

# The dirty secret of clean diets



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## An obsession with so-called health foods can mask serious mental illness

ORTHOREXIA nervosa is a term used to describe an obsession with healthy eating. Literally meaning 'correct appetite' in Greek, the disorder was named in 1997 by American doctor Steven Bratman to describe an obsessive focus on so-called clean eating, which is following a diet that is highly restrictive or completely devoid of certain food groups.

Orthorexia fits in the Other Specified Feeding or Eating Disorder (OSFED) category in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

A person with OSFED may present with some of the symptoms of eating disorders such as anorexia nervosa but will not meet the full criteria. Nonetheless, it is a serious mental illness that can occur in adults, adolescents and children and accounts for 30% of people who seek treatment for eating disorders.

Orthorexia often co-exists with other anxiety disorders and is more common in young women.

### TRIGGERS AND CAUSES

Orthorexia has become more prominent during the past decade due to the culture of clean eating.

Reflecting people's disillusionment and confusion over changing health advice from official sources, the rise of orthorexia also corresponds with the advent of social media and the trend of people posting pictures of their food.

Social media platforms have enabled many unqualified individuals to become hugely successful influencers while

disseminating their own health messages. The resulting environment is a minefield for people trying to seek trustworthy health information.

Orthorexia sufferers may be vulnerable to the inaccurate or exaggerated messages pushed by some of these influencers.

Even if a person accesses factual information, dysfunctional and often anxiety-based beliefs about food fuel the risk of distorting accurate health messages.

### PSYCHOLOGY

From a psychological perspective, orthorexia can negatively affect a person's life. For example, they might not go out to dinner because they believe they can't eat anything on the menu.

They will deliberately minimise attending social events as they prefer to eat – and be in control of – their own meals at home. This preoccupation can also be

time-consuming (planning, preparing and sourcing foods and information) and expensive. Often there is a sense of feeling righteous and elements of perfectionism are applied to food behaviours and selection.

Beneath the impression of healthiness that is presented to others, there is often underlying anxiety that is managed through careful food choices and behaviours. The anxiety often manifests if there is some interruption to the individual's capacity to adhere to their regimen.

Being healthy is about maintaining physical as well as emotional health. While people suffering from orthorexia may appear healthy because they are following a clean diet, the associated anxiety from undertaking such a restrictive regimen bears an emotional cost.

Orthorexia can be treated by a psychologist through cognitive behavioural therapy (CBT) and other mindfulness



strategies. Intervention from a dietitian is also recommended because accurate nutritional information from a credible source is essential.

### DIAGNOSIS AND TREATMENT

Although orthorexia may be difficult to detect, there are subtle warning signs that may become apparent during a consultation. Physical indicators of orthorexia could include weight loss, lowered immunity (such as persistent colds), problems with cognition, nutritional deficiencies or osteoporosis.

Emotional indicators may include high anxiety, conversational alerts that show hypervigilance around clean eating (such as an admission that a whole food group has been eliminated) and negative talk relating to eating (such as “I have been eating badly”, “I have not been good”).

If this is the case, the GP could ask general questions about health and wellness

and the patient’s eating and exercise patterns. Because of the secrecy and emotional loading inherent with this issue, the GP would aim to build trust through a general discussion around encouraging a healthy mind as well as a healthy body.

### QUESTIONS FOR PATIENTS

- “Is it OK if I talk to you a bit about your eating patterns? It’s an area people can often find stressful and there’s so much information out there.”
- “Can you give me an idea of what you’ve eaten today/last couple of days?”
- Make some inquiries about emotions to try to ascertain whether the patient’s belief system is rigid to the point where they have withdrawn from social activities.
- If orthorexia is suspected but the patient doesn’t seem anxious and there are no other health concerns or nutritional deficits, aim to have a follow-up appointment

to manage and monitor. Treat through psychoeducation and guidance – aim to help the patient work towards a healthy body and mind.

- If the patient is highly anxious and the answers point to orthorexia, the GP may encourage participation in an anxiety test, then offer to make a referral to a psychologist. Through treatment with CBT and other mindfulness strategies, the sessions will help to challenge their thinking by exploring the belief systems that have been negatively affecting the patient and help with goal/limit setting and emotional regulation. ■

### Resources

Eating Disorders Victoria [www.eatingdisorders.org.au](http://www.eatingdisorders.org.au)

Beyondblue [www.beyondblue.org.au](http://www.beyondblue.org.au)

National Eating Disorders Collaboration [www.nedc.com.au](http://www.nedc.com.au)

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### Practice points

- Orthorexia can be difficult to detect.
- Physical warning signs include weight loss, lowered immune function, problems with cognition, nutritional deficiencies and osteoporosis.
- Emotional warning signs include high anxiety, hypervigilance with clean eating and withdrawal from social events.
- Patients can be secretive about orthorexia. Developing rapport is important.
- Gather information by firstly asking general questions about lifestyle and eating patterns.
- Suspicion of orthorexia without patient anxiety or nutritional deficits should prompt a follow-up appointment.
- If patient is anxious, refer to psychologist for treatment.
- Referral to a dietitian is recommended.