

Exploring Eating Disorders Handout

Goals and Objectives

- To recognize and find ways to manage eating disorders
- To be more aware of how seriousness eating disorders and binge eating are
- To describe anorexia or bulimia and some of the signs or symptoms
- To discuss triggers for disordered eating
- To list a risk factor you have for eating disorders, and how its effects on you can be decreased
- To describe a way you want to improve your nutrition or health

What is emotional eating?

- Eating for comfort, or in response to emotions, rather than for hunger
- (Emotional Eating Handout describes some skills you can learn to decrease the emotional “pull” of food.)
- Moods, stress, and related “triggers” include feeling a loss of control or having vague feelings of anxiety.
- Negative emotions can lead to eating too much (as with binge eating disorder).
- Sometimes anxiety and depression can lead to poor appetite and not eating enough - Nutrition supplements may be needed.

What are eating disorders?

- Serious, complex, and distressing conditions that affect people of all ages and social classes
- Harmful to physical and emotional health
- Can cause loss of ability to function well in school or work, and relationships
- May lead to life-threatening medical conditions or suicide
- Eating disorders are not a fad, a phase, or a lifestyle choice, and anorexia is not simply “dieting gone bad”.

What happens with anorexia?

- In anorexia nervosa’s cycle of self-starvation, the body lacks nutrition it needs, and slows down to conserve energy.
- Physical changes may include:
 - Brittle bones, muscle loss and weakness

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- Very slow heart rate and low blood pressure (with risk for heart failure as heart muscle changes)
- Severe dehydration that can cause kidney failure, fainting, tiredness, weakness, and dry skin
- Hair loss, and growth of a downy layer of hair all over the body in an effort to keep warm

What happens with bulimia?

- Binging and purging (excessive eating and self-induced vomiting) can affect the entire digestive system.
- Bulimia can lead to chemical imbalances and serious damage to body organs.
- Dehydration and loss of electrolytes like potassium and sodium can lead to irregular heartbeats, even heart failure and death.
- Eating too much and vomiting can cause the esophagus or stomach to tear, become inflamed, or develop ulcers.
- Stomach acids released during vomiting can also cause tooth decay and staining.

What happens with binge eating?

- Binge eating disorder has health risks similar to obesity
- Even if not overweight, people are more likely to have :
 - High blood pressure
 - High cholesterol levels
 - Type II diabetes
 - Gall bladder disease
- Females and males are affected about equally. Eating, food, and weight control become obsessions
- People with an extreme desire to become more muscular may risk using steroids or other dangerous drugs to “bulk up”

Eating disorders in the United States

- Millions of people struggle with anorexia, bulimia, or binge eating disorder.

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- One myth is that eating disorders are uncommon, and not serious illnesses. People with eating disorders actually need professional help, but many of them keep their illness secret.
- People may believe the myth that they are just dieting, and that “dieting” is normal - But anorexia is not dieting, it’s an illness!

Other myths

- Our society tends to see eating disorders as an illness of female, white, young women.
- This myth could limit treatment for males, and people of other ages or cultures who also have it.
- Some people think an eating disorder will end when the person is thin enough.
- With a distorted view of their body size and shape, they may never think they are thin enough.
- You may think eating disorders are only about a person’s weight, but it is often related to an anxiety disorder or a need for control.

Signs of eating disorders can include:

- Extreme thinness
- Intense fear of gaining weight, and disturbed eating behavior
- Eating, food, and weight control can become obsessions
- A distorted body image, hating the way all or specific parts of the body look
- Loss of a girl’s menstrual period, which increases their risk for osteoporosis (weaker, brittle bones)

Possible signs of anorexia

- Skipping meals, taking tiny portions, not eating with others, or ritual eating
- Eating only a few “safe,” low-calorie or low-fat foods
- Hiding excessive thinness by wearing baggy clothes
- Insisting they cannot feel good about self unless thinner
- Holding to rigid standards of perfection
- Exercising too much or obsessively – “Can’t miss a day”
- Becoming socially isolated and withdrawn

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Possible signs of bulimia

- Emptying cupboards and/or refrigerator in secret binges
- Buying “binge food” (usually junk food or food high in calories, carbohydrates and sugar)
- Using laxatives or other drugs like, diet pills, water pills, or “natural” products to promote weight loss
- Lacking impulse control and using alcohol or street drugs to deaden appetite or to escape emotional pain

Effects of poor nutrition

- Thinking will be less clear, and the person may feel:
 - Irritable, unable to focus, with decreased ability to listen or process information
 - Cold, fatigued, low on energy, with a headache or nausea
 - Unable to function as well in school or work (The brain of a child or teen with an eating disorder may not develop as it should)
- People tend to get sick easier because of lowered immune system (it is harder to fight germs)

Risk factors for eating disorders

- Low self-esteem
- Pressure to be thin (as in popular culture or other cultures)
- Using food as a way of coping with negative emotions
- Not being allowed to express emotions
- Rigid “black or white” thinking (“being thin is good” and “being fat is bad”)
- Obsessive compulsive disorder (OCD) and anxiety disorders may lead to an eating disorder
- History of sexual abuse (and/or post-traumatic stress disorder)

Other risk factors for teens

- Low family connectedness, absence of positive adult role models
- Parents who diet and criticize child’s weight
- Weight-related teasing, or poor involvement in school

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- Peer group encouragement to diet, or involvement in weight-related sports
- Teens with unhealthy weight control behaviors may also have more health risk factors, like smoking, substance use, or unprotected sex

Canadian Paediatric Society, (2004). Dieting in adolescence. Position Statement. Paediatric Child Health, 9(7), 487-491.

Circle the following risk factors or contributing factors that to you have:

- Low self-esteem?, anxiety?, family problems?
- Troubled personal relationships?
- Trying to be “perfect?”, feeling like you are not good enough?, trying to meet cultural ideals of beauty and thinness?
- Trying to meet ideals of body building and strength?
- *Which of them can be treated or improved?*

Set goals for treatment

- The earlier a person seeks treatment, the more likely they will recover physically and emotionally
- Return to a healthy weight (sometimes the person needs to be in the hospital for treatment).
- Treat the emotional issues (Education and therapy may be very helpful).
- Reduce behaviors or thoughts that lead to disordered eating (recognize triggers and distorted thinking).
- Prevent relapse (follow-up and support is needed after being in the hospital).

Return to a healthy weight

- Gaining weight can be difficult and uncomfortable – Calories should be increased gradually.
- Even with improved energy and mood, they usually still fear fatness and long for thinness.
- Some patients do better with nutrition supplements, if it is easier to drink liquids than eat solid foods.
- Eat frequent small meals or snacks and avoid calorie-free drinks.

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- Sometimes the person needs intravenous (IV) fluids or some nutrition through a feeding tube until they are eating enough.

Seek help

- Get psychiatric treatment.
- Anxiety, depression, obsessive-compulsive disorder (OCD), or substance abuse may be making the eating disorder worse.
- Go to counseling or therapy.
- Find out more about your illness and treatment.

Discussion:

How does a person find treatment?

What kind of treatment have you heard of?

Recognize “triggers”

- Situations or relationships can cause “triggers” that increase thoughts and behaviors of disordered eating.
- Avoiding the triggers during recovery can be helpful, but that is not always possible. One simple example is a girl who said, “My eating disorder is triggered by seeing someone who is thin and prettier than I am”.
- Finding support and using coping and relaxation skills can be helpful for the times when anxiety increases.

Discussion

What “triggers” do you have for unhealthy eating behaviors?

What could be done to avoid them or cope with them?

What do you think about when you look at celebrity or “people” magazines?

How does emotional eating affect you?

Discuss a myth about eating disorders and why it is untrue

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Find treatment

- Outpatient programs may offer day treatment and other therapies for eating disorders.
- There are some specialized residential programs for adults, adolescents, and children.
- Treatment may involve a combination of therapy, nutritional support, and medications.
- Medicines can be used to treat nausea and vomiting, depression, anxiety, or other symptoms.
- Because eating disorders are complex medical and psychiatric illnesses, getting back to a normal weight does not (by itself) mean it is cured.

Find support

- Some people have little or no family support.
- Don't rely only on family and friends for support.
- Accept the help and support from your health care team.
- Therapy can treat and support people with eating disorders as well as other psychiatric illnesses:
 - Group, family-based, or individual therapy
 - Cognitive Behavioral Therapy (CBT)
 - Nutrition counseling
- Learn as much as you can about your illness, its treatment, and ways to cope with it

Discussion

Are eating disorders a serious health problem? Why?

What risk factors do you have for eating disorders? How can their effects on you be decreased?

Describe a way you want to improve your nutrition or health.

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Learn From Stories of Real People

- A research study shared themes from people with eating disorders who recovered:
 - Feeling lack of control as an eating disorder developed and then feeling controlled by the disorder
 - Giving up [obsessive weight] control but regaining self-control
 - Feeling disconnected from family and friends
 - Facing death, and then reconnecting with life
 - Finding self-acceptance and self-determination during recovery

Patching, J. & Lawler, J. (2009). Understanding women's experiences of developing an eating disorder and recovering: A life-history approach. *Nursing Inquiry*, 16(1) 10-21.

Resources for Support

National Alliance on Mental Illness (NAMI) has fact sheets on eating disorders, links to resources for support, and discussion groups on its website at <http://www.nami.org>

See FEAST website - A resource for families: Families Empowered and Supporting of Eating Disorders at <http://www.feast-ed.org/>

See video segments on eating disorder from PBS - McPhee, L. (2009) NOVA Online: Dying to be thin. At Public Broadcasting System companion website <http://www.pbs.org/wgbh/nova/thin/program.html>

Diagrams of Anorexia and Bulimia's Effects on the body can be found at Eating Disorder Resources website. (2004). Retrieved 5-11-10 from <http://www.eatingdisordersresources.org/anorexiafaqdia2.gif> and from http://www.eatingdisordersresources.org/bulimia_easy_read.html

Conclusion

- Eating disorders are serious illnesses that need treatment and support.
- By learning more about anorexia, bulimia and binge eating disorder, those problems can be found and treated more quickly.
- Even if you don't have an eating disorder, you can help those who do.
- Be healthier on your recovery journey by keeping good nutrition and balance in your life.

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References

Becker, A. F., Mickley, D. W., Durenne, J. L. & Klibanski, A. Chapter 37: Eating disorders evaluation and management.

In Stern, T. A., Rosenbaum, J. F., Fava, M., Biederman, J. & Rauch, S. L. (2008). Massachusetts General Hospital comprehensive clinical psychiatry. (1st ed.). Philadelphia: Mosby/Elsevier

Chavez, M. & Insel, T. R. (2007). Eating Disorders: National Institute of Mental Health's perspective. *American Psychology*. 62(3), 159-166.

Kaye, W. H., Bulik, C. M., Thornton, L., Barbarich, N., Masters, K, & Price Foundation Collaborative Group. (2004). Comorbidity of anxiety disorders with anorexia and bulimia nervosa. *American Journal of Psychiatry*, 161(12), 2215-2221.

National Eating Disorders Association. (2008). NEDA Fact sheet on eating disorders. Retrieved 4-28-10 from [http://www.nationaleatingdisorders.org/uploads/file/in-the-news/NEDA-In-the-News-Fact-Sheet\(2\).pdf](http://www.nationaleatingdisorders.org/uploads/file/in-the-news/NEDA-In-the-News-Fact-Sheet(2).pdf) Or Common myths about eating disorders. In NEDA toolkit for educators, p. 13-14. Retrieved 4-28-10 from <http://www.nationaleatingdisorders.org/information-resources/toolkits.php>

National Institute of Mental Health. (2009). Retrieved 4-28-10 from NIMH website at <http://www.nimh.nih.gov/health/publications/eating-disorders/complete-index.shtml>

NMHA (n.d.) Mental Health America. Fact sheet: Eating disorders. Retrieved 4-28-10 from Mental Health America (Formerly National Mental Health Association) website at <http://www.nmha.org/go/eating-disorders>