

Facts About Eating Disorders: What The Research Shows

Eating Disorders Affect Millions Of Americans Including Active Duty Members of the Military:

- At least 30 million Americans suffer from an eating disorder.
- Nearly half of all Americans personally know someone with an eating disorder.
- Anorexia nervosa is the 3rd most common chronic illness among adolescents.
- Eating disorders <u>do not discriminate</u>: male and female, young and old, *all* economic classes and races are affected.
- 15-62% of female college athletes have disordered eating; disordered eating serious complications.
- 40.8% of active duty Navy men meet criteria for OSFED; 6.8% suffer from Bulimia Nervosa
- 97.5% of active duty female Marines meet criteria for an eating disorder. Prior to entering the Marines, they had no previous history of an eating disorder.

Eating Disorders Are Dangerous:

- At least every 62 minutes someone dies as a direct result from suffering an eating disorder¹.
- Every single day at least 23 people will die as a direct result from suffering an eating disorder².
- Eating disorders have the highest mortality rate of all mental illnesses; up to 20% die.
- People who suffer anorexia nervosa are 57 times more likely to die of suicide than their peers.
- The number of children under the age of 12 admitted to the hospital for eating disorders rose 119% in less than a decade.
- Eating disorders account for 4% of all childhood hospitalizations.
- Eating disorders cause medical complications such as cardiac arrhythmia, cardiac arrest, brain damage, osteoporosis, infertility and death.
- The mental anguish of an eating disorder is tremendous, and persists beyond the medical consequences; co-occurring depression and anxiety are common.

¹ September 25, 2014: The Eating Disorders Coalition for Research, Policy & Action thanks Scott J. Crow and Sonja Swanson, PhD for their diligence and dedication in researching and compiling these latest and unfortunate statistics on the mortality rate of those who suffer eating disorders.

² Ibid.

Eating Disorders Are Treatable:

- Eating disorders can be successfully and fully treated; unfortunately only 1 in 10 people with eating disorders receive treatment.
- Treatment can take months to years, but early intervention and appropriate treatment improve the prognosis for a full recovery.
- Skilled clinicians with eating disorder expertise are essential to diagnose and treat, but eating disorder specialists are not available in many communities.
- If patients do not receive proper treatment, multiple re-hospitalizations are common and the rate of recovery plummets.

Adequate & Appropriate Treatment Results In Successful Recovery And Is Cost-Effective:

- Adequate and appropriate treatment at varying levels, including inpatient, residential, partial hospitalization, intensive outpatient, outpatient and outpatient with family based treatment, is needed for a patient to achieve full recovery.
- Relative to other accepted medical interventions, the treatment of eating disorders is cost-effective.

Specialized Treatment Is Necessary:

- Research shows that specialized treatment leads to recovery and reduces mortality.
- 50% of insurance companies cover only hospital care for patients suffering eating disorders. Yet, there is impressive evidence base for cognitive-behavioral and interpersonal psychotherapy for bulimia nervosa, and binge eating disorder, as well as family-based interventions for youth with anorexia nervosa.

Eating Disorders Are Not The Patient's Fault:

- Scientists believe that genes *may* account for about 50-80% of a person's susceptibility to developing an eating disorder; however, this doesn't mean that there is an "eating disorder gene."
- Additionally, genetic predisposition does not equal destiny.
- Dieting, a normalized behavior in our culture, is a risk factor for the development of eating disordered behaviors.
- Our society's emphasis on appearance and idealization of thinness promotes dangerous dieting behaviors and often obscures those in need of treatment for their unhealthy behaviors.
- Many young children in our society feel badly about their bodies and are encouraged to engage in unhealthy dieting behaviors.

Insurance Does Not Adequately Cover Eating Disorder Treatment:

According to a survey of 109 eating disorder specialists around the country, representing nearly every inpatient eating disorders program in the United States:

- 96.7% of eating disorder specialists believe their patients with anorexia nervosa are put in life threatening situations because health insurance companies refusing to cover treatment.
- 100% of eating disorder specialists believe some of their patients suffer relapses due to limitations of managed care.
- 1 in 5 eating disorder specialists believe that insurance companies are indirectly responsible for the death of at least one of their patients.
- Nearly all (98.1%) believe federal legislation will be necessary to alleviate this situation.

Treatment Access And Research Dollars For Eating Disorders Are Limited:

- There continues to be no requirement for eating disorders to be covered by insurance companies.
- When The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA) passed in 2008, eating disorders were not included in the list of diagnosis that must be covered; given that eating disorders have the highest mortality of all mental illnesses combined, this does not make sense.
- Reports from treatment centers, providers, families and patients suggest that coverage for eating disorder treatment has gotten *more difficult* since the passage of the MHPAEA.

How 'Obesity Prevention' Impacts The Development of Eating Disorders:

• A December 2012 report of the C.S. Mott Children's Hospital National Poll on Children's Health examined the association between school-based childhood obesity prevention programs and an increase in eating disorders among children and adolescents. The Poll found that 30% of parents with children aged 6-14 years reported one or more behaviors in their children that could be associated with the development of an eating disorder. These behaviors included inappropriate dieting, excessive worry about fat in foods, being preoccupied with food content or labels, and refusing family meals.