3.13 Eating disorders

Eating disorders are a group of mental illnesses typically characterised by problems associated with disordered eating or body weight control, and a severe concern with body weight or shape (Treasure et al. 2010). Disordered eating behaviours may include overeating or insufficient food intake. There are four types of commonly recognised eating disorders:

- anorexia nervosa—characterised by the persistent restriction of food and water intake, intense fear of gaining weight and disturbance in self-perceived weight or body shape
- bulimia nervosa—characterised by repeated binge-eating episodes followed by compensatory behaviours like self-induced vomiting or laxative misuse
- binge eating disorder—characterised by repeated episodes of binge-eating, often with a sense of loss of control while eating
- other specified feeding or eating disorder—people with this disorder present with many of the symptoms of anorexia nervosa, bulimia nervosa or binge eating disorder, but may not meet the full criteria for diagnosis of one or more of these disorders (Fairweather-Schmidt & Wade 2014).

How common are eating disorders?

It is difficult to get consensus on prevalence estimates for eating disorders in Australia (NEDC 2010). Estimates vary substantially between data sources due to different diagnostic thresholds and the small number of large-scale population research projects (Hay et al. 2015). The estimated prevalence of any eating disorder varies, depending on whether narrower clinical diagnostic or broader behavioural criteria are used. For Australians aged 15 and over, estimated prevalence is 4–16% (Hay et al. 2008; Hay et al. 2015; Wade et al. 2006). Estimated prevalence varies according to the type of disorder—research suggests binge eating disorder and other specified feeding or eating disorder are the most prevalent disorders in Australia (Hay et al. 2017; Wade et al. 2006).

Impact

Eating disorders cause considerable psychological distress. They were ranked as the 10th leading cause of non-fatal disease burden for females aged 15–44 in 2011.

The report *Paying the price: the economic and social impact of eating disorders in Australia*, commissioned by The Butterfly Foundation, notes that there are few data on the economic costs of eating disorders (Deloitte Access Economics 2012). The report suggests, though, that the social and economic costs due to eating disorders are substantial. Based on 2008–09 AIHW health expenditure data, adjusted for inflation, the report estimates that, in 2012, costs to the health system related to eating disorders may have been close to $100 million, with the resulting impact on productivity being as high as $15 billion.

Treatment and management

Australians with eating disorders may access treatment through a range of health care settings. These include specialised and non-specialised mental health services, such as community mental health care and admitted patient care. National data on hospital admitted patient care show that, in 2015–16, there were about 8,000 overnight and same-day hospitalisations of people with a principal diagnosis of any eating disorder. Of these hospitalisations, 61% included those for specialised admitted patient psychiatric care (Supplementary Table S3.13.2). As well, about 104,000 community mental health service contacts had a principal diagnosis of eating disorders in 2015–16.

Australians with eating disorders may also present to primary health care services, such as general practitioners. However, data are generally lacking on people with eating disorders accessing health services.

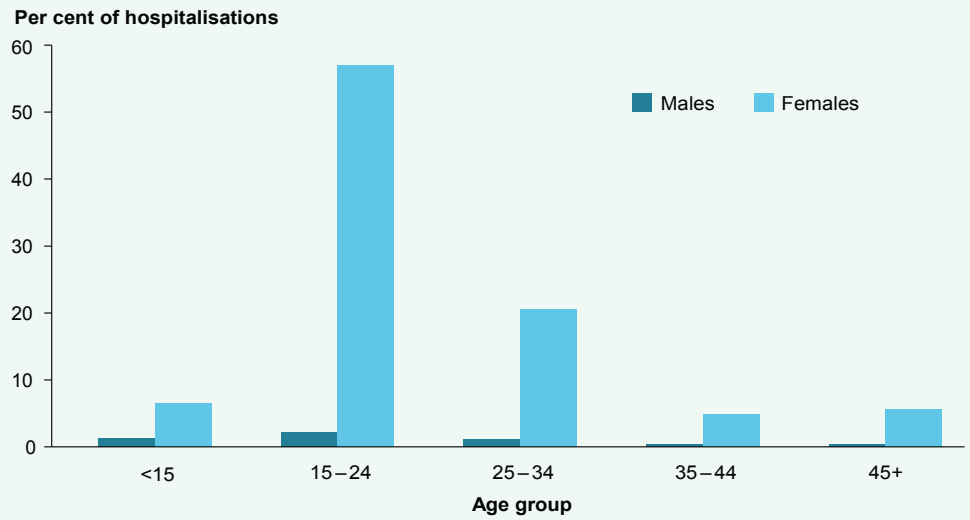
A wide variety of specialised eating disorder services and organisations can be accessed by people needing support, including child and adolescent mental health services and specialised inpatient eating disorder services (Victorian Department of Health 2014).

Variation by population groups

Eating disorders may occur at any stage of life, but research suggests that they occur most often among young women (Hay et al. 2008; Hay et al. 2017; Wade et al. 2006). The Australian Child and Adolescent Survey of Mental Health and Wellbeing estimated that, in 2012–13, 2.4% of young people aged 11–17 reported problem eating behaviours (Lawrence et al. 2015). A greater proportion of females (3.5%) than males (1.4%) reported these behaviours (Lawrence et al. 2015).

In 2015–16, 95% of Australian hospitalisations with a principal diagnosis of an eating disorder were for females. Females aged 15–24 made up the largest proportion of these hospitalisations (57%) (Figure 3.13.1).

Figure 3.13.1: Hospitalisations with a principal diagnosis of eating disorders, by age and sex, 2015–16



Source: National Hospital Morbidity Database; Table S3.13.1.

In 2015–16, 58% of community mental health care contacts with a principal diagnosis of eating disorders were provided to girls and women aged 15–24. The next largest proportion of those contacts (14%) were provided to girls aged under 15 (Supplementary Table S3.13.3).

What is missing from the picture?

There is a lack of nationally consistent data on eating disorders, especially prevalence, estimated costs to society, and service access (NEDC 2010).

Where do I go for more information?

More information about eating disorders is available from The Butterfly Foundation <www.thebutterflyfoundation.org.au> and The National Eating Disorders Collaboration <www.nedc.com.au>.

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