

Eating Disorders: *About More Than Food*

**Has your urge to eat less or more food
spiraled out of control?**

**Are you overly concerned about your
outward appearance?**

If so, you may have an eating disorder.



National Institute
of Mental Health

What are eating disorders?

Eating disorders are serious medical illnesses marked by severe disturbances to a person's eating behaviors. Obsessions with food, body weight, and shape may be signs of an eating disorder. These disorders can affect a person's physical and mental health; in some cases, they can be life-threatening. **But eating disorders can be treated.** Learning more about them can help you spot the warning signs and seek treatment early.

Remember: Eating disorders are **not** a lifestyle choice. They are biologically-influenced medical illnesses.

Who is at risk for eating disorders?

Eating disorders can affect people of all ages, racial/ethnic backgrounds, body weights, and genders. Although eating disorders often appear during the teen years or young adulthood, they may also develop during childhood or later in life (40 years and older).

Remember: People with eating disorders may appear healthy, yet be extremely ill.

The exact cause of eating disorders is not fully understood, but research suggests a combination of genetic, biological, behavioral, psychological, and social factors can raise a person's risk.

What are the common types of eating disorders?

Common eating disorders include **anorexia nervosa**, **bulimia nervosa**, and **binge-eating disorder**. If you or someone you know experiences the symptoms listed below, it could be a sign of an eating disorder—call a health provider right away for help.

What is anorexia nervosa?

People with anorexia nervosa avoid food, severely restrict food, or eat very small quantities of only certain foods. Even when they are dangerously underweight, they may see themselves as overweight. They may also weigh themselves repeatedly.

There are two subtypes of anorexia nervosa: a *restrictive* subtype and *binge-purge* subtype.

Restrictive: People with the restrictive subtype of anorexia nervosa place severe restrictions on the amount and type of food they consume.

Binge-Purge: People with the binge-purge subtype of anorexia nervosa also place severe restrictions on the amount and type of food they consume. In addition, they may have binge eating and purging behaviors (such as vomiting, use of laxatives and diuretics, etc.).

Symptoms include:

- ▶ Extremely restricted eating and/or intensive and excessive exercise
- ▶ Extreme thinness (emaciation)
- ▶ A relentless pursuit of thinness and unwillingness to maintain a normal or healthy weight
- ▶ Intense fear of gaining weight
- ▶ Distorted body image, a self-esteem that is heavily influenced by perceptions of body weight and shape, or a denial of the seriousness of low body weight

Over time, these symptoms may also develop:

- ▶ Thinning of the bones (osteopenia or osteoporosis)
- ▶ Mild anemia and muscle wasting and weakness

- Brittle hair and nails
- Dry and yellowish skin
- Growth of fine hair all over the body (lanugo)
- Severe constipation
- Low blood pressure, slowed breathing and pulse
- Damage to the structure and function of the heart
- Drop in internal body temperature, causing a person to feel cold all the time
- Lethargy, sluggishness, or feeling tired all the time
- Infertility
- Brain damage
- Multiorgan failure

Anorexia can be fatal. Anorexia nervosa has the highest mortality (death) rate of any mental disorder. People with anorexia may die from medical conditions and complications associated with starvation; by comparison, people with others eating disorders die of suicide.

If you or someone you know is in crisis and needs immediate help, call the toll-free **National Suicide Prevention Lifeline (NSPL)** at 1-800-273-TALK (8255), 24 hours a day, 7 days a week.

What is bulimia nervosa?

People with bulimia nervosa have recurrent episodes of eating unusually large amounts of food and feeling a lack of control over these episodes. This binge-eating is followed by behaviors that compensate for the overeating, such as forced vomiting, excessive use of laxatives or diuretics, fasting, excessive exercise, or a combination of these behaviors. Unlike those with anorexia nervosa, people with bulimia nervosa may maintain a normal weight or be overweight.

Symptoms include:

- Chronically inflamed and sore throat
- Swollen salivary glands in the neck and jaw area
- Worn tooth enamel and increasingly sensitive and decaying teeth (a result of exposure to stomach acid)
- Acid reflux disorder and other gastrointestinal problems
- Intestinal distress and irritation from laxative abuse
- Severe dehydration from purging
- Electrolyte imbalance (too low or too high levels of sodium, calcium, potassium and other minerals), which can lead to stroke or heart attack

What is binge-eating disorder?

People with binge-eating disorder lose control over their eating. Unlike bulimia nervosa, periods of binge-eating are not followed by purging, excessive exercise, or fasting. As a result, people with binge-eating disorder are often overweight or obese.

Symptoms include:

- Eating unusually large amounts of food in a specific amount of time, such as a 2-hour period
- Eating fast during binge episodes

- ▶ Eating even when full or not hungry
- ▶ Eating until uncomfortably full
- ▶ Eating alone or in secret to avoid embarrassment
- ▶ Feeling distressed, ashamed, or guilty about eating
- ▶ Frequently dieting, possibly without weight loss

How are eating disorders treated?

It is important to seek treatment early for eating disorders. People with eating disorders are at higher risk for suicide and medical complications. Some people with eating disorders may also have other mental disorders (such as depression or anxiety) or problems with substance use.

Treatment plans for eating disorders include psychotherapy, medical care and monitoring, nutritional counseling, medications, or a combination of these approaches. Typical treatment goals include restoring adequate nutrition, bringing weight to a healthy level, reducing excessive exercise, and stopping binge-purge and binge-eating behaviors. Complete recovery is possible.

Specific forms of psychotherapy (or “talk therapy”) and cognitive behavioral approaches can be effective for treating specific eating disorders. For more about psychotherapies, visit www.nimh.nih.gov/health/topics/psychotherapies/index.shtml.

Research also suggests that medications may help treat some eating disorders and co-occurring anxiety or depression related to eating disorders. Information about medications changes frequently, so talk to your health care professional and check the **U.S. Food and Drug Administration (FDA) website** for the latest warnings, patient medication guides, or newly approved medications.

How Do I Find Treatment?

The NIMH is a federal research agency and cannot provide medical advice or practitioner referrals. However, there are tools and resources available at www.nimh.nih.gov/findhelp that may help you find a provider or treatment.

How is NIMH addressing eating disorders?

The National Institute of Mental Health (NIMH) is conducting and supporting research that could help find new and improved ways to diagnose and treat eating disorders. For example, the NIMH Eating Disorders Research Program supports research on the causes, symptoms, diagnosis, and treatment at medical institutions across the country. It also supports studies that can help explain the risk factors that cause eating disorders to start or reoccur. The program’s studies on treatment help move basic science findings from the lab bench to a patient’s bedside.

What are some examples of NIMH research?

Eating disorders tend to run in families, so one example of NIMH-supported research involves the study of human genetics. Researchers are working to identify DNA variations that are linked to an increased risk of developing eating disorders. This research may help develop strategies for early detection.

Brain imaging studies are also providing a better understanding of eating disorders. For example, researchers have found differences in patterns of brain neurocircuitry and activity in people with eating disorders in comparison with healthy people. This research may lead to new or improved ways to diagnose and treat eating disorders.

How can I participate in research?

Clinical research is medical research that involves people like you. People volunteer to participate in carefully conducted investigations that ultimately uncover better ways to treat, prevent, diagnose, and understand human disease. Clinical research includes clinical research trials that test new treatments and therapies as well as long-term natural history studies, which provide valuable information about how disease and health progress.

Please Note: Decisions about participating in a clinical trial and determining which ones are right for you are best made in collaboration with your licensed health professional.

How do I find a clinical trial?

Researchers at NIMH conduct clinical trials on numerous areas of study, including cognition, genetics, epidemiology, and psychiatry. These clinical trials take place at the NIH Clinical Center in Bethesda, Maryland, and may require regular visits. After an initial phone interview, you will come to an appointment at the clinic and meet with a clinician. Visit the **NIMH Clinical Trials — Participants** or **Join a Study** pages for more information on participating in clinical trials.

To find a clinical trial near you, you can visit www.ClinicalTrials.gov. This website is a searchable registry and results database of federally and privately supported clinical trials conducted in the United States and around the world. ClinicalTrials.gov gives you information about a trial's purpose, who may participate, locations, and phone numbers for more details. This information should be used in conjunction with advice from health professionals.

Where Can I Find Help?

Mental Health Treatment Locator

For more information, resources, and research on mental illnesses, visit the NIMH website at www.nimh.nih.gov. The National Library of Medicine's MedlinePlus website (medlineplus.gov/) also has information on a wide variety of mental disorders.

For general information on mental health and to locate treatment services, call the **Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Referral Helpline** at 1-800-662-HELP (4357). SAMHSA also has a Behavioral Health Treatment Locator on its website (findtreatment.samhsa.gov) that can be searched by location.

Questions to Ask Your Doctor

Asking questions and providing information to your doctor or health care provider can improve your care. Talking with your doctor builds trust and leads to better results, quality, safety, and satisfaction. Visit the Agency for Healthcare Research and Quality website for tips at www.ahrq.gov/patients-consumers.

More information about finding a health care provider or treatment for mental disorders is available on our Finding Help for Mental Illness webpage, available at www.nimh.nih.gov/findhelp.

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If you have questions regarding these guidelines and use of NIMH publications, please contact the NIMH Information Resource Center at 1-866-615-6464 or email nimhinfo@nih.gov.

Where Can I Find More Information?

To learn more about eating disorders, visit:

MedlinePlus (National Library of Medicine) (En Español)

For information on clinical trials, visit:

ClinicalTrials.gov

For more information on conditions that affect mental health, resources, and research, go to **MentalHealth.gov**, the **NIMH website**, or contact us at:

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SEXUAL HARASSMENT INCLUDES MANY FORMS OF OFFENSIVE BEHAVIORS

BEHAVIORS THAT MAY BE SEXUAL HARASSMENT:

- 1 *Unwanted sexual advances*
- 2 *Offering employment benefits in exchange for sexual favors*
- 3 *Leering; gestures; or displaying sexually suggestive objects, pictures, cartoons, or posters*
- 4 *Derogatory comments, epithets, slurs, or jokes*
- 5 *Graphic comments, sexually degrading words, or suggestive or obscene messages or invitations*
- 6 *Physical touching or assault, as well as impeding or blocking movements*

Actual or threatened retaliation for rejecting advances or complaining about harassment is also unlawful.

Employees or job applicants who believe that they have been sexually harassed or retaliated against may file a complaint of discrimination with DFEH within one year of the last act of harassment or retaliation. DFEH serves as a neutral fact-finder and attempts to help the parties voluntarily resolve disputes. If DFEH finds sufficient evidence to establish that discrimination occurred and settlement efforts fail, the Department may file a civil complaint in state or federal court to address the causes of the discrimination and on behalf of the complaining party. DFEH may seek court orders changing the employer's policies and practices, punitive damages, and attorney's fees and costs if it prevails in litigation. Employees can also pursue the matter through a private lawsuit in civil court after a complaint has been filed with DFEH and a Right-to-Sue Notice has been issued.

THE MISSION OF THE DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING IS TO PROTECT THE PEOPLE OF CALIFORNIA FROM UNLAWFUL DISCRIMINATION IN EMPLOYMENT, HOUSING AND PUBLIC ACCOMMODATIONS, AND FROM THE PERPETRATION OF ACTS OF HATE VIOLENCE AND HUMAN TRAFFICKING.

FOR MORE INFORMATION

Department of Fair Employment and Housing
Toll Free: (800) 884-1684
TTY: (800) 700-2320
Online: www.dfeh.ca.gov

Also find us on:



If you have a disability that prevents you from submitting a written pre-complaint form on-line, by mail, or email, the DFEH can assist you by scribing your pre-complaint by phone or, for individuals who are Deaf or Hard of Hearing or have speech disabilities, through the California Relay Service (711), or call us through your VRS at (800) 884-1684 (voice).

To schedule an appointment, contact the Communication Center at (800) 884-1684 (voice or via relay operator 711) or (800) 700-2320 (TTY) or by email at contact.center@dfeh.ca.gov.

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Contact the DFEH at (800) 884-1684 (voice or via relay operator 711), TTY (800) 700-2320, or contact.center@dfeh.ca.gov to discuss your preferred format to access our materials or webpages.

SEXUAL HARASSMENT

THE FACTS

Sexual harassment is a form of discrimination based on sex/gender (including pregnancy, childbirth, or related medical conditions), gender identity, gender expression, or sexual orientation. Individuals of any gender can be the target of sexual harassment. Unlawful sexual harassment does not have to be motivated by sexual desire. Sexual harassment may involve harassment of a person of the same gender as the harasser, regardless of either person's sexual orientation or gender identity.

THERE ARE TWO TYPES OF SEXUAL HARASSMENT

- ① *"Quid pro quo"* (Latin for "this for that") sexual harassment is when someone conditions a job, promotion, or other work benefit on your submission to sexual advances or other conduct based on sex.
- ② *"Hostile work environment"* sexual harassment occurs when unwelcome comments or conduct based on sex unreasonably interfere with your work performance or create an intimidating, hostile, or offensive work environment. You may experience sexual harassment even if the offensive conduct was not aimed directly at you.

The harassment must be severe or pervasive to be unlawful. That means that it alters the conditions of your employment and creates an abusive work environment. A single act of harassment may be sufficiently severe to be unlawful.

CIVIL REMEDIES:



ALL EMPLOYERS MUST TAKE THE FOLLOWING ACTIONS TO PREVENT HARASSMENT AND CORRECT IT WHEN IT OCCURS:

- 1 *Damages for emotional distress from each employer or person in violation of the law*
- 2 *Hiring or reinstatement*
- 3 *Back pay or promotion*
- 4 *Changes in the policies or practices of the employer*

EMPLOYER RESPONSIBILITY & LIABILITY

All employers, regardless of the number of employees, are covered by the harassment provisions of California law. Employers are liable for harassment by their supervisors or agents. All harassers, including both supervisory and non-supervisory personnel, may be held personally liable for harassment or for aiding and abetting harassment. The law requires employers to take reasonable steps to prevent harassment. If an employer fails to take such steps, that employer can be held liable for the harassment. In addition, an employer may be liable for the harassment by a non-employee (for example, a client or customer) of an employee, applicant, or person providing services for the employer. An employer will only be liable for this form of harassment if it knew or should have known of the harassment, and failed to take immediate and appropriate corrective action.

Employers have an affirmative duty to take reasonable steps to prevent and promptly correct discriminatory and harassing conduct, and to create a workplace free of harassment.

A program to eliminate sexual harassment from the workplace is not only required by law, but it is the most practical way for an employer to avoid or limit liability if harassment occurs.

- ① Distribute copies of this brochure or an alternative writing that complies with Government Code 12950. This pamphlet may be duplicated in any quantity.
- ② Post a copy of the Department's employment poster entitled "California Law Prohibits Workplace Discrimination and Harassment."
- ③ Develop a harassment, discrimination, and retaliation prevention policy in accordance with 2 CCR 11023. The policy must:
 - Be in writing.
 - List all protected groups under the FEHA.
 - Indicate that the law prohibits coworkers and third parties, as well as supervisors and managers with whom the employee comes into contact, from engaging in prohibited harassment.
 - Create a complaint process that ensures confidentiality to the extent possible; a timely response; an impartial and timely investigation by qualified personnel; documentation and tracking for reasonable progress; appropriate options for remedial actions and resolutions; and timely closures.
 - Provide a complaint mechanism that does not require an employee to complain directly to their immediate supervisor. That complaint mechanism must include, but is not limited to including: provisions for direct communication, either orally or in writing, with a designated company representative; and/or a complaint hotline; and/or access to an ombudsperson; and/or identification of DFEH and the United States Equal Employment Opportunity Commission as additional avenues for employees to lodge complaints.
 - Instruct supervisors to report any complaints of misconduct to a designated company representative, such as a human resources

manager, so that the company can try to resolve the claim internally. Employers with 50 or more employees are required to include this as a topic in mandated sexual harassment prevention training (see 2 CCR 11024).

- Indicate that when the employer receives allegations of misconduct, it will conduct a fair, timely, and thorough investigation that provides all parties appropriate due process and reaches reasonable conclusions based on the evidence collected.
 - Make clear that employees shall not be retaliated against as a result of making a complaint or participating in an investigation.
- ④ Distribute its harassment, discrimination, and retaliation prevention policy by doing one or more of the following:
 - Printing the policy and providing a copy to employees with an acknowledgement form for employees to sign and return.
 - Sending the policy via email with an acknowledgment return form.
 - Posting the current version of the policy on a company intranet with a tracking system to ensure all employees have read and acknowledged receipt of the policy.
 - Discussing policies upon hire and/or during a new hire orientation session.
 - Using any other method that ensures employees received and understand the policy.
 - ⑤ If the employer's workforce at any facility or establishment contains ten percent or more of persons who speak a language other than English as their spoken language, that employer shall translate the harassment, discrimination, and retaliation policy into every language spoken by at least ten percent of the workforce.
 - ⑥ In addition, employers who do business in California and employ 50 or more part-time or full-time employees must provide at least two hours of sexual harassment training every two years to each supervisory employee and to all new supervisory employees within six months of their assumption of a supervisory position.

Sexual Harassment Resources

California Department of Fair Employment and Housing

www.dfeh.ca.gov

<https://www.dfeh.ca.gov/resources/posters-and-brochures-and-fact-sheets/>

Division of the state government responsible for investigating unlawful discrimination in employment, including sexual harassment. File a complaint online, call or email. 800-884-1684

Equal Employment Opportunity Commission

www.eeoc.gov; 800-669-4000

<https://www.eeoc.gov/eeoc/publications/fs-sex.cfm>

Responsible for enforcing federal laws that make it illegal to discriminate against a job applicant or an employee based on their protected class. File a complaint against an employer online or over the phone. The website also contains information on the law and employee rights.

SAG-AFTRA

<https://www.sagaftra.org/membership-benefits/eeo-diversity/policy-against-unlawful-discrimination-and-harassment>

Email diversity@sagaftra.org

SAG-AFTRA's EEO & Diversity Department (800)-724-0767

(323) 549-6644 or (212) 827-1542; 24/7 Emergency Hotline - (844) Safer Set / (844) 723-3773

DGA

<https://www.dga.org/News/Guild-News/2018/Mar2018/DGA-Procedures-for-Handling-Sexual-Harassment-Complaints.aspx>

Contact Mayra Ocampo, Assistant Executive Director at (310) 289-2006 or mocampo@dga.org. After business hours, contact the DGA's Safety Hotline at (800) 342-3457.

WGA West

<http://www.wga.org/members/workplace-matters/sexual-harassment>

Contact Shelagh Wagener at (323) 782-4185 or email Shelagh.Wagener.

WGA East

<https://www.wgaeast.org/know-your-rights/sexual-harassment-resource-guide/>

Contact Ann Burdick, Director of Legal Services, at (212) 767-7844 or email aburdick@wgaeast.org

PGA

<http://www.producersguild.org/blogpost/923036/293121/Producers-Guild-of-America-Anti-Sexual-Harassment-Guidelines>

The Actors Fund

www.actorsfund.org

Los Angeles: 323-933-9244 intakela@actorsfund.org

New York: 212-221-7300 intakeny@actorsfund.org

Chicago: 312-372-0989 shaught@actorsfund.org

Provides free, confidential counseling, support, and legal referrals to all professionals in performing arts and entertainment.

Women in Film

<https://womeninfilm.org/sexual-harassment-help-line-resources/> 323-545-0333

An integrated program to refer victims of harassment to designated mental health counselors, law enforcement professionals and civil and criminal lawyers and litigators.

Time's Up

www.timesupnow.com

Legal Defense Fund that will subsidize legal support for individuals who have experienced sexual harassment and retaliation in the workplace. Administered by the National Women's Law Center.

LOS ANGELES:

Rape Treatment Center /Santa Monica-UCLA Medical Center

www.uclahealth.org/santa-monica/rape-treatment; www.therapefoundation.org; (424) 259-7208
24 hours every day

The Rape Treatment Center at Santa Monica-UCLA Medical Center provides free, comprehensive services, including medical treatment for adult and child sexual-assault victims. Services include emergency medical care, forensic exams, crisis intervention and assistance with reporting a sexual assault, as well as advocacy, longer-term therapy and other support services.