

## What do you do if you suspect someone you know has an eating disorder?

- Do not confront the person harshly. Instead, indicate your caring and concern. Tell the person that effective treatment is available and encourage him or her to get professional assistance.
- Do not treat the person as if there is nothing else besides the eating disorder that is important. At this time, it is especially important to talk about regular life events. It helps to take the focus off of food and weight.
- If an individual admits having a problem but refuses professional help, discuss his or her concerns regarding treatment. You may be able to provide some reassurance that these concerns can be addressed.
- If the person's condition is severe (i.e. emaciation, fainting, inability to stop vomiting, blood in stool or vomit), emphasize that immediate evaluation by a professional is crucial.
- Do not watch what the person is eating or demand that the person eat or not eat. Let the person's treatment providers be the ones to focus on food.

## What to look for in a good treatment program...

Eating disorders are complicated and are caused by a combination of factors; good treatment should address all of these factors.

- Psychotherapy is necessary to help the person eliminate eating-related symptoms as well as to address underlying emotional concerns. Psychotherapy may be individual, in groups, or with the person's family.
- Involvement of a physician is very important because there can be many serious physical effects of starvation, bingeing, and purging. Physicians can also help address depression by prescribing medications when necessary.
- Nutritional counseling from a registered dietitian can also be very helpful since people with eating disorders may not understand what constitutes healthy eating.
- Most treatment can occur on an outpatient basis. Hospitalization becomes necessary, however, when the individual is at risk medically or is at risk of suicide. It is best to choose a hospital that has a specific eating disorders program.
- Individuals and their families should ask if hospital staff or outpatient professionals have specific training in treating eating disorders. Membership in the Academy for Eating Disorders is also a plus.
- For links to treatment referral websites go to **[www.edtffi.org](http://www.edtffi.org)**.

# EATING DISORDERS

## Facts on...

- IDENTIFICATION
- REFERRAL
- TREATMENT



[www.edtffi.org](http://www.edtffi.org)

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## Have you experienced any of these?

- Extreme concern with body weight and shape
- Intense fear of weight gain or being fat
- Frequent dieting
- Feeling “fat” or overweight despite dramatic weight loss
- Refusal to maintain body weight at or above minimally normal weight for height, body type, age, and activity
- Loss of menstrual periods
- Repeated episodes of bingeing and purging
- Feeling out of control during a binge and eating beyond the point of comfortable fullness
- Purging after a binge (typically by self-induced vomiting, abuse of laxatives, diet pills and/or diuretics, excessive exercise, or fasting)

**If so, you may want to be evaluated for an eating disorder by a trained professional.**

## There are three types of eating disorders:

All eating disorders involve a strong concern with body size and dieting, and all involve using food to cope with life. People with these disorders often have low self-esteem and feel out of control. Both females and males of all ages experience eating disorders.

- **Anorexia Nervosa** involves the loss of at least 15% of original body weight or maintenance of body weight at least 15% below a normal weight for the individual. It is accompanied by an extreme fear of becoming overweight and a perception that the body is very large. This often requires stringent dieting and/or exercise to manage the fear. As more and more of life is devoted to this pursuit, isolation from others increases. Also, symptoms of starvation appear, such as increased sensitivity to cold, slowed heart rate, slowed metabolism, decreased concentration, brittle hair and nails, and dry skin. Depression and problems sleeping often appear. It becomes very difficult to think of anything besides food and weight.

- **Bulimia Nervosa** often develops after a period of intense dieting. It may begin with a “binge” – an episode of excessive eating in a short amount of time. Eventually, the individual may attempt to

rid the body of this food or its effects by vomiting, fasting, excessive exercise, the use of laxatives, or diuretics. Initially, these methods appear to be a wonderful discovery. It is only later when a destructive cycle of “bingeing and purging” has been established that the trap is revealed. As it progresses, mood swings and depression increase. The binge-purge cycle is normally accompanied by self-criticism and awareness that the eating behavior is abnormal and out of control. For some, this cycle remains an occasional activity, but for others it can escalate into many times a day. The shame and guilt associated with bulimia lead to secretiveness. Protecting the secret may mean not letting any other person find out, leading gradually to social withdrawal. Because this disorder is very secretive and the person often appears to be in the normal weight range, others may not realize that anything is wrong.

- **Eating Disorder Not Otherwise Specified (EDNOS)** is the diagnosis used when individuals do not meet all criteria for anorexia or bulimia but nonetheless are in need of treatment. Binge-eating disorder (e.g. bingeing without purging or other compensatory behaviors) is included here.