

Eating Disorder Quiz Answer Sheet

The **correct answer is bolded**, and an explanation follows each question

1. You are concerned about a friend who has been bingeing on food and then and “throwing up”. You explain that an eating disorder is a:

- A. Strong desire to lose weight because of seeing such thin women in the media
- B. Fad, a phase, or a lifestyle choice for eating or dieting that is hard to change
- C. Warped body image in girls that leads to refusal to eat, or purging
- D. A. Serious, treatable illness that affects physical and emotional health**

Rationale:

Eating disorders may be down-played in the media, but they are very serious, even deadly illnesses. They often occur after anxiety disorders like obsessive compulsive disorder (OCD) and are not simply a behavior choice made by the patient. A distorted body image is part of most eating disorders, but it is not simply because of the media showing glamorous, very thin women. Many men also have eating disorders, but fewer than women. People may also have disordered eating if they need to lose weight for sports or want to “bulk up”. Eating disorders are thought to be a genetic and biologic disorder as well as a psychiatric illness, not just from extreme dieting.

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2. You are upset when your depressed friend refuses to eat and she is taken to the hospital to have a feeding tube put in. You believe that:

A. The risk for falls, injuries, even death is very high without nutrition

B. It is only OK to force nutrition on someone who is depressed if they are young

C. People who are ill and aging usually become more isolated and “waste away”

D. Your neighbor doesn’t want you to see her like that, so it’s best not to visit her

Rationale:

People with eating disorders usually have brittle bones that could break easily with falls or injuries. Weakness and dizziness is likely when people don’t drink and eat enough. Forcing nutrition is the last resort, to keep the person alive until they start eating. People who are depressed and feeling suicidal are not considered “of sound mind” in the legal sense, so they are protected by the court system. The patient may start to feel “safe” and may again consider hope for recovery. It is not a natural part of aging to quit eating when isolated and depressed. But, poor appetite and some weight loss often occur with anxiety and depression. Eating disorders can happen at any age, but are often overlooked in older people. Ethical and legal problems caused by resisting voluntary treatment can sometimes delay medical care. The nutrition and medical treatment is not all that is needed. The psychiatric illness also needs to be treated. The support of friends and family is very important as they reconnect with life and learn to hope again.

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3. Your friend was able to eat again and the feeding tube was removed. As she was being discharged from the hospital, the nurse explained how to continue her treatment at home by:

- A. Using relaxation skills if “stressed out” from a need for constant supervision
- B. Taking medicine or alcohol to help with appetite, anxiety and sleep problems
- C. Using your care team, and community resources to find support**
- D. Avoiding contact with other people during times of stress or disordered eating

Rationale:

It is important to keep in contact with the different people in your health care team. Social workers may be especially helpful to arrange community programs and resources. Using alcohol to “numb” emotions is unhealthy both physically and mentally. Recreational drug or alcohol use can interfere with emotional development and can cause harmful interactions with a patient’s prescribed drugs. If the patient needs constant supervision, or if there are safety concerns, it may be impractical for the person to stay at home. Healthy coping skills and relaxation can be helpful, but that isn’t always enough. Sometimes more help is needed. If they stay away from family, friends, and their health care team, recovery will be much more difficult.