Almost everyone worries about their weight occasionally. Those suffering from eating disorders take their worries to extremes. Those experiencing an eating disorder are obsessed with food and their body. Eating disorders are illnesses, which threaten one’s health. Individuals suffer from severe abnormal eating habits that are related to thoughts and emotions. Eating disorders typically occur with other psychiatric disorders like anxiety, panic, obsessive compulsive disorder, and alcohol and drug abuse problems. Eating disorders are a significant public health problem for individuals across their lifespan. Currently, it is estimated that about five million Americans have a diagnosable eating disorder. Most often, women between the ages of 12 and 35 experience eating disorders. There are two main types of eating disorders: anorexia nervosa and bulimia nervosa.

**Anorexia Nervosa**
Anorexia nervosa is an eating disorder in which one has an intense fear of gaining weight. Someone with anorexia thinks about food a lot and limits food intake. Anorexia is a way of using food to feel more in control of life and to ease tension, anger and anxiety. Anorexia mostly affects girls and women, as 85 - 95 percent of anorexics are female. As many as one in 100 girls and women are affected by anorexia. Individuals with anorexia experience low body weight for their height – at least 15 percent less than the normal, at least three missed menstrual periods in a row or ceased completely, brittle hair and nails, dry and yellowish skin, constipation, low blood pressure, feeling cold and anemia.

**Bulimia Nervosa**
Just as with anorexia, bulimics fear weight gain, want to lose weight and are unhappy with their bodies. Yet, bulimia nervosa is different because it is an eating disorder where a person eats a lot of food in a short amount of time (binging) and then tries to prevent weight gain by getting rid of the food (purging). A person with bulimia feels he or she cannot control the amount of food eaten. Purging might be done by throwing up or using laxatives to speed the movement of food through the body. Although individuals experiencing bulimia frequently diet and vigorously exercise, they can be slightly underweight, normal weight, overweight or even obese.

**EDNOS**
EDNOS stands for Eating Disorder not Otherwise Specified. This is a Diagnostic and Statistical Manual IV-TR classification for individuals who have some, but not all of the diagnostic criteria necessary for anorexia nervosa and bulimia nervosa. Although an individual with EDNOS does not meet the exact criteria for anorexia nervosa and bulimia nervosa, there is still a significant illness. Individuals with EDNOS are at risk for many medical complications. It is not...
uncommon for individuals with EDNOS switch between different eating disorders. Binge Eating Disorder is included in EDNOS. Additionally, people with EDNOS represent most of the individuals who have an eating disorder. EDNOS diagnosis accounts for about 50 percent of all people who present for treatment of an eating disorder.

Ohio Data
Due to lack of data, it is difficult to determine the true prevalence of eating disorders among Ohioans. However, it is possible to identify unhealthy behaviors that might place Ohioans at higher risk for developing eating disorders. The 2007 Ohio Youth Risk Behavior Survey (YRBS) revealed that 46.7 percent of students reported they were trying to lose weight. In order to lose weight or keep from gaining weight in the 30 days prior to the survey, 42.7 percent of students reported eating less food, 11.2 percent of students reported not eating for 24 hours or more, 7.8 percent of students reported taking diet aids, 5.0 percent of students reported vomiting or taking laxatives. Concurrent with national data, the survey reveals that significantly more females than males reported they were trying to lose weight, 62.5 percent versus 31.2 percent. Although the percentage of Ohio students who reported trying to lose weight is similar to the nation as a whole, Ohio students were slightly more likely to report unhealthy methods of weight loss, as the percentage of eating less, taking diet pills and vomiting were all reported at higher rates in Ohio.

What Causes Eating Disorders?
There is no single cause for eating disorders, but the American culture plays a huge role in the development of them. Women in the United States are under constant pressure to fit a certain ideal of beauty. Seeing images of flawless, thin females everywhere makes it hard for women to feel good about their bodies. With that, dieting has become a national pastime. Americans spend over $40 billion dollars a year on dieting and diet products, which is equivalent to the amount spent on education annually. At any given time, 40-50 percent of American women are trying to lose weight, 40-60 percent of high school girls are on diets, 46 percent of 9-11 year olds are sometimes or very often on diets, 91 percent of women on a college campus had dieted, 22 percent dieted often or always and 42 percent of first through third grade girls surveyed reported wanting to be thinner. Eating less food or dieting is a risk behavior that can lead to the development of an eating disorder. Other factors that contribute to the development of eating disorders include: family pressure and criticism, stressful life events, low self esteem and genetics.

Prevention
Though eating disorders are a growing concern, few states have adequate programs and services to treat and prevent eating disorders. The prevention of eating disorders requires a community approach. Education is particularly important. Only a small number of schools and colleges have programs to educate youth about the dangers of eating disorders. Most schools require extensive programs to prevent alcoholism and drug abuse. These programs are now widely accepted and valued. Yet, school curriculum for the prevention of eating disorders does not exist. Since 86 percent of victims report the onset of their illness by age 20, education programs should focus on younger ages in order to maximize preventive efforts. Additionally, the immense suffering, high cost of treatment, and the longevity of those illnesses make it imperative that education programs be implemented to prevent eating disorders.
Recommendations for Policy Makers

Legislative strategies to provide and improve quality care for those suffering from eating disorders are necessary. Care must be multidisciplinary, integrative and long term. Initiatives to encourage positive body image, healthy eating habits, physical activity and improved self-esteem are crucial. Additional recommendations are to ensure health care coverage for mental health and behavior health care; support prevention and intervention programs in health care settings, schools and communities; and support interdisciplinary training and education of health care providers to address eating disorders through appropriate screening, treatment and referral. Necessary components in the prevention of eating disorders are supporting research efforts on eating disorder incidence and prevalence, morbidity and mortality, prevention and intervention, and recover and supporting work to reduce stigma based on weight and shape, addressing media issues and teaching media literacy and finally supporting education that works on the development of life skills and effective stress management. Finally, and perhaps most importantly, funding for eating disorders needs to be addressed. Despite its prevalence, there is inadequate research funding for eating disorders. Funding for eating disorders research is a small portion of that for Alzheimer’s disease. In 2008, the National Institute of Health (NIH) funded $7,000,000 for eating disorders (anorexia only), where at least 5 million people were impacted, $249,000,000 for Schizophrenia where 2.2 million people were affected and $412,000,000 for Alzheimer’s where 4.5 million people were affected.

Ohio Organizations & Associations

Center for Balanced Living, located in Columbus, Ohio, specializes in evidence-based treatment, education and prevention and research in the area of eating disorders and fosters balance in the lives of all persons served.

Cleveland Center for Eating Disorders, located in Beechwood, Ohio, is an outpatient eating disorder treatment center providing multiple levels of care for individuals with eating disorders, treating the physical, behavioral, emotional and cognitive aspects of the illness with behavioral therapy, psychiatric treatment, nutritional support, and individual and family therapy.

River Centre Clinic, located in Toledo, Ohio, specializes in cost-effective alternative for those patients with eating disorders who do not require lengthy hospitalizations. Treatment programs offer a comprehensive range of services to meet range of client needs based on age, disorder severity, service needs and care settings.
References for Women’s Health Fact Sheet on Eating Disorders

1 – American Psychological Association: APA Public Interest Government Relations Office

2 – American Psychological Association: Healthy Minds Healthy Lives
http://www.healthyminds.org/Main-Topic/Eating-Disorders.aspx

3 – U.S. Department of Health and Human Services, Office on Women’s Health

4 – U.S. Department of Health and Human Services, Office on Women’s Health

5 – National Eating Disorder Association

6 – 2007 Ohio Youth Behavior Risk Survey

7 – National Association of Anorexia Nervosa and Associated Eating Disorders
http://www.anad.org/getInformation/abouteatingdisorders/

8 – Brown University Health Education
http://brown.edu/Student_Services/Health_Services/Health_Education/nutrition&_eating_concerns/eating_concerns/EDNOS.php

9 – National Institute of Health Research Portfolio Online Reporting Tool
http://report.nih.gov/rcdc/categories/