Overview: Feeding and Eating Disorders

Eating disorders and addiction require separate clinical attention, even when they occur together.

What Are Feeding and Eating Disorders?

Feeding and Eating Disorders are conditions characterized by severe disturbances in eating behaviors and related thoughts and emotions. These are serious mental health conditions—not lifestyle choices—with profound physical and psychological consequences. For families, eating disorders are often as hidden as addiction itself, involving secrecy, shame, and elaborate deception.

Prevalence:
9% of the U.S. population will experience an eating disorder in their lifetime[1]

Co-Occurrence:
Up to 50% of individuals with eating disorders use alcohol or drugs[2]

Mortality:
High Risk
Eating disorders have the 2nd highest mortality rate of any mental illness[3]

Sources: [1] The Social and Economic Cost of Eating Disorders in the United States of America (Deloitte Access Economics/ Harvard T.H. Chan School of Public Health, 2020). [2] Food for Thought: Substance Abuse and Eating Disorders (National Center on Addiction and Substance Abuse at Columbia University, 2003), cited via NEDA. [3] Mortality rates in patients with anorexia nervosa and other eating disorders: A meta-analysis of 36 studies (Arcelus et al., 2011), Archives of General Psychiatry

Understanding Feeding/Eating Disorders

Anorexia Nervosa

Restricted food intake leading to significantly low body weight, intense fear of gaining weight, and distorted body image.

- Dramatic weight loss and preoccupation with dieting or thinness
- Cutting food into tiny pieces, hiding food, lying about eating
- Using stimulants like cocaine or diet pills) to suppress appetite

Bulimia Nervosa

Recurrent binge eating followed by compensatory behaviors—vomiting, laxative misuse, fasting, or excessive exercise. Individuals show a pattern of impaired impulse control followed by shame.

- Evidence of bingeing—food disappearing, or hiding wrappers
- Frequent bathroom trips after meals, signs of purging
- Using alcohol to numb the shame or facilitate purging behaviors

Binge-Eating Disorder

Recurrent episodes of eating large quantities rapidly, often in secret, with complete loss of control. Unlike bulimia, there are no compensatory behaviors—but shame and distress are equally severe.

- Eating unusually large amounts in short periods, often until painfully full
- Eating in secret, hiding food, eating when not physically hungry
- Using substances to numb emotional distress or as compulsive behavior

How Feeding and Eating Disorders Contribute to Relapse

Eating disorders and addiction share the same brain reward systems and the same patterns of compulsion and loss of control. When one is untreated, the other cannot heal.

1) **Both Disorders Serve the Same Function**
   Restricting, bingeing, purging, and substance use all numb or escape overwhelming emotions.
2) **Substances Are Used to Manage the Disorder**
   Stimulants suppress appetite; alcohol numbs shame.
3) **Without Treating Sleep Disorders, Relapse Is Likely**
   When substance use stops, eating disorder intensify.

> *"We see clients who stopped using substances only to have their eating disorder spiral out of control—or who recovered from anorexia and immediately relapsed on stimulants. These conditions share the same roots and require integrated treatment."*
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> **Meghan Bohlman, LPC-S, LCDC, EMDR-Trained**
> *Executive Clinical Director, Burning Tree Ranch*

How Feeding and Eating Disorders Are Identified & Diagnosed

- Comprehensive assessment of eating behaviors, body image, and relationship with food
- Monitoring during sustained sobriety to distinguish eating pathology from substance effects
- Medical evaluation for physical consequences often hidden by the individual

Long-Term Treatment for Feeding and Eating Disorders

Eating disorders and substance use disorders share neurobiological pathways, emotional functions, and patterns of compulsion. Recovery needs time for both conditions to be diagnosed, treated, and stabilized. Our **long-term, progress-based model** provides the extended structure needed for genuine healing.

1) **Time to Identify Hidden Eating Pathology**
   Eating disorders are often concealed for months; long-term treatment allows patterns to emerge.
2) **Integrated Treatment for Connected Conditions**
   Both disorders must be treated together to reduce the risk of relapse.
3) **Measuring Progress by Behavioral Change, Not Days**
   Clients advance when they show healthier relationships with food.

Have Other Treatment Programs Missed the Deeper Issues?

Burning Tree Ranch is the Nation's only authentic long-term treatment program for chronic relapse. Call us at (866) 287-2877 or visit us online at www.BurningTree.com.

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