



Eating Disorders 101: For Parents and Family

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Are you a mother or female supporter of a loved one experiencing an eating disorder?

If so, join **Mom2Mom**, a "closed" Facebook support group consisting of moms from around the globe.

Supporting **FAMILIES** on the path to **RECOVERY**... that is the goal.



We **HELP YOU** through one of the most taxing challenges of your life. We understand the journey because **WE HAVE BEEN THERE.**

Mom2Mom is rich in knowledge, resources, and encouragement to assist you to confidently and calmly support your loved one to **RECOVERY**, to **LIFE.**

Mom2Mom

www.facebook.com/groups/EatingDisordersMom2Mom

Agenda

- Common Eating Disorder diagnostic criteria, DSM-5
- Prevalence
- Causes
- Warning Signs
- Role of the Parent/Family

- Questions and Answers

Anorexia Nervosa

- Restriction of energy intake relative to requirements leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health. Significantly low weight is defined as a weight that is less than minimally normal, or, for children and adolescents, less than that minimally expected.
 - Based on individual's biological growth history
- Intense fear of gaining weight or becoming fat, or persistent behavior that interferes with weight gain, even though at a significantly low weight.
- Disturbance in way in which one's body weight/shape is experienced, undue influence of body weight/shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.
- No amenorrhea requirement.
- 2 Subtypes:
 - Restricting type: weight loss is accomplished primarily through dieting, fasting, and/or excessive exercise.
 - Binge-eating/purging type: includes recurrent episodes of binge eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas).

Bulimia Nervosa

- Recurrent episodes of binge eating characterized by BOTH of the following:
 - Eating in a discrete amount of time (within a 2-hr period) an amount of food that is definitely larger than what most individuals would eat in a similar period of time under similar circumstances.
 - Sense of lack of control over eating during an episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).
- Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, or other medications; fasting; or excessive exercise.
- The binge eating and compensatory behaviors both occur, on average, at least once a week for 3 months.
- Self-evaluation is unduly influenced by body shape/weight.
- The disturbance does not occur exclusively during episodes of anorexia nervosa.

Binge Eating Disorder

- Recurrent episodes of binge eating, characterized by both of the following:
 - Eating, in a discrete period of time (within any 2-hr period), an amount of food that is definitely larger than most people would eat in a similar period of time under similar circumstances.
 - A sense of lack of control over eating during the episode.
- The binge-eating episodes are associated with 3 (or more) of the following:
 - Eating much more rapidly than normal.
 - Eating until feeling uncomfortably full.
 - Eating large amounts of food when not feeling physically hungry.
 - Eating alone because of feeling embarrassed by how much one is eating.
 - Feeling disgusted with oneself, depressed, or very guilty afterwards.
- Marked distress regarding binge eating is present.
- The binge eating occurs, on average, at least once a week for 3 months.
- The binge eating is not associated with the recurrent use of inappropriate compensatory behavior (for example, purging) and does not occur exclusively during the course of another eating disorder.
- Note: binges are typically precipitated by restriction.

Avoidant Restrictive Food Intake Disorder

- Eating or feeding disturbance (including but not limited to apparent lack of interest in eating or food; avoidance based on the sensory characteristics of food; or concern about aversive consequences of eating) as manifested by persistent failure to meet appropriate nutritional and/or energy needs associated with 1 or more of the following:
 - Significant weight loss (or failure to gain weight, faltering growth in children)
 - Significant nutritional deficiency
 - Dependence on enteral feeding or nutritional supplements
 - Marked interference with psychosocial functioning
- No evidence that lack of available food or an associated culturally sanctioned practice accounts for the disorder.
- The eating disturbance does not occur during an episode of anorexia or bulimia, and there is no evidence of a disturbance in body image.
- The eating disturbance is not better accounted for by a concurrent medical condition or another mental disorder. When occurring in the context of another condition/disorder, the severity of eating disturbance exceeds that routinely associated with the condition/disorder and warrants additional clinical attention.

Other Specified Feeding or Eating Disorder

- Atypical Anorexia Nervosa (weight in normal range)
- Sub-threshold Bulimia Nervosa (low frequency or limited duration)
- Sub-threshold Binge Eating Disorder (low frequency or limited duration)
- Purging Disorder
- Night Eating Syndrome
- Unspecified Feeding or Eating Disorder

Prevalence of Eating Disorders

- 9% of US population will have an eating disorder in their lifetime
- Overall prevalence has more than doubled in past 20 years
 - Significant increase in ED diagnoses since start of COVID-19 pandemic
- 2.7% of teens will experience an eating disorder in their lifetime
 - Most common age of onset is between 12-25 years old
- Most common ED is OSFED, followed by BED, BN, and AN
- Only 6% of individuals experiencing an eating disorder are clinically underweight
- 25% of those diagnosed with eating disorders are males
- EDs have the 2nd highest mortality rate of any psychiatric illness behind opiate addiction
 - A person dies every 52 minutes as a direct consequence of an ED

Multifactorial Causes of Eating Disorders

- **Genetics/Familial**
 - Higher rates of EDs among first degree relatives
 - Other mental health diagnoses among family members
- **Psychological/Psychiatric**
 - Personality type and traits
 - Comorbid mood disorders, anxiety, OCD, etc.
- **Social/Environmental**
 - Diet culture in society
 - Social media, media
 - Pro-ED websites
 - Sports
 - Stressors
 - Bullying
- **Biological**
 - Neurotransmitters

Warning Signs

- Change in weight or physical appearance
- Failure to grow or gain weight
- Preoccupation with weight, shape, size, appearance
- Change in eating behaviors: where, when, with whom, food groups and types, etc.
- Compulsive exercise
- Change in mood or emotions, more withdrawn
- Physical complaints: stomach, hair/skin/nails, feeling cold, dizziness, low energy/tired, poor concentration, loss of periods

Warning Signs and Symptoms of Eating Disorders

Food Behaviors:

- An obsession with cooking, recipes, and baking, but no participation in eating prepared items.
- Eating in ritualistic manners.
- Constant obsession with eating only "healthy" – fruits, vegetables etc
- Eliminating food groups
- Excessive water loading
- Has unusual behaviors around food (organizing food, cutting food into small pieces, always finding something wrong with food, pushing food around the plate)
- Eating only tiny portions of food
- Will eat only a few "safe" foods
- Drastically reduces or completely eliminates fat intake
- Adherence to increasingly strict diets, regardless of weight
- Constantly talking about calories
- Reads food labels religiously
- Has anxiety around food or in the grocery store
- Unable to make food decisions or has difficulty ordering at a restaurant
- Refuses to eat birthday cake or desserts at times that would be appropriate
- Large amounts of food disappearing – secretive eating
- Hiding food – under bed, in drawers...
- Chews a lot of gum or drinks large amounts of coffee, diet soda, or calorie-free beverages
- Chewing mouthfuls of food, but spits them out before swallowing
- Always has an excuse not to eat - not hungry, already ate, feeling ill, running late, etc.
- Refusing to eat foods that they previously ate and enjoyed.
- Watches food shows or visits food websites constantly

Physical signs:

- Excessive weight loss – losing a significant amount of weight in short period of time (can be overweight)
- Underweight, even emaciated appearance with protruding bones or a sunken appearance to the face
- However – it should be noted that you do NOT have to be underweight or have weight loss in order to have an eating disorder
- Baby fine hair covering face and other areas of the body (lanugo)
- Cuts or scarring on the top of hands.
- Fingernails or toenails turning blue.
- Tooth decay, Damaged gums
- Complaints of being cold
- Absence of 3 consecutive menstrual cycles
- Swollen glands in throat, Puffiness in the cheeks.
- Constant sore throat
- Hair loss, paleness, and dizziness
- Broken blood vessels in the eyes
- Abnormal bowel functions
- Sores in the throat and mouth

Behaviors:

- Binging and/or purging
- Feelings of guilt after eating
- Visits to the bathroom after meals
- Spending an excessive amount of time in bathroom – long showers
- Running water to cover sounds of purging
- Disgust and shame after overeating
- Abuse of laxatives, diet pills and/or diuretics
- Very poor self-esteem or confidence
- Feels like he/she has no control over food
- Refuses to nourish if they do not know weight
- May start self-harming

Physical appearance and body image behaviors:

- Constant FAT talk
- Constant body comparison with others
- Obsession with weight, body size, shape, or specific aspects of their appearance
- Wearing loose or multiple layers of clothing
- Change in grooming habits – suddenly unkempt, not bathing
- Obsesses about clothing size
- Constantly weighs themselves – often multiple times a day
- Obsession with size of body parts, i.e., thighs, stomach, buttocks, etc.
- Constantly "body checks" (looks at their body in the mirror or feels their body with their hands)

Social behaviors:

- Avoiding meals or situations where food may be present
- Withdrawing from friends and family
- Avoids eating in public or in front of others
- No longer attends social engagements
- Complains they do not have any friends
- Person tries to control what and where the family eats
- Persons experiencing anorexia tend to be rigidly controlling in all aspects of life and often overcommit
- Persons experiencing eating disorder may have problems with lack of impulse control that can lead to rash and regrettable decisions about sex, money, stealing, commitments, careers, and all forms of social risk taking.

Exercise Behaviors:

- Excessive and compulsive exercise regimes
- Will forgo social engagements to exercise
- Exercising in the middle of the night
- Intensification of exercise regimes
- Panic if miss exercise routine
- Refuse to nourish if don't exercise
- Unable to stop moving/walking/pacing
- Unable to sit while eating

Mental Functioning:

- Intense and dramatic mood swings
- Difficulty focusing/studying
- Drop in grades – difficulty maintaining grades
- Loss of cognitive function
- Excel in studies, but unable to perform other life functions
- Memory loss/Unable to retain information
- Throws tantrums – emotionally unbalanced
- Loses the ability to think logically, evaluate reality objectively
- Associated mental disorders: depression, anxiety disorders, obsessive-compulsive disorder, substance abuse

Other Behaviors: Eating disorders often occur with other problems

- Alcohol abuse
- Abuse of laxatives and diuretics (water pills)
- Abuse of prescription medications (including insulin, Ritalin, etc)
- Abuse of recreational drugs (speed, cocaine, steroids)
- Physical, emotional, or sexual abuse
- Threats of suicide or suicide attempts
- Cutting, burning, hair pulling or other self-harm behaviors
- Rage attacks
- Homicidal threats or attempts
- Stealing and other criminal acts
- Any other behaviors that can logically be expected to bring harm to self or others

The warning signs for eating disorders can vary from person to person.

Any weight loss in a child or adolescent is a warning sign and should be closely monitored. Not all persons experiencing an eating disorder have weight-loss or a change in weight. An eating disorder should not be dismissed just because there has not been dramatic weight loss.

Watch for "change". Change in diet, eating habits/patterns, eating rituals, physical appearance, behaviors, mental thoughts/functioning, social interaction, ...

RESOURCES:

Eating Disorder Family Support Network

Find us on Facebook
www.facebook.com/EatingDisorderFamilySupportNetwork

National Alliance for Eating Disorders 866.662.1235
FindEDHelp.com

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Role of the Parent/Family

- First line in recognizing that your child has a problem
- Anosognosia: your loved one may deny that there is a problem
- Encourage and participate in initial evaluation and all appointments, therapies, etc.
- Eat meals as a family
- Model appropriate behaviors and attitudes throughout treatment and recovery
- Support recommendations of the treatment team
- Express concern about your teen's health, but do not comment on body size, shape, weight
- <https://cheriemonarch.com/2017/10/21/if-it-were-cancer/>