



Disordered Eating



WHAT IS DISORDERED EATING?

Eating disorders are complex mental health challenges. They often develop as an unhealthy way to cope with psychological and emotional distress. Eating disorders are typically characterized by on-going disturbances of eating or eating-related behaviours, as well as distortions in self-evaluation on the basis of weight and shape. This behaviour results in altered consumption or absorption of food that significantly impairs a person's physical health, mental and emotional well being and everyday functioning. Eating disorders can impact anyone and everyone despite age, gender, body type and/or size.

WHY IS IT IMPORTANT TO BETTER UNDERSTAND?



Disordered Eating is a serious concern and mental illness that can have severe physical, mental, social and emotional risks and damage that can be life threatening.

"Findings from the last Canadian Community Health Survey – Mental Health indicate that in 2012, over 113,000 individuals ages 15 and older were living with an eating disorder diagnosed by a health professional." (NEDIC & Stats Canada)

"Children learn (unhealthy) mainstream attitudes towards food and weight at a very young age. In a study of five-year-old girls, a significant proportion of girls associated a diet with food restriction, weight-loss and thinness." (NEDIC)



"In a Canadian survey of youth ages 12 to 24 that was administered in both clinical and non-clinical service sectors, 23% to 25% reported disordered eating symptoms like binge eating and weight control behaviours." (NEDIC)

"In a survey of adolescents in grades 7–12, 30% of girls and 25% of boys reported teasing by peers about their weight. Such teasing has been found to persist in the home as well – 29% of girls and 16% of boys reported having been teased by a family member about their weight." (NEDIC)

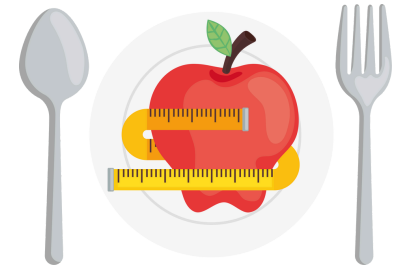
"58% of grade 9 and 10 girls are trying to lose weight, including 50% of those who are "normal" weight and almost 90% of those classified as "obese" based on BMI." (NEDIC)

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TYPES OF DISORDERED EATING:

Anorexia Nervosa - Eating disorder characterized by weight loss (or lack of appropriate weight gain in growing children); difficulties maintaining an appropriate body weight for height, age, and stature; and, in many individuals, distorted body image. People with anorexia generally restrict the number of calories and the types of food they eat. Some people with the disorder also exercise compulsively, purge via vomiting and laxatives, and/or binge eat.

Bulimia Nervosa – Eating disorder where people attempt to purge to compensate for calories consumed and to relieve gut discomfort. This can happen after a binge eating session (as people with bulimia frequently eat an unusually large amount of food in a specific period of time), or anytime after eating in general. Common purging behaviors include forced vomiting, fasting, laxatives, diuretics, enemas, and excessive exercise. Individuals with bulimia can often maintain a relatively typical weight rather than losing a large amount of weight. Bulimia tends to develop during adolescence and early adulthood and appears to be less common among men than women.



Rumination Disorder – Eating disorder that involves the regular regurgitation of food that occurs for at least one month. Regurgitated food may be re-chewed, re-swallowed, or spit out. Typically, when someone regurgitates their food, they do not appear to be making an effort, nor do they appear to be stressed, upset, or disgusted.

Binge Eating Disorder (BED) – Eating disorder characterized by recurrent episodes of eating large quantities of food (often very quickly and to the point of discomfort); a feeling of a loss of control during the binge; experiencing shame, distress or guilt afterwards; and not regularly using unhealthy compensatory measures (e.g., purging) to counter the binge eating. It is the most common eating disorder in North America.

Avoidant and Restrictive Food Intake Disorder (ARFID) – Eating disorder (previously referred to as “Selective Eating Disorder”). ARFID is similar to anorexia in that both disorders involve limitations in the amount and/or types of food consumed, but unlike anorexia, ARFID does not involve any distress about body shape or size, or fears of fatness. Many children go through phases of picky or selective eating, but a person with ARFID does not consume enough calories to grow and develop properly and, in adults, to maintain basic body function. In children, this results in stalled weight gain and vertical growth; in adults, this results in weight loss. ARFID can also result in problems at school or work, due to difficulties eating with others and extended times needed to eat.

Other Specified Feeding and Eating Disorders (OSFED) – Eating Disorder (previously known as Eating Disorder Not Otherwise Specified (EDNOS). Despite being considered a ‘catch-all’ classification, OSFED/EDNOS is a serious, life-threatening, and treatable eating disorder. The category was developed to encompass those individuals who did not meet strict diagnostic criteria for anorexia nervosa or bulimia nervosa but still had a significant eating disorder. In community clinics, the majority of individuals were historically diagnosed with EDNOS.

Unspecified feeding or eating disorder (UFED) – Eating disorder including the presence of disordered eating symptoms that cause clinically significant distress or impairment in social, occupational, or other important areas of functions, but do not meet the full criteria for any of the disorders in the feeding and eating disorders diagnostic class. Is sometimes used when not enough information is present or known to specify the disordered eating category (can be an initial diagnosis in an emergency room setting).





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SIGNS AND SYMPTOMS OF DISORDERED EATING:



As there are various types of disordered eating, there are a wide range of signs and symptoms that could present when a person is struggling. Some are more obvious and some are more subtle, however there are often the presence of multiple signs that can help you identify if there is a problem or not.

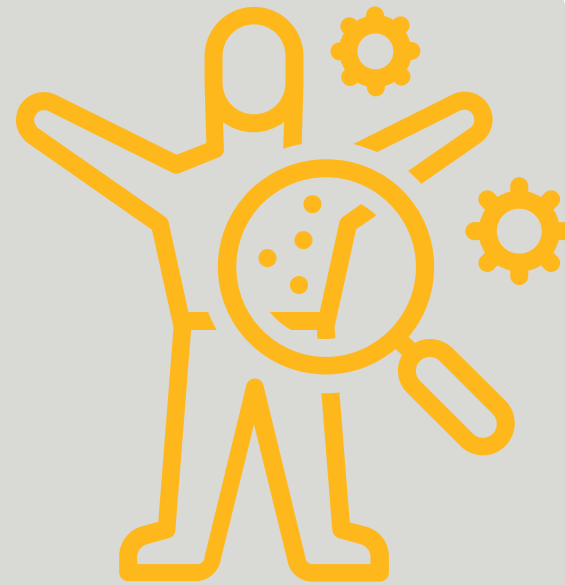
Here are some signs and symptoms to look out for:

Personality Traits:

- Wants to be perfect at everything
- Obsessions with routine

Physical Changes:

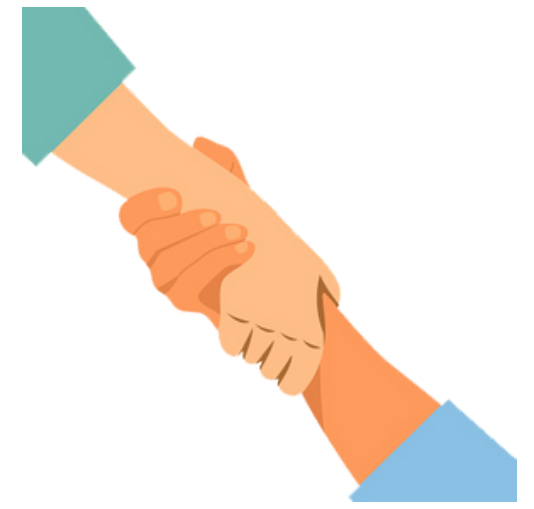
- More hair on body or losing head hair
- Rapid weight fluctuations
- Brittle nails
- Always being cold
- Loss of period
- Puffy face
- Glassy eyes
- Bad breath
- Wearing baggy clothes more often



Behaviours:

- Obsessive dieting, calorie counting and having difficulty eating food without knowing the calories and/or ingredients
- Chronic grazing, binge eating, frequent avoiding or skipping meals and/or strict dietary rules that are not related to any medical conditions
- Chronic loss of appetite
- Sudden interest in wanting to shop for groceries or feed other members of the family; always keen to bake for others
- Always watching cooking television shows, reading recipes, diet books, food magazines, etc.
- Disappearing to the bathroom during meals
- Constant thoughts of being fat and/or ugly; spending an excessive amount of time in front of mirrors; excessive checking/fixing appearance; expressing dissatisfaction or overvaluation of body size, shape and weight
- Avoidance of everything: life, leisure activities, friends, food, and family
- Difficulty concentrating, dressing, and focusing
- Early morning jogs before anyone wakes up and/or immediately exercising after meals or excessive exercise in general
- Finding excess wrappers or evidence of binge eating in secret
- Cutting marks on arms or legs or in hidden places on their body
- Denial that there is an issue or problem

Only medical and mental health professionals can diagnose an eating disorder, but being aware of various behaviours and patterns can help alert you to the fact that something might be wrong. The presence of some of the signs and symptoms and the occasional struggle with dieting and body image does not necessarily mean that there is an eating disorder. Our society and social media places so much pressure and stress on appearance, and flooding young people with stigmas, judgements and pressures to look a certain way. Everyone is impacted by the toxic messaging around body image and young people's self-image and self-esteem can be especially impacted by this. Conversations around healthy life habits and body image are important to have with young people regardless of you suspecting the presence of an eating disorder or not.



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WHAT CAN YOU DO TO HELP SUPPORT?

Demonstrate Empathy

Approach the child with concern, but without judgement. Try not to blame or make accusations. Recognize the effects of the eating disorder on the child and not just their actions.

Example: *"I can appreciate that you don't want to talk about your difficulties, but I care about you too much to drop the subject. How can I make it easier for you to talk about what's going on?" or "I am noticing you are not yourself, having mood swings, always cold. I can feel something is bothering you. Is there anything you want to share with me? Know that I am here for you always. I love you no matter what you are going through. Help me to understand what you're going through."*

Seek to Understand

People struggling with eating disorders often don't think anything is wrong, are in denial or are scared to be honest about it. However, it is never really about the eating, it's about an underlying issue causing the person pain. It can be helpful to think about talking to the young person about it in the same way you would talk about symptoms of a different disease like the flu. Use the same tone to express your concern.

Example: *"How would you describe what you're going through?"*



Assure your Commitment

Clearly state that you care and love the young person no matter what is going on and that you want to support them through challenging things, even if it's hard or scary. It can also be helpful let the young person know that you believe in them and their ability to work towards being the best healthy self.

Example: *"Recovery can be a long and tough process, but I'm here for you every step of the way."*

Emphasize how important any effort towards wellness is, and acknowledge all positive efforts, no matter how small.

Be Clear and Explicit

Try to maintain an open and ongoing dialogue with the child. This is a life-threatening disease, so it is both important to address and be honest about, but not as a means of a scare tactic. Be compassionate and use factual information and observations.

Example: *"I've noticed you seem to be avoiding a lot of foods lately – even your favourite foods – and I'm concerned that you may not be eating enough for your body to work well and grow as it should. I would like for us to see a doctor together." or "Hey, I'm a bit worried about you. You aren't doing fun things very much anymore, and you're being a bit weird about food. Let's go to the doctor." or "You seem to want to be away from the family, and showing low in mood and energy. I am concerned about your health."*

Seek Further Support as Needed

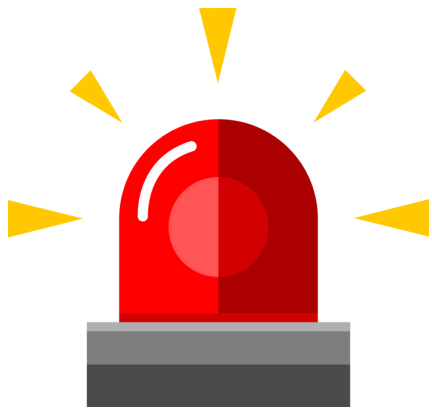
Talk about body image, social media and the unhealthy social pressures that society places on people and their appearance. Validate, affirm, praise and recognize the strengths, skills, knowledge, abilities, character traits, and interests of the young person that are not connected to appearance to help reinforce self-worth and value outside of appearance.

Disordered eating is a serious concern as it can become life threatening and have serious harmful impacts on the person's overall health and wellbeing. It is something that requires support and there are trained professionals that can provide that.





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WHAT NOT TO DO!

Avoid associating or using food as a reward or consequence, as it is a basic need!

Do not comment on weight or appearance! This is harmful regardless of the presence of an eating disorder or not.

Do not tell them to "just eat." Instead, reinforce that you are there for them no matter what, that they seem to be struggling with some feelings around food/eating or body image, and get permission to discuss it!

Do not just ignore the presence of various signs and symptoms in hope that it is just a phase!

Do not expect the young person will be open to discussing the topic or agree/perceive that there is a problem!

Do not shame, consequence or pressure the young person; have patience and show consistent concern for them in supporting them in fighting this disease!