

Eating disorders can affect anyone

Overview

Eating disorders are a group of mental health conditions associated with high levels of psychological distress and significant physical health complications. They involve a combination of biological, psychological and sociocultural factors. Left unaddressed, the medical, psychological and social consequences can be serious and long term.

Types of eating disorders include: Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, Other Specified Feeding and Eating Disorders (OSFED), Avoidant/Restrictive Food Intake Disorder (ARFID), Unspecified Feeding or Eating Disorder (UFED), Rumination Disorder, and Pica.¹

Orthorexia involves an obsession with healthy, or 'clean', eating. People affected will often obsess about the benefits of healthy foods, and food quality, but not necessarily quantity of food. Orthorexia is not currently recognised as a clinical diagnosis, however there is growing recognition that it may be a distinct disorder.

Compulsive Exercise is not currently recognised as a clinical diagnosis, however symptoms associated with this term have a significant impact on those affected. Signs of unhealthy attitudes towards exercise include: exercising to relieve guilt or anxiety from eating; exercise that interferes with important activities, occurs at inappropriate times or in inappropriate settings, or exercising despite being ill or injured.

'Disordered eating' refers to eating patterns that can include restrictive dieting, compulsive eating or skipping meals. Disordered eating can include behaviours which reflect many but not all the symptoms of eating disorders.

Gender differences

Women and girls are more likely to be affected by eating disorders than men and boys.

Women and girls

Almost two-thirds (63 per cent) of people with eating disorders in Australia are female.²

Around 15 per cent of women will experience an eating disorder in their lifetime.³

Women and girls are more likely to experience all types of eating disorders than men and boys, with the exception of Binge Eating Disorder where there is almost equal prevalence.⁴

Men and boys

According to estimates commissioned by Butterfly, over a third of people (37 per cent) with eating disorders in Australia are male.⁵

Between 15-20 per cent of people experiencing Anorexia Nervosa and Bulimia Nervosa are male.⁶

The actual percentage of men among people with eating disorders may be much higher as their experiences may be overlooked or misdiagnosed by clinicians.⁷

Children and adolescents

While eating disorders can affect anyone at any age, they remain more prevalent among adolescents and young people, with the average onset for eating disorders between the ages of 12 and 25 years.⁸

The significance of eating disorders and body image concerns for this group is evidenced in the contacts to Butterfly's National Helpline – 57 per cent of contacts in the 2018-19 financial year were from young people aged up to 25 years.⁹

Income and education

Most people with eating disorders have similar incomes and education levels as the general population.¹⁰

Aboriginal and Torres Strait Islander people

There is little research on the experiences of Aboriginal and Torres Strait Islander people and eating disorders. However, emerging research suggests Aboriginal and Torres Strait Islander people experience eating disorders and body image issues at a similar or higher rate than non-Indigenous people.¹¹

New research suggests that 27 per cent of Indigenous adults have an eating disorder, compared to 16 per cent of non-Indigenous adults.¹²

Aboriginal and Torres Strait Islander adolescents

Among Indigenous high school students, 28 per cent have an eating disorder, compared to nearly 22 per cent of other Australian teens.¹³

Aboriginal and Torres Strait Islander adolescents are more likely to engage in activities to lose weight, increase weight and increase muscles than their non-Indigenous peers.¹⁴

Binge eating disorders are as common, if not more common, among Aboriginal and Torres Strait Islander youth.¹⁵

In a 2020 survey, Aboriginal and Torres Strait Islander young women (aged 15-19) rated body image as their second most concerning personal issue.¹⁶

Approximately three in ten Aboriginal and Torres Strait Islander young people are extremely or very concerned about their body image.¹⁷

People from multicultural communities

Eating disorders occur in all races and ethnicities.¹⁸ However, race-based stereotypes can affect clinicians' ability to detect eating disorders.¹⁹ In a US study using character scenarios, while participants' responses indicated that they saw eating disorder symptoms regardless of ethnicity, they were most likely to identify problems as eating disorders when the character is white.²⁰

The clash between a person's traditional culture and adopted culture can increase their risk for body dissatisfaction or an eating disorder.²¹

Prolonged exposure to Western ideals of shape and size can lead to low self-esteem and increased risk of developing an eating disorder.²² As Western values become more culturally dominant, eating disorders are rising within non-Western cultural groups.²³

The stress of migration and trying to fit in to a new host culture can contribute to the development of disordered eating.²⁴

LGBTIQA+ people

People who are LGBTIQA+ are at greater risk for disordered eating behaviours.²⁵

An Australian study found that two out of three young trans people have limited their eating in relation to gender dysphoria during puberty, while 23 per cent have a current or previous diagnosis of an eating disorder.²⁶

Gay, lesbian, and bisexual teens may be at higher risk of binge-eating than their heterosexual peers.²⁷

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¹ Detailed information about eating disorder diagnoses is available here: <https://butterfly.org.au/eating-disorders/eating-disorders-explained/>

² Ibid.

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¹⁷ Ibid.

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