

Live Well to
Learn Well

Web:
health.cornell.edu

Phone (24/7):
607-255-5155

Fax:
607-255-0269

Appointments:
Monday–Saturday

*Check web for hours,
services, providers,
and appointment
information*

110 Ho Plaza,
Ithaca, NY
14853-3101

Eating disorders (EDs) are illnesses in which people experience a range of disturbances in their eating behaviors and related thoughts and emotions (APA). Research shows that eating disorder risk among US college students has been rising in recent years, increasing by 13 percentage points between 2013 and 2020/2021. An ED can manifest itself in different ways. While there are important distinctions between the types, they are caused by a similarity in mindset. People with EDs can also experience concerns related to their body image.

Taking care of our bodies is an essential component of our health. However, when we become too fixated on the next meal, eat with the intention of cultivating a certain body type, or let the scales determine whether we're having a "good day" or a "bad day", our relationship to food can become complicated.

Signs of disordered eating/eating disorders

- Preoccupation with weight, food, calories, dieting, and/or body image
- Development of harmful, secretive, extreme, or ritualized food or eating habits
- Evidence of binge eating, such as the disappearance of large quantities of food
- Evidence of purging behaviors, including frequent trips to the bathroom after meals, self-induced vomiting, periods of fasting, or laxative, diet pill, or diuretic abuse
- Compulsive or excessive exercising
- Withdrawal from usual friends and activities
- Feelings of isolation, depression, anxiety, or irritability

Body image

Everyone thinks about or perceives their physical appearance to a degree. People may have a neutral or positive body image, when they can see their body in a clear, truthful way and accept or embrace their body for how it is.

Negative body image is when someone experiences a lot of self-judgement/criticism around their bodies. Body dysmorphia is when someone experiences a distorted perception of their body. This can result in feelings of shame, anxiety, or self-consciousness. Having a negative body image is the greatest contributor to the development of anorexia or bulimia nervosa.



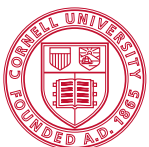
*Try to leave the scales to the fish.
Bodies are beautiful in their diversity.*

There are many things that can affect a person's body image. Societal and cultural standards of the "perfect body" surround us every day. Social media, diet culture, cultural norms, and the attitudes of loved ones towards eating and body image can sometimes give us harmful ideas of what a person should look like and how to achieve an "ideal body". Recognizing these messages is an important step in challenging those standards and feeling comfortable in or neutral with your own body.

Risk factors

Anyone can develop an ED, regardless of weight, shape, size, race, gender, etc. There are several risk factors that, if present, make a person more likely to develop one of these illnesses, including:

- **Having a family member with an eating disorder**—while it is unclear if there is a genetic basis for developing an ED, studies have found that a person's risk increases if a close family member has experienced an ED
- **Having a mental health condition**—anxiety or depression are common comorbidities
- **Perfectionism and rigid behaviors**—having excessively high expectations for yourself and/or the tendency to follow rules and set rules for yourself
- **Weight Stigma/Trauma/Food Insecurity/Racism**—Adverse life experiences can contribute to the development of an ED
- **Body image dissatisfaction or body dysmorphia**



Anorexia nervosa (AN)

Anorexia is caused by an extreme control of food, calorie restriction, or starvation. People with AN also can engage in purging behaviors, such as excessive exercising, vomiting, or taking laxatives. Signs include:

- Avoidance of certain foods/food groups, or labeling foods as “good” or “bad”
- Skipping meals or avoiding events with food
- Expressing the need to “burn off” calories consumed
- Weight loss
- Keeping an intense, rigid exercise routine
- Constantly feeling cold
- Having thinning or fine hair
- Disrupted menstruation

Anorexia nervosa is associated with short- and long-term health consequences including but not limited to: reduced muscle mass, heart complications, decreased blood pressure, nutrient deficiencies, loss of bone density, etc. These mainly result from the lack of nutrients associated with calorie restriction.

Bulimia Nervosa (BN)

Bulimia nervosa is a pattern of bingeing and purging episodes. A bingeing episode is a consumption of a large amount of food in a short amount of time. During a binge, a person experiences a loss of control over their eating. To compensate for the binge, a person will then purge. Purging can be through vomiting, laxatives, diuretics, other medications, fasting, or excessive exercise. Signs of bulimia include:

- Consuming more food than feels physically comfortable
- Eating in secret
- Leaving after meals to engage in purging symptoms
- Swelling in the cheeks or jaw and/or dental complications
- Callouses/cuts on the backs of hands
- Weight fluctuations

Bulimia nervosa is associated with short- and long-term health consequences including but not limited to: esophageal

damage, electrolyte imbalances, metabolic changes, heart complications, gastrointestinal distress, etc.

Binge Eating Disorder (BED)

Binge Eating Disorder is classified as recurrent episodes of eating large quantities of food, often at a rapid pace and to the point of discomfort. People with BED feel shame, guilt, or distress and/or experience a “loss of control” during the binge.

BED is the most common ED in the US. It is distinct from bulimia in that it is not followed by compensatory behaviors.

Signs of BED include:

- Being uncomfortable eating around others/social isolation
- Eating in secret and/or hiding food wrappers/containers/etc.
- Change in eating behaviors, such as skipping meals, frequently eating past the point of comfort

BED is associated with short- and long-term health consequences including but not limited to: digestive distress (nausea, reflux, diarrhea, constipation), metabolic changes (such as insulin resistance). In severe cases, the intestines can become blocked, possibly leading to infection.

Other Specified Feeding or Eating Disorder (OSFED)

Patterns of disordered and dangerous eating that do not meet the diagnostic criteria for other EDs are classified under OSFED. A person with OSFED could have characteristics of one or more EDs. Examples include low frequency of bingeing and/or purging, or extreme calorie restriction without significant weight loss.

OSFED is serious, even though it does not meet the criteria for other disorders. A person with OSFED can experience any health conditions associated with another ED. Research has shown that incidences of medical complications and even death are just as high for people with OSFED as with another ED.

Resources

Options for support and healing:

The Collaborative Health and Eating Program (CHEP) at Cornell Health provides confidential care for nutrition,

eating problems, and body image concerns. To schedule an appointment, call 607-255-5155 or log in to myCornellHealth.

health.cornell.edu/CHEP

National Alliance for Eating Disorders provides referrals, support groups, and advocacy for treatment across the US. allianceforeatingdisorders.com

National Eating Disorders Association provides information and referrals for treatment across the US. nationaleatingdisorders.org

Student Support and Advocacy Services in Cornell’s Dean of Students Office provides support for students navigating difficult life events and crisis situations. scl.cornell.edu/student-support