Causes, triggers & risks of anorexia nervosa**

- The causes of anorexia nervosa are varied and complex.\(^9\)
- Known causes include genetic predisposition and a combination of environmental, social, and cultural factors.\(^5\)
- Family and twin studies reveal genetic effects on anorexia nervosa risk.\(^15\)
- Negative energy balance (or expending more calories than one is consuming) can set the stage for the development of anorexia nervosa in individuals who are predisposed to the illness.\(^16\)
- Environmental factors may include a reaction to a lack of control. For some people, restricting their food and weight can be a way of having control in their life when they perceive a lack control in other areas.\(^4\)
- Anorexia nervosa can be a way of regulating emotions, including stress, anxiety or pain.\(^4\)
- Anorexia nervosa is not a lifestyle choice, and people experiencing the disorder do not bring it on themselves.\(^9\)
- Risks associated with anorexia nervosa are serious and include anaemia, amenorrhea (loss of menstruation), heightened infertility risk (men and women), kidney failure, compromised immune system, osteoporosis, cardiac problems, and death.\(^4\)
- Research also reveals impaired decision-making and memory function in those living with anorexia nervosa.\(^17\)

**Can anorexia nervosa be treated?**

- Among those who survive anorexia nervosa, about 25 per cent will make a full recovery; around 50 per cent will experience remission with some lingering symptoms; and 25 per cent will develop a chronic, unremitting course of illness.\(^18\)
- Appropriate treatment early during disease onset can lead to recovery within 12-to-18 months.\(^9\)
- While partial relapses and remissions can occur, longer-term treatment that lasts until symptoms are no longer present, is more successful.\(^9\)
- Weight restoration is an essential first step in recovery, but is only the beginning of the recovery process.\(^9\)
- Treatment is best achieved with an allied healthcare professional team comprising a psychiatrist, psychologist, dietician, family therapist, social worker, and an occupational therapist.\(^1\)
- Family-based treatment (FBT) has been shown to be the most effective treatment for children and adolescents with anorexia nervosa, the evidence base for the treatment of adults is less clear.\(^1\)
- Treatment for anorexia nervosa aims to restore a healthy weight, reverse malnutrition, ensure physical safety and health, and restore and maintain mental health.\(^1\)
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References