



Press release – Monday 27 February 2023

The Psychological Society of Ireland highlights different experiences faced by people with an eating disorder across the lifespan

To coincide with this year's Eating Disorders Awareness Week, which takes place from 27 February to 05 March, the Psychological Society of Ireland (PSI) is offering insight into the different experiences faced by people with an eating disorder across the lifespan.

Eating disorders are often associated with being particularly prevalent among young women. However, an eating disorder can affect any person at any time in their life. Eating disorders are serious conditions that can have profound mental and physical impacts, including death; with eating disorders having the second highest mortality rate of all psychiatric disorders. While no one knows for sure what causes eating disorders, a growing consensus suggests that it is a range of biological, psychological, and sociocultural factors. A lack of awareness around how eating disorders can affect people at different points in their life or different types of people can make it harder for individuals to access education and treatment.

By providing information on eating disorders at different life stages the PSI hopes to contribute to the creation of a safe space for all people to turn towards recovery.

- **Children**

Childhood can be a vulnerable time where a child goes through unparalleled physical and psychological development as they grow into themselves, and their identity takes root. The importance of nourishment for the growing child and their brain cannot be overstated and the development of an eating disorder at this life stage can have lifelong implications. Where an eating disorder is present, it is vital that both the child, and their family, be given early intervention and ongoing support in order to resume their developmental trajectory.

Eating disorder specialists are reporting an increase in the diagnoses of children, some as young as five or six. Although most people report the onset of their eating disorder in their teens and young adulthood, there is some evidence that people are being diagnosed at younger ages. It is not clear whether individuals are actually developing

eating disorders at younger ages or if an increased awareness of eating disorders in young children has led to improved recognition and diagnosis.

In Ireland, the number of admissions related to eating disorders among children and adolescents continues to rise; cases have increased from 33 in 2018 to 116 in 2021, with females accounting for 96% of admissions. Eating disorders are now the second most common reason for an under 18-year-old to be admitted to an inpatient hospital with mental health difficulties.

With comprehensive treatment, most children can recover, or learn to control their eating disorder. Communication between the various multidisciplinary professionals involved with the child is essential when it comes to both assessment, diagnosis, and treatment. In Ireland, children with eating disorders are too often faced with long waiting lists to see specialists or are admitted into an inappropriate health setting, such as paediatric hospitals, without specialisation in mental health and these delays, as a result of systemic failures, can cause serious damage to the child.

- **Autistic people**

There is an overlap between eating disorders and neurodivergent presentations with research suggesting that between 4% and 23% of people with an eating disorder also have an autistic spectrum disorder. Some research suggests anorexia is the most common eating disorder amongst autistic people. The overlap between the two conditions is complicated by the fact that starvation can cause brain changes that result in social difficulties and problems with emotion processing. Autistic people may restrict their eating for reasons that are different to non-neurodivergent people, such as coping with difficult emotions or having certain food aversions. For some autistic people, eating disorders may originate in restricted and repetitive behaviours that take the form of an intense interest such as calorie-counting, exercise or an insistence on a limited diet. A condition called avoidant/restrictive food intake disorder (ARFID) may be the most appropriate diagnosis for some autistic people who are underweight or have trouble eating. Feeding and eating disorders among neurodivergent people often emerge during childhood and it is important for clinicians to parse out what exactly is going on for the individual so that an appropriate treatment plan can be put in place. When a neurodivergent person presents with an eating disorder it is important that treatments match their needs and take into account their sensory and communication style.

- **Pregnant people**

Eating disorders affect about 5% to 8% of pregnant women. For those with a history of these illnesses, there is a high risk of relapse during the prenatal and postpartum periods, which can lead to harmful behaviours such as restricting food, over-exercising, bingeing, and purging. For women with an eating disorder, the challenges faced by all pregnant women as they transition towards motherhood become multiplied.

Pregnancy is a time of great psychological change as a person adjusts to the idea of becoming a parent and the resultant complex emotions about this. For some women with eating disorders their journey to pregnancy will not have been an easy one and their experience may impact on their pregnancy in the form of worry or guilt. Issues around control, flexibility, perfectionism, and identity all play a role in an eating disorder taking root in a person's life. To a greater, or lesser, extent these issues tend to crop up for most people as they move through pregnancy and beyond. Therefore, it is incredibly important for people with eating disorders to feel supported by their antenatal caregivers at this vulnerable time.

Some pregnant people are reluctant to share their history of eating disorders. It is important to discuss their history at antenatal appointments as people with a background of an eating disorder are at increased risk for:

- infertility or subfertility.
- stillbirth.
- premature birth.
- difficulty breastfeeding.
- having babies with low birthweight.

Women can be offered support during their pregnancy depending on the impact of the eating disorder on their lives at that time. Some women may have a history of an eating disorder, consider themselves recovered but are fearful of relapse during pregnancy; some women may develop symptoms of an eating disorder during pregnancy and will need help to monitor and manage this; while other women may experience an increase in their symptoms during pregnancy and will need a personalised plan to help them feel more in control of their symptoms. Research suggests that a first pregnancy can provide a unique opportunity for a woman to relinquish her eating disorder and move towards her identity as a mother. Where possible, services should capitalise on this window of opportunity and use it as a time for a woman to engage in personal growth. For each person it is important that their unique presentation is responded to with consistent compassion and support.

- **Gender and sexual orientation**

There is no difference between eating disorders in men and women. The official diagnostic process for eating disorders is now gender-neutral, where previously female-only issues like a lack of menstruation were included in the criteria. This means more and more people are recognising that men, women, and non-binary individuals experience eating disorders and are equally in need of help and support.

It is now thought that approximately 1 in 4 eating disorder sufferers, and as many as 1 in 3, identify as male. From 1999 to 2009, the number of men hospitalised for an eating disorder-related cause increased by 53%. Subclinical eating disordered behaviours (including binge eating, purging, laxative abuse, and fasting for weight loss) are nearly as

common among males as they are among females. Men with eating disorders often suffer from comorbid conditions such as depression, excessive exercise, substance disorders, and anxiety.

When considering treatment for men or non-binary people with eating disorders it is important to recognise that although the disorder may be symptomatically similar to that experienced by women, the experience of having an eating disorder as a male or a non-binary person may be very different. Therefore, a gender-sensitive approach should be used with an openness to explore the different needs, dynamics, and emotions experienced by the person experiencing the illness. The experience of stigma and shame may be more prevalent for men and non-binary individuals experiencing eating disorders which can impact upon engagement in treatment.

When compared to other populations, gay men are found to have increased body image disturbances and eating disordered behaviours. Men who identify as gay are thought to only represent 5% of the total male population; however, among men who have eating disorders, 42% identify as gay. It is thought that 15% of gay or bisexual men report struggling with an eating disorder. A sense of connectedness to the gay community was related to fewer current eating disorders, which suggests that feeling connected to, and included by, other members of the community is a protective factor.

Transgender individuals experience eating disorders at rates significantly higher than cisgender individuals. Elevated rates of binge-eating and purging by vomiting or laxative abuse was found for both males and females who identified as gay, lesbian, bisexual, or “mostly heterosexual” in comparison to their heterosexual peers. When working with members of the LGBTQI+ community it is important to be aware of the multitude of stressors people face in relation to their sexual orientation and gender identity. Sexual orientation and gender identity is central to people’s overall sense of themselves. A person’s lived experience in relation to their sexual orientation and gender identity may contribute to their experience of their eating disorder and adverse experiences may have contributed to the development of eating disorder pathology. It is important to consider all of these factors in a sensitive, respectful, and compassionate manner to help the individual work through their own unique experience.

- **Older people**

Historically, eating disorders were not identified in older populations and it is only in more recent times that there is greater recognition of the existence of eating disorders among the elderly. This is despite the high level of morbidity and mortality associated with these disorders.

Research suggests that between 1.8-3.8% of older people have eating disorders. The majority of those eating disordered persons are not in treatment. Medical complications because of age, the stigma of eating disorders in a still ‘untypical’ age, and the

glorification of sports activity often hinder the recognition of eating disorders in midlife and older persons. Comorbid conditions such as depression and cognitive impairment can greatly affect a person's ability to nourish themselves and should be explored when assessing for an eating disorder in an older person.

Treatment approaches should consider treatment strategies tailored for older women and men, addressing the context of midlife and aging. Like all eating disorder sufferers, it is important to provide an individualised plan to an older person with an eating disorder and to ensure that their unique set of needs is identified and addressed. Family support is very important in older age, and it is important to ensure that family members feel skilled in supporting their loved one in their journey towards recovery.

For this year's Eating Awareness Week, the Psychological Society of Ireland wishes to highlight that no matter who you are, having an eating disorder is not something to be ashamed of or embarrassed about. Many stigmas continue to exist around eating disorders. Raising awareness and fighting the myths and misinformation surrounding eating disorders in different groups of people is incredibly important in order to support vulnerable people to move towards recovery and health.

ENDS.

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Points to note:

- The Psychological Society of Ireland (PSI), with over 4,000 members, is the learned and professional body for the profession in the Republic of Ireland, with the primary object of advancing psychology as an applied science in Ireland and elsewhere.
- Connect with the PSI through [Twitter](#), [Facebook](#), [Instagram](#), [YouTube](#), and [LinkedIn](#).