

Eating Disorders

A plain-English guide for you and your family

WHAT IS HAPPENING

Eating disorders are mental illnesses, not a choice or a phase. They change the way a person thinks about food, weight, and their own body. They usually start during the teen years or early twenties, though they can appear at any age. They often run in families and are triggered by a mix of genes, stress, trauma, cultural pressure to be thin, and other mental health struggles like anxiety, depression, or obsessive-compulsive disorder. The most common types are anorexia nervosa (severe restriction of food, intense fear of gaining weight, dangerously low weight), bulimia nervosa (cycles of binge eating followed by purging through vomiting or laxatives), binge-eating disorder (repeated overeating without purging), and ARFID (avoiding or restricting food because of texture, fear of choking, or lack of interest—not body image). All of these can cause life-threatening medical problems. The heart slows and weakens. Bones become fragile. Periods stop. Electrolytes (minerals like potassium and sodium that keep the heart beating steadily) drop to dangerous levels. The risk of suicide is very high. Treatment requires a team—therapist, doctor, dietitian—working together to heal both the mind and the body, because treating only the weight or only the thoughts will not cure the illness.

What you might feel

- Weight much lower than expected for age and height
- Intense fear of gaining weight or being fat, even when underweight
- Distorted view of body shape or weight (seeing self as fat when actually thin)
- Missing periods in girls and women who used to have regular cycles
- Binge eating (eating a very large amount in a short time) followed by guilt or shame
- Purging behaviors like self-induced vomiting, misuse of laxatives, diuretics, or extreme exercise to undo eating
- Preoccupation with food, calories, and eating rituals (cutting food into tiny pieces, eating very slowly, hiding food, avoiding meals with others)
- Social withdrawal and avoiding situations involving food

- Feeling cold all the time, dry skin, brittle hair and nails, fine downy body hair growth called lanugo
- Thoughts of self-harm or wishing to die

Call the doctor right away if...

- Heart rate below 50 beats per minute or blood pressure dropping when standing (sign the heart muscle is too weak from starvation and cannot pump enough blood)
- Fainting, dizziness, or chest pain (the heart may develop dangerous rhythm problems from low potassium, magnesium, or phosphorus caused by purging or starvation)
- Vomiting blood, black or bloody stools, or severe stomach pain (purging can tear the esophagus or stomach lining, causing life-threatening bleeding)
- Thoughts of suicide or an active plan to hurt oneself (eating disorders have the highest death rate of any mental illness, so any suicidal thinking is an emergency)
- Severe dehydration, confusion, muscle weakness, or inability to stand (medical emergency requiring hospital care because electrolytes are dangerously out of balance)

What the care team will do

- Place patient on continuous cardiac telemetry monitoring and check orthostatic vital signs every 4 hours (blood pressure and heart rate lying down, then after standing 1 to 3 minutes)
- Check electrolytes, phosphate, magnesium, and glucose levels daily during refeeding, and replace electrolytes before starting nutrition if phosphate is under 3.0 mg/dL, potassium under 3.5 mEq/L, or magnesium under 1.8 mg/dL
- Supervise all meals and bathroom use for 60 minutes after eating; stay with patient in bathroom or lock bathroom immediately after meals
- Start refeeding at 1,000 to 1,500 kilocalories per day using meal plan with balanced macronutrients (not liquid supplements alone), and increase calories by 200 per day only if phosphate stays above 3.0 mg/dL and patient remains hemodynamically stable
- Weigh patient daily at the same time in a gown only, with the scale facing away from patient, and do not discuss the number with the patient unless ordered by the treatment team
- Monitor core body temperature every 4 hours and provide warm blankets, keeping room temperature above 72°F, because hypothermia under 96°F signals need for slower refeeding
- Assess skin every shift for pressure ulcers over bony prominences (sacrum, heels, elbows, hips) and reposition every 2 hours, using foam padding or air mattress

- Collaborate with psychiatric team to implement one-to-one observation if patient expresses suicidal ideation, and remove all sharps, belts, cords, and breakable items from the room

Medicines you may be given — and why

Fluoxetine (Prozac)

Fluoxetine blocks a pump on brain nerve cells so that serotonin—a messenger chemical that helps steady mood and control impulses—stays longer in the tiny gap between nerve cells instead of being sucked back in. When serotonin levels stay higher in the circuits that manage impulses and emotions, the overwhelming urge to binge (eat a huge amount very quickly) and then purge (throw up or misuse laxatives) becomes weaker. It's like turning up the volume on the brain's natural 'stop' signal for out-of-control eating.

Lisdexamfetamine (Vyvanse)

Lisdexamfetamine is the only medication FDA-approved specifically for moderate to severe binge eating disorder in adults. It is a stimulant (the same family used for ADHD) that raises two brain chemicals—dopamine (the brain's reward and motivation messenger) and norepinephrine (which helps with focus and impulse control)—in the circuits that manage cravings and self-control. In binge eating disorder, the brain's reward system gets hijacked, and eating large amounts feels like the only way to feel relief or pleasure. Lisdexamfetamine rebalances that system so the intense urge to binge becomes less overwhelming and easier to resist. It's like recalibrating a stuck thermostat so the alarm doesn't fire every time you see food.

Olanzapine (Zyprexa)

Olanzapine is NOT FDA-approved for eating disorders, but doctors sometimes prescribe it off-label for severe, treatment-resistant anorexia nervosa, especially when someone is hospitalized and extremely underweight. It blocks certain docking stations (receptors) for serotonin (especially the 5-HT_{2A} receptor) and dopamine (especially the D₂ receptor) in the brain's emotion and fear circuits. Blocking these receptors can quiet the intense anxiety, obsessive thoughts, and rigid rules about food and body shape that make it nearly impossible for someone with anorexia to eat. It also increases appetite and leads to weight gain, which is actually needed when someone is dangerously underweight. Think of it as turning down the volume on the panic alarm that fires every time food or weight gain feels threatening.

Nutritional supplementation (phosphate, magnesium, thiamine, potassium, and multivitamin)

These are NOT psychiatric drugs; they are essential nutrients—vitamins and minerals—that every cell in the body needs to run, especially the heart, brain, and muscles. When someone

has been starving, purging, or severely restricting food, their body runs dangerously low on these nutrients. Phosphate helps cells make ATP (the energy molecule that powers everything, like fuel for a car). Magnesium keeps the heart's electrical rhythm steady and muscles relaxed. Thiamine (vitamin B1) protects the brain and nerves from permanent damage. Potassium keeps the heart beating regularly. If someone starts eating or receiving IV nutrition again too quickly without replacing these nutrients first, the body cannot handle the sudden load of food—a life-threatening emergency called refeeding syndrome can happen, where the heart stops, lungs fill with fluid, or the brain swells. Giving these nutrients BEFORE and during careful re-feeding is like priming the engine with oil and coolant before you start the car after it's been sitting empty.

Where this information comes from

- American Psychiatric Association DSM-5-TR 2022
- Academy for Eating Disorders (AED) 2023 guidelines
- National Eating Disorders Association (NEDA)
- American Academy of Pediatrics clinical report on identification and management of eating disorders 2021

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