What are Eating Disorders?
What are Eating Disorders?

They are serious health disorders with both emotional and physical problems that can have potentially life-threatening consequences for men and women of every age, race, religion, ethnicity and sexual orientation.

Involves extreme emotions, attitudes, and behaviors surrounding weight, food, and size.

<table>
<thead>
<tr>
<th>Includes:</th>
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<tbody>
<tr>
<td>• Anorexia Nervosa (AN),</td>
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<td>• Bulimia Nervosa (BN),</td>
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<tr>
<td>• Binge Eating Disorder (BED)</td>
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<tr>
<td>• Other Specified Feeding and Eating Disorders (OSFED)</td>
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</table>
Anorexia Nervosa...

... is characterized primarily by self-starvation and excessive weight loss.

Symptoms include:

- Inadequate food intake leading to a weight that is clearly too low
- Disturbance in the experience of body weight or shape
- Intense fear of weight gain, obsession with weight and persistent behavior to prevent weight gain
- Inability to appreciate the severity of the situation
In anorexia nervosa’s cycle of self-starvation, the body is denied the essential nutrients it needs to function normally. Thus, the body is forced to slow down all of its processes to conserve energy, resulting in serious medical consequences.

<table>
<thead>
<tr>
<th>Health Consequences of Anorexia</th>
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<tbody>
<tr>
<td>Abnormally slow heart rate and low blood pressure. The risk for heart failure rises as the heart rate and blood pressure levels sink lower and lower.</td>
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<tr>
<td>Reduction of bone density (osteoporosis), which results in dry, brittle bones</td>
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<tr>
<td>Severe dehydration, which can result in kidney failure</td>
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<tr>
<td>Muscle loss, fainting, fatigue and overall weakness</td>
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<tr>
<td>Dry hair and skin; hair loss is common</td>
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Bulimia Nervosa...

...is characterized primarily by a cycle of binge eating & compensatory behaviors such as self-induced vomiting in an attempt to undo the effects of binge eating.

Symptoms include:

- Frequent episodes of consuming very large amounts of food followed by behaviors to prevent weight gain, such as vomiting, laxative abuse and excessive exercise
- Feeling of being out of control during the binge-eating episodes
- Extreme concern with body weight and shape
- Most people are of a normal weight
**Health Consequences of Bulimia**

<table>
<thead>
<tr>
<th>The recurrent binge-and-purge cycles of bulimia can affect the entire digestive system and can lead to electrolyte and chemical imbalances in the body that affect the heart and other major organ functions.</th>
<th>Electrolyte imbalances that are caused by dehydration and loss of potassium, sodium and chloride from the body as a result of purging behaviors can lead to irregular heartbeats and possibly heart failure and death.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Some of the health consequences include:</strong></td>
<td>Potential for gastric rupture during periods of binging</td>
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<td></td>
<td>Inflammation and possible rupture of the esophagus from frequent vomiting</td>
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<td></td>
<td>Tooth decay and staining from stomach acids released during frequent vomiting</td>
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<tr>
<td></td>
<td>Chronic irregular bowel movements and constipation as a result of laxative abuse</td>
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</tbody>
</table>
Binge Eating Disorder...

...is a type of eating disorder characterized by recurrent binge eating without the regular use of compensatory measures to counter the binge eating.

Symptoms include:

- Indications that the binge eating is out of control, such as eating when not hungry, eating to the point of discomfort, or eating alone because of shame about the behavior

- Feelings of strong shame or guilt regarding the binge eating
Health Consequences of BED

<table>
<thead>
<tr>
<th>Binge eating disorder often results in many of the same health risks associated with clinical obesity; however people struggling can be any size.</th>
<th>High blood pressure</th>
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<tbody>
<tr>
<td>Some of the potential health consequences of binge eating disorder include:</td>
<td>High cholesterol levels</td>
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<td></td>
<td>Heart disease as a result of elevated triglyceride levels.</td>
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<td></td>
<td>Type II diabetes mellitus</td>
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<td>Gallbladder disease</td>
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<td>Musculoskeletal problems</td>
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</table>
Other Specified Feeding and Eating Disorders (OSFED)

A feeding or eating disorder that causes significant distress or impairment, but does not meet the criteria for another feeding or eating disorder.

**Atypical Anorexia Nervosa:** criteria for AN met but weight is not below normal

**Subthreshold Bulimia Nervosa:** criteria for BN met but with less frequent occurrences

**Subthreshold Binge Eating Disorder:** criteria for BED met but occurs at a lower frequency

**Purging Disorder:** purging without binge eating

**Night Eating Syndrome:** excessive nighttime food consumption
Why Do People Develop Eating Disorders?

Eating disorders arise from a combination of established genetic, behavioral, psychological, interpersonal, biological, and social conditions.

For some, dieting, bingeing, and purging may begin as a way to feel in control of one’s life.

While they may begin with preoccupations with food and weight, they are most often about much more than food.

People with eating disorders often use and control food in an attempt to compensate for feelings and emotions that may otherwise seem overwhelming.
Factors that Contribute to Eating Disorders

• Psychological
• Biological
• Interpersonal
• Social
Psychological Factors

- Low self-esteem
- Feelings of inadequacy or lack of control in life
- Depression, anxiety, anger or loneliness
Biological Factors

• Eating disorders have biological underpinnings and run in families.

• Genetic components—research about brain and eating taking place (certain chemicals in the brain control hunger, appetite and digestion have been found unbalanced)

• Genetic effects account for 88% of the liability for developing anorexia and 59 to 83% of the liability for bulimia. (Thornton, Mazzeo, & Bulik, 2011)
Interpersonal Factors

• Troubled family & personal relationships
• Difficulty expressing emotions & feelings
• History of being teased or ridiculed based on size or weight
• History of physical or sexual abuse
Social Factors

• Body dissatisfaction and drive for thinness are significant risk factors for the development of eating pathology and eating disorder behaviors

• Cultural norms that value people based on physical appearance and not inner qualities & strengths
Warning Signs of Anorexia Nervosa

- Dramatic weight loss
- Preoccupation with weight, food, calories, fat grams and dieting
- Refusal to eat certain foods, progressing to restrictions against whole categories of food
- Consistent excuses to avoid mealtimes or situations involving food
- Withdrawal from usual friends and activities
Warning Signs of Bulimia Nervosa

- Frequent trips to bathroom after meals
- Excessive, rigid exercise regimen; compulsive need to “burn off” calories taken in
- Discoloration or staining of the teeth
- Withdrawal from usual friends and activities
- Continued exercise despite injury
- Calluses on the back of hands and knuckles from self-induced vomiting
Warning Signs of Binge Eating Disorder

• Secretive about eating or binging episodes
• Repeated episodes of dieting or attempts at weight loss
• Uncomfortable fullness after binge eating episodes
• Large amounts of food may be missing from pantry or found in trash
• Larger than normal amounts of money spent on food
Warning Signs of Other Specified Feeding or Eating Disorder (OSFED)

• Preoccupation with weight but not as consistent as found in AN, BN, BED
• Increased isolation, depression, or irritability
• Compulsive or obsessive exercising
Serious, Life-Threatening... but Treatable

Eating disorders are not a “fad” or a “phase.” Anorexia nervosa has the highest mortality rate of any psychiatric disorder.

They are real, complex & devastating illnesses that can have serious consequences for health, productivity, & relationships.

The earlier a person seeks treatment, the greater the likelihood of physical and emotional recovery.
Prevalence of Eating Disorders

Eating disorders have maintained high prevalence rates, illustrating the need for more research, resources, and treatment for these illnesses.

As many as 20 million females and 10 million males in the United States will struggle with a clinically significant eating disorder at some point in their life. (Hudson et al., 2007)

Despite greater prevalence of eating disorders compared to other illnesses such as Alzheimer's Disease, Autism and Schizophrenia, research funding continues to be inadequate:

- Research dollars spent on Alzheimer’s Disease averaged $88 per affected individual in 2011. For Schizophrenia the amount was $81. For Autism $44. For eating disorders the average amount of research dollars per affected individual was just $0.93. (National Institutes of Health, 2011)
Eating Disorders Among Males

• Large scale surveys concluded that male body image concerns have dramatically increased over the past three decades from 15% to 43% of men being dissatisfied with their bodies; rates that are comparable to those found in women (Garner, 1997; Goldfield, Blouin, & Woodside, 2006; Schooler & Ward, 2006).

• Several small studies indicate that males are more likely to have been overweight before the onset of the eating disorder than females (Sharp et al., 1994; Carlat & Camargo, 1991).

• Males are more likely to engage in excessive exercise as a purging method than females (Weltzin et al., 2005).

• Although eating disorders affect a higher proportion of males with eating disorders who identify as gay or bisexual than females, the majority of males with eating disorders are straight (Strother et al., 2012).

• Males have eating disorders that are just as severe as those found in females, and also have similar responses to treatment (Weltzin et al., 2012).
Eating Disorders & Diversity

Eating disorders were once thought to affect only a narrow portion of the population in the teens and early twenties, but we now know that they affect people of every age, race, gender and socio-economic status.

- The prevalence of eating disorders is similar among Non-Hispanic Whites, Hispanics, African-Americans and Asians in the United States, with the exception that anorexia nervosa is more common among non-Hispanic whites.

- Adolescent Hispanics were significantly more likely to suffer from bulimia nervosa, and the researchers reported a trend towards a higher prevalence of binge eating disorder in all minority groups (Swanson et al., 2011).

- 15% of gay and bisexual males had a full or subthreshold eating disorder at some point in their life, compared to 4.6% of heterosexual males (Feldman & Meyer, 2007).

- Despite similar rates of eating disorders as whites, minorities are significantly less likely to receive help for their eating issues (Marques et al., 2011; Becker et al., 2003).
Co-Occurring Disorders & Eating Disorders

It is not uncommon for a person who is struggling with an eating disorder, to also be struggling with a co-occurring disorder:

• Research suggests that nearly 50% of individuals with an eating disorder (ED) are also abusing drugs and/or alcohol, a rate 5 times greater than what is seen in the general population
• Depression and other mood disorders co-occur quite frequently (Mangweth et al., 2003; McElroy, Kotwal, & Keck, 2006)
• There is a markedly elevated risk for obsessive-compulsive disorder (Altman & Shankman, 2009)
• Self-harm is a common co-occurring disorder found in those who are struggling with an eating disorder
• Post-Traumatic Stress Disorder (PTSD) is often a co-occurrence with persons who suffer from an eating disorder. Those who have experienced traumatic events may engage in an eating disorder to self-manage the feelings and experiences related to PTSD
Mortality and Eating Disorders

• A review of nearly fifty years of research confirms that anorexia nervosa has the highest mortality rate of any psychiatric disorder (Arcelus et al., 2011)

• Risk of death from suicide or medical complications is markedly increased for individuals with eating disorders (Crow et al., 2009)

• Individuals with an eating disorder not otherwise specified (EDNOS), which are sometimes viewed as a "less severe" eating disorder, have elevated mortality risks, similar to those found in anorexia nervosa. (Crow et al., 2009)
  • EDNOS was a categorization in DSM-IV. DSM-5 category is other specified feeding and eating disorder (OSFED).

• For females between fifteen to twenty-four years old who suffer from anorexia nervosa, the mortality rate associated with the illness is twelve times higher than the death rate of all other causes of death (Sullivan, 1995)
How to Help a Loved One

**Do:**
- **Learn** as much as you can about eating disorders
- **Be honest**, be vocal about your concerns
- **Be caring, but be firm**
- **Compliment** your loved one’s inner qualities
- **Be a good role model**, practice what you preach
- **Tell a trusted adult**, if applicable

**Don’t:**
- **Place shame, blame or guilt**
- **Make rules or promises** that you cannot or will not uphold
- **Give simple solutions**
- **Ignore or avoid** the situation until it is severe or life-threatening
Treatment of Eating Disorders

**Intervention**

Early diagnosis and intervention significantly enhance recovery. If not identified or treated in their early stages, eating disorders can become chronic, debilitating, and even life-threatening conditions.

**Professionals**

Clinical eating disorders require the care of a trained professional with expertise in the treatment of eating disorders.

**Support**

Family and friends can play a significant role in the recovery process.

**Recovery is possible!**

With support, love, and professional help, recovery from an eating disorder is possible.
Seeking Treatment

- Meet with a medical professional for initial assessment and diagnosis
- Review different treatment modalities and approaches
- Determine the level of care needed
- Interview providers to find best fit for individual’s needs
- Recommended treatment involves a multidisciplinary team of professionals (i.e. therapist, nutritionists, psychiatrist, physician)
- Communicate with insurance provider to ensure coverage
- Communicate with treatment provider/team to know how to best support loved one
- When individual is exiting inpatient facility, develop ongoing maintenance plan
- Follow-up care is recommended
- Family and friend support is beneficial to sustaining recovery!
Levels of Care

- Residential Treatment
- Inpatient Treatment
- Partial Hospital Treatment
- Intensive Outpatient/Outpatient
Residential Treatment

- Patient is medically stable and requires no intensive medical intervention.

- Patient is psychiatrically impaired and unable to respond to partial hospital or outpatient treatment.
Inpatient Treatment

Patient is medically unstable as determined by:

• Unstable or depressed vital signs
• Laboratory findings presenting acute health risk
• Complications due to coexisting medical problems such as diabetes

Patient is psychiatrically unstable as determined by:

• Rapidly worsening symptoms
• Suicidal and unable to contract for safety
Partial Hospital Treatment

Patient is medically stable but:
• Eating disorder impairs functioning, though without immediate risk
• Needs daily assessment of physiologic and mental status

Patient is psychiatrically stable but:
• Unable to function in normal social, educational, or vocational situations
• Engages in daily binge eating, purging, fasting or very limited food intake, or other pathogenic weight control techniques
Intensive Outpatient/Outpatient Treatment

- Patient is medically stable and no longer needs daily medical monitoring

- Patient is psychiatrically stable and has symptoms under sufficient control to be able to function in normal social, educational, or vocational situations and continue to make progress in recovery
Recovery is Possible!

The path to recovery is different for everyone, and each person’s experience with an eating disorder is unique.

Here are some NEDA resources to encourage and support recovery:

- Stories of Hope
- NEDA Recovery Forums
- Develop & Maintain Positive Body Image
- Proud2Bme.org
What Does NEDA Do?

Mission
NEDA supports individuals and families affected by eating disorders, and serves as a catalyst for prevention, cures and access to quality care.
Information & Referral Helpline

• The National Eating Disorders Association (NEDA) Information and Referral Helpline is confidential and refers callers to the information that best suits their needs

• Treatment referrals are available, as well as an interactive website with a wealth of informational handouts, resources, and links

• Phone line workers are highly trained volunteers and do not function as counselors or medical experts, but work with active listening skills to support callers and help them see the options available to them

• Click to Chat capability offers a choice to communicate with the Helpline through instant messaging rather than personally calling

Helpline: 800.931.2237
M-Th 9a-9p ET, Fri 9a-5p ET
NEDA NAVIGATORS

NEDA Navigators are trained volunteers who have experience, either personally or in support of a loved one, navigating the complex and overwhelming systems and emotions involved with the diagnosis and process of seeking help for an eating disorder. Volunteers are trained to be a knowledgeable, informal source of support and guidance to those who are new to the illness.

• Request a NEDA Navigator:
  Email info@nationaleatingdisorders.org

• Become a NEDA Navigator:
  Email admin@PFN.nationaleatingdisorders.org
Additional NEDA Support Resources

Parent, Family & Friends Network (PFN)

*Making Connections Magazine*: By and for PFN members, offering vital information on a diverse range of topics.

*PFN Webinar Series*: Learn directly from professionals in the field as well as others PFN members sharing their own journey.

*Loss Support Network*: Connecting those who have experienced the unique grief of losing a loved one to an eating disorder.

NEDA Helpline

*NEDA Helpline and Click-to-Chat*: 800-931-2237

*NEDA’s Online Eating Disorder Screening*: MyBodyScreening.org

*Online Forums*: For Siblings, Partners/Spouses, Parents, Males and Individuals Working Toward Recovery

Proud2Bme

*Proud2Bme.org*: A fun, safe and interactive community where young people can talk to each other and get support.

Education

*Annual NEDA Conference*: Uniquely designed to bring together families, professionals, educators and activists to connect and learn from one another.

*Learn section of the NEDA Website*: NationalEatingDisorders.org

*NEDA Toolkits*: Parent, Educator, Coach & Athletic Trainer
National Eating Disorders Awareness Week

Reaching millions of people each year, NEDAwareness week educates communities about the seriousness of eating disorders and the resources available. Early recognition and direction to treatment can help save lives.

Get in the Know!

www.NEDAwareness.org

February 22nd - 28th, 2015!
## How Can I Get Involved In NEDAwareness Week?

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<tr>
<th>Activity</th>
<th>Resources</th>
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<tbody>
<tr>
<td>Attend a <strong>NEDA Walk</strong></td>
<td>Ready-to-print posters</td>
</tr>
<tr>
<td>Build a <strong>Life-Size Barbie</strong></td>
<td>Host a movie screening</td>
</tr>
<tr>
<td>Join the <strong>Social Media Campaign</strong></td>
<td>Host an <strong>Eating Disorder Panel</strong></td>
</tr>
<tr>
<td>Become a <strong>Proud2Bme Activist and Media Watchdog</strong></td>
<td>Host a volunteer speaker</td>
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<td></td>
<td>Review <strong>NEDA’s Educator Toolkits</strong> with your colleagues.</td>
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<tr>
<td></td>
<td>Host an <strong>Online Eating Disorder Screening</strong></td>
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<td></td>
<td>Participate in a <strong>NEDA PFN Webinar</strong></td>
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<td>Attend a <strong>NEDA Walk</strong></td>
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<td></td>
<td>Offer <strong>NEDA resources</strong> to patients/clients or fellow parents.</td>
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<td></td>
<td><strong>Distribute NEDA’s Toolkits</strong> (Educator, Parent and Coach &amp; Athletic Trainer)</td>
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Visit NEDAAwareness.org to access all resources!
Thank you for participating in NEDAwareness Week 2015!

To learn more about how you can get involved, please visit:

www.NEDAwareness.org

Helpline: 1-800-931-2237
Business Line: 212-575-6200

www.NationalEatingDisorders.org