# **What you Might not know about eating disorders**

## Eating disorders (and disordered eating) are prevalent.

* About 6-20% of individuals in the United States will suffer from an eating disorder at some point in their life (Favaro, 2003).
  + At this rate, in the city of Louisville there are roughly ~200,000 individuals with an eating disorder and **in the state of Kentucky there are roughly ~900,000 individuals with an eating disorder.**
* 91% of college women have reported engaging in dieting to control their weight (Kurth et al., 1995).
* 75% of women reported concerns about weight and shape **interfered with their happiness** (Reba-Harrelson et al., 2009).
* Eating disorders affect everyone, not just women, including men and ethnic and sexual minorities.

## Eating disorders are (increasingly) prevalent in adolescents.

* Eating disorders commonly develop during adolescence and early adulthood (Stice et al., 2013).
  + 15-19 years of age has been labeled a **“high risk” group** for eating disorders (Smink et al., 2012).
  + Most eating disorders (>90% develop by age 24)
* Eating disorders affect 13% of females by the age of 20 (Stice et al., 2013).
* Children and early adolescents today are reporting **higher rates of eating disorder** **behaviors** compared to older generations who went through adolescence in the 1990s and 2000s (Favaro et al., 2009).

## Eating disorders are chronic.

* Approximately 50% of individuals with anorexia nervosa and bulimia nervosa **do not achieve full recovery in treatment** (Herzog et al., 1993).
  + Of those who do recover, over one third with **experience at least one relapse.**
* Anorexia nervosa has the second **highest mortality rate** of any psychiatric illness (only after opioid use disorders).
  + Individuals with anorexia are **12x more likely to die** than women their age without anorexia nervosa.
  + Without treatment, 20% of people with from anorexia will prematurely die from eating disorder related health complications.

## Eating disorders frequently co-occur with other mental and physical health problems.

* 80-97% of individuals with eating disorders have another psychiatric disorder, primarily anxiety and mood disorders (Blinder et al., 2006).
* Individuals with eating disorders are at **much greater risk for attempting suicide, engaging in risky behaviors** (e.g., substance misuse), and having other comorbid mental health conditions (Pietsky et al., 2008).
* Individuals with eating disorders are at significant **higher risk for physical health complications**, such as cardiovascular symptoms, obesity, chronic pain, and infectious diseases (Johnson et al., 2002).

## Eating disorders are difficult to treat.

* Eating disorders are **hard to detect** and youth frequently don’t perceive these behaviors as problematic and unhealthy, leading to more difficulty in early identification of eating disorders (Walsh et al., 2000).
* Only between 1 in 5 and 1 in 10 individuals with a diagnosed eating disorder will seek treatment (Hart et al., 2011).
* Treatment is even less common among underrepresented populations.
* Inpatient and outpatient **treatment for eating disorders cost more** than treatment for other conditions, such as OCD, and many individuals in treatment are at a lower level of care than recommended, due to treatment costs and **lack of resources** (Streigel-Moore et al., 2000).

## Eating disorders are underfunded.

* The National Institutes of Health allocates only 93 cents towards research funding for every person diagnosed with an eating disorder.
  + This ratio can be compared to $88 for every person diagnosed with Alzheimer’s disease and 81% for every individual with Schizophrenia (National Institutes of Health, 2011).

## Eating disorders are a silent epidemic in Kentucky crucially in need of resources.

Based on data collected in the Kentucky Youth Risk Behavior Survey in 2013:

* Rates of eating disorders in Kentucky are **significantly higher** than the national average.
  + 33% of high school students perceive themselves to be overweight, 47% are currently trying to lose weight, 13% fasted to lose/maintain weight in the past month, 7% took pills or supplements without a doctor’s advice to lose/maintain weight in the past month, and 6% vomited or took laxatives to lose/maintain weight in the past month.
* Approximately **1 out of every 10 Kentucky high school students** reported engaging in 3 or more disordered eating behaviors.
* Students reporting more than three eating disorder behaviors were **5 times more likely to report feeling depressed** in the past year, **6 times more likely to report suicidality** in the past year, and **4 times more likely to report being bullied or cyber-bullied** in the past year.
* The first and **only eating disorder specialty clinic in Kentucky** opened in Louisville in 2016.
  + This clinic does not offer residential level of care.
  + The closest eating disorder facility that offers residential care is in Missouri.
* Eating disorder behaviors are just as common, if not **more common**, than many other risky behaviors (e.g., substance abuse) that are currently prioritized by the Commonwealth.
* There are many screening and early intervention protocols in place in Kentucky schools, primary care, and other community-based service settings to detect substance use and mental health problems, but **eating disorders behaviors are rarely, if ever, included** in those standardized assessments.



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