

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.”

SELF EVALUATION QUIZ

DISORDERED EATING QUIZ

- Are you constantly thinking about your weight and food?
- Are you dieting strictly and/or have you lost a lot of weight?
- Are you more than 10% below your healthy weight?
- Have you gained a significant amount of weight?
- Are you more than 10% above your healthy weight?
- Are people and/or your family/friends concerned about your weight?
- Is your energy level down?
- Do you constantly feel cold?
- Do you perspire from simple tasks? (climbing stairs etc)
- Are your periods abnormal or have your periods stopped?
- Are you overeating and feeling out of control?
- Are you vomiting, using laxatives or water pills, herbal agents, or trying to fast as a way to control your weight?
- Are you over exercising or do others consider your exercise excessive?
- Does your weight drastically fluctuate?
- Do any of the above interfere with your enjoyment of life, relationships, or everyday functioning?

Note: This quiz is not intended to diagnose an eating disorder. It is simply designed to indicate that a person may be thinking too much about food, weight, etc or engaging in potentially eating disordered behaviors. If you answered yes to more than 5 of these questions, we would encourage you to get a professional evaluation.

SO WHAT DO I DO NOW?

If you feel that you have disordered eating patterns or think you may have an eating disorder:

1. Talk to someone that you can trust and confide in them how you are feeling. Ask for their support and encouragement during this journey.
2. Make an appointment with your doctor (General Practitioner or Pediatrician) and convey to him/her your concerns. Ask for a physical assessment and/or emotional assessment and discuss a possible referral to an Ontario Eating Disorders program.
3. Realize that each person's life story is unique, and that disordered eating/eating disorders can occur for a variety of reasons.
4. Find a support network (counselor, nutritionist, psychologist) who can work with you to help you learn more about what causes are underlying your thoughts and behaviours.
5. Discover a method of decreasing your stress in a positive way (yoga, prayer, meditation etc) that will contribute to positive change.
6. Know that you are not alone, many women and men struggle with eating, body image and self esteem. Take courage that the life that you want IS possible, hold on to hope and be proud of yourself for starting this new journey to health.

TIPS FOR CONTROLLING BINGES

Here are some tips that have helped some women struggling with bulimia/binge eating:

1. *Map your emotions and figure out when you are likely to binge.* Keep a journal of your eating habits in order to become aware when, where, with whom, etc. you binge. When you recognize likely bingeing times, you recognize likely bingeing times; you can begin to structure that time to avoid the tricky spots.
2. *Try not to play the “numbers game”.* Do not let the bathroom scale judge your worth as a person. Get rid of the scale or try to limit the number of times you get on it.
3. *Visualize your day.* Each morning, think about your day and visualize yourself eating three meals. Be kind and gentle with yourself. If you think you may be headed toward a binge, spend a few minute visualizing yourself getting through that time without using food to cope.
4. *Cost your binges.* For one week, figure out how much you spend on binges. Bank that money for a special gift (not food) for yourself.
5. *Exercise in moderation.* Exercise e makes you feel good and releases stress Try not to overdo it. Use exercise as a way to relax. Get to know your body as you move. Stand away from; mirrors in a class concentrate instead on having fun, not on how you look or how many calories you are burning.
6. *If you feel you must binge, space it out or delay the binge.* Give yourself 5 minutes or 10 minutes to binge, time it, and then gibe yourself and hour of binge-free time. If you still feel the need, give yourself another 5 or 10 minutes before you start. Teach yourself that you really are in control.
7. *Write your own self-help sheet.* Make a list of your own reasons why you choose not to binge, for example, “I’ll feel really sick”; “bingeing will not solve the problem,” etc. The read over your list when you feel the need to binge, or when you feel that you might.

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 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 WEST EATING DISORDER PROGRAM