



## Facts About Eating Disorders: What the Research Shows

### ***Eating disorders affect millions of Americans***

- At least 14 million Americans suffer from an eating disorder.
- Nearly half of all Americans personally know someone with an eating disorder.
- Anorexia nervosa is the 3rd most common chronic illness among adolescents.
- Eating disorders do not discriminate: Republican and Democrat, male and female, young and old, all economic classes and races are affected.

### ***Eating disorders are dangerous***

- Eating disorders kill. Anorexia nervosa has the highest mortality rate of all mental illnesses; between 10 and 20% die.
- Eating disorders can cause medical complications, such as cardiac arrhythmia, cardiac arrest, brain damage, osteoporosis, infertility, and death.
- The mental anguish of an eating disorder is tremendous, and persists beyond the medical consequences. Depression and anxiety are common.
- Those with anorexia nervosa are 57 times more likely to die of suicide than their peers.
- The number of children under the age of 12 admitted to the hospital for eating disorders rose 119% in less than a decade.
- Eating disorders account for 4% of all childhood hospitalizations.

### ***Eating disorders are not the patient's fault***

- It's in the genes. Of all the factors that determine who develops an eating disorder, 50-80% of those factors are genetic.
- Genetic predisposition does not equal destiny. Our most effective strategy is to change the environmental risk factors that perpetuate disordered eating.
- Dieting, a normalized behavior in our culture, is a risk factor for the development of an eating disorder in those with a genetic predisposition.
- Our society's emphasis on appearance and idealization of thinness promotes dangerous dieting behaviors and obscures those in need of treatment.
- Even many young children in our society feel badly about their bodies and are encouraged to engage in unhealthy dieting behaviors.

### ***Are we playing a part in causing eating disorders as we 'prevent' obesity?***

- ScienceDaily (Jan. 24, 2012) — A report of the C.S. Mott Children's Hospital National Poll on Children's Health examined the association between school-based childhood obesity prevention programs and an increase in eating disorders among children and adolescents. The Poll found that 30% of parents with children aged 6-14 years reported one or more behaviors in their children that could be associated with the development of an eating disorder. These behaviors included inappropriate dieting, excessive worry about fat in foods, being preoccupied with food content or labels, and refusing family meals.

### ***Eating disorders are treatable***

- Eating disorders can be successfully and fully treated.
- Only 1 in 10 people with eating disorders receive treatment.
- Eating disorders affect many people before the prime of their life. Proper treatment can ensure that most sufferers will become fully contributing members of society.

- Treatment can take months to years, but early intervention and appropriate treatment improve the prognosis for a full recovery.
- Skilled clinicians with eating disorder expertise are essential to diagnose and treat, but eating disorder specialists are not available in many communities.
- If patients do not receive proper treatment, multiple re-hospitalizations are common and the rate of recovery plummets.

***Longer-term treatment results in successful recovery and this care is cost effective***

- Adequate inpatient, residential, and partial hospitalization treatment (including an appropriate amount of time to achieve and maintain a healthy body mass index) with sufficient outpatient follow-up, is needed for recovery.
- Relative to other accepted medical interventions, the treatment of eating disorders is cost effective.

***Specialized treatment is effective***

- Research shows that specialized treatment leads to recovery and reduces mortality.
- Fifty percent of insurance companies cover only hospital care. Yet, there is a growing and impressive evidence base for cognitive-behavioral and interpersonal psychotherapy for bulimia nervosa, and binge eating disorder, as well as family-based interventions for youth with anorexia nervosa.

***Comprehensive and long-term treatment does pay off***

- Outcome studies following patients for 5 and 10 years after receiving treatment show that approximately half of these individuals recover, 25% improve with some residual symptoms, and 25% remain ill or die.

***Insurance does not adequately cover eating disorder treatment***

According to a survey of 109 eating disorder specialists around the country, representing nearly every inpatient eating disorders program in the United States:

- Nearly all specialists (96.7%) believe their patients with anorexia nervosa are put in life threatening situations because of early discharge mandated by health insurance companies refusing to cover treatment.
- 100% believe some of their patients suffer relapses due to limitations of managed care.
- 1 in 5 specialists believe that insurance company policies are indirectly responsible for the death of at least one of their patients.
- 83% report that they have had to reduce the average hospital stay of patients with anorexia nervosa because of managed care requirements.
- Nearly all (98.1%) believe legislation will be necessary to alleviate this situation.

***Treatment access and research dollars for eating disorders are limited***

- There continues to be no requirement for eating disorders to be covered by insurance companies. When mental health parity passed in October 2008, it did NOT include a definition of mental illness. Reports from treatment centers and patients suggest that coverage for eating disorder treatment has gotten more difficult rather than easier since the passage of parity.
- Dollars committed to eating disorders research lags far behind other diseases with similar lifetime prevalence rates. In 2011, NIH spent only \$27 million on the study of eating disorders compared to \$169 million for autism, and \$264 million for schizophrenia. Yet the death rate for anorexia nervosa is double what it is for autism and for schizophrenia.