

Eating Disorders: 8 genetic markers identified: What does this mean for treatment, early intervention and combating stigma?

It's estimated that Eating Disorders and Disordered Eating together affect over 16% of Australia's population. Binge Eating Disorders (BED) and Other Specified Feeding or Eating Disorders (OSFED) are the most common eating disorders, affecting approximately 6% and 5%, respectively, while Anorexia Nervosa (AN) and Bulimia Nervosa (BN) each occur in below 1% of the general population. (NEDC)

Eating Disorder public rhetoric has been steeped in myths like; "It's a lifestyle choice"; a disease "caused by the mother"; dishing out unhelpful advice "just eat a burger", or congratulating individuals on weight loss and equating optimal health to weight loss.

Eating Disorder practitioners long known from anecdotal evidence, that stigmatising messages are harmful to individuals and carers who are seeking early intervention and ongoing treatment.

Now the results of a ground-breaking research study at QIMR Berghofer genetic epidemiology laboratory will challenge these outdated beliefs.

Professor Nick Martin, head of the laboratory, said the research had been conducted over six years and involved studying 17,000 anorexia nervosa cases worldwide.

He told ABC News - "*they expected to find genes that are clearly implicated in the psychiatric mental and health aspects of the disease, which is obviously important, but what has taken us by surprise is finding that there seem to be very strong links with metabolism as well.*"

EDQ agrees with Professor Martin's statement that "*stigma was often attached to eating disorders, and the parents often blamed themselves. I'm hoping that the results of this study will change that perception and alleviate that guilt.*"

Belinda Chelius, EDQ's General Manager, interviewed on ABC Radio shared - "*as practitioners we have longed held the idea, from treatment-related evidence, that Eating Disorders have layers of complex contributors, and having scientific evidence now to reference, is a significant step in reducing stigmas and encouraging individuals and families to get early intervention and support.*"

Gerome Breen, a geneticist at King's College London who co-led the study with US researchers at the University of North Carolina at Chapel Hill, noted that Anorexia has the expected correlations with anxiety, depression and OCD. However, there's also a set of apparently healthy metabolic correlations not seen in any other psychiatric disorder. Although they appear healthy, the **metabolism genes seem to combine with genes linked to psychiatric issues and raise the risk of anorexia.**

In developing Anorexia, there's about a 60% genetic component and 40% environmental factor.

BBC News spoke with renowned eating disorder specialist, Professor Janet Treasure, from the Institute of Psychiatry at King's College London. She explained, "*when most people lose*

*weight, there are signals in the body that push back, stimulating the appetite, which is very important in controlling the set-point of weight. It's possible that when people lose weight with anorexia nervosa, they **haven't got such strong drivers getting the set-point back to normal.***

Breen also noted that “we think people are **getting cause and effect wrong**. It's not the perfectionism that's causing the anorexia, it's the tendency towards having anorexia that is causing the increased perfectionism.”

Belinda Chelius EDQ's General Manager, can relate to the study's findings, as seen in day to day treatment practice, “We sense genetics interact with an individual's environment, whether it is driven by body dissatisfaction, high demanding environments of professionals, or unhealthy and unrealistic societal pressures, in the form of diet culture and the imposed morality on foods labelled as good or bad, creating a perfect storm for an eating disorder to kick in.”

The QIMR Berghofer study highlights the need to clarify the metabolic component, which is a critical direction for future research, and paying attention to both psychiatric and metabolic components may be key to improving outcomes.

Fundamental metabolic dysregulation may contribute to the exceptional difficulty that those with anorexia nervosa have in maintaining a healthy BMI (even after therapeutic renourishment). Results encourage consideration of both metabolic and psychological drivers of anorexia nervosa when exploring new avenues for treating this illness, that can end in death.

EDQ treats the range of eating disorders using a holistic approach, which creates a sense of community, belonging and safety for those individuals suffering from eating disorders and their loved ones.

Lisa Kelly Peer Worker at EDQ noted that these ground-breaking findings will be helpful and reassuring for some, but that “service providers still need to have a holistic approach, with community connection and belonging at its core, where relationships with food can be explored in a safe environment.” These elements were key to Kelly's recovery and ongoing relapse prevention.

EDQ values the individual as the expert in their own life. We recognise the expertise, strengths and skills clients/ individuals bring to their recovery journey. In recovery, we value the process as well as the outcomes and recognise that eating issues are caused by a complex interaction of socio-cultural, familial, biological and individual factors. Our practitioners work to support people to:

- Develop an understanding of the underlying issues that have contributed to their eating issue
- Decrease experiences of isolation, shame and misinformation surrounding their eating issues
- Explore and reconnect with the person's sense of self
- Enhance capacity to seek supports that will assist in the recovery journey

- Identify and develop alternative coping strategies

Our practitioners work collaboratively with individuals, integrating an array of interventions depending on the needs, hopes and goals of the individual. Interventions underpinned by person-centred approach, inclusive of feminist practice, anti-oppression and a strong social justice perspective. Adding new research outcomes to our toolbox is exciting, especially if it means sustained recovery for all.

Marc Bryant, a Carer representative at EDQ, feels encouraged by the study, saying *“by easing the heavy burden of guilt on carers and friends through the results of this study EDQ hopes to give people new hope and belief in recovery for their loved one. As the more we understand about EDs the greater the chances of reducing the impacts to everyone involved and a better future for all.”*

As Marc was a carer for his child during recovery from Anorexia, he feels excited, *“because I know of the guilt, specifically, parents carry, and even a small amount of relief from that will mean a huge boost to parent's energy and commitment, to the terribly difficult job we have.”*

REFERENCES

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