The reality of eating disorders in Australia

Overview
Eating disorders are a group of mental health conditions associated with high levels of psychological distress and significant physical health complications. They involve a combination of biological, psychological and sociocultural factors. Left unaddressed, the medical, psychological and social consequences can be serious and long term.

Types of eating disorders include: Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, Other Specified Feeding and Eating Disorders (OSFED), Avoidant/Restrictive Food Intake Disorder (ARFID), Unspecified Feeding or Eating Disorder (UFED), Rumination Disorder, and Pica.¹

Orthorexia involves an obsession with healthy, or ‘clean’, eating. People affected will often obsess about the benefits of healthy foods, and food quality, but not necessarily quantity of food. Orthorexia is not currently recognised as a clinical diagnosis, however there is growing recognition that it may be a distinct disorder.

Compulsive Exercise is not currently recognised as a clinical diagnosis, however symptoms associated with this term have a significant impact on those affected. Signs of unhealthy attitudes towards exercise include: exercising to relieve guilt or anxiety from eating; exercise that interferes with important activities, occurs at inappropriate times or in inappropriate settings, or exercising despite being ill or injured.

‘Disordered eating’ refers to eating patterns that can include restrictive dieting, compulsive eating or skipping meals. Disordered eating can include behaviours which reflect many but not all of the symptoms of eating disorders.

Prevalence
Eating disorders affect around 4 per cent of the Australian population – approximately one million people in any given year.²

Lifetime prevalence for eating disorders is 9 per cent of the Australian population.³

Of those with eating disorders: 47 per cent have Binge Eating Disorder, 12 per cent have Bulimia Nervosa, 3 per cent have Anorexia Nervosa and 38 per cent have other eating disorders.⁴

Gender differences
Women and girls are more likely to be affected by eating disorders than men and boys.

Women and girls
Almost two-thirds (63 per cent) of people with eating disorders in Australia are female.⁵

Around 15 per cent of women will experience an eating disorder in their lifetime.⁶

Women and girls are more likely to experience all types of eating disorders than men and boys, with the exception of Binge Eating Disorder where there is almost equal prevalence.⁷

Men and boys
According to estimates commissioned by Butterfly, over a third of people (37 per cent) with eating disorders in Australia are male.⁸
Between 15-20 per cent of people experiencing Anorexia Nervosa and Bulimia Nervosa are male.\textsuperscript{9}

The actual percentage of men among people with eating disorders may be much higher as their experiences may be overlooked or misdiagnosed by clinicians.\textsuperscript{10}

**Children and adolescents**

While eating disorders can affect anyone at any age, they remain more prevalent among adolescents and young people, with the average onset for eating disorders between the ages of 12 and 25 years.\textsuperscript{11}

The significance of eating disorders and body image concerns for this group is evidenced in the contacts to Butterfly’s National Helpline – 57 per cent of contacts in the 2018-19 financial year were from young people aged up to 25 years.\textsuperscript{12}

**Body dissatisfaction among children and adolescents**

Body dissatisfaction is repeatedly ranked as one of the top issues for young Australians. Body dissatisfaction is reported by approximately 50 per cent of pre-adolescent girls, while pre-adolescent boys are increasingly reporting a desire for a more muscular body.\textsuperscript{13}

Body dissatisfaction is common among children under 12. In one study, nearly 50 per cent of girls aged 9 to 12 years old reported feeling dissatisfied with their body.\textsuperscript{14}

Another study found that found that 55 per cent of boys ages 12 to 18 expressed a desire to alter their body in some way.\textsuperscript{15}

Stigmatising weight attitudes form early in childhood, and are related to appearance-based teasing, body dissatisfaction and unhealthy behaviours. Greater body concerns from ages 5 and 7 have been shown to predict dieting by age 9.\textsuperscript{16}

**Other demographic characteristics**

Most people with eating disorders have similar incomes and education levels as the general population.\textsuperscript{17}

There is little research on the experiences of Aboriginal and Torres Strait Islander people and eating disorders. However, emerging research suggests Aboriginal and Torres Strait Islander people experience eating disorders and body image issues at a similar or higher rate than non-Indigenous people.\textsuperscript{18}

Eating disorders occur in all races and ethnicities.\textsuperscript{19} However, race-based stereotypes can affect clinicians’ ability to detect eating disorders.\textsuperscript{20} In a US study using character scenarios, while participants’ responses indicated that they saw eating disorder symptoms regardless of ethnicity, they were most likely to identify problems as eating disorders when the character is white.\textsuperscript{21}

People who are LGBTIQ+ are at greater risk for disordered eating behaviours.\textsuperscript{22}

An Australian study found that two out of three young trans people have limited their eating in relation to gender dysphoria during puberty, while 23 per cent have a current or previous diagnosis of an eating disorder.\textsuperscript{23}

**Economic impact**

The total social and economic cost of eating disorders in Australia in 2012 was estimated at $69.7 billion. This includes health system costs, productivity cost and carer costs. Direct financial costs total $17.1 million and the burden of disease costs are $52.6 million.\textsuperscript{24}

The estimated cost of eating disorders (in terms of disability-adjusted life years) is higher than that of depression and anxiety combined.\textsuperscript{25}
Mortality
Eating disorders carry an increased risk of premature death due to long term medical complications and increased rate of suicide. The mortality rate for eating disorders is between one and half times to twelve times higher than the general population.\(^{26}\)

Eating disorders, along with some substance use disorders, have the highest mortality rate of all psychiatric disorders.\(^{27}\)

Suicidality
Suicidality varies across different types of eating disorders.

Suicide is the second leading cause of death among people with Anorexia Nervosa, while suicidal behaviour is elevated in Bulimia Nervosa and Binge Eating Disorder relative to the general population.\(^{28}\)

One-quarter to one-third of people with Anorexia Nervosa, Bulimia Nervosa or Binge Eating Disorder have thought about suicide, and one-quarter to one-third of people with Anorexia Nervosa or Bulimia Nervosa have attempted suicide.\(^{29}\)

Comorbidities
Eating disorders are frequently associated with other psychological and physical disorders such as depression, anxiety disorders, substance abuse and personality disorders.\(^{30}\)

Help-seeking
Less than one in four people (23.2 per cent) with eating disorders seek professional help.\(^{31}\)

Stigma and shame are the most frequently identified barriers for accessing treatment. Other factors include denial of and failure to perceive the severity of the illness, practical barriers such as cost of treatment, low motivation to change, negative attitudes towards seeking help, lack of encouragement from others to seek help, and lack of knowledge about help resources.\(^{32}\)

Stigmatising views are common within the community. One in four people in Australia believe that if people with eating disorders ‘were stronger people, they wouldn’t be doing this to themselves’, while three in five people believe that ‘most people think that bingeing/purging is disgusting’.\(^{33}\)

Recovery
On average, recovery from an eating disorder takes between one to six years, while up to 25 per cent of sufferers experience a severe and long-term illness.\(^{34}\)

With early detection and intervention prospects of recovery are from eating disorders are high. When treatment is delivered by skilled and knowledgeable health professionals, full recovery and good quality of life can be achieved for around 72 per cent of people.\(^{35}\)

Eating disorders are complex yet treatable illnesses. Person-centred care, tailored to suit the person’s illness, situation and needs, is the most effective way to treat someone with an eating disorder.\(^{36}\)


\(^{1}\) Detailed information about eating disorder diagnoses is available here: [https://butterfly.org.au/eating-disorders/eating-disorders-explained/](https://butterfly.org.au/eating-disorders/eating-disorders-explained/)


\(^{3}\) Ibid.