

# Prevention c+olumn

EATING DISORDERS – MARCH 2019

HYPERPHAGIA AND ORTHOREXIA

## When food becomes the main focus

40% of binge-eating disorder  
(BED) sufferers are men.<sup>1</sup>

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Eating disorders are mental health problems where people have extreme concerns about food. The latest edition of the *DSM-5<sup>2</sup> (Diagnostic and Statistical Manual of Mental Disorders)*, sometimes referred to as the “bible of mental illness” because it lists and defines the different mental health disorders, officially recognizes three eating disorders: Anorexia Nervosa (AN), Bulimia Nervosa (BN) and Binge-Eating Disorder (BED). Orthorexia Nervosa (ON) represents another type of disordered eating, but the *DSM* does not include it among the technically recognized official psychiatric diagnoses. Not many people have heard the terms hyperphagia and orthorexia or know what they mean. Yet, these two conditions affect many, and the symptoms associated with them are serious. Let’s take a look at these disorders in which food becomes the main focus.

## Binge-Eating Disorder (BED)

Although it is not very well known, BED is the eating disorder that affects the greatest number of individuals, and most often adults. BED can affect everyone regardless of age, gender, ethnic origin, socioeconomic environment, religious beliefs or sexual orientation.

Binge eating is the compulsive consumption of an unusually large amount of food during a relatively short period of time, at any time of the day, with a feeling of being out of control. Such episodes are usually followed by feelings of guilt, shame, remorse and sometimes even self-disgust.

Contrary to bulimics, who try to purge their bodies of the excessive food they consumed (through self-induced vomiting, fasting, the

misuse of laxatives or excessive physical activity), binge eaters do not engage in any of these compensating behaviours. Therefore, the frequent compulsions impact body weight. In addition to obesity, problems of depression, anxiety, type 2 diabetes, cardiovascular disease, hypertension and sleep apnea are experienced just as often by binge eaters.

The repercussions associated with binge eating are significant, impacting not only the person’s physical and psychological health but interpersonal relations, as well. The help of health professionals such as doctors, psychologists and nutritionists is essential in order to treat this disorder. ■

## Main SYMPTOMS of Binge-Eating Disorder (BED)

1. Eating, in a limited period of time (less than two hours), an amount of food that is considered much larger than what most people would eat under similar circumstances.
2. A sense of loss of control during the episode.
3. Episodes occurring, on average, at least once a week for three months, and including three or more of the following characteristics:

- A Eating much more quickly than normal
- B Eating until uncomfortably or painfully full
- C Eating regardless of hunger cues, even if one is already full
- D Eating alone due to embarrassment about the type and quantity of food ingested
- E Feelings of self-disgust, guilt, and depression after eating. ■

Eating disorders do not only affect women. 40% of BED sufferers are men. Unfortunately, the fear of being judged or ridiculed often prevents them from seeking help from a health professional. These BED sufferers often have more pronounced symptoms that are much more difficult to treat once the diagnosis has been made. Compared to women, men who struggle with BED are more likely to also have another mental health issue (anxiety, depression or an obsessive-compulsive disorder), abuse substances (drugs or alcohol) and are four times more likely to commit suicide. It cannot be denied: Men’s suffering is very real. ■



# Orthorexia Nervosa (ON)

For the last few years, the promotion of healthy lifestyle habits and a balanced diet has been priority for our company. In some people, the desire to eat healthy can sometimes develop into an obsession and become a source of anxiety. This pathological fixation with righteous and healthy eating is referred to as ON.

THE TERM "ORTHOREXIA" WAS INTRODUCED IN 1997 BY DR. STEVEN BRATMAN. ORTHOREXIA IS DERIVED FROM THE GREEK WORDS "ORTHO," WHICH MEANS CORRECT OR RIGHT, AND "OREXIS," WHICH MEANS APPETITE OR DESIRE.

Contrary to anorexia or bulimia sufferers, orthorexia sufferers are concerned with trying to improve the quality rather than the quantity of food that they eat. Wanting to eat better may seem entirely sensible, but orthorexia sufferers take that idea to the extreme. They generally have a very strict feeding regimen involving foods considered to be pure, clean and good for their health, and governed by strict dietary guidelines. They may choose to adhere to a therapeutic diet that limits their intake of certain nutrients, even if they do not suffer from a particular illness. This preoccupation often leads to restrictive rituals with regard to food preparation. Orthorexia sufferers would rather wait to eat than accept a food item they consider to be "bad."

The often frequent dietary restrictions are based on irrational and extreme fears rather than on animal protection or environmental factors or religious beliefs. Orthorexia sufferers may present with phobias about pesticide residue on fruits and vegetables, hormones administered to farm animals, genetically modified organisms or an undesired nutritional composition in foods (e.g. the presence of added sugar, salt, fat, preservatives or dyes). Although these restrictions reinforce a sense of control and give the person a sense of well-being, they considerably compromise the person's daily functioning. Orthorexia sufferers tend to isolate themselves to avoid the judgment of others. Problems of malnutrition may also be found in followers of excessively rigid diets. Psychological and nutritional counselling is essential in learning to have a more relaxed attitude about food. ■

## Main SIGNS indicative of the presence of orthorexia

- Talking about the purity of their diet and the importance of eating quality foods
- Lack of variety in the diet and strict eating schedule
- Avoidance of eating out or of consuming unfamiliar food items or those prepared by another person
- Excessive preoccupation with regard to food selection, preparation, cooking and consumption
- Feeling of self-confidence and superiority associated with "clean and healthy eating"
- Feeling of guilt after straying from the established rules
- Perfectionist nature, need for control, low self-esteem, anxiety
- Dietary habits that adversely affect social activities

## [ THE Bratman TEST ]

The Bratman test for orthorexia was developed to determine whether or not a person presents with obsessive-compulsive behaviour with regard to food.

- Do you spend more than 3 hours a day thinking about your diet?
- Do you plan your meals several days ahead?

- Is the nutritional value of your meal more important than the pleasure of eating it?
- Has the quality of your life decreased as the quality of your diet has increased?
- Have you become stricter with yourself lately?
- Does your self-esteem get a boost from eating healthily?

- Have you given up foods you used to enjoy in order to eat the "right" foods?
- Does your diet make it difficult for you to eat out, distancing you from family and friends?
- Do you feel guilty when you stray from your diet?
- Do you feel at peace with yourself and in total control when you eat healthily?

**IF YOU ANSWERED YES TO 2 OR 3** of these questions, you should focus on having a more relaxed attitude with regard to your diet.

**IF YOU ANSWERED YES TO 4 OR MORE** of these questions, you are obsessed with the quality of your food and may suffer from orthorexia.



If you suspect that someone close to you has an eating disorder or is obsessed with food, encourage him or her to seek help from a health professional such as a doctor ([www.cfpc.ca](http://www.cfpc.ca)), a psychologist or a nutritionist ([www.dietitians.ca](http://www.dietitians.ca)).