

Eating disorders affect individuals in every age group, race, gender, and socioeconomic class



Medicare Recipients

15%
of eating disorder cases

Higher rates of comorbidities:
arrhythmias, arthritis, thyroid conditions¹

Higher cost of treatment
(\$29,456 versus \$7,418)

Socioeconomic Groups

Groups with faster rates of growth in eating disorders:²

-  Males
- Older individuals (44+)
- People in lower socioeconomic households

28%
of multiethnic and low-income adolescents self-reported some form of disordered eating³

Eating disorder behaviors in these groups include:²

-  Self-induced vomiting
- Laxative and diuretic misuse

Study participants:
47% Hispanic **46%** African American

Food Insecurity

Food insecurity is associated with higher rates of clinically significant eating disorder pathology⁴

High levels of food insecurity are associated with:⁵

- Higher levels of binge eating
- Higher likelihood of having any type of eating disorder
- Dietary restraint for any reason
- Weight self-stigma
- High levels of worry

Individuals who suffer from food insecurity are almost four times more likely to experience bulimia nervosa⁶

Adults who seek assistance from food pantries report higher eating disorder symptoms⁵

- Vomiting
- Laxative/diuretic use
- Fasting
- Intense exercise

Limited Access to Care

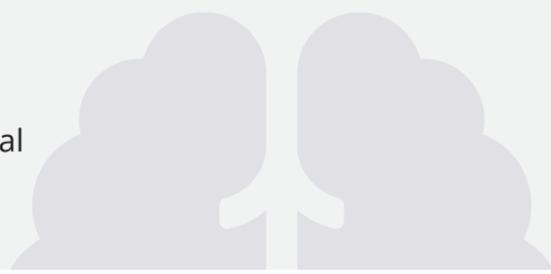


Latino, African American, and Asian individuals with eating disorders utilize mental health services at lower rates than non-Latino Whites⁷

Individuals from non-affluent backgrounds had lower odds of receiving treatment for an eating disorder in comparison to affluent peers⁸

Eating Disorders are Disabling

Eating disorders can cause some of the highest levels of medical and social disabilities of any psychiatric disorder.⁹



This infographic developed in partnership with



Area Health Education Centers
Strengthening the Nation's Healthcare Workforce

Sources:

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