What is an Eating Disorder?

Mental Health Awareness Month — Educational Materials

What Are Eating Disorders?

Eating disorders are serious mental illnesses. **Not a phase, not a lifestyle choice, not something people can just "snap out of."**

They affect millions of people across every age, gender, background, and body type. Globally, eating disorders affect somewhere between 2% and 5% of people over their lifetime — and that number is likely higher, because most cases go undiagnosed.

What makes this even harder: around **75% of people with an eating disorder never seek professional help.** And when they do, it takes an average of 21 months from the first symptoms to receiving any specialized treatment. That delay has real consequences — the longer someone goes without support, the harder recovery becomes.

Types & Diagnoses

A lot of people think eating disorders are just anorexia or bulimia. In reality, the DSM-5 recognizes 8 official diagnoses — and each one looks very different.

Anorexia Nervosa (AN)

Severe restriction of food intake, intense fear of weight gain, distorted body image. Has the highest mortality rate of any psychiatric disorder.

Bulimia Nervosa (BN)

Cycles of binge eating followed by compensatory behaviors — vomiting, laxatives, excessive exercise. Affects up to 3% of women over their lifetime.

Binge Eating Disorder (BED)

Recurrent episodes of eating large amounts of food in a short time, with a feeling of loss of control — but without purging behaviors.

ARFID — Avoidant/Restrictive Food Intake Disorder

Extreme pickiness or restriction — not driven by body image concerns, but by sensory issues, fear of choking, or simply no interest in food.

OSFED — Other Specified Feeding or Eating Disorder

Includes atypical anorexia, night eating syndrome, purging disorder — when symptoms don't fit neatly into other categories but are just as serious.

Pica

Persistent eating of non-food substances — dirt, chalk, hair, paper. Can cause serious physical damage.

Rumination Disorder

Repeated regurgitation of food — not due to a medical condition. Often occurs in secret and is difficult to detect.

UFED — Unspecified Feeding or Eating Disorder

Used when symptoms cause significant distress but don't meet full criteria for any specific diagnosis.

One of the most important things to understand: **only 6% of people with eating disorders are medically underweight.** You cannot look at someone and know whether they have an ED. The illness is invisible — and that invisibility is part of what makes it so dangerous.

Stigma & Dismissal

A recent study published in the *Journal of Eating Disorders* (Aird, Reisinger, Webb, Gleaves, 2025), involving 235 adults, examined how people perceive anorexia, bulimia, and binge eating disorder compared to depression. Participants were shown brief descriptions of each condition and their attitudes were measured using standardized scales. The findings were telling: **all forms of eating disorders were stigmatized more heavily than depression.** Binge eating disorder was perceived as the least serious — most often described as "not dangerous," "exaggerated," and not requiring treatment.

This reflects a persistent cultural belief that weight-related struggles come down to laziness, weak willpower, or a lack of discipline. This is especially pronounced in post-Soviet cultural contexts, where disordered eating is often interpreted as a personal failing rather than what it actually is: a disorder of self-regulation, accompanied by loss of control, anxiety, shame, and a significant decline in quality of life. For a long time, binge eating disorder wasn't even recognized as a standalone diagnosis — and public perception simply hasn't caught up. The result is a toxic mix of myths, weight stigma, and a widespread underestimation of how serious these conditions are.

Stigma doesn't just hurt — **it actively worsens the condition.** It deepens shame, reinforces self-blame, delays help-seeking, and reduces the effectiveness of treatment. People with binge eating disorder are particularly likely to seek support later than others: they tend to dismiss their own experience, hide symptoms, and even drop out of therapy when things improve — because they start doubting whether their problem was "real" in the first place.

From a therapeutic perspective, stigma needs to be addressed as part of the disorder itself. It's important to work through beliefs like "this is my fault" or "my condition isn't serious enough," to avoid judgmental language, and to explain the disorder as a regulatory mechanism — not a character flaw. Psychoeducation — especially about the biology of hunger, satiety, and the cycle of restriction and bingeing — helps reduce internalized stigma and restore a sense of agency.

The environment matters too. Family, workplace, and social circles often reinforce stigma through comments about bodies and weight. In these cases, it helps to involve close ones in understanding the condition and to support the person in setting healthy boundaries.

Ultimately, therapy for eating disorders inevitably involves working with shame, bodily sensations, perfectionism, and avoidance. What makes the biggest difference is creating a space where the person doesn't feel evaluated or judged.

Eating disorders are not a question of willpower or character — they are full clinical conditions. Binge eating disorder is just as serious as anorexia or bulimia, and can carry consequences that are no less severe. **The less society dismisses these conditions, the better the chance that people will seek help in time — and recover.**

Comorbidities

Eating disorders rarely come alone. **Up to 95% of people with an ED have at least one other psychiatric diagnosis.** This isn't a coincidence. These conditions share roots: trauma, anxiety, the need for control, emotional dysregulation.

Anxiety disorders — up to 62%

Including generalized anxiety, social anxiety, OCD. The obsessive patterns in OCD can directly fuel restrictive or ritualistic eating behaviors.

Depression — up to 54%

Lifetime rates of depression: 76.3% in bulimia, 65.5% in BED, 49.5% in anorexia. These aren't separate problems — they feed each other.

PTSD — 38–44% lifetime comorbidity

Unresolved trauma leaves people especially vulnerable. Disordered eating often becomes a way of coping with what feels uncontrollable.

Substance use disorders — up to 27%

Shared risk factors: impulsivity, genetic predisposition, family history, social pressure, and using substances to numb emotions.

The suicide statistics are especially sobering. **People with anorexia are 31 times more likely to die by suicide than the general population.** For bulimia, that number is 7.5 times higher. This isn't "problems with food" — this is a life-threatening illness in every sense of the word.

Physical Toll

Eating disorders don't just affect the mind — they damage the body in ways that can become permanent. The longer someone goes without treatment, the more systems break down.

When the body is deprived of nutrition, it starts breaking down its own tissue for fuel. **The heart is one of the first muscles to suffer.** Heart rate and blood pressure drop, and the risk of cardiac failure increases — this is one of the leading causes of sudden death in people with long-term EDs.

Beyond the heart, eating disorders affect almost every system:

Hormonal & reproductive system

Disrupted menstrual cycles, reduced fertility, complications during pregnancy. Sex hormone levels drop significantly.

Bones

Loss of bone density, risk of osteoporosis and fractures — even in young people. Some bone loss can be irreversible.

Electrolyte imbalances

Especially dangerous with purging behaviors. Can cause irregular heartbeat, muscle weakness, kidney damage.

Digestive system

Chronic constipation, acid reflux, gastroparesis. In bulimia — damage to the esophagus and teeth from stomach acid.

Brain & cognition

Difficulty concentrating, memory problems, emotional dysregulation — all worsened by malnutrition.

The Internet & Romanticization

This needs to be said clearly: there is a massive amount of content online that **romanticizes eating disorders.** Pro-ana and pro-mia communities still exist — spaces where thinness is presented as an aesthetic, a goal, a form of control. Where symptoms are shown as something poetic or admirable. Where illness gets a filter and a soundtrack.

This content is dangerous. Not because it's dramatic, but because it's subtle. It seeps in through "body check" videos, before-and-after posts, "what I eat in a day" content built around restriction, and comment sections that reward visible suffering.

Research confirms that social media algorithms, filters, and idealized images are a significant factor in the development of eating disorders — especially in teenagers. The more someone engages with this content, the deeper the cycle goes.

A 2023 global public health report analyzed 50 studies across 17 countries and confirmed that social media contributes to EDs through idealized thinness, self-objectification, and pro-ED content pushed by image-focused platforms.

If you've spent time in these spaces — that's not your fault. The algorithm was designed to keep you there. But knowing what it's doing is the first step to stepping back.

Recovery Is Real

Eating disorders are not a life sentence. They are treatable — and people recover every day. **With proper, evidence-based care, 60–70% of people with anorexia reach full recovery.** The earlier someone gets support, the better the outcome. But even those who have been struggling for years can and do get better.

Recovery isn't linear, and it's rarely fast. But it is possible. You are not broken. You are not too far gone. And you are not alone in this.

Sources

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