

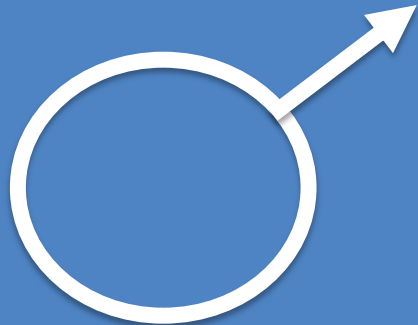
Eating Disorders: What you need to know

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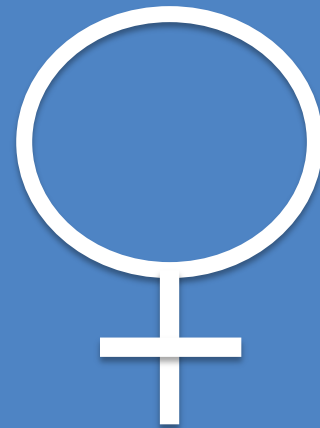


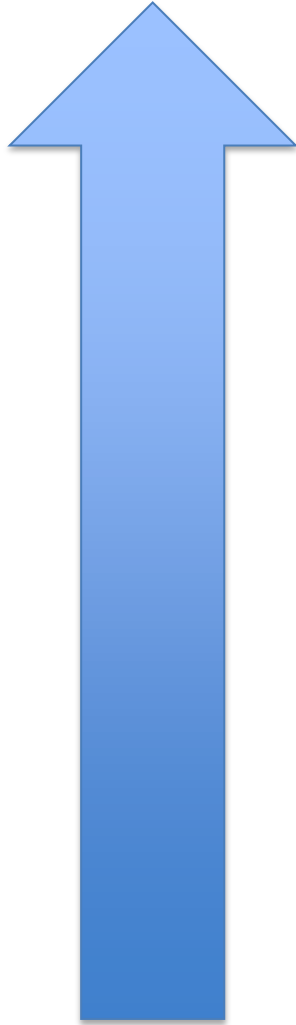
Why are we talking about eating disorders?

**10 Million
Males.**



**20 Million
Females.**



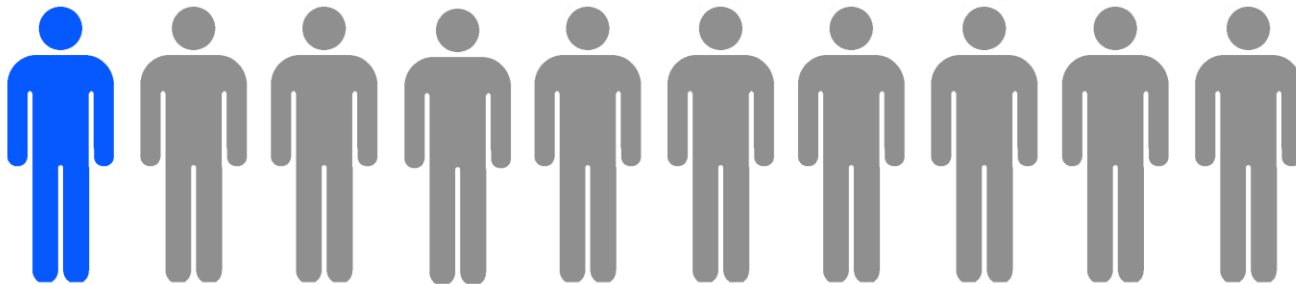


**Anorexia has
one of the
highest
mortality
rates of
mental
health
disorders**

Fichter M, and Quadflieg N , 2016

Chesney, E,et al, 2014.

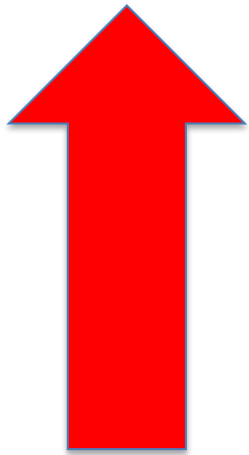
Only 1 in 10 men and women with eating disorders receive treatment



What Does an Eating Disorder Look Like?

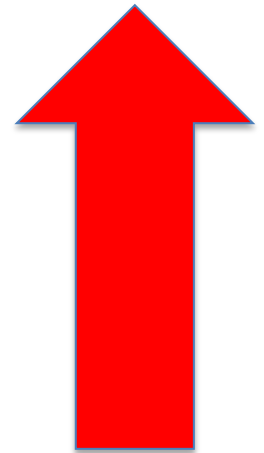


Eating disorders in children



- 5-12 year olds
- Males and minority youth
- 15-19 year olds with anorexia nervosa

**Between 1999-2006:
119% increase in eating disorder
hospitalizations for children
younger than 12 years old.**





**35% of
“normal”
dieters**

**...progress to
pathological
dieting**

**20 to
25%**

**...of those
progress to an
eating disorder**

(Shisslak, Crago, &
Estes, 1995) 8

46%
9-11
Year olds

..are “sometimes” or “very often” on diets.

Also, 82% of those *families* are also “sometimes” or ‘very often’ on diets.

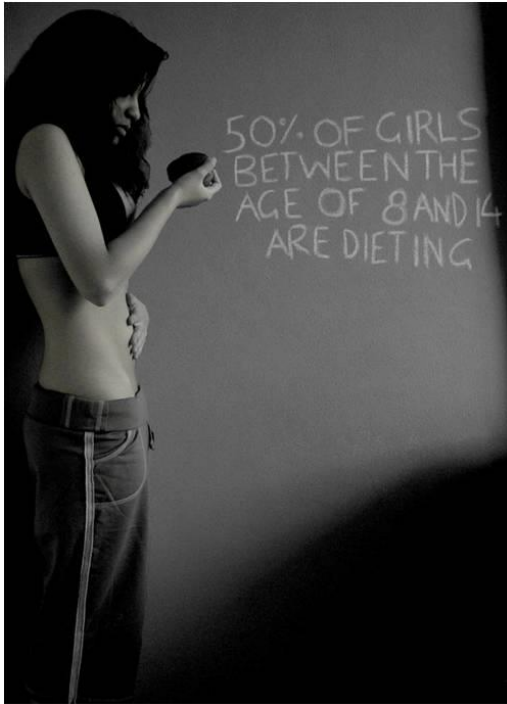
Over
80%

10 year olds are
afraid of being fat



30%

10-14 year olds are
actively dieting



Adolescent girls who diet are...

12 times more likely to binge eat

**>50%
Teen girls
>30%
Teen boys**

...use unhealthy weight control behaviors such as skipping meals, fasting, smoking cigarettes, vomiting, and taking laxatives.



Male teen body-image dissatisfaction has **tripled** in the last 25 years:

1991

15%



2016

45%



What Influences Body Image?

One of most important influences on body dissatisfaction and appearance focus in adolescent girls is **how appearance focused their peers are.**

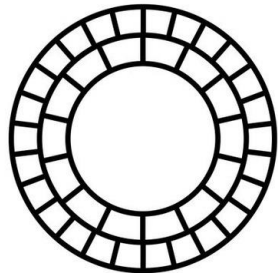


Parents and other family members



Personality Traits can make a person more or less vulnerable to things around us.

The Influence of Social Media



- Dina Borzekowski, professor at Johns Hopkins school of public health notes: “Social media may have a stronger impact on children’s body image than traditional media. Messages and images are more targeted: if the message comes from a friend it is perceived as more meaningful and credible.”



2006 Stanford University study found that 96% of girls who already had eating disorders had visited pro-anorexia websites and learned new weight loss techniques there.

DSM 5 Eating Disorders Diagnoses

Anorexia Nervosa

Bulimia Nervosa

Binge-Eating Disorder

**Avoidant/Restrictive Food Intake
Disorder**

**Other Specified Feeding or Eating
Disorder (OSFED)**

ANOREXIA NERVOSA

- **Food restriction**
- **Low body weight**
- **Fear of gaining weight**
- **Extreme concern with body, weight & shape**
- **Binge/Purge subtype**

Anorexia- signs and symptoms

- **Weight Loss**
- **Falling off growth curve**
- **Lanugo (soft, downy body hair)**
- **Always dressed in layers**
- **Pacing, constant movement**
- **Rigid, restrictive eating**
- **Not wanting to eat around others, making excuses not to eat**
- **Severe distress on discussion of weight or food**

“Orthorexia”



- Pop culture term, not a diagnosis
- Extreme focus on “healthful” eating leading to inflexible eating patterns
- Slippery slope to disordered eating, especially if:
 - Significant weight loss, nutritional deficiencies
 - Inability to eat anything but a narrow group of foods
 - Excessive time spent thinking about what to eat
 - High level of distress if “safe” or “healthy” foods aren’t available or rules are broken
 - Compulsive checking of ingredient lists and nutrition labels

BULIMIA NERVOSA

- Binge Eating: eating a large amount of food in a set time period with lack of control
- Compensatory Behavior – exercise, purging, laxatives, diet pills
- Once a week for 3 months
- Extreme concern with body weight and shape



Bulimia- signs and symptoms

- Can be any weight
- Dental problems
- Going to the bathroom or showering after meals to hide sound of vomiting



BINGE EATING DISORDER

- Binge Eating
- No compensatory behavior
- 1 binge a week for 3 months



What is Binge Eating?

- Eating, in a discrete period of time (e.g. within any 2-hour period), **an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.**
- **A sense of lack of control** over eating during the episode
- Eating much **more rapidly** than normal
- Eating **until feeling uncomfortably full**
- Eating large amounts of food when **not feeling physically hungry**
- **Eating alone** because of **feeling embarrassed** by how much one is eating
- **Feeling disgusted** with oneself, **depressed or very guilty** afterward

Binge eating disorder- signs and symptoms

- Obesity and associated complications
- Repeated diet failure
- High overlap with obesity



Avoidant/Restrictive Food Intake Disorder (ARFID)



- Extreme picky eating
- Significant weight loss
(or failure to achieve expected weight gain)
- Significant nutritional deficiency
- Dependence on enteral feeding or oral supplements
- Marked interference with psychosocial functioning

ARFID Presentations



Extreme picky eating
(often due to
sensory sensitivity)



Fear of Aversive
Consequences



Lack of interest in food
or eating

Causes and contributing factors

Biological

Psychological

Environmental

Psychiatric Comorbidities

80%

Clients with anorexia or bulimia have another psychiatric disorder

80%

Mood and Anxiety disorder most common

25-30%

Eating disorders clients also have substance use disorder

In Kids



Anxiety Disorder



Eating Disorder

Medical Complications of Eating Disorders

- Low blood pressure/pulse, risk of arrhythmias
- Osteoporosis, fractures
- Brain volume loss
- Delayed gastric emptying, gastroparesis
- Muscle wasting
- Lanugo on body, loss of hair from scalp
- Decreased body temperature, hypothermia

When possible signs of an ED are noted in an adolescent, intervention is crucial...

Because they are in the midst of crucial physical development, they are at risk for irreversible medial effects including:

- Growth retardation
- Structural brain changes
- Pubertal delay/arrest
- Impaired acquisition of peak bone mass

**What do I do if I
suspect someone
has an eating
disorder?**

Don't watch & wait!!!

General Clues to an Eating Disorder

- ✓ **Eliminating entire food groups.**
- ✓ **Skipping meals, “I’m not hungry” or “I already ate.”**
- ✓ **Lots of diet soda, gum, water, mints, etc.**
- ✓ **Isolation from friends, activities.**
- ✓ **Eating erratically, lots of rules.**
- ✓ **Constant talk of food/weight/calories.**
- ✓ **Eating in isolation (hiding the eating).**
- ✓ **Going to the bathroom or showering after eating.**

How to talk to someone...

PREPARE

- Have resources available
- Written information about eating disorders, where to go for help



TALK

- Make it private
- Share your concern
- Be calm
- Avoid words like “thin,” “skinny,” “fat”
- Keep focus on behavior changes such as, not eating with family, spending a lot of time exercising, etc

How to talk to someone...

LISTEN

- Be non-judgmental
- Allow them time to talk



RESPOND

- Summarize what you heard
- Tell them you think there's a problem with eating, body image or weight management
- Restate your concern
- Tell them they need help from a professional

How to talk to someone...

GET HELP

Get medical help if they have problems that scare you

- Throwing up daily or several times a day
- Fainting or complaining of chest pain
- Complaining of severe stomachache or vomiting blood
- Having suicidal thoughts



What do I do...as a parent?

- Family meals are important!
- Avoid talking about child's weight or physical appearance
- Eat healthy but...don't talk about calories, fat grams, buy low fat foods, etc
- Model good body image yourself and end "fat talk"
- "I'm worried about your eating. I would like you to see a specialist to talk more about your eating and how you are feeling about yourself."
- **Get help from professionals if indicated**

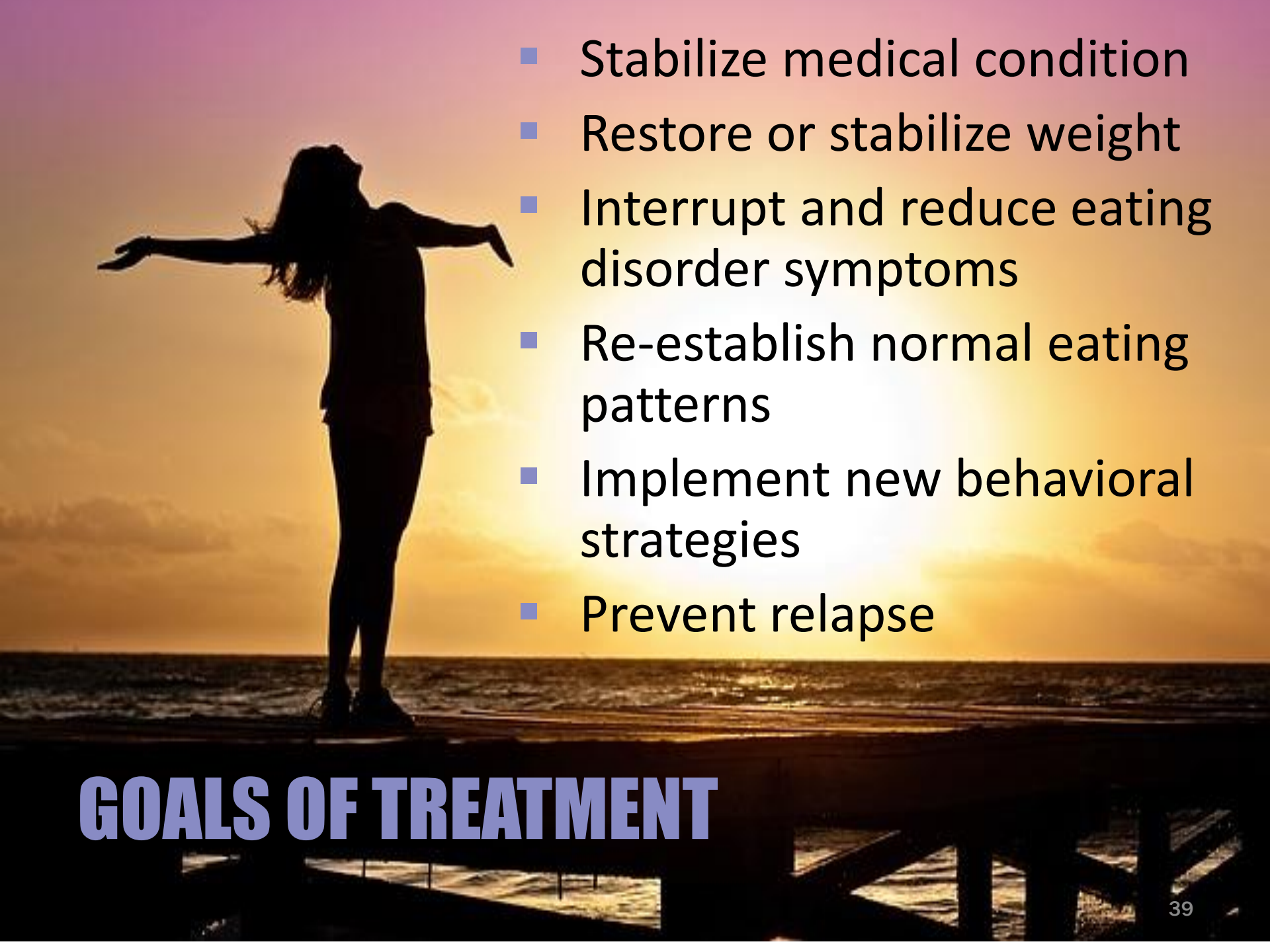
Window of Recovery

Full and lasting recovery can be achieved if the eating disorder is treated **within 5 years from onset.**



Treatment of Eating Disorders

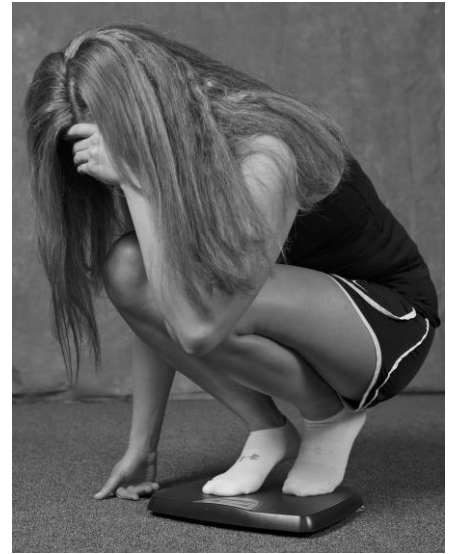
- Best Practice for treatment is a **multidisciplinary team** including:
 - **Primary Care Physician**
 - **Psychologist/Therapist**
 - **Registered Dietitian**
 - **Psychiatrist**
- AED & AAP recommends **family involvement**.
- Treatment includes an initial assessment to assess patient's current medical and psychological status.
- **The vast majority of patients only require an outpatient level of care.**

- 
- A silhouette of a person standing on a pier with their arms outstretched, set against a sunset background over the ocean. The person is facing away from the camera, looking towards the horizon. The sky is a mix of orange, yellow, and purple, and the ocean is dark with some whitecaps.
- Stabilize medical condition
 - Restore or stabilize weight
 - Interrupt and reduce eating disorder symptoms
 - Re-establish normal eating patterns
 - Implement new behavioral strategies
 - Prevent relapse

GOALS OF TREATMENT

Treatment Modalities

- Family Based Therapy (FBT)
- Cognitive Behavior Therapy (CBT)
- Cognitive Behavior Therapy Enhanced (CBT-E)
- Dialectical Behavior Therapy (DBT)
- Radically Open Dialectical Behavior Therapy (RO-DBT)
- Cognitive Behavioral Therapy –Avoidant Restrictive (CBT-AR)



Sources for additional information



Melrose Center www.melroseheals.com or 952-993-6200

- National Eating Disorders Association www.nationaleatingdisorders.org
- National Association of Anorexia Nervosa and Associated Disorders (ANAD) www.anad.org
- Academy of Eating Disorders www.aedweb.org
- Eating Disorders Coalition www.eatingdisorderscoalition.org
- The Ellyn Satter Institute <https://www.ellynsatterinstitute.org/>
- Dianne Neumark-Sztainer, PhD, “I’m Like, So Fat!”

