



Eating disorders often occur alongside a substance use disorder. The DSM-5 (the tool used to diagnose mental disorders) identifies substance-related disorders as disorders stemming from the use of 10 different classes of drugs including caffeine, marijuana, alcohol, and opioids.¹

Both substance use disorder and eating disorders can cause complex issues, including social issues, emotional issues, and physical issues. When these disorders occur together, they can be especially dangerous and impact an individual's course of treatment. At Selah House Outpatient - Nashville, we focus on individualized care and address all diagnoses to positively impact recovery.



SOCIALLY



EMOTIONALLY



PHYSICALLY

HOW EATING DISORDERS AND SUBSTANCE USE DISORDER ARE RELATED

Research on binge eating indicates that for certain people, bingeing on “forbidden” foods can cause an increase in dopamine – like what happens with cocaine use – and can be thought of as an addiction to bingeing. However, at Selah House Outpatient - Nashville, we believe that eating disorders aren't the same as substance use disorder.

We focus on changed behavior and making peace with food rather than treating an addiction to a particular substance. This differs from substance abuse treatment in that substance use disorder involves an addiction to a substance, some of which may fuel disordered eating.²

27% of people with anorexia, **37%** of people with bulimia, and **23%** of people with binge eating disorder (BED) abuse or are dependent on other substances. Up to **50%** of those with eating disorders have abused alcohol or illicit drugs, a rate up to **five times higher** than the general population.^{3, 4, 5, 6}

The exact cause of eating disorders and substance use disorder remains unknown but both share common risk factors, including:

- Family history
- Low self-esteem
- Social isolation
- Risk of suicide
- Other mental health diagnoses

The substances most frequently abused by individuals with eating disorders or symptoms of these disorders include caffeine, tobacco, alcohol, laxatives, emetics, diuretics, appetite suppressants (amphetamines), heroin, and cocaine.⁶

1. Mulheim, L. (2019, March 18). Eating Disorders and Substance Abuse: How Are They Related and How Are They Treated? (S. Gans, Ed.), Verywellmind.
2. Costin, C., & Grabb, G. S. (2017). 8 Keys to Recovery from an Eating Disorder Workbook (8 Keys to Mental Health). W. W. Norton & Company.
3. Hudson J.I., Hiripi E., Pope H.G., Kessler R.C. (2007). The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. *Biol Psychiatry*, 61(3), 348-358.
4. Milos, G., Spindler, A., Buddeberg, C., & Cramer, A. (2003). Axes I and II comorbidity and treatment experiences in eating disorder subjects. *Psychother and Psychosom*, 72(5), 276-285.
5. Ulfvebrand, S., Birgegard, A., Norring, C., Hogdahl, L., & von Hausswolff-Juhlin, Y. (2015). Psychiatric comorbidity in women and men with eating disorders results from a large clinical database. *Psychiatry Res*, 230(2), 294-299.
6. The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (2003). *Food for Thought: Substance Abuse and Eating Disorders*. The National Center on Addiction and Substance Abuse (CASA). Columbia University; New York.

If you or a loved one is experiencing eating disorder symptoms, please contact Selah House Outpatient - Nashville at 615.857.4943.



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