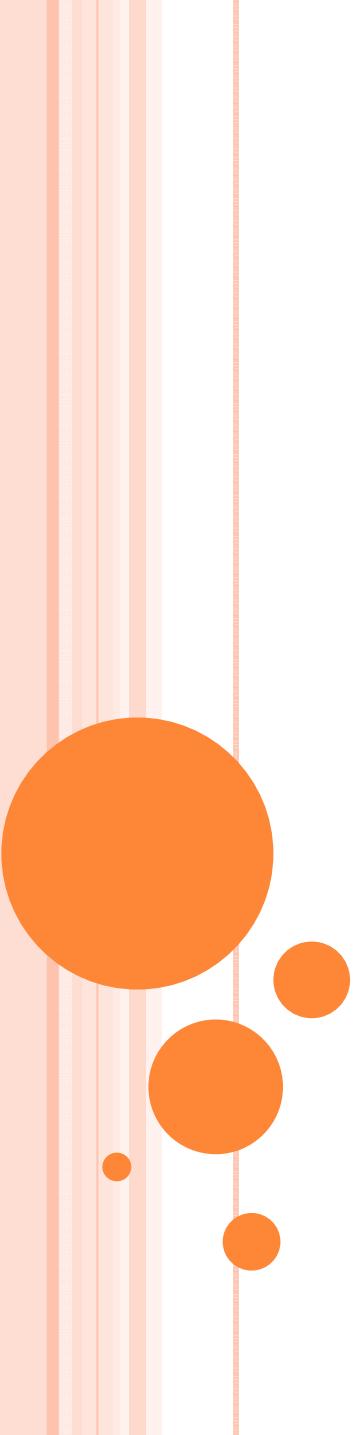


Eating Disorders: Myths and Truths

Jillian Lampert, PhD, RD, LD,
FAED
The Emily Program

I just know if I
could only lose a few
pounds, everything in my
life would fall into
place!

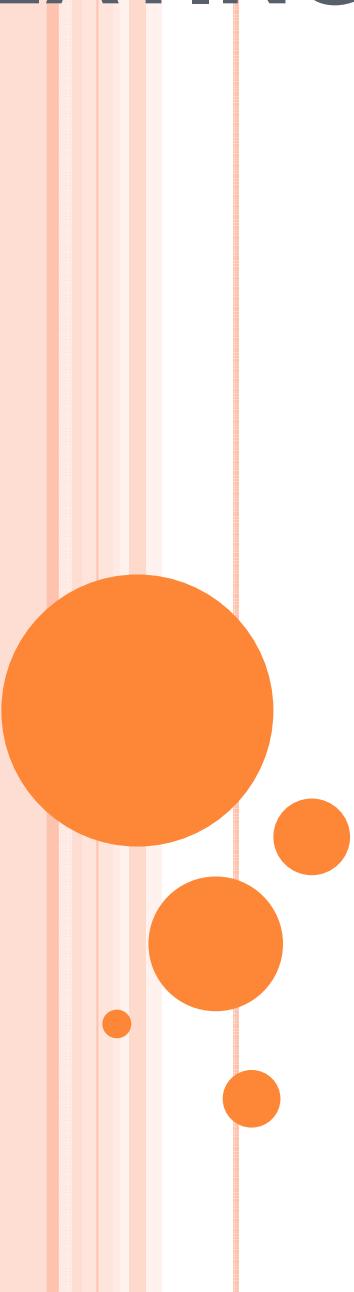




WHAT IF WE CHANGED THE WAY WE THOUGHT?

<http://www.youtube.com/watch?v=RKPaxD61Iwo>

EATING DISORDER BASICS



Eating disorders are common. Over 14 million people have an eating disorder in the US. That's 1 in 16 females and 1 in 33 males.

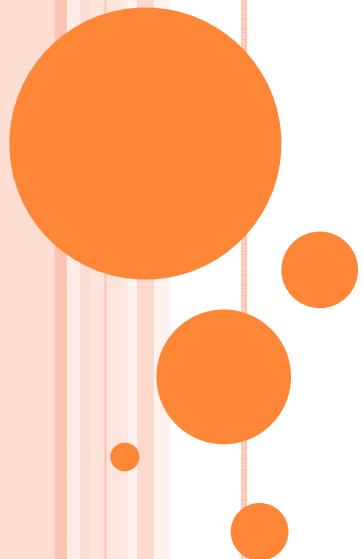
Eating disorders don't discriminate. They affect men, women, boys, girls, all ages, races, ethnicities, socioeconomic classes, etc.

Eating disorders aren't caused by just one thing. They are complex and require comprehensive treatment.

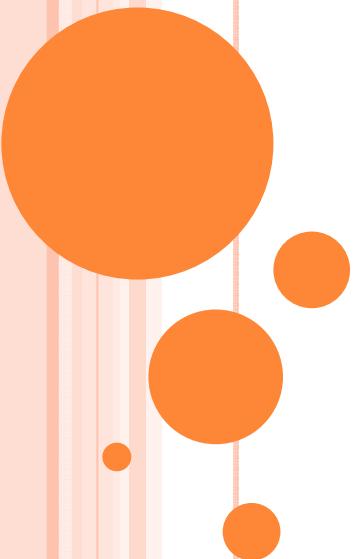
EATING DISORDER BASICS

You often can't tell by looking at someone that they have an eating disorder. Most people with eating disorders don't 'look like' they have an eating disorder.

People get better. They don't have to struggle with an eating disorder for their whole life. Recovery takes time, courage, and practice.



EATING DISORDER MYTHS

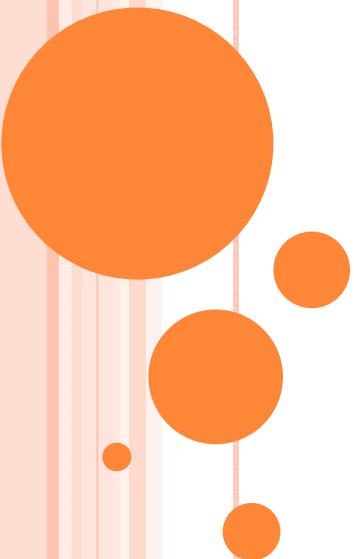


Eating disorders are a teenage phase.

Not only teenagers get eating disorders; they aren't a phase; they need treatment.

Eating disorders are a lifestyle choice, not really a serious illness. Eating disorders are a brain-based biological illness and have the highest mortality rate of all psychiatric illnesses and numerous physical medical complications.

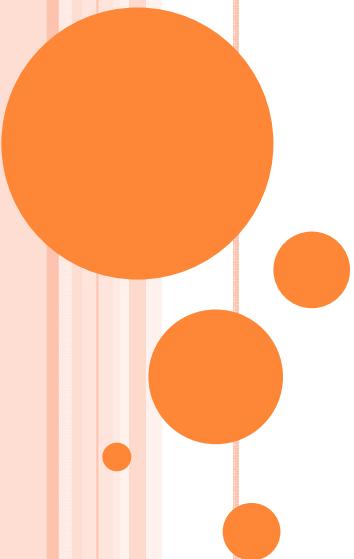
EATING DISORDER MYTHS



Eating disorders just affect women.
It's never been just a 'female illness'.
Increased awareness has helped increase access for males.

Eating disorders care is accessed by everyone who needs treatment. Only 10-20% of people get treatment due to barriers related to insurance, stigma, lack of resources, lack of close treatment.

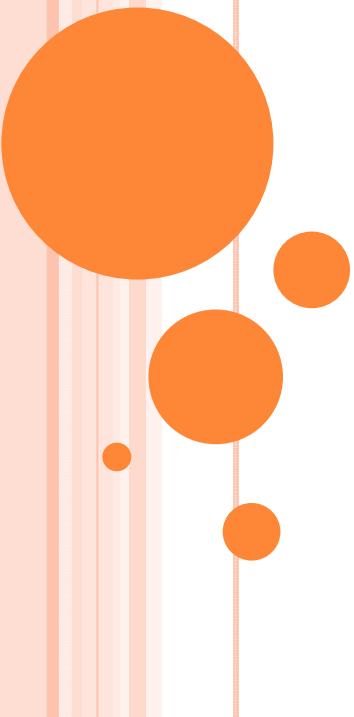
EATING DISORDER QUESTIONS



Why don't they just eat (or stop throwing up or stop binging)? It's not that simple. Eating disorders are complex; so is recovery. They don't develop overnight and don't resolve quickly.

Why do they affect more females than males? Pressure for females to meet appearance standards has traditionally been stronger; media is leveling the playing field pressure.

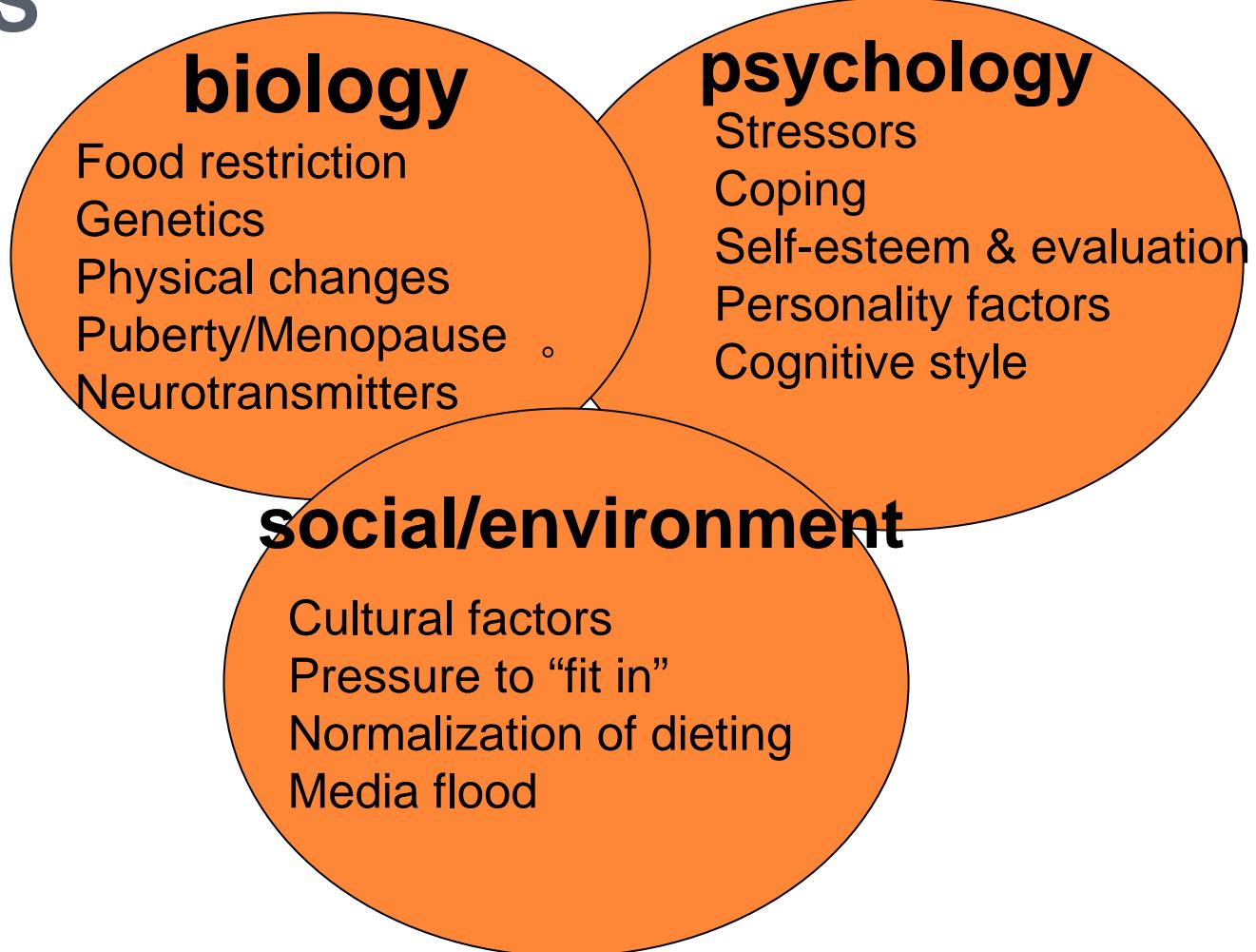
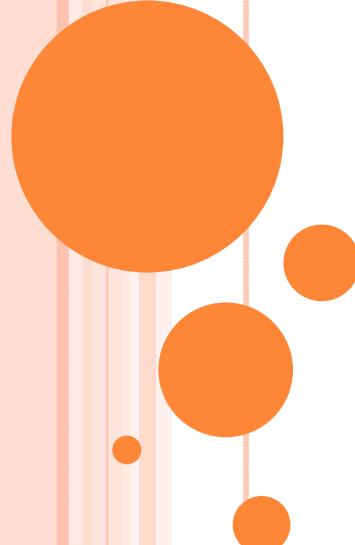
EATING DISORDER QUESTIONS



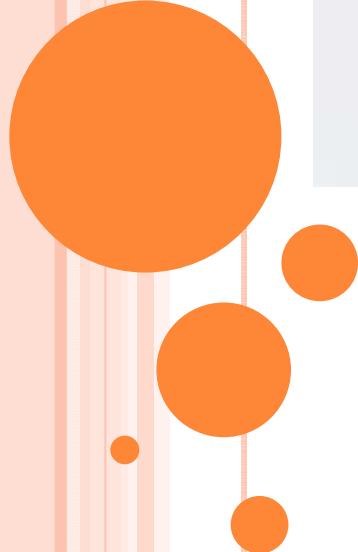
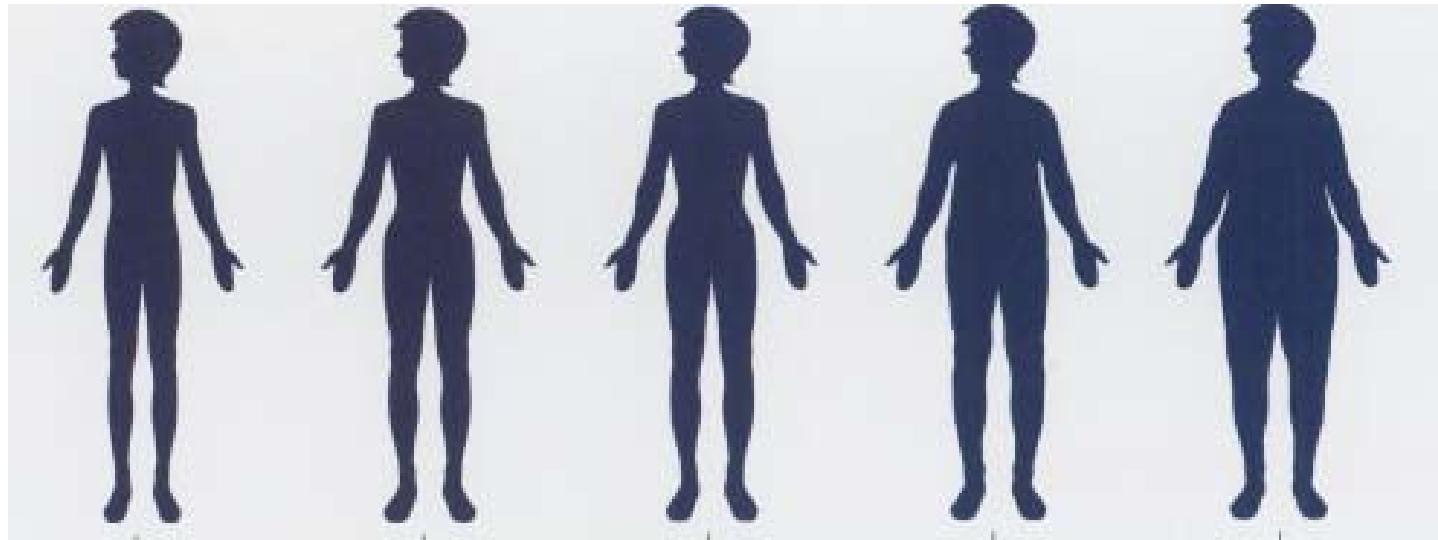
How are eating disorders connected to obesity? Binge eating disorder often leads to excessive weight gain and may contribute to weight issues for a significant proportion of the population.

Do eating disorders happen for a specific reason? Eating disorders are complex illness with multiple factors implicated in their development.

WHY DO PEOPLE GET EATING DISORDERS? BIO-PSYCHOSOCIAL MODEL OF EATING DISORDERS

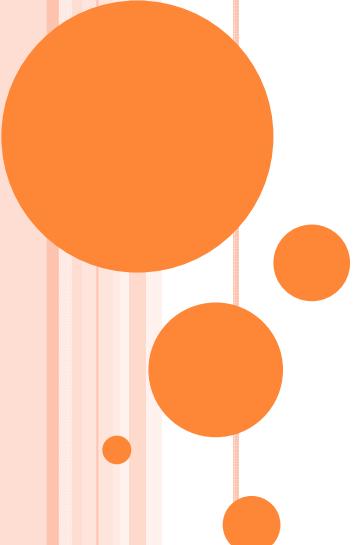


PEOPLE WITH EATING DISORDERS COME IN ALL SIZES



Dianne Neumark-Sztainer, "I'm like so fat" and Project EAT

EATING DISORDER (ED) DIAGNOSES



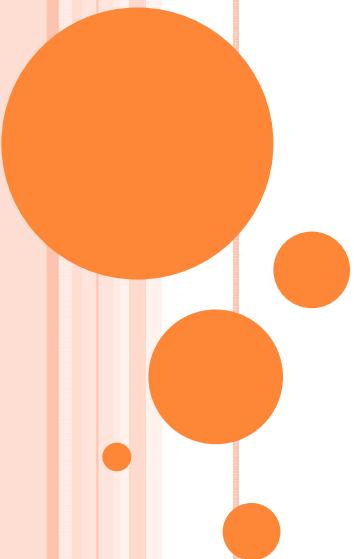
Anorexia Nervosa

Bulimia Nervosa

Eating Disorder Not
Otherwise Specified
(EDNOS)

Binge Eating Disorder

MORE DETAILS ON EACH DIAGNOSIS



Anorexia Nervosa (AN) is a serious life-threatening ego-syntonic disorder characterized by deliberate self-starvation, fear of weight gain, body image distortion, and undue evaluation of self based on weight and/or shape. The person becomes obsessed with food, weight , counting calories, and vigorous exercise.

Bulimia Nervosa (BN) is a serious life threatening ego-dystonic disorder characterized by recurrent episodes of binge-eating followed by self-induced vomiting or some other compensatory mechanism (laxatives, exercise, fasting, diuretics, etc.) as a means of controlling weight, feeling out of control with eating, and undue evaluation of self based on shape and/or weight.

MORE DETAILS ON EACH DIAGNOSIS

Eating Disorder Not Otherwise Specified (EDNOS):

All other eating disorders that do not meet specific criteria for either AN or BN

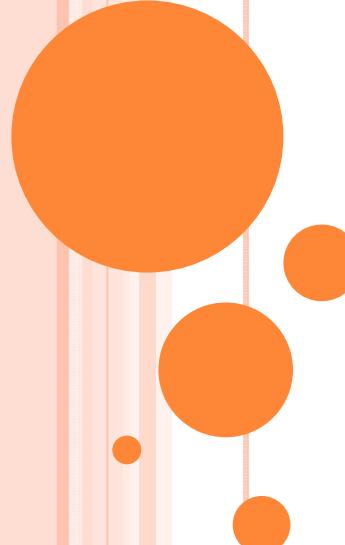


Binge-eating disorder (BED): Overeating large amounts of food with no use of compensatory mechanisms (e.g. purging, over-exercising, etc.), person is compelled to overeat, feels out of control, strong weight/shape concerns

Compulsive overeating (COE):

Overeating may be more grazing overeating through day rather than discrete binges, compelled to overeat, and feels out of control, strong weight/shape concerns

EATING DISORDERS AS ADAPTIVE FUNCTIONS



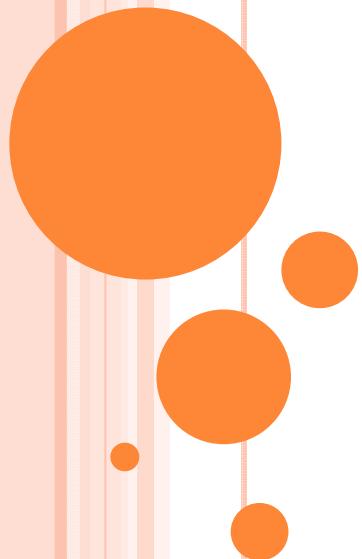
The behavior is doing some job/serving a function

Once the function is identified, it becomes easier to understand why it is difficult to give up and how it might be replaced with something else

Perhaps the function was not developed and the ED is a way to cope, communicate, project against, and solve problems to help an individual feel whole, secure, safe, and in control

Adaptations strongly supported by societal/environmental norms are hard to alter

WHAT IF SOMEONE HAS AN EATING DISORDER; WHAT DOES TREATMENT INVOLVE?

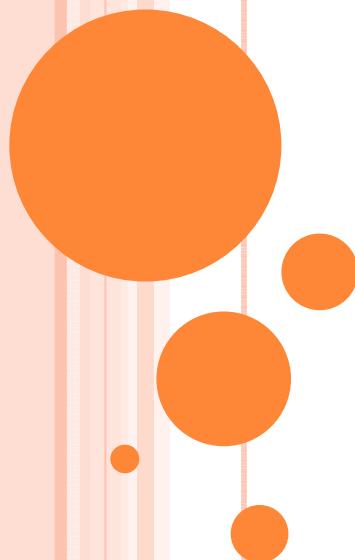


Treatment options

- Therapy
- Nutrition
- Medicine
- Psychiatry
- Residential
- Intensive Day or Partial
- Intensive Outpatient
- Family Based Therapy
- Outpatient
- Inpatient
- Group

GOALS FOR RECOVERY

- Eating and being active in tune with body's needs, physically and emotionally
- Eating when you are hungry & stopping when satisfied
- Eating what you truly want & a variety of foods
- Not avoiding foods out of fear
- Flexible, enjoyable, and balanced
- Not using food/ED behaviors to cope
- Food/ED is not the focus of a person's day
- Joyful movement
- Alternative coping skills



HOW TO TALK TO SOMEONE YOU ARE CONCERNED ABOUT

- Ask to talk to them alone in a quiet place. Tell them what have noticed about them. For example: “I notice you don’t want to go out to eat with us anymore”

“I notice that you look sad.”

“You seem really preoccupied with your weight or your eating.”

Ask for feedback. For example:

“What do you think about my concerns?”

Ask if you can help. For example:

“Is there something I can do to help?”

“Do you think you need someone else to help?”

Check in again. Be a friend. Be concerned and supportive.

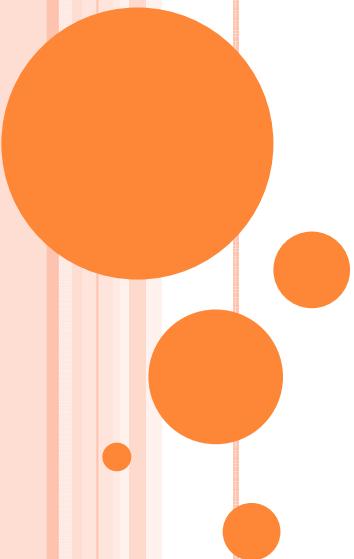
PREVENTION: WHAT CAN WE DO ABOUT IT?

- Stop dieting. Embrace mindful eating, joyful movement, and strong coping skills.
- Encourage identity development, self-esteem, self-efficacy, self-appreciation, mindfulness and self-care in young people and adults.
- Change the conversation about weight and appearance
- Change our internalization of the media
- Use our voices: change our spending habits

SUMMARY

It takes a lot of courage to release the familiar and seemingly secure, to embrace the new. But there is no real security in what is no longer meaningful. There is more security in the adventurous and exciting, for in movement there is life, and in change there is power.

~Alan Cohen



There came a time when the risk to remain tight in the bud was more painful than the risk it took to blossom.

~Anais Nin

Fall seven times, stand up eight.

~ Japanese proverb

RELIABLE INTERNET RESOURCES

www.emilyprogram.com

www.emilyprogramfoundation.org

www.aedweb.org

www.eatingdisorderscoalition.org

www.nationaleatingdisorders.org

www.tcme.org

www.mollykellogg.com

www.about-face.org

www.something-fishy.org

