



Mission Statement: We wish to provide a safe place for women and girls who are struggling with an eating disorder while providing physical, emotional, and spiritual healing in a conservative Christian setting.

Bear ye one another's burdens and so fulfill the law of Christ. Gal. 6:2

Different Types of Eating Disorders

There are several different types of eating disorders that can affect individuals of all ages, genders, and backgrounds. Below we will explore the most common eating disorders and their symptoms.

1. Anorexia Nervosa

Because it has the highest mortality rate, experts consider anorexia nervosa to be the deadliest of all mental illnesses. For this reason, we can consider it the most severe of all eating disorders.

This condition involves food restrictions and sometimes extreme exercising and other purging behaviors.

This individual will typically show these signs and symptoms:

1. Intense fear of gaining weight; even small amounts are intolerable
2. Losing weight rapidly and consistently staying underweight, perhaps alarming friends and family with their appearance
3. Refusal to acknowledge that such a low body weight can have harmful health consequences
4. Amenorrhea: this is a term for when women stop menstruating due to low fat content
5. Heart damage: anorexia stresses the cardiovascular system and can lead to a variety of life-threatening heart conditions

2. Bulimia Nervosa

This condition, bulimia nervosa, occurs when someone is repeatedly bingeing on large amounts of food and then purging it. Purging behaviors include forcing oneself to throw up, over-exercising, and using diet pills and laxatives. Both bingeing and purging behaviors are dangerous, and together they can quickly lead to dangerous physical symptoms.

Common signs and symptoms of Bulimia Nervosa may include:

1. Eating large amounts of food in a short period
2. Feeling the inability to control the quantity of type of food consumed

3. Engaging in compensatory behaviors as vomiting, laxative use, or excessive exercise
 4. Feeling guilty or ashamed after overeating
 5. Having a distorted body image
 6. Withdrawing from social activities and isolating
 7. Experiencing depression or anxiety
 8. Having dental problems due to stomach acid from vomiting

3. *Binge Eating Disorder (BED)*

BED is characterized by episodes of bingeing on large amounts of food. A binge describes when someone consumes an excessive amount of food within a period of two hours. Binges are accompanied by a trance-like state, feelings of guilt and shame afterward, and weight gain. Unlike bulimia, BED does not usually include any purging behaviors. Typically, those affected by BED are overweight or obese because of bingeing.

Common signs and symptoms of Binge Eating Disorder may include:

1. Feeling out of control while eating
2. Eating even when full or not hungry
3. Feeling embarrassed or guilty about eating habits
4. Having a distorted body image
5. Significant weight gain and an increased risk of obesity
6. Experiencing depression or anxiety
7. Having difficulty concentrating due to guilt-related eating

4. *Pica*

Pica is an eating disorder in which a person craves and consumes non-food items such as dirt, clay, chalk, paper, laundry starch, ice chips, or even hair. This disorder is marked by the continued consumption of these non-nutritive substances for at least one month.

Pica can occur in adults and children and is more common in those with developmental disabilities. Generally, people who suffer from pica are malnourished and at risk for other health complications due to the lack of proper nutrition.

Common signs of Pica may include:

1. Persistent craving desire for non-food substances such as dirt, chalk, clay, paint chips, paper, soap, and other inedible items
2. Eating items not typically considered food such as buttons, pieces of cardboard, or any of the above
3. Frequent licking of or sucking on things such as paint chips or ice cubes
4. Stomach pains, nausea, or constipation after eating non-food substances
5. Oral damage and irritation due to the ingestion of hard, sharp, or abrasive objects
6. Difficulty concentrating in school or at work caused by hunger related to lack of regular food consumption
7. Difficulty sleeping due to desire or craving for non-food items
8. Change in behavior or mood related to eating non-food substances

9. Anxiety or depression associated with the inability to stop the behavior

5. Ruminant Disorder

Rumination disorder is an eating disorder in which a person brings up previously swallowed food and chews it repeatedly, regurgitating and rechewing the partially digested food before swallowing it again, a process that can continue for several minutes. This condition is more common in young children of early school age but may persist until adulthood. People with rumination disorder are often unaware of their behaviors and don't report feelings of distress when engaged in them.

Common signs and symptoms of rumination disorder include:

1. Repeatedly regurgitating and re-chewing partially digested food
2. Difficulty swallowing, or coughing, or gagging while eating
3. Abdominal pain/cramps after meals
4. Vomiting undigested food multiple times throughout the day
5. Frequent belching and hiccupping after meals
6. Longer than usual mealtimes due to re-chewing
7. Eating large meals at night to avoid rumination episodes during the day
8. Weight loss from inadequate nutrition due to the reduced digestion of consumed food
9. Anxiety and feelings of shame or embarrassment related to the behavior
10. Low self-esteem due to negative reinforcement associated with the disorder

6. Avoidant Restrictive Food Intake Disorder (ARFID)

ARFID is an eating disorder characterized by severe restriction and avoidance of certain foods or entire food groups. It is much more common than previously thought, especially in young children. ARFID can range mild to severe, with some individuals eating only a minimal variety of food due to fear of choking, texture issues, unknown ingredients, or other psychological reasons. This can lead to serious nutritional deficiencies, weight loss, and impaired growth.

Common signs and symptoms of ARFID include:

1. Refusal or extreme reluctance to try new foods or textures
2. Fear of choking, gagging, or vomiting when confronted with certain foods
3. Extreme sensitivity to food smells, tastes, textures, or temperatures
4. Avoidance of entire food groups such as meat, dairy, vegetables, fruits, and grains
5. Eating only a very limited variety of foods due to sensory issues
6. Weight loss or failure to gain weight in children
7. Poor growth due to inadequate nutrition
8. Avoidance of social situations involving food
9. Anxiety or depression related to eating or mealtime
10. Low self-esteem caused by difficulty maintaining a healthy weight and fear of being judged for food choices

7. *Other Specified Feeding or Eating Disorders* (OSFED)

These are not in the DSM5 but are used in ED facilities across the nation. OSFED is an eating disorder classification for those who do not meet the diagnostic criteria for any other type of eating disorder. It is a broad category that includes people with disordered eating habits, but doesn't fit into the categories of anorexia, bulimia, or binge eating disorder. People With OSFED may display symptoms of one or more of these symptoms or more of these disorders, but their symptoms may not be severe enough to meet the full criteria for diagnosis.

Here are some examples of OSFED:

1. Atypical anorexia nervosa:

Atypical anorexia nervosa is a restrictive eating disorder similar to anorexia nervosa, but does not involve the same level of weight loss. Unlike traditional anorexia nervosa, individuals with atypical anorexia nervosa may be of average or higher weight.

2. Binge Eating Disorder (of low frequency or limited duration)

It is a form of BED that involves episodes of binge eating but at a lower frequency or shorter duration than the typical Binge Eating Disorder. It is marked by binge eating episodes that occur fewer than once per week or last less than three months.

3. Bulimia Nervosa (of low frequency or limited duration)

This is a form of bulimia nervosa that involves episodes of binge eating followed by inappropriate compensatory behaviors, at a lower frequency or shorter duration than the typical bulimia nervosa. The episodes occur fewer than once per week or for less than three months.

4. Purging Disorder:

Purging eating disorder is an extreme form of disordered eating in which individuals eat excessive amount of food followed by self-induced vomiting, laxative misuse, diuretic abuse, or other forms of purging. This behavior can be hazardous and lead to severe medical complications such as electrolyte imbalances, dehydration, organ damage, and nutritional deficiency. Additionally, it can cause significant psychological distress as individuals struggle with guilt, shame, and a lack of control over their eating behaviors.

5. Night Eating Syndrome

Night Eating Syndrome (NES) is an eating disorder characterized by excessive food intake late at night. Individuals with NES often wake up during the night and consume a large amount of food, sometimes even consuming more calories than they do during the day. People with NES tend to have disrupted sleep patterns and find it difficult to fall asleep or stay asleep without eating. This behavior can lead to dangerous health consequences such as obesity, metabolic syndrome, depression, and anxiety.

8. Unspecified Feeding or Eating Disorder (UFED)

Unspecified Feeding or Eating Disorder is a category of eating disorders that includes individuals with disordered eating behaviors, but do not fit into the criteria for any other specific disorder.

Symptoms of UFED may consist of distorted body image, excessive dieting or exercise, extreme worry about food intake and weight gain, and guilt after eating certain foods.

Individuals with UFED may have symptoms that are similar to those of anorexia, bulimia, or binge eating disorder. Still, they do not meet all of the diagnostic criteria for any one disorder.

9. "Unofficial" Eating Disorder Diagnoses

These disorders are not included in any diagnostic manual, but doctors and psychologists still use these terms. Practitioners often group people with these conditions into OSFED, other specified feeding or eating disorders, as the official diagnosis. However, these terms are more specific and help us communicate more clearly.

1. **Compulsive Overeating (COE)**

This disorder is similar to binge eating disorder. What makes COE unique is that the individual doesn't binge in spurts; rather, they eat large amounts of food all day long.

2. **Prader Willi Syndrome**

This syndrome, which leads to compulsive eating and obesity, is caused by an inherited genetic disease. It begins with weak muscles, poor feeding, and slow development in babies. Then in childhood, the disease causes insatiable hunger. Children with Prader Willi Syndrome often develop diabetes and struggle to adapt to a normal lifestyle.

3. **Diabulimia**

This occurs when someone who is diabetic uses their prescription insulin to try to induce weight loss.

4. **Orthorexia Nervosa**

Orthorexia is an unhealthy focus on eating in a healthy way. Eating nutritious food is good, but a person with orthorexia will obsess about it to a degree that their overall well-being is damaged.

Steven Bratman, MD, a California doctor, coined the term in 1996, with the meaning "fixation on righteous." Since then, many medical professionals have accepted the concept.

Symptoms of Orthorexia:

1. Fear of sickness. The person worries about how "clean" food is or if its "bad" for his/her health.
2. Refusal to eat a broad range of foods. It's normal to avoid some foods because you don't enjoy the way they taste, but with orthorexia, whole categories of food might be dropped from your diet. For example, you might stop eating grain, any foods with preservatives, gluten, or sugar, or all foods that just don't seem "healthy."

5. Drunkorexia

With a slightly crass-sounding name, this term describes an eating disorder that is accompanied by alcoholism. The drunkorexic individual restricts food and purges to “save calories” for drinking alcohol. Severe malnutrition can develop when drunkorexia goes untreated.

6. Pregorexia

Since it is fairly common knowledge that pregnancy leads to weight gain and other bodily changes, most women enter pregnancy with some weight loss plan. Sometimes the weight loss can be too extreme and endanger both mom and baby. Pregorexia can lead to low birth weight, coronary heart disease, type 2 diabetes, stroke, hypertension, cardiovascular disease risk, and depression.