

National Eating Disorder Information Centre

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Eating Disorders: Time to Weigh the Costs

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A recent economic evaluation, the first of its kind, estimated the total “burden of disease” cost of eating disorders in Australia in 2012 was \$52.5 billion¹.

Evaluations using the same methodology yielded estimates of total annual costs of \$41.2 billion for anxiety and depression and \$52.9 billion for obesity¹.

If these figures are any guide, then the personal, social and economic costs of eating disorders can no longer be ignored. But why do these disorders exact such a high price?

Eating disorders are common

Taken together, anorexia nervosa, bulimia nervosa, binge eating disorder, and variants of these disorders that fall into the Diagnostic and

Statistical Manual of Mental Disorders, 5th Edition (DSM-5) “Other Specified Feeding or Eating Disorder” category likely affect between 5% and 10% of adolescent and young adult women^{2,3}. Furthermore, research suggests that an increasingly large proportion of older women, and of men, are affected⁴.

Changes to the classification of eating-disordered behaviour in the DSM-5 are such that estimates of prevalence derived from epidemiological studies should now give a better indication of the true extent of the problem^{5,6}. Key among these changes are the inclusion of binge eating disorder as a formal diagnosis and the refinement of overly stringent diagnostic criteria for anorexia nervosa, bulimia nervosa, and variants of these disorders^{5,6}.

However, it needs to be recognised that estimates of preva-

lence derived from epidemiological studies, as reported in the academic literature, are almost certainly underestimates. This is because of the known tendency for individuals with eating disorders to be over-represented among non-respondents in population-based surveys⁷.

Estimates of the prevalence of eating disorders in males derived from epidemiological studies may be particularly prone to underestimation, since non-response bias may be compounded by the use of unduly female-centric classification schemes and assessment instruments⁸.

Prevalence is increasing

Eating disorders have not been included in many National surveys of mental health problems^{e.g., 9} or have been included

only in more recent surveys^{e.g., 10}. As a consequence, reliable information concerning change in the prevalence of eating disorder diagnoses over time is limited.

However, findings from a recent Australian study, which involved consecutive, large-scale general population surveys conducted 10 years apart, point to substantial increases in the prevalence of eating-disordered behaviour at least¹¹.

In this study, the prevalence of each of the three eating disorder behaviours assessed – binge eating (3.1% to 7.2%), purging (0.7% to 1.5%) and fasting (1.6% to 4.6%) – more than doubled between 1995 and 2005.

Moreover, rates of disordered eating increased as rapidly, if not more rapidly, in men than in women. Some behaviours, such as binge eating, fasting and excessive exercise, may now be as common or nearly as common in men.

Although the reasons for these population-level changes are unclear, increases in the use of extreme weight-control behaviours might be due in part to the pervasiveness of diet- and exercise-related obesity prevention messages¹². Increases in binge eating, on the other hand, might reflect the more frequent occurrence of “comfort eating”¹³.

In the above-mentioned Australian study, increases in the prevalence of eating disorder behaviours between 1995 and 2005 coincided with increases in the prevalence of both obesity and levels of general psychological distress¹².

Eating disorders - and eating disorder behaviours - are associated with high levels of distress and disability

All eating disorders are associated with high levels of distress and disability¹⁴. Quality of life may be particularly poor among individuals with binge eating disorder, at least in the substantial minority of this subgroup who are very overweight and/or who have extreme concerns about weight or shape¹⁵. This likely reflects, in part, the adverse effects of obesity-related stigma¹⁶.

Importantly, eating disorder behaviours, regardless of whether they occur in isolation or in conjunction with other maladaptive eating behaviours or cognitive features such as the overvaluation of weight or shape that may be required for specific diagnoses, are associated with high levels of distress and disability^{4,14}.

Indeed, the distinction between “eating disorders” and “eating-

disordered behaviour” has become increasingly blurred with the inclusion of binge eating disorder as a formal diagnosis, and with the suggestion that disorders characterised by extreme weight-control behaviours and/or subjective (but not objective) binge eating may also be “clinically significant”⁵.

As is the case with most mental health problems, there is a spectrum of disordered eating in the general population with no clear separation between different points on this spectrum^{2,3}. Various problems remain with the DSM classification of eating-disordered behaviour; however, in terms of capturing this spectrum at least, the DSM-5 is an improvement on previous versions⁵.

Given the high prevalence, and distress and disability associated with the more commonly occurring bulimic-type eating disorders, total disease burden costs comparable to those of other common mental health problems and obesity are not so surprising.

Where to from here?

Recognising the costs and consequences of eating disorders and of eating-disordered behaviour is one thing. Agreeing upon and taking steps to reduce this burden is another.

Debate concerning the relative merits of health promotion, different possible approaches to prevention (universal, selective, and indicated), early intervention, and clinical management, in this regard will no doubt continue^{8,16}.

Ideally, however, these different approaches would be integrated with each other, and with efforts to reduce the health burden of other common mental health problems and obesity, in population-based initiatives^{8,16}.

Unfortunately, efforts to convince governments and other funding agencies of the need for a public health approach of this kind tend to be met with skepticism. The simple fact is that not everyone shares the view that eating disorders constitute a serious public health problem^{16,17}.

In this regard, the omission of eating disorders from many National surveys of mental health problems is regrettable not only in terms of the loss of information, but also in terms of the benefits to community awareness and understanding of mental health problems that flow from research of this kind¹⁸.

Arguably, improving awareness and understanding of the individual and community health burden of eating disorders – and of eating-disordered behaviour – in the public

health domain will be the single most important step in ensuring that eating disorders receive the attention that they deserve^{16,17}.

More generally, there is a need to improve key aspects of eating disorders “mental health literacy” among key stakeholders¹⁷. If this premise is accepted, then the question arises: “Which aspects of eating disorders mental health literacy most need to be improved and among which stakeholders and demographic subgroups?”

I hope readers will be encouraged to share their own thoughts.

A note from NEDIC

Readers, we invite you to share your thoughts and engage in discussion through social media! Please visit our Facebook page (www.facebook.com/thenedic) or tweet us @theNEDIC.

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**Body Equity: Self-Esteem in the Balance
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Chair of the National Prevention Strategy Group on Weight-Related Disorders and co-editor of the book “Preventing Eating-Related and Weight-Related Disorders: Collaborative Research, Advocacy, and Policy Change”.

Dr. Catherine Steiner-Adair: Critical Media Literacy and Relationships in the Digital World

A leading expert in child development, education and family relationships, international speaker and author of “The Big Disconnect: Protecting Childhood and Family Relationships in the Digital Age”.

Dr. Elizabeth Meyer: Supporting Transgender and Gender Creative Youth

Author of two books: “Gender, Bullying, and Harassment: Strategies to End Sexism and Homophobia in Schools” and “Gender and Sexual Diversity in Schools”.

Topics include:

- Boys and Men: body-image, self-esteem and physical activity
- Bullying – building resilience and preventing body-based harassment
- Integrating Health at Every Size into physical activity and nutrition practices
- Healthy Relationships and Sexual Agency

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