

The reality of eating disorders in Australia

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 of the symptoms of eating disorders.

Prevalence

Eating disorders affect around 4 per cent of the Australian population – over one million people in 2022. Lifetime prevalence for eating disorders is 9 per cent of the Australian population.²

One million people in Australia (5.1 per cent) aged 16-85 years have experienced binge eating in their lifetime.³

The actual prevalence of eating disorders and disordered eating behaviour in the community may be much higher. Research conducted for Butterfly shows that from a representative national sample of 3,030 people in Australia, 17 per cent of the population – almost one in five – either have an eating disorder or have greater than three symptoms of disordered eating.⁴

Of those with eating disorders: 47 per cent have Binge Eating Disorder, 12 per cent have Bulimia Nervosa, 3 per cent have Anorexia Nervosa and 38 per cent have other eating disorders.⁵

Globally, 55.5 million people experience an eating disorder every year.⁶

The prevalence of eating disorders is similar to substance use disorders, and higher than bipolar disorder and autism spectrum disorder.⁷

Gender differences

Women and girls are more likely to be affected by eating disorders and disordered eating than men and boys. While research into eating disorders among transgender and gender non-conforming people is limited, existing studies suggest that transgender people are more likely than cisgender people to have been diagnosed with an eating disorder, or to engage in disordered eating behaviours.⁸

Women and girls

Almost two-thirds (63 per cent) of people with eating disorders in Australia are women and girls.⁹ Around 15 per cent of women will experience an eating disorder in their lifetime.¹⁰ Women and girls are more likely to experience eating disorders than men and boys.¹¹ Women are more than twice as likely as men to have experienced binge eating in their lifetime (7.4 per cent compared with 3.0 per cent).¹²

Men and boys

According to estimates commissioned by Butterfly, over a third of people (37 per cent) with eating disorders in Australia are male.¹³ Between 15-20 per cent of people experiencing Anorexia Nervosa and Bulimia Nervosa are male.¹⁴ The actual percentage of men among people with eating disorders may be much higher as their experiences may be overlooked or misdiagnosed by clinicians.¹⁵

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.¹⁶ 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 2020-21 financial year were from young people aged up to 25 years.¹⁷

Economic impact

In 2022, the total social and economic cost of eating disorders in Australia is estimated at \$80.1 billion. This includes health system costs, productivity cost and carer costs.¹⁸ The estimated cost of eating disorders (in terms of disability-adjusted life years) is higher than that of depression and anxiety combined.¹⁹

Mortality

Eating disorders carry an increased risk of premature death due to long term medical complications and increased rate of suicide. The mortality rate for eating disorders is between one and half times to twelve times higher than the general population.²⁰ More people die each year due to eating disorders than the annual national road toll.²¹ Eating disorders, along with some substance use disorders, have the highest mortality rate of all psychiatric disorders.²²

Suicidality

Suicidality varies across different types of eating disorders. Suicide is the second leading cause of death among people with Anorexia Nervosa, while suicidal behaviour is elevated in Bulimia Nervosa and Binge Eating Disorder relative to the general population.²³

One-quarter to one-third of people with Anorexia Nervosa, Bulimia Nervosa or Binge Eating Disorder have thought about suicide, and one-quarter to one-third of people with Anorexia Nervosa or Bulimia Nervosa have attempted suicide.²⁴

Comorbidities

Eating disorders are frequently associated with other psychological and physical disorders such as depression, anxiety disorders, substance abuse and personality disorders.²⁵

Stigma and help-seeking

Less than one in four people (23.2 per cent) with eating disorders seek professional help.²⁶ Stigma and shame are the most frequently identified barriers for accessing treatment. Other factors include denial of and failure to perceive the severity of the illness, practical barriers such as cost of treatment, low motivation to change, negative attitudes towards seeking help, lack of encouragement from others to seek help, and lack of knowledge about help resources.²⁷

Stigmatising views are common within the community. One in four people in Australia believe that eating disorders are a choice and view eating disorders as a sign of weakness. Three in five people believe that 'most people think that bingeing/purging is disgusting'.²⁸

Impact of Covid-19

The Covid-19 pandemic has had a significant impact on eating disorder presentations.²⁹ In one study, the number of annual eating disorder presentations among children and adolescents increased by 62 per cent in 2020 compared to the two years prior.³⁰

There has been a 63 per cent increase in the volume of contacts to Butterfly's National Helpline compared with the year prior to the onset of the Covid-19 pandemic.³¹

Negative body image outcomes due to Covid-19 include increased shape and weight concerns, increased drive for thinness/muscularity, increased body and appearance dissatisfaction, and decreased self-esteem.³² Worsened disordered eating behaviours include binge eating, dietary restriction, and compulsive exercise, along with increases in stress, anxiety and depression among people living with eating disorders.³³

Studies have also documented disruptions to social support networks and access to treatment and support.³⁴

By contrast, other studies have reported positive outcomes of the pandemic, including a reduction in eating disorder symptomatology, more time to reflect on recovery and engage in self-care, greater motivation to recover, and more time to connect with family in person or online.³⁵

Signs and symptoms of eating disorders

Community understanding of eating disorders is low – only one in ten people in Australia can recognise the signs and symptoms of eating disorders.³⁶

Every organ system can be affected by eating disorders, and people with eating disorders may present with a variety of physical and psychological symptoms.³⁷ Common physical signs include weight loss or weight gain, weakness, fainting, heart palpitations, constipation, nausea and amenorrhoea (absence of periods). For eating disorders where bingeing and purging is a feature, gastrointestinal signs and symptoms can include dental erosion, parotid gland swelling (glands in front of the ears on either side of the face) and gastrointestinal reflux.

Psychiatric symptoms include depressed mood, anxiety, obsessive compulsive behaviour, and poor concentration and memory.

A range of behaviours may be observed by family members and friends, including body-checking, reassurance-seeking and a preoccupation with eating, shape and weight. There may be frequent excuses not to eat, eating in secret, or avoidance of social situations involving food. Compensatory behaviours such as purging by self-induced vomiting, taking diuretics or laxatives, or over-exercising, may be subtly disguised or hidden. Compulsive use of social media sites may also be apparent.

Recovery

On average, recovery from an eating disorder takes between one to six years, while up to 25 per cent of sufferers experience a severe and long-term illness.³⁸

With early detection and intervention prospects of recovery are from eating disorders are high. When treatment is delivered by skilled and knowledgeable health professionals, full recovery and good quality of life can be achieved for around 72 per cent of people.³⁹

Eating disorders are complex yet treatable illnesses. Person-centred care, tailored to suit the person's illness, situation and needs, is the most effective way to treat someone with an eating disorder.⁴⁰

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

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