

Eating Disorder Risk and Preventative Factors

A range of risk factors have been identified in the literature relating to the onset of eating disorders. Development of an eating disorder is multi-factorial and highly dependent on the individual. Understanding the range of risk factors and their potential contribution to onset of eating disorders is central to identifying at-risk groups and providing effective screening and prevention programs, as well as targeted treatment.

Known risk factors for bulimia nervosa (BN) and binge eating disorder (BED) include childhood abuse or trauma, body dissatisfaction and childhood obesity¹ and for AN: thin-ideal internalization² anxious, perfectionistic, and obsessional traits and emotional dysregulation^{3,4,5,6,7}. There is very little research on risk factors for the other eating disorders.

There are two significant emerging areas in the study of risk factors: genetic studies and the impact of the gut microbiota and immune system. Large scale genomic studies have indicated a genetic component to risk of anorexia nervosa (AN), BN and BED⁸.

Evidence of genetic risk factors for other eating disorders are also growing⁹. A recent meta-analysis of 33 datasets from international genome-wide association studies identified eight loci associated with significant risk of developing AN¹⁰.

Genetic susceptibility to binge eating behaviours has also been found across BN and BED. One study identified six genetic polymorphisms associated with the development of BN in people living in larger bodies¹¹.

These emerging areas may prove potential targets for treatment.

Risk Factors

A number of factors increase a person's vulnerability to developing an eating disorder.

High frequency (or severe) dieting is the single biggest predictor for the development of an eating disorder.

Early onset of dieting is associated with poorer physical and mental health, more disordered eating, extreme body dissatisfaction and more frequent general health problems.

Biological Factors	Personal and Psychological Factors	Social and Environmental Factors
<ul style="list-style-type: none"> • Biological sex (female) Age (15-25 years) • Family history of eating disorders • Biological issues • Childhood overweight/obesity • Early menstruation • Chemical imbalance • Exposure to concurrent presentation of Affective Disorder, Substance Abuse or Obsessive-Compulsive Disorder 	<ul style="list-style-type: none"> • Low self-esteem • High stress reactivity • Inability to label emotions • Perfectionism • Obsessive compulsive traits • Neuroticism • Negative self-evaluation • Harm avoidance • Competitiveness • High levels of guilt, self-blame and shame • Avoidant coping style • High concern about what others think • Impulsive or obsessive behaviours 	<ul style="list-style-type: none"> • Cultural acceptance or internalisation of the thin ideal • Peer competitiveness or pressure to diet or be thin • Difficult interpersonal relationships • Exposure to intense competition in career or hobbies • Participation in sport where there is an emphasis on appearance • Pressure to achieve and succeed • Childhood trauma • History of bullying • Adverse life events

Eating Disorder Protective Factors

Protective factors may reduce the likelihood of the development of an eating disorder. Protective factors have not been as widely studied.

There is a great need for further study in this area as research and clinical literature have suggested that specific individual factors may protect against disordered eating behaviours.

Biological Factors	Personal and Psychological Factors	Social and Environmental Factors
<ul style="list-style-type: none">• Age/sex at time of onset• Brain maturation• Chemical balance/stability• Awareness of internal hunger and satiety cues• Neurobiological functioning	<ul style="list-style-type: none">• High self-esteem• Positive body image• Self compassion• Healthy eating and exercise habits• Positive emotional well-being and the ability to regulate emotions• Assertiveness and self-awareness• Effective problem solving coping skills• Self-determination	<ul style="list-style-type: none">• Involvement with sport where there is no emphasis on physical attractiveness or thinness• Family stability & connectedness• Regular family meals• A family that does not overemphasise weight• Strong sense of community inclusion• Positive peer relationships• Critical processing of media images• Body acceptance by others• Cultural acceptance or internalisation of the thin ideal

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