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 Date: **September 11, 2019**  
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 Class: **CUL115 NUTRITION**

**Discussion about Prompt #2:**

About 30 million Americans struggle with eating disorders, according to the 2019 statics as revealed by Editor Camille Renzoni in her article dated May 18, 2019 on The Recovery Village. At least one person dies due to an eating disorder every 62 minutes in America. Eating disorders can affect anyone regardless of gender, age, ethnicity or culture. There are many different types of eating disorders. Some of the most common in America are anorexia nervosa, bulimia nervosa and binge eating disorder, as we have seen this week, and as well as described in the following figure:

**Eating Disorders Comparison Chart**

	Anorexia Nervosa	Bulimia Nervosa	Binge Eating Disorder
What It Is	People with the condition restrict calories and do not sustain a healthy body weight	People with the condition binge, then purge	People with the condition binge but do not purge
How Common Is It?	9 in 1,000 women and 3 in 1,000 men develop anorexia during their lifetimes	15 in 1,000 women and 5 in 1,000 men develop bulimia during their lifetimes	35 in 1,000 women and 20 in 1,000 men develop BED in their lifetimes
Mean (Average) Age of Onset	18.9 (early, mid, or late adolescence)	19.7 (adolescence, young adulthood)	25.4 (adulthood)

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Eating disorders are probably becoming increasingly important in our society, also because the models of beauty and success offered by advertising, fashion, television and other major media identify the "essential" characteristics of physical fitness and thinness. The most frequent onset age for eating disorders is adolescence, although cases are increasing in children. Often the first signs are difficult to identify for parents and teachers, because they can be not clearly obvious, or the person can continue to have a normal weight.

According to the National Institute of Mental Health, lifetime prevalence rates of eating disorders in Americans aged 18 and over include:

- **Uncontrolled eating disorders: 2.8 percent of American adults.**
- **Bulimia nervosa: 1 percent of American adults.**
- **Anorexia nervosa: 0.6 percent of American adults.**

Current binge eating disorder statistics in America show that this condition is both widespread and deadly, and deserves immediate treatment. Existing binge eating statistics include:

- ✓ In the United States, binge eating disorder is the most common type of eating disorder
- ✓ In America, binge eating disorder is more common than HIV, breast cancer and schizophrenia
- ✓ An estimated 2.8 percent of Americans will face binge eating disorder at some point in their lives
- ✓ In America, binge eating disorder is three times more prevalent than bulimia and anorexia combined

Almost 40 percent of people who struggle with binge eating disorder are male. As shown in the following figure:



Having said this, we will analyze below, very widespread false beliefs concerning the above listed disorders:

**1. Eating disorders are not a disease.**

False. Eating disorders are not simply poor eating habits, they are diseases that have a multifactorial genesis and evolution, and that require specific treatment.

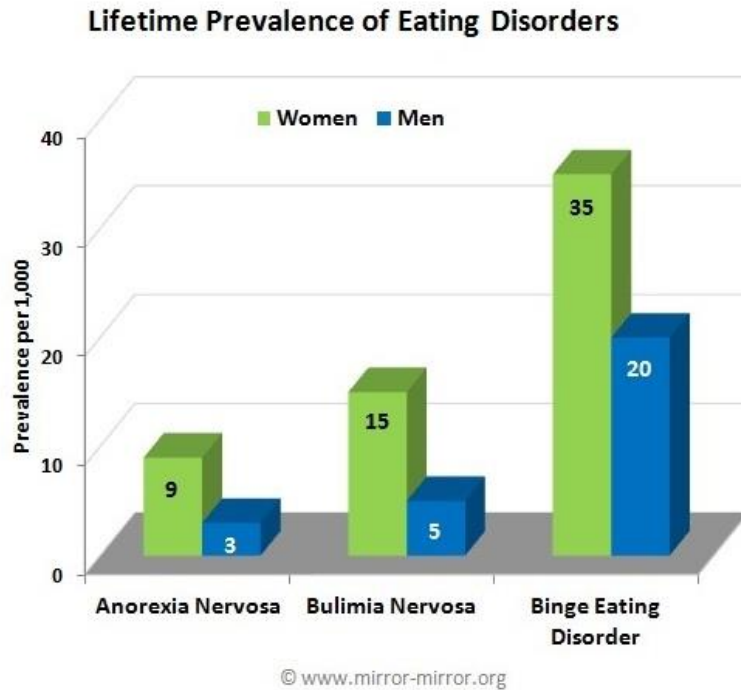
**2. Eating disorders are a choice**

False. No one deliberately chooses to have an eating disorder; on the contrary, it is the onset of the disorder that leads the person to put in place behaviors such as restricting food intake, or inducing vomiting, or episodes of binge eating. The person does not

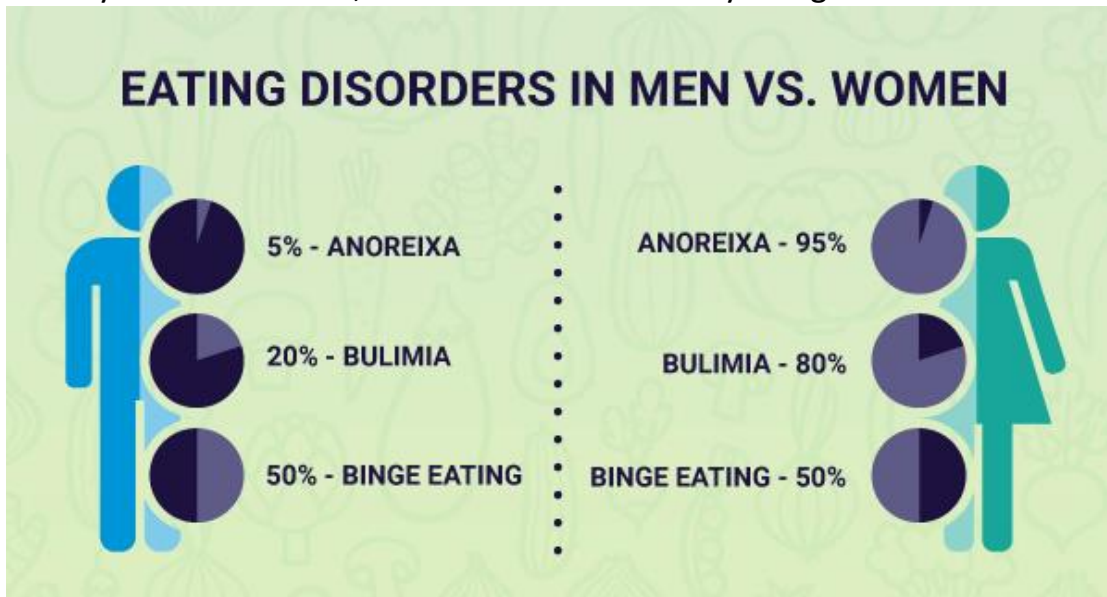
voluntarily control these phenomena and their presence requires specialized intervention.

### 3. *Eating disorders affect women only*

False. As we have seen previously, in recent years there has been a noticeable increase in eating disorders among the male population. Despite being more frequent in the female population, eating disorders are also present among boys and men. As shown in the following table published by mirror.org on the statistics performed in 2015:



It can see below, with more recent statistics, how the percentages have grown and moreover this false belief, can lead to a late diagnosis by medical professionals and, consequently, can increase the risk of death associated with these disorders for men , as stated by Camille Renzoni, director of the "Recovery Village":



**4. *Dieting is normal behavior for adolescents***

False. Many teenagers do not implement diets; others choose to do so, perhaps following in the footsteps of some friend. Excessive attention to weight and the implementation of diets without a specialist prescription can be an alarm bell to watch out for.

**5. *Anorexia is a "badly ended" diet.***

False. Sometimes anorexia can arise in a person who was previously overweight, decided to undertake a diet and developed an excessive focus on the need to be thin, further restricting the diet itself. At the same time there are people with anorexia who begin to implement food restriction behaviors, self-induction of vomiting or exasperation of physical exercise, without having made diets before the onset of the disorder.

**6. *A person with an eating disorder can be recognized simply by his external appearance.***

False. A person with an eating disorder may have an appearance comparable to that of most people. It is not necessarily very thin or emaciated; depends on the type of disorder (bulimia or anorexia, its severity or the phase it is in; for example, a person with anorexia in remission may have returned to a normal weight, but still have thoughts focused on the need to restrict food and be thin, as well as a perception of one's body as more fat).

**7. *Eating disorders are an attempt to attract attention***

False. Eating disorders are disorders that occur independently of the will of the subject. Sometimes they are born in a family environment that presents significant problems at a relational and communicative level.

**8. *You cannot have more than one eating disorder***

False. In the same person, more eating disorders may occur, or the same person may have different eating disorders at different times of life.

**9. *Returning to a normal weight means being healed***

False. Returning to a normal weight is certainly a positive aspect and an important result, but for the resolution of the disorder it is not enough to return to a normal weight, as it is necessary to resolve also the components linked to food restriction behavior, binge eating, eating excessive exercise, as well as excessive focus on weight and image.

Knowing the false beliefs related to eating disorders is a fundamental first step in learning to recognize them and evaluate the possibility of contacting a specialist.

I believe, however, at the same time that it is also very important to take a look at what the specialists, over time, have declared about these diseases, as it is a world that seems distant, until it happens to someone you know or someone from your family.

The following "truths" I hope can help all of us become more aware of the problem, which is spreading all over the world:

**1. Truth:**

Many people with eating disorders look healthy, but they can be very sick.

**2. Truth:**

Families are not to blame, on the contrary they can be the best allies of patients and operators during the course of treatment.

**3. Truth:**

A diagnosis of eating disorder is a situation of extraordinary difficulty (and crisis) that disrupts personal and family group functioning.

**4. Truth:**

Eating disorders are not chosen, but serious diseases with significant biological influences.

**5. Truth:**

Eating disorders affect people of any gender, age, race, ethnicity, weight, all forms of the body, of any sexual orientation and of different socio-economic strata.

**6. Truth:**

Eating disorders involve an increased risk for both suicide and medical complications.

**7. Truth:**

Both genes and the environment play an important role in the development of eating disorders.

**8. Truth:**

Genes alone do not predict who the person who will develop an eating disorder will be.

**9. Truth:**

Healing from an eating disorder is possible. However, early diagnosis and the quality of the intervention are very important.

These truths, the basis of current research and clinical understanding of eating disorders, are supported by the World Health Organization and a number of lead organizations within the eating disorders community, such as the National Eating Disorders Association (NEDA), the International Association of Eating Disorder Professionals Foundation (iaedp), Families Empowered and Supported Treatment of Eating Disorders (FEAST), Project Heal and many others.

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