



## Anorexia Nervosa



### Recovery Kit

*Anorexia Nervosa*

*Binge Eating Disorder*

*Bulimia Nervosa*

*Negative Body Image*

*Guidelines For Talking  
About Your Eating Disorder*

*The Dangers of Dieting*

*Treatment For An Eating  
Disorder*

*What Causes An Eating  
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### What Is Anorexia Nervosa?

Anorexia nervosa has the highest mortality rate of any psychiatric illness.

- ◆ However, with proper treatment a full recovery CAN be made.
- ◆ Chances for recovery increase if treatment occurs during early stages

### Behavioral Signs Of Anorexia Nervosa

- ◆ Self-starvation resulting in extreme weight loss
- ◆ Preoccupation with food, weight and body image
  - » A great deal of time is spent thinking about food, counting calories and planning meals.
- ◆ Desire for thinness
- ◆ Distorted body image
  - » Seeing oneself as fat or feeling fat despite being underweight
- ◆ Intense fear of food and of gaining weight or becoming “fat.”
- ◆ Denial of hunger, tiredness and emotions
- ◆ Compulsive exercise
- ◆ Consistently making excuses to avoid food or not to eat.
- ◆ Isolation from peers, avoiding social situations especially involving food.
- ◆ Pre-occupation with food related activities
  - » Collecting recipes, baking for others but not eating the food made.
- ◆ Food rituals
  - » Eating only certain foods
  - » Eating in a certain way (eg chewing a certain number of times)
  - » Eating at certain times every day with little flexibility
  - » Omitting entire food groups from ones diet
- ◆ Difficulty concentrating
- ◆ Manipulative or secretive behavior
  - » It is important for the individual to hold on to their eating disorder, this is their way of coping, so a lot of energy is invested in concealing the illness from others.



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- ◆ Depression
  - » Depression can contribute to an eating disorder, or an eating disorder can cause feelings of depression. They often go hand in hand.

## Physical Complications

Many of the physical complications of anorexia are caused by nutritional deficiencies. Although this list is thorough, it is not complete. A medical evaluation is an important component to treatment of anorexia.

- ◆ Anemia
- ◆ Osteoporosis
- ◆ Hair loss
- ◆ Dry skin
- ◆ Sensitivity to cold
- ◆ Lanugo, a downy soft hair that grows on the body in an effort to keep the body warm.
- ◆ Amenorrhea (loss of menstrual period in women)
- ◆ Dizziness, fainting spells
- ◆ Heart problems, slow or irregular heart beat



## Binge Eating Disorder



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### What Is Binge Eating Disorder?

Binge eating disorder (BED) involves eating a large amount of food in a short period of time without compensating for eating by vomiting, excessively exercising, laxative or diuretic use.

### Behavioral Signs Of Binge Eating Disorder

- ◆ Feeling out of control when eating
- ◆ Feelings of shame and guilt following eating
- ◆ Eating in secret
- ◆ Eating when not hungry
- ◆ Eating little when around other people, but maintaining a high weight
- ◆ Binge eating
- ◆ Feeling controlled by eating or weight
- ◆ Avoiding situations or activities because of embarrassment about weight
- ◆ Weight or eating patterns determine how one feels about self
- ◆ Primary focus is weight. When things don't work out, it is attributed to weight.
- ◆ "Yo-yo" dieting, observable patterns of dieting, not dieting, and then dieting again.

### Physical Symptoms Of Binge Eating Disorder

- ◆ Diabetes
- ◆ High blood pressure related to weight
- ◆ Heart disease
- ◆ Fatigue
- ◆ Many complications often associated with clinical obesity.



## Bulimia Nervosa

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### What Is Bulimia Nervosa?

Bulimia nervosa is a cycle of binge eating (eating a large amount of food and feeling out of control) followed by purging. Purging may include self-induced vomiting, laxative use, diuretic use or excessive exercise. The purging behavior is aimed at ridding oneself of the food consumed during the binge. Concerns about weight and body shape are also characteristics of bulimia.

### Behavioral Signs Of Bulimia Nervosa

- ◆ Secretive eating (usually binges)
- ◆ Purging
- ◆ Bathroom visits after meals
- ◆ Avoiding social situations involving food
- ◆ Impulsive behavior
- ◆ Sadness, self-disgust, shame
- ◆ Fear of being fat regardless of weight
- ◆ Behavior suggesting food and weight are primary concerns

### Physical Symptoms Of Bulimia Nervosa

- ◆ Frequent weight fluctuations
- ◆ Swollen salivary glands,
- ◆ Puffy cheeks
- ◆ Broken blood vessels in eyes
- ◆ Electrolyte imbalance that can lead to irregular heartbeats and possible heart failure
- ◆ Marks on hands
- ◆ Inflammation and possible rupture of esophagus
- ◆ Complaints of sore throats, fatigue, chest pain
- ◆ Light headedness
- ◆ Tooth decay
- ◆ Anemia
- ◆ Irregular menstrual period
- ◆ Low immunity against colds/flu



## Negative Body Image



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### What Is Negative Body Image?

Negative body image or body dissatisfaction is a common experience for many people. Body image problems are not found only among individuals with eating disorders. People can experience negative body image no matter what they weigh.

### What Is Body Image?

Body image is your perception about how you look. It is your thoughts, feelings, and behaviors about how you think you look. Negative body image comes from a negative attitude about your appearance. It is not ABOUT APPEARANCE. It is related to generally feeling inadequate and bad about yourself.

### Physical Symptoms Of Bulimia Nervosa

Negative body image causes a lot of emotional distress.

- » Preoccupation with appearance takes a lot of time and energy. Spending time worrying about how you look and hating your body takes away from time you can spend with loved ones, or enjoying favorite activities.
- » Often, people attribute other things that have gone wrong or have not worked out in life to their appearance or weight “I am so ugly and fat, I will never get accepted to college.” Or “No one talks to me because I am not as skinny as they are.”
- » When stressed, rather than think about what is stressful or uncomfortable thoughts, it is common to become preoccupied with their appearance. It may feel safer than looking at the “real” issues.



## Talking About Your Eating Disorder

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### Guidelines For Talking About Your Eating Disorder

Most of the time, we read about how people can approach someone they are worried may have an eating disorder. We tend to ignore how to help people who have an eating disorder talk about it. This is a common struggle. How do you explain what is going on? How do you let people know what you need as you fight your eating disorder? This can be confusing and overwhelming, as people are afraid of being misunderstood or judged.

- ◆ Approach the topic when you are comfortable. It is important to talk about your eating disorder when you are ready, with people you are comfortable with and want to talk to.
- ◆ Be honest about your experience; let people know what types of things are helpful or potentially harmful for you.
  - » Requesting people not talk about their diet in front of you.
  - » Ask others not to ask about what you ate that day. (This may not apply to some family based therapies!)
- ◆ Learning to be honest and assertive about your needs is an important skill that will assist you throughout your recovery and beyond.
- ◆ You may have to educate people about eating disorders.
  - » Unfortunately, many myths and misconceptions about eating disorders remain.
  - » As difficult as it may be, even the most well meaning person may occasionally misunderstand an aspect of your eating disorder.
  - » Don't be afraid to take time to educate them, or direct them to books, web sites or articles that may help them.
  - » People may not ask for fear of saying the wrong thing. This does not necessarily mean they don't care.



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- ◆ Talking about your eating disorder is something that is in your control. You can talk about it when and with who you would like.
  - » Setting personal guidelines on this issue takes anxiety and “guess work” out of social situations, such as worrying what types of comments people may make or questions they may ask.

## What do I do if someone I know has an eating disorder?

This is one of the most commonly asked questions, and probably one of the hardest to answer. Treatment and recovery are ultimately up to the individual. Getting help for an eating disorder can often be a difficult and scary first step for the individual suffering, one often met with resistance. Therefore, it is important to know that recovery can be a long process. Caring for someone with an eating disorder requires patience. It is important for individuals affected by another’s eating disorder to find their own support networks, and find ways of caring for themselves too.

## Ways to help

- ◆ Address your concerns in a confidential, safe environment. Be open and direct in an emphatic and non confrontational way. Let them know what you have seen and how it makes you feel.
  - » Example: “I am worried because I notice you go to the bathroom after meals. I am concerned you may be harming yourself.”
  - » Listen to their responses and what they say. Let them know their responses are important to you.
- ◆ Educate yourself. Know the signs and symptoms of eating disorders and most importantly the causes.
- ◆ Be familiar with available treatment options in the area. Suggest they make an appointment. Offer to be present when they make the first call. If the person is a minor, tell their parents or a trusted adult about your concerns.



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- ◆ Remind yourself the eating disorder is not a choice. It is not something your loved one is intentionally doing to self harm, gain attention, or hurt you. Rather, they are suffering from a psychological illness.
- ◆ Be careful about the comments you make about food and weight.
  - » Comments such as “You look thin” will be perceived as good. “You look like you have gained weight” will be seen as bad.
  - » Celebrate internal qualities and talents rather than physical appearance.
- ◆ Avoid talking about sizes, calories, fat grams and diet plans.
- ◆ Avoid comments about others weight and body shape.
- ◆ Avoid trying to “fix” the situation. Instead, offer to listen and be supportive.
- ◆ Do not make comments such as “If you would just eat.”
- ◆ Avoid power struggles about food.
- ◆ Do not comment on your loved ones food choices or eating patterns.
- ◆ Remind your loved one that you are there to help. Ask what is helpful and what they would like you to do or how they would like certain situations handled.
  - » Do not avoid the topic of the eating disorder for fear of saying the wrong thing. Just ask what is most comfortable for them.
- ◆ **Remember, recovery is possible!**



## *The Dangers Of Dieting*



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- ◆ Dieting is so common among women in Western culture it is considered normative behavior.
- ◆ Dieting has been identified as the most common risk factor of eating pathology
- ◆ Girls as young as age 9 have reported to dieting

### *Why do people diet?*

- ◆ Body dissatisfaction
- ◆ Increase health and prevent obesity
- ◆ Improve appearance
- ◆ Drive for thinness
- ◆ Belief that thinness equals success, control, and happiness
  
- ◆ Dieting can have cognitive, behavioral and physical effects including:
  - » Depression
  - » Anxiety
  - » Distractibility
- ◆ Increased thoughts of food and eating
  - » Decreased self-esteem
  - » Feelings of failure
- ◆ 95% of diets do NOT work!
  - » Altered metabolism due to ignoring bodily hunger cues
- ◆ This may lead to weight fluctuation.
- ◆ Particularly common in “yo-yo” dieters
  - » Decreased sex drive
  - » Physical side effects related to lack of nutrients
  - » Use of diet pills, laxatives and diuretics can adversely affect physical health



## Treatment

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### Treatment For An Eating Disorder

There are various treatment options available for eating disorders. It is important to have an initial assessment done by a therapist specializing in eating disorders to help determine an appropriate treatment plan. As the causes of eating disorders are complicated, and unique for each individual, it is important for treatment plan to address an individuals specific needs.

Eating disorders can be treated on an inpatient, outpatient and intensive outpatient (day program) basis. The initial evaluation can determine the appropriate level of care.

Whether a treatment is conducted on an inpatient or outpatient basis, almost all forms of treatment include a team approach of different eating disorder professionals.

These professionals include:

- ◆ **Psychologist/psychotherapist:** Psychotherapy can help people become aware of the factors underlying and contributing to their eating disorder. New ways to address and cope with emotions that do not involve food can be learned. Thoughts, feelings and behaviors related to food should also be addressed in therapy. Therapy can include individual, group therapy, and/or family therapy.
- ◆ **Nutritionist:** The nutritionist helps the individual “re-learn” the process of eating by assisting with the development of balanced dietary plans. Nutritionists can also address potential nutritional deficiencies and help provide accurate information about a balanced diet. This treatment is not about learning how to diet, but rather approach food in a balanced, healthy manner.
- ◆ **Psychiatrist:** At times, medication may be appropriate. Depression and other psychiatric disorders may occur along with the eating disorder. Medication is most effective when used with psychotherapy.



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- ◆ **Medical doctor:** It is important to have regular check ups to monitor possible physical side effects of the eating disorder. Symptoms of starvation and nutritional deficiency can occur and should be monitored.
- ◆ **Dentist:** Tooth decay is a possible side effect of regular vomiting, (tooth enamel is eroded by stomach acid). Regular check-ups and possible dental treatment is important. It is important to be honest with your dentist about purging behavior so he/she can adequately treat possible decay and also provide education about dental care and eating disorders.
- ◆ **Gynecologist:** Irregular menstrual periods are common physical effects of an eating disorder related to weight loss or fluctuation in weight. A gynecologist may monitor this. Use of contraceptives and pregnancy are common issues that may be complicated by an eating disorder, and may be important topics to address.

**People with eating disorders often find it difficult to get help, as their coping mechanism is being challenged. It is important to encourage a loved one to seek help if they are suffering from an eating disorder. With the appropriate treatment, an individual suffering from an eating disorder can again live healthfully with food and themselves.**



*Causes*



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## What Causes An Eating Disorder?

- ◆ Eating disorders are not about food and weight.
- ◆ Eating disorders are attempts to use food and weight as a way of dealing or avoiding emotional difficulties that can not be seen by the outside observer.
  - » The observable signs, such as binge eating and/or restricting are symptoms of the illness.
- ◆ The causes of eating disorders are unique for each person.
- ◆ The causes are usually complex, with several factors occurring. An eating disorder is not something one person can “cause” or “give” to someone else.
- ◆ Think of the eating disorder as a stool- there are several “legs” or supporting factors that contribute to the eating disorder.

## Contributing Factors To The Development Of An Eating Disorder

- ◆ Genetics
  - » Temperament: The tendency to respond or cope in a certain way (being obsessive, anxious, sensitive, avoidant) may make people more vulnerable. These things may be partially determined by genetics.
  - » Eating disorders often run in families suggesting a genetic component.
  - » In some people with eating disorders, chemicals in the brain that regulate hunger, satiety and appetite have been found to be unbalanced.
- ◆ Psychological factors
  - » Perfectionistic tendencies: Seeing things only in black and white. Having high expectations for self, (eg “Being the thinnest is the best.” Or “I have to be good.”)



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» Developmental concerns: An eating disorder may be a way of delaying one's maturation or avoiding concerns about what growing up means. It may also be a way of developing an identity, rather than focus on internal aspects of self "thinness" can become a way of defining who one is.

» Avoiding feelings: Preoccupation with food and weight, planning meals or binges takes a lot of energy and leaves little time to look at feelings. An eating disorder can be a way of preventing oneself from feeling painful emotions, avoiding the fear of being overwhelmed by emotions, or indirectly expressing feelings.

◆ Relationship problems

- » Controlling relationships
- » Loneliness
- » History of being teased or criticized for appearance

◆ Societal factors

- » Consistent exposure to unrealistic standards of beauty. Culturally promoted belief that thinness equals happiness and success.
- » Socially accepted myths about food, weight, and dieting.
- » Undue emphasis on appearance and narrow definitions of beauty.