

## **EATING DISORDERS SIGNS/SYMPTOMS**

Eating disorders can affect any gender, race and age. Some may exhibit many of the symptoms of eating disorders while others may only display a small range.

### **Physical Symptoms**

- extreme weight loss
- weight fluctuations
  - loss of hair
- swellings of glands
- lethargy/sluggishness
- discoloration of teeth
- layering of baggy clothing regardless of weather
  - feeling cold regardless of weather

### **Behavior Symptoms/Signs**

- making frequent trips to the washroom
- avoidance of snacks and foods in general
  - abnormal eating habits
  - substance abuse
  - frequent weighing
- consistently and persistently critical of good school work
  - unable to accept praise
- consistently/frequently avoids eye contact
- refuses or fails to engage in oral work in the classroom
- works instead of engaging in social activities during breaks from classroom activities especially during the lunch period
- recopying out classroom work until it contains no mistakes
  - social avoidance
  - withdrawing from friends/peers
- refusing to undress in front of peers for Physical Education Classes

### **Psychological Symptoms**

- low self-esteem
- feelings of helplessness, guilt
  - depression
  - anxiety
- perfectionist tendencies
- over-concern regarding body shape/size

## **POTENTIAL CONSEQUENCES OF AN EATING DISORDER**

- anxiety, feelings of helplessness, feelings of guilt
- mood swings
- inability to perform school, work, family commitments
- loss of interest in social activities, isolation from family and friends

## **EATING DISORDERS ARE INFLUENCED BY VARIOUS FACTORS**

Family: A family's functioning and general characteristics can influence the development of an Eating Disorder. If an individual's family encourages dieting, puts negative emphasis on body image or over-eating or has disordered eating patterns themselves then these can be contributing factors to development of these patterns in their children. Other patterns that may increase the likelihood would be parental characteristics such as: perfectionism, over protectiveness, rigid parenting styles, and poor communication.

Society/Media: Western culture promotes an "ideal" body type that is concentrated on thinness of women and muscularity of men. Media promotes the idea that there is an obtainable "perfect" body type if we just buy their products, try their services etc. *Research has shown that socio-cultural messages (magazine, internet, television ads) have an extremely significant role in dieting behaviors and perceived body image of teen girls.*

Individual Factors: Aspects of our personality as well as how we solve problems and how we look at ourselves can be significant contributors to an Eating Disorder. Low self esteem is the most common predictor of an eating disorder, those who have a negative body image, may feel that restricting their diet is the only method of controlling their lives, negative emotions, and their need for acceptance etc.

Genetic influence: The role of genetics on the development of an eating disorder is still being researched- early results show there may be a link with anorexia (rates not changed in 30 yrs, vs. bulimia rates have increased). There can be biological commonalities (OCD, perfectionist personality) but not a 'genetic disease'.

*Eating disorders are often a way of coping with deeper problems that a person may be having difficulties dealing with directly.*

## **NOTE TO STUDENTS:**

Many issues may arise when presenting to a class or school on the topic of Eating Disorders. Research studies show that teaching students about eating disorders are ineffective in their prevention of the illness, changing their behavior and attitudes about eating. This is due to the fact that the consequences, behaviors etc. may be glamorized by some students. Student may also inadvertently pick up tips and tricks for disordered eating behaviors. Therefore the focus of the presentation should focus on other aspects of eating disorders rather than diagnostic criteria and disordered eating behaviors etc. Instead some suggestions for focus are as follows:

1. Media literacy which deconstructs how advertisers and the media depict and inform on issues of body image, dieting, body shape etc. Focus is to analyze and understand what is being portrayed, what is being omitted etc., from the commercial, show, radio ad etc. Questions that determine, who profits from these ads, and shows/movies, how the media drives mass consumerism etc. Also focus on why we need to limit our time and make wise choices when it comes to media.
2. Presentations can focus on healthy living, being active and eating healthy.
3. Can discuss ways to deal with harassment and appearance based teasing

## **WHAT TO AVOID WHEN PRESENTING ON EATING DISORDERS**

- **Specific Criteria that is used by professionals for judging if the client has an eating disorder**
- **Tips/Tricks for dieting, weight loss**
- **Try not to oversimplify the disorder by saying “Oh all you need to do is accept yourself...”**

## HOW TO HELP A FRIEND/FAMILY MEMBER WITH AN EATING DISORDER

**Where to Begin?** Open your mind and suspend judgment, cynicism, or doubt. Understand that this is not an issue of vanity and try not to say things like "why are you doing this, are you crazy or smarten up!" View the eating disorder as a coping strategy for dealing with emotions and conflict.

**Educate yourself** about eating disorders to better understand what your friend/family member may be going through and to be in a position to offer information about treatment options, reading materials, and support.

**Be trustworthy and honest.** Let your friend or family member know that they are safe with you and that you will be there to listen.

**Take care of your own social and emotional needs.** Recognize that if you are emotionally and/or physically exhausted, you will be unable to provide much support.

**Allow** the person with the problem to take responsibility for their actions and respect an individual's right to autonomy and privacy (encourage them to live their own lives, make their own decisions, develop friendships and connections. Do not make excuses for someone's eating behaviors).

**Acknowledge and act upon life-threatening situations.** Call an ambulance; go to the emergency room as you would with any other medical or emotional emergency. Reinforce the positive qualities of an individual and do not focus all attention on the eating disorder. Expect to be faced with denial of the problem.

**Be patient.**

**Be optimistic and have hope.**

**Respect** the person's choice for silence or to speak about the problem.

**Focus** on issues of general health and well-being, not appearance and weight by emphasizing and engaging in activities not focused on weight or appearance.

**Examine** your own issues regarding weight and shape. Suspend your own dieting behaviours (eat regular meals, shop for non-diet products).

**Set limits** to the behaviours you can tolerate. Do not try to take on more than you believe you can cope with.

**Be a friend,** spouse, mother, father, sister or brother and do not try to take the place of a therapist.

## **TOPICS TO AVOID DURING DISCUSSIONS WITH A FRIEND/FAMILY MEMBER**

- Discussing food and weight
- Talking about the appearance of other women/men
- Engaging in power struggles related to eating and food
- Trying to control the person with the problem. Respect a person's ability to make decisions and live their life
- Breaking promises/confidences and being inconsistent in actions or behaviours
- Placing blame for the eating disorder on yourself or family members
- Teasing/bullying, especially concerning appearance and body shape
- Being ashamed for your daughter's/son's/friend's problems
- Putting pressure on deadlines for treatment on your friend/family member
- Expecting a fast solution or recovery
- Displaying outbursts of emotion and anger (getting angry and yelling may result in an individual feeling they are unworthy or bad).



## DANIELLE'S PLACE STATISTICS

Danielle's Place believes strongly in maintaining a safe, confidential place for people to receive support and information. The following statistics have been kept anonymous to protect our clients. Please note that each year our statistics vary and are available through our annual fiscal year end report.

### Clients

Our clients participate in any of our programming throughout the year. To date we have over 450 registered clients. Each year we have approximately 160 new clients join our programs. Our group sizes range from 4 to 14 individuals.

We have both male and female clients who use our services, and our client base is approximately 15% male and 85% female. 60 % of clients who use our services are here to receive support personally (average age 26 yrs), 36% attend as a supportive family member (average age 46 yrs), and 4% attend as a supportive friend (average age 33 yrs).

41% of our clients self-report struggling with anorexia, 32% with bulimia, 13% with binge eating, 11% with EDNOS, and 4% are unsure or do not disclose their difficulty area.

The majority of our clients come from Burlington, Oakville and Hamilton regions; however we have clients who travel across the province to come to our centre. 13% have heard about Danielle's Place through a friend, 15% a family member, 14% a physician, 26% from the media/website, 27% through an eating disorder treatment program, and 5% through other.

### Community Awareness

Danielle's Place is very active in the community, providing eating disorder information and awareness to community groups, students, educators and health professionals. To date we have presented to over 5400 individuals to provide these needed services.

### Volunteers

We have over 175 individuals who have volunteered over 7500 hours to Danielle's Place. Our volunteers work in office support, fundraising, special event planning, board of directors, and community awareness. Each year our volunteers provide approximately 1500 hours of service.

### Our Staff

**Alison Elliott, Program & Office Manager**

Alison is a full-time staff member and is a Kinesiologist (Hon. B.A. Kinesiology & Psychology)

**Nadine Braund, Evening Program Supervisor**

Nadine is a part-time staff member and is a Registered Practical Nurse (Registered Practical Nurse Diploma)

## HOW YOU CAN GET INVOLVED

### **Fundraising Opportunities**

- Join Danielle's Place Fundraising/Special Events Committee
  - Volunteer for our Harvest of Hope Charity Brunch
- Charity Event Nominated Recipient: Donate proceeds from a charity event run by you or your school to Danielle's Place
  - talk to your student council
  - nominate Danielle's Place to be a charity recipient
- Private donation (charitable tax receipt)
- Be creative!

### **Volunteer Opportunities**

- Student Internships
- Special Events Volunteer

*Contact Danielle's Place for volunteer opportunities*

## REFERENCES

1. Statistics taken from the Danielle's Place 2006/7 and 2007/8 reports.
2. McVey, Gail. "The Development of Eating Problems in Children and Adolescents." The Bulletin (NEDIC). Vol.9, No.2: May 1994.
3. "Eating Disorders." Tefler, Jo Ann. Calgary Health Region. 2006. Available at :  
[http://www.calgaryhealthregion.ca/clin/women/2006%20files/99\\_Eating\\_Disorder.htm](http://www.calgaryhealthregion.ca/clin/women/2006%20files/99_Eating_Disorder.htm)
4. Guidelines for Prevention. Ontario Community Outreach Program for Eating Disorders. 2005 - 2007. Available at  
[http://www.ocoped.ca/05\\_referencesresources\\_e.html#guidelinesforprevention](http://www.ocoped.ca/05_referencesresources_e.html#guidelinesforprevention)
5. Taken from: Sheena's Place. "Help a Friend or Family Member with an Eating Disorder."  
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6. Taken from: Sheena's Place. "Help a Friend or Family Member with an Eating Disorder."  
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