

## **WHAT IS AN EATING DISORDER?**

Unfortunately a single cause of eating disorders has not been found to date. There are a variety of influencers with eating disorders including personality, genetic, socio-cultural, familial, and experiential factors. Each individual is different and there are no two stories the same. It is important to educate yourself about eating disorders and find the type of treatment that works best for each person.

### **ANOREXIA NERVOSA**

#### **1-Weight is 15% below ideal body weight. Refusal to maintain a normal weight/above normal weight for height and age.**

Not everyone who is of a low weight is anorexic; it is important to recognize that it is the REFUSAL to maintain a normal weight that is the key factor. It is sometimes difficult in children to identify anorexia because for their height they may be of a normal weight. A possible complication of an eating disorder is stunted growth in children. A pediatrician will need to carefully monitor him/her with a growth chart. Also, young children may not talk about weight but rather may describe physical complaints such as nausea or feeling full.

#### **2-Intense fear of gaining weight or becoming fat, even if underweight.**

This intense fear is powerful enough to cause individuals to diet to the point of starvation. A person with anorexia is hungry but he or she is afraid to eat because of the fear. Often individuals will become vegetarians and want to eat healthily when indeed the issue is the fear of gaining weight. A person with anorexia constantly thinks about food--how many calories, how many fat grams, how much exercise do you need to do if you eat a cookie, etc. How many times do you check the scale? There is always the attempt to try to control eating because of the fear of gaining weight. Often meals are avoided or eaten very slowly, pondering each bite, fearing that surely it will make them fat.

#### **3-Body image distortion**

When a person with anorexia looks into a mirror he/she does not often see an accurate reflection. A person with anorexia sees him/herself as fat, even if he/she is dangerously thin. This is a very frightening experience and feels very real- driving the person to diet. Sometimes a person with anorexia can accept that he/she is very thin but cannot accept how dangerous the situation really is. It is difficult for him/her to understand that a very low weight and dangerous dieting habits can actually be fatal. The death rate for anorexia is higher than for any other psychiatric illness.

#### **4-Amenorrhea or absence of menstruation**

Missing 3 periods is usually the criteria for this definition. This criterion cannot apply to situations where the person is a male, a young female who has not started her periods or a female who is on birth control pills.

### **BULIMIA NERVOSA**

#### **1-Binge eating**

A binge is characterized by:

- A larger amount of food than most people would eat during the same time period (may consist of thousands calories)
- Consumed within a short period of time (typically 2 hours or less)
- A feeling that one CANNOT STOP or CONTROL one's eating
- Accompanied by physical or emotional distress

#### **2-Purging**

Following a binge, an individual may feel consumed with fear, guilt or shame and the need to try to undo his/her behavior. Purging is a way to compensate for bingeing. Purge behaviors come in many forms: vomiting, taking laxatives, water pills, starving or excessive exercise. It is important to recognize that purging rarely works well for weight loss. Laxatives and diuretics make you lose water not weight. Even vomiting seems to be ineffective – it has been reported that 50-75% of the calories have already been absorbed.

#### **3-Binging and purging occurs more than two times per week for atleast three months.**

#### **4-Body Image: Self evaluation and self esteem is overly influenced by weight and shape**

Many people in our culture are concerned with how they look, what they weigh or how to change the body parts they don't like. In bulimia, there is an intense connection between self respect and the way the body looks. We can be great in a lot of things, but if our thighs are too big, well then, we are just not good enough.

#### **5-Weight can be normal, underweight, or overweight.**

Unlike anorexics who can be often identified by their low weight, it is more difficult to identify bulimics. Weight can also dramatically shift and large swings might be an indicator that someone is developing an eating disorder.

## **BINGE EATING DISORDER (BED)**

This was often referred to as compulsive overeating, typically characterized by:

- 1-A larger amount of food is eaten than would normally be eaten under the circumstances (usually at least over 2500 calories) within atleast a 2 hour period of time**
- 2- Accompanied by feelings of physical discomfort and emotional distress**
- 3- This occurs at least 2 times per week for 6 months. There is no purging associated with BED**

## **EATING DISORDER NOT OTHERWISE SPECIFIED (NOS)**

Just because one does not meet these exact definitions does not mean that the person does not have an eating disorder. As a matter of fact, most people will not meet the full criteria. Individuals may begin as anorexic but then not hold the low weight (15% below) and may go onto develop bulimia. Actually up to 50% of patients with anorexia develop bulimic symptoms. Some patients with bulimia develop anorexic symptoms.

## **EATING DISORDER WARNING SIGNS**

### **ANOREXIA NERVOSA**

- Deliberate self-starvation with weight loss
- Intense, persistent fear of gaining weight
- Refusal to eat or highly restrictive eating
- Continuous dieting
- Excessive downy-like facial/body hair because of inadequate protein in the diet
- Compulsive exercise
- Change in skin colour/appearance
- Sensitive to cold
- Absent or irregular menstruation
- Hair loss

### **BULIMIA NERVOSA**

- Preoccupation with food
- Binge eating, usually in secret
- Vomiting after bingeing
- Abuse of laxatives, diuretics, diet pills
- Denial of hunger or drugs to induce vomiting
- Compulsive exercise
- Swollen salivary glands
- Broken blood vessels in the eyes

## **PHYSICAL & PSYCHOLOGICAL REPERCUSSIONS**

### **PHYSICAL REPERCUSSIONS**

- Malnutrition
- Dehydration
- Ruptured stomach
- Serious heart, kidney, and liver damage
- Tooth/gum erosion
- Tears of the esophagus

### **PSYCHOLOGICAL REPERCUSSIONS**

- Depression
- Low self-esteem
- Shame and guilt
- Impaired family and social relationships
- Mood swings
- Perfectionism
- 'All or nothing' thinking

# WHAT IS NORMAL EATING?

**“Normal eating is going to the table hungry and eating until you’re satisfied. It is being able to choose food you like and eat it and truly get enough of it – not just stop eating because you think you should. Normal eating is being able to give some thought to your food selection so you get nutritious food, but not being so wary and restrictive that you miss out on enjoyable food. Normal eating is giving yourself permission to eat sometimes because you are happy, sad, or bored, or just because you feel good. Normal eating is three meals a day, or four or five, or it can be choosing to munch along the way. It is leaving some cookies on the plate because you know you can have some again tomorrow, or it is eating more now because they taste so wonderful. Normal eating is overeating at times, feeling stuffed and uncomfortable. And it can be under eating at times and wishing you had more. Normal eating is trusting your body to make up for your mistakes in eating. Normal eating takes up some of your time and attention, but keeps its place as only one important area of your life. In short, normal eating is flexible. It varies in response to your hunger, your schedule, your proximity to food, and your feeling.”**

## WHAT TO DO WHEN SOMEONE YOU CARE ABOUT HAS AN EATING DISORDER

### **1-Support them**

Let them know you are aware of what's happening and that you care. Listen and allow them to express their feelings. Be prepared that the individual may deny problems, react with hostility or may insist that they do not want to get better. It is important to acknowledge the reality of their feelings, and be there when they are ready for to get help.

### **2-Avoid discussing weight, shape, fatness, and food**

These topics can increase fears and anxiety. Focus discussions on feelings, non-food and non-appearance related activities. Be mindful of the words you use to describe foods ('good' or 'bad' for me etc), and how you talk about body image. Encourage health, happiness and inner strength.

### **3- Keep working on your relation with them**

Don't give up! It can be very difficult when a family member/ friend is dealing with an eating disorder. Although the person may push you away, know that your support is critical for their journey to recovery. Communicate with other siblings/family members as they cope with the situation, and find a way to deal with stress in a positive way.

### **4-Be realistic**

Although you can support them and love them, realize that you cannot take on the role of a therapist and you cannot 'fix' this for them. They have to take responsibility for changes and it will happen when they are ready.

### **5-Don't place blame**

There are many factors that can contribute to disordered eating and each individual is different. Eating disorders are serious illnesses which should be taken very seriously. Often eating disorders are a coping mechanism for stress and emotional distress. Blame (towards yourself or them) creates distance and reinforces a sense of failure.

### **6-Understand the situation**

Anorexia nervosa, bulimia nervosa and binge-eating are multifaceted disorders. Do some research about eating disorders and how to be a supportive loved one. Know your rights if you are a parent to a child dealing with an eating disorder. Eating disorders are not something that someone will usually 'grow out of' or overcome easily. Most individuals require professional help to recover.

### **7-Stay informed**

Try to find out about local eating disorder programs for your loved one and for yourself. Often there are programs tailored to supporting the family/friends through their own journey also. Search out many options and find the ones that work best for your loved one and/or your family.

### **8-Be Self Aware**

Examine your own attitudes about body images, dieting and self esteem. As a support for your loved one you are a great role model for a healthy lifestyle.

### **8-Decrease your own stress levels**

It is crucial for you to find a way to decrease your own physical stress response in order to maintain your health. Try to find something that will work for you (Yoga, walking, music, etc) and take some time for yourself regularly.

### **10- Walk the journey with them**

Eating disorder recovery can take a long time to achieve. Early interventions working with a family doctor and treatment programs increase the likelihood of a faster recovery with fewer relapses. Maintain the hope that recovery is possible for your loved one.

## **How Can Fathers Help?**

Fathers can help in the prevention of disordered eating in many ways. First, fathers need to accept how important they are to their children. Sons look up to their fathers as role models of what a man is supposed to be. Fathers may feel that girls only need their moms, especially during adolescence. Yet this is the time when male approval is most crucial to girls. Over the course of their relationship, adolescence is probably the most challenging time for a father and daughter. This is also a time when disordered eating can develop, so fathers must find positive ways to relate to their children.

### **Helpful Tips for Dads and Daughters**

1. Evaluate your own message to your daughter about weight, dieting, beauty and body. Be sure that you are not adding to the pressures she feels to change her body.
2. Set a good example by your own behaviors about food and exercise.
3. Talk to her about the pressure women feel to lose weight or to be attractive to please others.
4. Let her know that you love her no matter what she weighs.
5. Help her to define her values and to determine what is really important about herself and others.
6. Listen to her. Don't just try to impose your views on her. Show appreciation for her uniqueness and opinions.
7. Convey respect, trust, and approval so her self-esteem will grow.
8. Show respect for women, especially her mother and other family/friends that are females. Even jokes can make women feel small or put down.
9. Give her the opportunities and encouragement that you would give to a boy. Be careful of messages that suggest women are less important, weaker, too emotional or don't need to know certain things.
10. Show a willingness to share responsibilities in the home; try not to categorize domestic chores as women's work. In order to feel good about being a woman, your daughter needs to see men and women working as equal partners.
11. If you are separated or divorced, be sure that you let your daughter know you want to be a part of her life. Try to spend time with her to continue your relationship. It is important to stress that she did not cause the split and that she is not responsible for getting the family back together or keeping everyone happy.

# INFORMATION TO TAKE TO PHYSICIANS

Physicians play a significant role in the early identification, assessment, diagnosis and care of those with eating disorders and disordered eating. If you have received this form, your patient has some concerns they would like to discuss with you.

## What You Should Know

- Your role in the screening, early detection, assessment and ongoing medical monitoring of patients with eating disorders is important for timely access to appropriate care and for reducing medical risk
- Vital to your role is being aware of the signs and symptoms associated with disordered eating, and a willingness to ask screening questions to those people who you feel may be at risk
- Physicians are often the most consistent care provider for the patient with an eating disorder

Please visit [www.cwedp.ca](http://www.cwedp.ca) for professional, educational resources and step-by-step support with the following information:

## Completing a Comprehensive Physical Assessment

1. Weight
2. Body Image
3. Means of Weight Control
4. Physical Examination
5. Laboratory Examination

## Making an Eating Disorder Diagnosis

Please refer to the Diagnostic and Statistical Manual IV (DSM-IV) for guidelines around how to diagnose an eating disorder. Please note that for children/adolescents, diagnostic criteria may differ from the DSM-IV guidelines.

## Helping Your Patient Receive Treatment

There are a variety of treatment options some of which will require a referral from you in order for your patient to proceed with (those with an \* require a physician referral):

- Out-patient eating disorder treatment programs\*
- Day-treatment programs\*
- In-patient eating disorder treatment programs\*
- Regular Physician follow-up appointments
- Private Therapy
- Support & Resource Centers

**If you are a physician in the Central West Region and would like to receive a free, comprehensive resource and training binder that addresses assessment, diagnosis and ongoing medical management within a primary practice setting, please contact:**

Central West Eating Disorder Program Regional Office  
700 Dorval Drive, 6th floor  
Oakville ON L6K 3V3  
(905) 815-5124

CENTRAL EATING DISORDER  
WEST PROGRAM