

Dear Parent of Students in Grades Five through Twelve:

Eating disorders are serious health problems that usually start in childhood or adolescence and affect both girls and boys. With early diagnosis, eating disorders are treatable with a combination of nutritional, medical, and therapeutic supports. Recognizing the importance of early identification of at-risk students, the 2013 Virginia General Assembly passed a law requiring each school board to provide parent educational information regarding eating disorders on an annual basis to students in the fifth through twelfth grades.

It is important to note that eating disorders are not diagnosed based on weight changes as much as behaviors, attitudes, and mindset. Symptoms may vary between males and females and in different age groups. Often, a young person with an eating disorder may not be aware that he/she has a problem or keeps the issues secret. Parents/guardians and family members are in a unique position to notice symptoms or behaviors that cause concern. Noting behaviors common to people with eating disorders may lead to early referral to the primary care provider. It is important for eating disorders to be treated by someone who specializes in this type of care.

After reviewing the information on the reverse side of this letter, if you think your child may be showing signs of a possible eating disorder, please contact your primary health care provider, school nurse, or one of the resources listed below.

- Academy for Eating Disorders (AED)

http://www.eatingdisorderhope.com/information/help-overcome-eating-disorders/non-profits_organizations/aed

- Families Empowered and Supporting Treatment of Eating Disorders (F.E.A.S.T.) www.feast-ed.org

- National Eating Disorders Association

www.nationaleatingdisorders.org

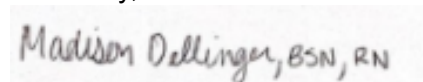
Toll free, confidential Helpline, 1-800-931-2237

Additional resources may be found at:

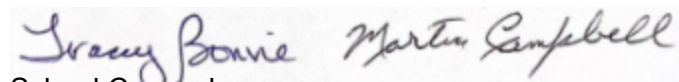
- Virginia Department of Education under the section titled, eating disorders

http://www.doe.virginia.gov/support/health_medical/index.shtml

Sincerely,



School Nurse



School Counselor

WHAT ARE THE WARNING SIGNS OF AN EATING DISORDER?

- Preoccupation with weight, food, calories, dieting, and/or body image.
- Development of abnormal, secretive, extreme, or ritualized food or eating habits.
- Withdrawal from usual friends and activities.
- Evidence of binge eating, such as the disappearance of a large amount of food.
- Evidence of purging behaviors, including frequent trips to the bathroom after meals, self-induced vomiting, periods of fasting or laxative, diet pill, or diuretic abuse.
- Compulsive or excessive exercising.
- Discoloration or staining of the teeth.
- Feelings of isolation, depression, anxiety, or irritability.

While the signs listed may indicate an eating disorder, they are not all-inclusive. If you are concerned about someone and they are not demonstrating these warning signs, speak with them or seek professional guidance.

RECOVERY IS POSSIBLE.

HELP IS AVAILABLE.

For information, resources and to get involved, visit:
www.nationaleatingdisorders.org

CONTACT HELPLINE

Call or chat for resources and treatment options.

- ☎ 800-931-2237
- 💬 nationaleatingdisorders.org/helplinechat
- ✉ info@nationaleatingdisorders.org
- 📱 text 'NEDA' to 741-741 for 24/7 crisis support

NATIONAL EATING DISORDERS ASSOCIATION
1500 Broadway, Suite 1101
New York, NY 10036
212-575-6200

WHAT IS AN EATING DISORDER?

WHAT IS AN EATING DISORDER?

Eating disorders are real, complex, bio-psycho-social diseases that can have serious consequences for health, productivity and relationships. They are not fads, phases, or lifestyle choices.

The most common eating disorders are anorexia nervosa, bulimia nervosa, and binge eating disorder. Other eating disorders include: avoidant/restrictive food intake disorder, rumination disorder, pica, other specified feeding or eating disorder, and unspecified feeding or eating disorder.

People struggling with an eating disorder often become obsessed with food, body image, and/or weight. These disorders can be life-threatening if not recognized and treated appropriately. The earlier a person receives treatment, the greater the likelihood of full recovery.



ANOREXIA NERVOSA

Characterized primarily by self-starvation and excessive weight loss.

Symptoms include:

- Inadequate food intake leading to significant weight loss.
- Intense fear of weight gain, obsession with size, and persistent behavior to prevent weight gain.
- Disturbance in self-image.
- Denial of the seriousness of low body weight.

Health consequences include:

- Heart failure, osteoporosis, muscle loss, and growth of lanugo (hair all over the body).

BULIMIA NERVOSA

Characterized primarily by a cycle of binge eating followed by compensatory behaviors, such as self-induced vomiting, in an attempt to counteract the effects of binge eating.

Symptoms include:

- Regular intake of large amounts of food accompanied by a sense of loss of control over eating behavior.
- Use of inappropriate compensatory behaviors such as vomiting, laxative or diuretic abuse, fasting and/or obsessive or compulsive exercise.
- Extreme concern with body weight and shape.

Health consequences include:

- Heart failure, gastric rupture, tooth decay, rupture of the esophagus, and pancreatitis.

BINGE EATING DISORDER

Characterized primarily by recurrent binge eating without the frequent use of compensatory measures. Dieting/restriction is a regular part of the disorder for most people.

Symptoms include:

- Eating a larger amount of food than normal during a short time frame (example: any two-hour period) or feeling distress around eating smaller amounts of food (subjective binges) at times.
- Lack of control over eating during the binge episode (feeling you can't stop eating or control what or how much you are eating).
- Bingeing in isolation and feeling disgust, shame, or guilt after the episode.

Health consequences include:

- Metabolic issues including PCOS (polycystic ovary syndrome), joint and muscle pain, gastrointestinal problems, depression, anxiety, and substance abuse.

AVOIDANT RESTRICTIVE FOOD INTAKE DISORDER (ARFID)

Characterized primarily by limitations in the amount and/or types of food consumed, but does not involve any distress about body shape or size, or fears of fatness.

Symptoms include:

- An eating or feeding disturbance (e.g., apparent lack of interest in eating or food; avoidance based on the sensory characteristics of food; concern about aversive consequences of eating) as manifested by persistent failure to meet appropriate nutritional and/or energy needs.

OTHER SPECIFIED FEEDING OR EATING DISORDER (OSFED)

A feeding or eating disorder that causes significant distress or impairment but does not meet the criteria for another feeding or eating disorder.

Examples of OSFED include:

- Atypical anorexia nervosa (weight is not low)
- Bulimia nervosa (with less frequent behaviors)
- Binge eating disorder (with less frequent occurrences)
- Purging disorder (purging without binge eating)
- Night eating syndrome (excessive nighttime food consumption)

Eating disorders come in many different forms and OSFED is equally as severe as the other eating disorder diagnoses.

WHO'S AT RISK?

- Anyone can develop an eating disorder regardless of gender, age, race, ethnicity, culture, size, socioeconomic status, or sexual orientation.
- Eating disorders also impact the family, friends, and loved ones of someone struggling.

WHAT DOES TREATMENT INVOLVE?

Eating disorders require the care of a trained professional with expertise in the treatment of eating disorders.

- The most effective treatment involves some form of psychotherapy or counseling, coupled with careful attention to medical and nutritional needs.
- Treatment should be tailored to the patient's individual issues.
- Treatment must address the eating disorder symptoms as well as psychological, biological, nutritional, interpersonal, and cultural forces that contribute to or maintain the disorder.
- Early diagnosis and intervention significantly enhance recovery.

