NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Eating Disorders in Adolescence: Information for Parents and Educators

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Eating disorders are psychiatric illnesses characterized by an extreme desire to lose weight and an intense fear of gaining weight. Eating disorders are the third most prevalent chronic illness among adolescents, after obesity and asthma. Mortality rates for eating disorders are among the highest for any psychiatric disorder.

Eating disorders are most common during adolescence. Dissatisfaction with body size and shape has become the norm for female adolescents in the United States, and those concerns are increasing among males. In the past decade, heightened anxiety about overweight status has resulted in a higher incidence of eating disorders among preteen children even though the American population has remained overweight.

BASIC FACTS

There are several types of eating disorders; prevalence and duration vary by type.

Types of Eating Disorders

The most commonly diagnosed eating disorders are *anorexia nervosa, bulimia nervosa,* and those labeled *eating disorder not otherwise specified* (NOS).

Anorexia nervosa. This is the refusal to maintain a normal body weight, extreme pursuit of thinness, intense fear of gaining weight, distorted body image, and excessive emphasis on one's weight or body shape.

There are two subtypes of anorexia: *restricting type,* in which the person does not regularly engage in binge-eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas) and *binge-eating/purging type,* in which the person regularly engages in binge-eating or purging behavior while exhibiting symptoms of anorexia nervosa.

Bulimia nervosa. This is defined by repeated episodes of binge eating, a feeling of lack of control over eating during the episode, and engaging in behaviors to prevent weight gain after binge eating, such as self-induced vomiting, use of laxatives or other medications, fasting, or excessive exercise. Unlike anorexia, people with bulimia typically maintain a normal weight and are more likely to seek treatment for their illness than people with anorexia.

Eating disorder not otherwise specified (NOS). This is the most common diagnosis among eating disorders, and includes conditions that do not fit the specific definition of bulimia or anorexia. Examples include the presence of all of the symptoms of anorexia nervosa except that the individual's current weight is in the normal range, or repeated episodes of binge eating without the compensating behaviors common among people with bulimia (e.g., purging, overexercising, use of laxatives).

Prevalence and Duration

Females are much more likely than males to develop an eating disorder. Rates of eating disorders are increasing among younger children, and appearing more often in diverse ethnic and sociocultural groups. Binge-eating disorder is more common than anorexia or bulimia, with approximately 2-5% of Americans experiencing binge-eating disorder in a 6-month period. An estimated 0.5-3.7% of females suffer from

anorexia, and an estimated 1-4% experience bulimia in their lifetime. The average duration of anorexia is approximately 1.7 years, while the duration of bulimia or binge-eating disorder is about 8 years.

CAUSES OF EATING DISORDERS

Eating disorders develop for complex reasons, including internal factors such as the individual's thoughts, feelings, and physical influences, as well as external factors such as the individual's family, community, and culture.

Internal Factors

Cognitive (thought-related) risk factors include disordered development of self-concept, perfectionism, and distorted body image. Emotional risk factors include difficulties with emotion regulation, mood disturbance, negative self-evaluation, and anxiety. Mood and anxiety disorders often coexist with eating disorders. Physical risk factors include dieting behavior and either unusually early or unusually late onset of puberty.

External Factors

Family risk factors include difficulties with family communication or family relationships, sexual/physical abuse, parental emphasis on weight and nutrition, and high expectations from the family. Community risk factors include identification with groups who are overly concerned with body weight or appearance, such as certain sports-related subcultures and some gay-male communities. Cultural risk factors include identification with the dominant culture and exposure to media messages that emphasize weight and sexuality.

SYMPTOMS OF EATING DISORDERS

Parents and educators, as well as children and teens themselves, should be alert to the cognitive, emotional, behavioral, and physical symptoms of eating disorders.

Cognitive

- Desire to diet
- Dissatisfaction with self
- Desire to be the way others want or expect him or her to be
- Preoccupied with thoughts of food, weight, and cooking
- Difficulties concentrating
- Decline in academic performance

Emotional

- Low self-esteem
- Depression
- Anxiety
- High need for approval from others
- Difficulty regulating moods

Behavioral

- Restrictive or chaotic eating
- Avoidance of eating with peers or family
- Pretending to eat or taking a very long time to eat
- Frequent visits to the bathroom, particularly after eating
- Excessive exercise
- Use of laxatives, enemas, or diet pills
- Hiding food or food wrappers
- Chewing and spitting food out
- Keeping detailed diary of food intake
- Wearing loose-fitting clothing to hide weight loss

Physical

- Weight loss
- Pale facial complexion
- Puffy eyes or swollen cheeks
- Feeling faint or dizzy
- Cold hands or feet
- Sore throat or swollen glands
- Serious medical complications, such as dehydration, cardiovascular problems, dental erosion, osteoporosis, and death

TREATMENT OPTIONS FOR YOUTH WITH EATING DISORDERS

Treatment of eating disorders is difficult. Treatment is affected by the individual's motivation for treatment and the stage of the eating disorder. Outcomes of treatment are most positive when intervention occurs in early stages. A combination of medical and psychological treatment is needed to address complex factors that may have contributed to the eating disorder. Prevention and treatment programs can be delivered in an individual, family, or group setting. Both individual and family treatment is recommended for youth who have been diagnosed with an eating disorder.

Individual Level Treatment

Psychologists play a vital role in the successful treatment of eating disorders and are key members of the team of professionals that may be required to provide care. The focus of individual treatment is on the youth's unique issues (cognitive, emotional, and physical) and family or peer relations. For lasting improvement, the adolescent and psychologist work together to explore the psychological issues related to the cause and maintenance of the eating disorder.

Group Level Prevention

School-based eating disorder group prevention programs can have a positive effect on improvement of body image, eating behaviors, and self-image among adolescents. Group prevention helps to develop a culture in

which students support one another. Groups should promote a comfortable environment in which students can express themselves while topics of self-care, communication skills, and media messages are addressed. Prevention programs should be ongoing, age-appropriate, and conducted annually. School lessons on nutrition and obesity need to be delivered cautiously because students may become overly fearful of obesity and become interested in dieting as a result (e.g., see Cook-Cattone & Phelps, 2006).

STRATEGIES FOR PARENTS AND TEACHERS

The following suggestions for teachers and parents can help prevent the occurrence of eating disorders.

Teachers

- *Examine your own prejudices and serve as a model.* Adults send important messages about attitudes concerning body shape and acceptable weight. Students will observe and adopt the attitudes of important adults in their lives.
- *Create a healthy classroom environment.* Provide positive reinforcement to students for their qualities rather than appearance. Make it clear that discrimination based on size will not be tolerated in your classroom.
- *Be aware of student eating behaviors.* Teachers can monitor whether students play with their food or dump uneaten meals every day. A phone call to parents asking if the student eats breakfast and supper would alert parents. Communication between home and school can help determine if eating problems exist.
- *Seek help when needed.* Consult with the school support team if you suspect that one of your students is struggling with any symptoms of an eating disorder. A school psychologist, nurse, social worker, or counselor should be available if a student needs help with eating disorder symptoms.

Parents

- *Model healthy eating and exercise.* Eat a healthy, well-balanced diet while exercising on a regular basis. Refrain from obsessing about your own weight, food intake, or exercise regimen. Have family dinners in which you model healthy eating and encourage your child to eat healthy portions of a well-balanced meal.
- *Have family meals and be aware of food intake.* Make family meals relaxed and friendly. Refrain from forcing your child to eat, resolving family conflicts at the table, or using food as a punishment or reward. Be aware of quantities and types of foods eaten by your child at dinner and other meals.
- *Attempt to improve communication with your child.* Open communication with your child will allow you to know if he or she has low self-esteem, poor body image, symptoms of depression, or other difficulties associated with an eating disorder.
- *Encourage acceptance of physical appearance.* Encourage your child to understand that each person's body strives to grow and maintain a healthy weight that is natural for him or her. Encourage your child in making the most of inherited physical attributes rather than attempt to control physical aspects that will be difficult or unhealthy to change.
- *Promote other aspects of your child.* Focus on and provide positive reinforcement for other qualities or values of your child to help create a positive self-image unrelated to physical appearance (e.g., kindness toward others, creativity, interest in helping others).
- *Seek therapy.* If your child has any symptoms of an eating disorder, depression, or anxiety, then seek counseling from a clinical psychologist, school psychologist, or therapist for him or her as soon as possible.

REFERENCE

Cook-Cattone, C., & Phelps, L. (2006). Adolescent eating disorders. In G. G. Bear & K. M. Minke (Eds.), *Children's needs III: Development, prevention, and intervention* (pp. 977–988). Bethesda, MD: National Association of School Psychologists.

RECOMMENDED RESOURCES

Print

Lock, J., & LeGrange, D. (2005). *Help your teenager beat an eating disorder.* New York: Guilford Press.

Natenshon, A. (1999). *When your child has an eating disorder: A step-by-step workbook for parents and other caregivers.* San Francisco: Jossey-Bass.

Pipher, M. (2005). *Reviving Ophelia: Saving the selves of adolescent girls.* New York: Riverhead Trade.

Schaefer, J. (2003). *Life without Ed: How one woman declared independence from her eating disorder and how you can too.* New York: McGraw-Hill.

Steiner-Adair, C., & Sjostrom, L. (2005). *Full of ourselves: A wellness program to advance girl power, health and leadership.* New York: Teachers College Press.

Online Resources

National Eating Disorders Association: http://www.nationaleatingdisorders.org

- *GO GIRLS! (Giving our girls inspiration and resources for lasting self-esteem) program*: http://www.nationaleatingdisorders.org/p.asp?WebPage_ID=296

  A curriculum guide for girls from NEDA.
- Healthy Body Image: Teaching kids to eat and love their bodies too! A curriculum: http://www.nationaleatingdisorders.org/p.asp?WebPage_ID=302

  A curriculum guide that includes self-esteem and education for young children.

U.S. Department of Health and Human Service's Office on Women's Health, *Bodywise: Loving yourself inside out*: http://www.womenshealth.gov/bodyimage/kids/bodywise/

Series of information packets designed to help health-care providers and school personnel detect eating disorders among adolescents and provide suggestions for promoting positive body image and healthy eating behaviors, including reading materials for teens.

Newsletter

Positive voices: A newsletter dedicated to helping families cope with loved ones with an eating disorder.

Available by e-mail or postal mail. To subscribe, contact: Positive Voices, P.O. Box 1948, Santa Ynez, CA 93460; e-mail: subscribe@ednewsletter.com

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