EATING DISORDERS

What is an Eating Disorder?

An Eating Disorder is an illness which causes a severe disturbance in a person's eating and related thoughts and feelings. Many people experience dissatisfaction with their bodies, choose to diet, and/or overeat at times. An Eating Disorder is diagnosed, however, when these behaviors become extreme and physically and psychologically damaging. Eating disorders are caused by a complex interaction between psychological, biological, and environmental factors and often co-exist with other mental health problems such as depression, anxiety, and substance abuse.

Types of Eating Disorders

Anorexia Nervosa	Fueled by an intense fear of being fat, people with anorexia often refuse to eat enough, exercise obsessively, and sometimes use laxatives or force themselves to vomit. Although people with anorexia weigh at least 15% less than the normal healthy weight expected for their height, their battle with weight is not usually relieved by being underweight. In fact, concern about weight gain often increases as weight continues to decrease.
Bulimia Nervosa	People with bulimia binge eat secretly and frequently by consuming large amounts of food, often junk foods that are high in sugars, carbohydrates and fats. After a binge, people with bulimia purge by throwing up, fasting, using diuretics or laxatives and/or exercising excessively. This cycle is often repeated several times per week or, in more severe circumstances, as much as several times per day. Students with bulimia may range from slightly underweight to obese, making this disorder difficult to identify.
Binge Eating or Overeating Disorder	Marked by regular binge eating or eating beyond the point of feeling full with accompanying feelings of shame and/or disgust. Unlike bulimia sufferers, people with this illness binge but do not try to purge what they have eaten.

Prevalent Signs & Symptoms of Eating Disorders

Physical Symptoms

- Weight gain or loss in a short time
- Abdominal pain, bloating and/ or constipation
- Red or calloused knuckles
- Dry and/or yellowish skin
- Yellowing teeth
- Broken blood vessels under eyes

Getting Linked

Massachusetts 2-1-1 is a statewide health and human services information and referral program where you can get person to person assistance to find Eating Disorder resources in your community or visit www.mass211.org or dial 2-1-1.

Additional Resources

Cambridge Eating Disorder Center
www.eatingdisordercenter.org

Massachusetts Eating Disorder Association www.medainc.org

The Klarman Eating Disorders Center at McLean Hospital
www.mclean.harvard.edu/patient/child/edc.php

National Eating Disorders Association
www.nationaleatingdisorders.org

ANAD www.anad.org

National Mental Health Information
www.samhsa.gov

Medline Plus
www.nlm.nih.gov/medlineplus

Office on Women's Health
www.girlshealth.gov/educators

Eating Disorders Coalition for Research, Policy and Action
www.eatingdisorderscoalition.org

- Decreased body temperature, feeling cold
- Decreased blood pressure, slowed breathing and slowed pulse rate
- Fatigue and/or fainting
- Lanugo hair (fine layer of body hair)
- Loss of menstruation in females

Behavioral Symptoms

- Excessive dieting, highly controlled food intake, food avoidance, secretive eating
- Need to control environment
- Regular trips to the bathroom, especially after meals
- Excessive or rigid exercise
- Wearing loose and/or baggy clothing
- Pretending to eat, then throwing food away
- Food hoarding
- Complaints about appearance and weight
- Constant talk about food and/ or refusal to talk about food
- Alcohol and/or drug abuse as a means of coping with depression, anxiety, or guilt that underlie and/or accompany the eating disorder

Cognitive and/or Emotional Symptoms

- Indecisive, rigid, black/white thinking
- Anxious, depressed, irritable, angry mood and/or intense mood swings
- Perfectionistic attitude, unrealistic goal setting
- Feelings of ineffectiveness
- Poor concentration
- Social withdrawal
- Persistent feelings of shame and/or guilt
- Dependence on others for approval
- Mistrust of others

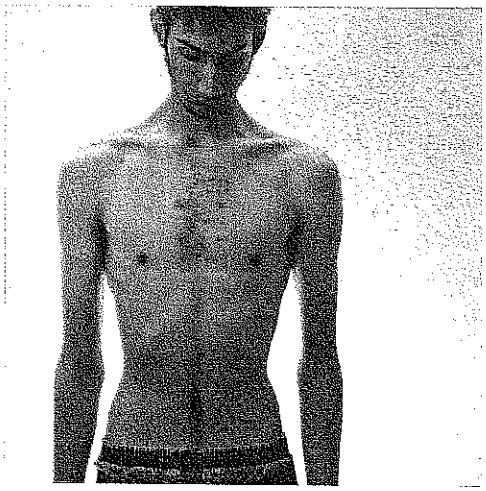
Developmental Variations

Although eating disorders have historically been a problem that first occurs in adolescence and/or young adulthood, more recent studies indicate that the average age of onset for eating disorders in the United States is now between 9 and 12 years of age. 90% of Americans with eating disorders are children and adolescents.

While eating disorders are not typically diagnosed in early childhood, certain psychological and environmental conditions constitute risk factors for the development of eating disorders. Some of these include poor emotional

regulation, low self-esteem, perfectionism, external pressure to achieve at a high level, involvement in highly competitive situations, and having a family member with an eating disorder.

Symptoms of eating disorders in pre-adolescents and adolescents are similar. However, adolescent eating disorders may be accompanied by loss of menstruation in girls, co-occurrence of alcohol and other substance abuse, fear of intimacy, social withdrawal, and maintenance of superficial relationships. Additionally, as young people mature, their ability to hide their eating disorder may become more sophisticated, making detection increasingly difficult.



Educational Implications

Eating disorders may go undetected in the school setting because students with these disorders are often eager to please and work hard to live up to high expectations. These students may struggle with intense perfectionism that makes completing school work time consuming and anxiety provoking. They are often fatigued due to hunger, which makes it difficult to learn new information, and previously learned information may be lost due to the effects of starvation. Cognitive preoccupation with food and weight also impairs the ability for these students to attend to academic information. As eating disorders intensify, they may impact a student's attendance in school.

"It is like there's two voices in my head, the logical side that knows I need to eat and losing too much weight isn't healthy, but there's the other voice that tells me I need to lose weight, that I'm fat and ugly. Most of the time the latter voice is stronger dictating my every move, thought, plan for the day, how to get out of meals, and what lies to tell my parents."

Cultural Considerations

Eating Disorders used to be considered an illness of white upper class females, but in reality females and males of all races and socioeconomic groups are vulnerable. The relationship between these factors and eating disorders is complex. The stress of poverty, marginalization, and racism - all of which are experienced more by minority students - may increase the risk of eating disorders. Additionally, the number of males with eating disorders has doubled over the course of the past ten years.

Regardless of race, ethnicity, and/or gender, membership in certain athletic or other subcultures that emphasize body size, shape or weight (such as cross-country running, dance, gymnastics, wrestling and modeling) increases risk of eating disorders.

School and Classroom Strategies:

These strategies are designed to address potential symptoms of student Eating Disorders and should be used as part of a larger intervention approach. The suggestions below contain only a portion of many possible strategies available to address symptoms of Eating Disorders in the classroom. Strategies should always be implemented with careful consideration of the differences of each child and the context of their individual circumstances.

If you notice a significant change in mood in any child that lasts for more than a week or two, share your observations with the child's parent and/or guardian and with your school's Adjustment Counselor.

Strategies for...

To Prevent Eating Disorders

- Create a school and classroom environment of respect with zero tolerance for teasing and bullying
- Talk to students about growth and development and reassure students of the normal diversity of body sizes and shapes that exist among children and adolescents
- Provide media literacy training to help students become critical consumers of media messages about body size, shape, and beauty
- Teach students and their families about good nutrition and healthy eating habits and support this with healthy food choices in school and positive role modeling
- Teach students pro-social skills such as problem solving, decision making, and stress management
- Avoid making comments about students' appearances, either positive or negative
- Develop policies that prohibit student athletes from engaging in harmful weight control or body building measures
- Encourage students to express their emotions in healthy ways, such as talking with a counselor or journaling
- Provide students with diverse role models of all shapes and sizes who are praised for their accomplishments, not their appearance
- Encourage students of all ethnic and cultural groups to exercise and participate in sports and other athletic activities
- Integrate topics related to eating disorders into your health and science curricula. The Office on Women's Health suggests the following parameters:
  - **Grades 1-4:** focus on good nutrition, positive eating habits, and body acceptance rather than eating disorders
  - **Grades 4-6:** begin to discuss eating disorders, but avoid providing detailed information about specific behaviors such as vomiting or taking laxatives that are common with eating disorders
  - **Middle School:** emphasize that eating disorders can be caused by multiple factors (biological, psychological, social)

When You First Have Concerns

- Eating disorders are a mental health as well as a physical health problem and are very difficult to diagnose. Having a concern that something may be wrong is enough to initiate a conversation with the student and a family member about a professional referral
- Avoid taking on the role of therapist, savior, or food gate-keeper
- Arrange to speak with the student in private and with plenty of time to avoid having to rush
- Begin by telling the student that you care about him or her
- Be non-judgmental, compassionate, and non-punitive while providing detail about the specific behaviors you have noticed that are of concern to you
- Focus your comments on health and physical functioning vs. body size or shape
- Listen attentively and actively to the student; avoid discounting the student's perceptions
- Explain that you believe further support is needed since their health is at risk and notify your school's health and/or mental health team of your concerns
- Decide with the student what will happen next; do not make any promises to keep information secret
- Share your concerns with the student's family; emphasize that only an expert in eating disorders can determine if there is a problem; join with the family in a path of collaborative inquiry
- Help families to understand that treatment is necessary to address eating disorders and that treatment that starts earlier has a higher chance of success

Food Refusal/ Other Harmful Food Related Behavior

- Avoid power struggles with the student over food
- Allow the student to eat in a non-public setting, alone if necessary, or ideally with a small group of supportive, safe peers or adults
- Allow the student to have a supply of healthy snacks of his/her choice on hand in the classroom; allow grazing throughout the day
- Provide the student with opportunities for nonthreatening, non-overwhelming physical activity throughout the day
- If harmful behavior involves food purging (vomiting after eating), keep the student in class for about an hour after eating to reduce purging
- Monitor student food intake but do not become a food controller or gatekeeper

Poor Concentration/Obsessive Thinking About Food And Weight

- Prompt the student throughout the day to use a daily planner to keep track of assignments; provide regular support at the end of each day to assure that the student has all assignments documented and all necessary materials
- Check regularly for work completion to avoid the student getting significantly far behind
- Help student organize projects and break down assignments into manageable parts
- Provide discrete assistance in helping the student to stay focused on the expected task
- Provide the student with an extra set of books to keep at home
- Seat the student in front of the room where s/he can see the board with limited distractions
- Provide some warning when directions are forthcoming and ask the student to repeat the directions back to you to check for attention
- Work with the student to develop a subtle, nonshaming cue you can use to remind them to return to task when they are distracted

Perfectionism And Unrealistically High Goals

- Meet together with the student and the parents to discuss academic expectations; be aware that the student and parents may have unrealistically high expectations. It may be your job to make imperfection acceptable
- Point out your own mistakes frequently and couple them with statements such as "everybody makes mistakes" or "here I go again..."
- Meet with the student when new, large assignments are given to work out short term, step by step, realistic goals for project completion

Social Withdrawal

- Encourage positive peer interaction by teaming students together in goal oriented tasks
- Enroll the student in a counselor led peer support group that teaches social skills, including problem solving, emotional regulation, and decision making
- Encourage the student to participate in extracurricular activities that build a sense of social affiliation and teamwork, such as some sports, drama, outdoor education, etc.
- Identify "safe" learning/study partners who can help the student throughout the day
- Intervene to help the student to negotiate peer conflict when necessary. Talk through the situation with the student in a way that helps him/her find words to express his/her perspective, understand the peer's perspective, and engages the student in problem solving