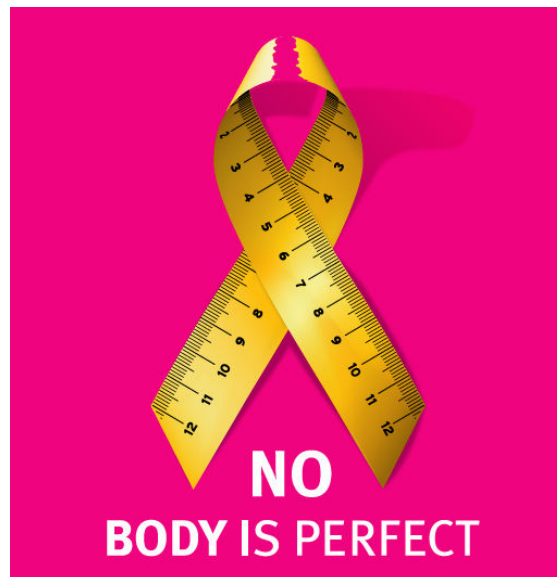


Manifesto

against

**Unhealthy Body Perfection
for the Prevention of Eating Disorders**



S-O-Ess –Initiative against Eating Disorders

**Promoted by the City of Vienna and the Vienna Programme for Women's
Health**

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Initiators **Of the Initiative S-O-Ess**

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The Initiative S-O-Ess is supported by

- Sophie Karmasin, (Dr.) manager „Karmasin Motivation Research“
- La Hong, fashion designer
- Manfred Pichelmayer, (Dr.) president of the Austrian advertising council, section advertising & market communication at the Vienna Business Chamber
- Cordula Reyer, top model
- Doris Rose, manager and owner of fashion label Jones
- Andrea Weidler, manager „Wiener Models“ (models in Vienna)



We ascertain:

Eating disorders are a societal phenomenon of our times. The number of girls and women falling ill with anorexia, bulimia and binge eating disorders is on the rise. Most recently, however, boys and men too are increasingly having to cope with these symptoms.

Unrealistic beauty ideals derived from an exaggerated desire to be slim and young provide a perfect breeding ground for eating disorders. The fashion world, industry and business communicate unhealthy medial “examples” propagating extreme thinness and physical aesthetics linked with recognition, success, happiness and self-esteem. All of this may have serious consequences.

The Initiative’s Objectives:

Unrealistic - and thus unhealthy - ideals for women are to be corrected, while health-promoting standards are to be established through concerted action and close cooperation on the part of the media, advertising, business, industry and the fashion world.

Theses objectives are to be achieved by:

- Exchange and networking with opinion leaders and prominent representatives from industry, business, the media, advertising and the fashion world
- Networking knowledge between experts on eating disorders and representatives from industry, business, the media, advertising and the fashion world
- Generating responsibility, social conscience and alertness in these fields towards establishing corporate social responsibility
- Endorsing an international trend to fight exaggerated efforts to be slim and young
- Launching new initiatives against eating disorders (e.g. by establishing quality seals for businesses communicating healthy images of women, developing ethical guidelines and a lobby for voluntary self-restriction, etc.)

What we know about eating disorders:

- **Eating disorders constitute a serious form of mental disorder.**



- **Persons suffering from eating disorders develop massive physical diseases some of which are irreparable.**
- **Social and professional lives of persons suffering from eating disorders are strongly impaired.**
- **The economic follow-up costs incurred by eating disorders are enormous.**

Frequency of eating disorders

- 90 to 97% of persons affected by eating disorders are girls and young women. ¹
- It is presumed that more than 200,000 women in Austria will suffer from eating disorders at least once in their lives. Taking into account the total population of Austria on a random reporting day a minimum of 2,500 girls between age 15 and 20 suffered from anorexia and more than 5,000 girls suffered from sub-clinical eating disorders, a less serious form of the former. A minimum of 6,500 women between age 20 and 30 suffered from bulimia. ²
- In Vienna alone more than 2,000 girls and approximately 100 boys are currently threatening to fall ill with anorexia or bulimia. ³
- In Austria there is a notable increase in in-patient treatment for eating disorders. In 1989 269 persons were registered (89% were women), in 2000 that number had increased to 1,471. ⁴
- In Germany 42% of all girls consider themselves too fat, 100,000 women between 15 and 35 years of age are suffering from anorexia and 600,000 are suffering from bulimia. ⁵



Dissatisfaction with physical appearance and risk behaviour are on the rise. ^{6,7}

- 90% of girls and 80% of adult women are unhappy with their physical proportions.
- 82% of girls and women are afraid to put on weight.
- For 84% of girls and 80% of women self-esteem has to do with weight.
- 52% of girls have already been on a diet without actually having been overweight.
- 15% of girls admit to having vomited intentionally to reduce their weight.
- 9% of girls admit to having taken laxatives to reduce their weight.
- 3% of girls have taken diuretics.
- 3% of girls have fasted for more than 24 hours in a row.

Serious physical implications of eating disorders ⁸

- Absence of menstrual period (amenorrhoea) and reduced reproduction capacity later in life (infertility, miscarriages, premature births)
- Arrhythmia
- Osteoporosis early in life, at age 30
- Chronic kidney trouble
- Irritations and fissures in the esophagus
- Enlargement of the salivary gland (throat to lower jaw)
- Erosion of enamel and increase in caries
- Elektrolyte imbalance (changed blood salt levels)
- Lanugo hair (fine hair – hair growth in several body parts)
- Cramps
- Numbness, dizziness or unconsciousness
- Unusual sensitivity to cold
- Dry skin, hair loss from scalp
- Peripheral swelling (oedema)
- Chronic constipation and other problems related to the gastro-intestinal tract
- Lack of sexual interest

In the long term anorexia has the highest mortality rate of all mental disorders (18 % after 20 years and 20% after 30 years). For women aged 15 to 24 the annual mortality rate with anorexia nervosa is more than 12 times higher than the annual mortality rate with other causes. ^{9, 10}



Economic follow-up costs

Complications with eating disorders require both in-patient and out-patient treatment and along with subjective suffering for patients and their relatives incur costs for the national health system and the economy as a result of sickness rates and incapacity for work.

In-patient treatment costs

In 2006 435 persons received in-patient treatment for eating disorders at the hospitals of the Vienna Hospital Association (KAV). Internal calculations carried out by the KAV have come up with an approximate value of costs of a minimum of 12,000 Euro per treatment and patient (based on full cost). Treatment costs for all patients therefore amount to a minimum of 5.22 million Euro annually at the hospitals of the Vienna Hospital Association.¹¹

In all of Austria 1,471 persons were diagnosed with eating disorders and received in-patient treatment in 2000. Careful projections on the basis of full cost calculated for in-patient treatment of eating disorders at the Vienna Hospital Association arrive at estimated costs of 17.7 million Euro for in-patient treatment for all of Austria.

Treatment costs for licensed psychotherapy

In 1999 the Vienna Regional Health Insurance Company assumed costs for treatment by licensed psychotherapists for a total of 560 clients diagnosed with eating disorders. The costs incurred amounted to 1.7 million Euro annually for Vienna.¹²

PLEASE NOTE: there are no figures on how many persons with eating disorders are treated privately or receive therapy privately, the costs for which are not covered by health insurance companies. In Austria an estimated 14,000 persons on any given reporting day are afflicted by eating disorders (see *frequency of eating disorders*).

Both of the above calculations did not take into account indirect costs such as:

- Loss of productivity due to incapacity for work
- Missed school days, repetition of classes
- Costs incurred by social insurance companies prior to diagnosis (it takes approximately 7 years for an eating disorder to be recognized as such)

What causes and triggers eating disorders:



Many factors contribute to eating disorders and their causes must never be seen as one-dimensional only. Eating disorders, family, personal and biological causes aside, are significantly influenced and nourished by society's craving to stay slim and young.

Pictures in the media which propagate extreme thinness, convey unmistakable physical aesthetics and ring up connotations with recognition, success, happiness and self-esteem may have serious consequences. Striving to meet such promising ideals externally quickly becomes a ready-made solution strategy for inner conflicts. Physical appearance, "the thinner the prettier", is closely linked to one's mental condition: to be lovable, desirable and recognized. This frame of mind alone can soon lead the way to eating disorders.

Dissatisfaction with one's own physical appearance is considered a risk factor for developing eating disorders. This dissatisfaction is significantly higher in industrialized countries than in so-called developing countries. Frequent diets are considered a high-risk factor for developing such diseases.



Conclusion:

Scientific studies and statistical data are proof that:

- Anorexia and bulimia may be fatal. ¹³
- Anorexia is the primary cause of death among all mental disorders. ¹⁴
- 90-97% of persons affected are women. ¹⁵
- Approximately 6% only of persons suffering from bulimia and approximately 33% only of persons suffering from anorexia receive psychological or psychiatric treatment. ¹⁶
- Most fashion models are thinner than 98% of women in America: ¹⁷
- Girls are persuaded by diet instructions in magazines to step up unhealthy measures in order to lose weight. ¹⁸
- 52% of all girls have already been on a diet without having been overweight. 15% of all girls admit to having vomited intentionally to lose weight. 9% of all girls admit to having taken laxatives to reduce their weight. ¹⁹
- The World Health Organisation (WHO) lists a number of indicators for examining a person's state of health - the Body Mass Index being one of them; a BMI below 20 indicates a person is underweight. According to the WHO a BMI below 18.5 is reason for concern. It clearly indicates a state of being underweight which requires further accompanying measures to examine that person's state of health. A BMI between 20 and 24.99 is used to define normal weight and is considered ideal for good health.



Declaration

Having taken note of the above scientific findings and being aware of the responsibility towards all current and future victims the participants in the initiative have decided to join forces and combat eating disorders creatively and constructively.

We commit ourselves to...

- 1) ... promoting healthy images of women in public with all our might thereby setting a positive example for young women in particular.
- 2) ... not showing the wrong “ideals“ and not admitting fashion models to catwalks and photo shootings who have been clearly diagnosed with eating disorders.
- 3) ... not admitting fashion models under 15 to catwalks, as we believe that girls and boys of that age are not ready for the professionalism of the fashion industry and would only run the risk of conveying the wrong messages to peers undergoing the difficult stage of pre-adolescence.
- 4) ... urging our members and fashion agencies to only carry clothing sizes 34 (British size 8) and up in their lines of clothing, as we are convinced that regular sizes are necessary not just from the health, cultural and ethical point of view, but from the economic point of view as well.
- 5) ... supporting medical facilities and associations in launching information campaigns aimed at modifying beauty ideals towards positive identity formation and social behaviour.
- 6) ... using our contact with the media to call for a ban of photographs depicting women who are suffering from eating disorders or who are



clearly too thin, as well as for a ban of contents glorifying thinness – as in diet instructions – and declaring women’s bodies - and increasingly those of men too – as “problem zones” that need to be dealt with.

- 7) ... providing for internal regulations which take into account the principles expressed in this declaration.

We hope for the consent of all those who can influence society’s good examples in a positive and health-promoting way (advertising, industry, business, the media, fashion producers, fashion designers, modelling agencies, photographers, stylists and others).

This declaration of intent is binding for all signatories.

Beate Wimmer-Puchinger

Commissioner for Women’s Health, City of Vienna

Vienna, February 21, 2007



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