

Eating Disorders

Prevention, Education, and Resources

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Agenda

1. Building healthy habits
2. Types of eating disorders
3. Warning signs
4. How to talk to your child about concerning behaviors
5. What to do if you suspect someone is suffering
6. Treatment options
7. Resources

Disordered Eating vs. Eating Disorders

Disordered Eating

- dieting
- counting calories
- limiting foods eaten
- unhappy relationship with food/eating/weight
- “trying out” ED behaviors briefly
- “orthorexia”

Subclinical Eating Disorder

- behaviors become more rigid
- more frequent ED behaviors (vomiting, laxative use, binge eating, restricting)
- mostly functional in life
- can progress into an ED
- “orthorexia”

Eating Disorder

- diagnostic criteria fully met
- thoughts and behaviors very rigid, frequent
- person may feel unable to stop
- functioning in life is impaired
- possible medical consequences

Difference between eating disorders and disordered eating

- Many people engage in “disordered eating” (or have a tricky relationship with food/body). Individuals will:
 - Try various diets, restrict their calorie intake, cut out food groups
 - Try self-induced vomiting, misuse laxatives, use diet pills, etc.
- Worrying about food/calorie intake and weight/body size/shape is normative in our society
- *Biological factors play a significant role in the onset of an ED*
 - *-families/parents do not cause eating disorders*
- **Main point: If worries, thoughts, or behaviors regarding eating, food, or weight are impacting functioning, get help!**

Building Healthy Habits and Resilience

Families do not cause eating disorders, in fact, can be extremely helpful in preventing and/or treating them!

There are ways to support your family in building a healthy relationship with food and their bodies

Healthy Eating

One of the common symptoms of disordered eating/eating disorders is cutting out food groups

Carbs, fats, sugars have been demonized by the diet industry over the years; more recently gluten and dairy have been targeted

Our bodies function optimally when we eat all of these food groups in balance with proteins, fruits, and vegetables

<https://www.myplate.gov/>

Cutting out entire food groups, labeling foods as “good or bad”, creating rules around food creates “all or nothing” thinking about these foods (a risk factor for disordered eating), and can induce food cravings and binge eating

Healthy Eating

- You can model healthy habits around eating for your child by:
 - Including a wide variety of foods in your own diet
 - Regular eating throughout the day (e.g., 3 meals, 2-3 snacks)
 - Avoiding labeling foods as “good” and “bad”
 - Avoiding food rules
 - *E.g., we can only have dessert once a week*
 - Allowing for developmentally appropriate decisions around food
 - Providing fresh, nutritious foods in the home *and* allowing space for foods that are more calorie dense

Body Image

- How you perceive and experience your body
 - What you see in the mirror
 - How you view your body when you look at it directly
 - The mental picture of your body in your mind's eye
 - How you experience bodily sensations (temperature, touch, hunger)
 - Thoughts and feelings you have about your body

Body image can be influenced by society, culture, peers, family, and experiences across the lifespan

Poor body image is a risk factor for disordered eating and eating disorders

Body Image

- You can support your child in building a healthy body image in a number of ways:
- Modeling a healthy relationship with your own body
 - Express gratitude for the things your body can do
 - Avoid overly critical statements about your own appearance (e.g., “I look so fat!”)
 - Explore how you talk about other people’s bodies
- Reduce the focus on appearance as a marker of value
 - E.g., compliment your child on things they do well, their personality traits, times they overcame obstacles
 - Avoid focusing compliments solely on a person’s appearance

Types of Eating Disorders

- Anorexia Nervosa (AN)
- Bulimia Nervosa (BN)
- Avoidant Restrictive Food Intake Disorder (ARFID)
- Binge Eating Disorder (BED)
- Other Specified Feeding and Eating Disorder (OSFED)
- Orthorexia (not an official diagnosis)

Anorexia Nervosa (AN)

- A. Persistent restriction of energy intake leading to significantly low body weight in the context of age, sex, developmental trajectory, and physical health.
 - B. Intense fear of gaining weight or becoming fat, OR persistent behavior that interferes with weight gain, even though at a significantly low weight.
 - C. Disturbance in the way in which one's body weight or shape is experienced.
- Two Subtypes:
 - Restricting (AN-R)
 - Binge eating/purging (AN-BP)

Bulimia Nervosa (BN)

- A. Recurrent episodes of binge eating including both:
 - Eating an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances
 - A sense of lack of control over eating during the episode
- B. Recurrent inappropriate compensatory behavior to prevent weight gain, such as:
 - Self-induced vomiting, fasting, excessive exercise, misuse of laxatives, diuretics, enemas or other medications
- C. Both occur at least 1x/week for 3 months
- D. Self-evaluation is unduly influenced by body shape and weight

Avoidant Restrictive Food Intake Disorder (ARFID)

- A. An eating or feeding disturbance (e.g., lack of interest in food/eating, food avoidance, concern about aversive consequences of eating) as manifested by persistent failure to meet appropriate nutritional and/or energy needs associated with one or more of the following:
 - Significant weight loss (or failure to achieve expected weight gain or faltering growth in children).
 - Significant nutritional deficiency.
 - Dependence on enteral feeding or oral nutritional supplements.
 - Marked interference with psychosocial functioning.
- B. Disturbance not better explained by lack of available food or a culturally sanctioned practice.
- C. Does not occur exclusively during the course of another eating disorder and there is no evidence of a disturbance in body weight or shape.
- D. Not attributable to another mental disorder or medical condition.

Binge Eating Disorder (BED)

- A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
 - Eating, in a discrete period of time (for example, within any 2-hour 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
- B. The binge-eating episodes are associated with three (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
- C. Distress about the binge eating
- D. No compensatory behaviors

Other Specified Feeding and Eating Disorder (OSFED)

- A. Symptoms of other eating disorders are present and causing clinically significant distress and impairment, but symptoms don't meet full criteria of the other disorders
- B. For example, the individual may be binge eating or purging, however the behaviors are occurring at a lower frequency and do not meet diagnostic criteria for BN or BED.
- C. Further examples of OSFED:
 - Atypical AN: individual's weight is within or above normal range
 - BED of low frequency and/or limited duration
 - BN of low frequency and/or limited duration
 - Purging Disorder: recurrent purging in the absence of binge eating
 - Night Eating Syndrome: recurrent episodes of eating after awakening from sleep, or by excessive food consumption after evening meal. Behavior is not better explained by another diagnosis such as BED.

Orthorexia

- A. Not an official DSM-5 (Diagnostic & Statistical Manual of mental disorders) diagnosis at this time, but important to address.
- B. Occurs when someone has an obsession with “healthful” eating.
- C. The fixation on “healthy eating” negatively impacts one’s life, functioning, and/or well-being. Goes beyond general concern about quality/nutritional value of food.

Nine Truths about Eating Disorders

TRUTHS

- 1 Many people with eating disorders look healthy, yet may be extremely ill.
- 2 Families are not to blame, and can be the patients' and providers' best allies in treatment.
- 3 An eating disorder diagnosis is a health crisis that disrupts personal and family functioning.
- 4 Eating disorders are not choices, but serious biologically influenced illnesses.
- 5 Eating disorders affect people of all genders, ages, races, ethnicities, body shapes and weights, sexual orientations, and socioeconomic statuses.
- 6 Eating disorders carry an increased risk for both suicide and medical complications.
- 7 Genes and environment play important roles in the development of eating disorders.
- 8 Genes alone do not predict who will develop eating disorders.
- 9 Full recovery from an eating disorder is possible. Early detection and intervention are important.



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Produced in collaboration with Dr. Cynthia Bulik, PhD, FAED, who serves as distinguished Professor of Eating Disorders in the School of Medicine at the University of North Carolina at Chapel Hill and Professor of Medical Epidemiology and Biostatistics at the Karolinska Institutet in Stockholm, Sweden. "Nine Truths" is based on Dr. Bulik's 2014 "9 Eating Disorders Myths Busted" talk at the National Institute of Mental Health Alliance for Research Progress meeting.

Leading associations in the field of eating disorders also contributed their valuable input.

The Academy for Eating Disorders® along with other major eating disorder organizations (Families Empowered and Supporting Treatment of Eating Disorders, National Association of Anorexia Nervosa and Associated Disorders, National Eating Disorders Association, The International Association of Eating Disorders Professionals Foundation, Residential Eating Disorders Consortium, Eating Disorders Coalition for Research, Policy & Action, Multi-Service Eating Disorders Association, Binge Eating Disorder Association, Eating Disorder Parent Support Group, International Eating Disorder Action, Project HEAL, and Trans Folx Fighting Eating Disorders, and other organizations) will be disseminating this document.

Warning Signs

Anorexia Nervosa (AN)

- Reduced quantity of food eaten
 - Calorie/fat counting, reading labels
- Reduced variation in types of food eaten
 - “Good foods” vs “bad foods” (fear foods) leading to similar food choices every day
 - Vegetarian/vegan diets
- Dramatic weight loss
- Throwing food away
- Cutting food into small pieces
- Eating slowly
- Excessive mirror use
- Checking weight frequently
- Wearing baggy clothes to hide thinness
- Avoidance of social situations involving food
- Negative comments about their body
- Isolation from family and friends
- Denies feeling hungry
- Post puberty female loses menstrual period; delayed onset
- Cooks meals for others without eating

Warning Signs

Bulimia Nervosa (BN)

- Secretive eating (finding wrappers or hidden “stash” of food)
- Refusal to eat with friends
- Ability to eat large amounts of food without significant weight gain
- Disappearance after meals, often to the bathroom, frequently with the water running
- Excessive use of mouthwash, mints, and/or gum
- Maintains excessive, rigid exercise regimen- despite weather, fatigue, illness, or injury- d/t need to “burn off” calories
- Evidence of diuretics or laxatives packaging/wrappers
- Shows unusual swelling of the cheeks or jaw area
- Any signs of vomiting (sounds, smell, etc.)

Warning Signs

Avoidant Restrictive Food Intake Disorder (ARFID)

- Extreme picky eating that worsens over time
- Has lasted longer than 2 years and/or is unresolved by late childhood
- Avoidance of whole food groups (e.g., dairy)
- Will only eat certain textures, colors, or brands of food
- Lack of appetite or interest in food (denies feeling hungry)
- Fears of choking or vomiting
- Weight loss or poor growth
- Reports consistent, vague gastrointestinal issues around mealtimes that have no known cause (e.g., “upset stomach”)
- No body image disturbance or fear of weight gain
- Abnormal laboratory findings (anemia, low thyroid and hormone levels, low potassium, low blood cell counts, low heart rate)

Warning Signs

Binge Eating Disorder (BED)

- Noticing large amounts of food missing
- Finding food wrappers in bedroom, backpack, car, etc.
- Evidence of hoarding food (e.g., keeping a “stash” of food in bedroom)
- Taking out trash earlier than necessary to hide evidence of food eaten
- Noticeable fluctuations in weight (up and down)
- Body dissatisfaction, low self-esteem, guilt/shame (typically follows binge episodes)
- Structuring day/schedule so that there is a window to binge eat in privacy (when family members are not home)
- Spending large amounts of money on food
- Reports feeling bloated or constipated frequently
- Frequent dieting, skipping meals, and/or taking small portions of food at regular meal times

Warning Signs

Other Specified Feeding and Eating Disorder (OSFED)

- Weight fluctuations, weight loss, or weight gain
- Negative comments about body size, shape, weight
- Preoccupation with food, eating, nutritional info, etc.
- Distress/anxiety/irritability around mealtimes (or avoidance of mealtimes)
- Sensitivity to comments regarding food, exercise, weight, shape and eating habits
- Eating at unusual times (e.g., at night after going to sleep)
- Increased interest in food preparation
- Changes in food preferences

Warning Signs

Orthorexia (Not official DSM-5 diagnosis)

- Obsession with “pure”, “perfect”, “clean” eating
- Increased concern about health of ingredients
- Compulsive checking of labels & nutritional information
- Inability to eat anything outside of a narrow group of “clean”, “healthy” foods
- Unusual interest in health of what others are eating
- High distress when “good”, “safe”, “healthy” foods are not available
- Obsessive following of food and “healthy lifestyle” accounts on social media
- Body image concerns may or may not be present

How do I talk to my child about this?

- Don't be afraid to ask your child questions.
 - You won't "create" an eating disorder by talking about eating behaviors.
 - You can ask general questions to get a sense of their relationship with food and/or their body.
 - Or, you can ask more specific questions about behaviors you have observed (or that you are concerned might be occurring).
- Important to respond with openness and receptiveness.
- Avoid responding with anger/frustration/irritation.
 - For example: If you were to find an uneaten lunch in your child's backpack, it would be helpful to respond with non-judgmental curiosity rather than frustration with food waste.
- Remember that eating disorders are a disease and secrecy/hiding behaviors are part of the disease (not manipulation).
- With that, it is often important to focus more on the behaviors you are observing rather than the words/explanations.

How do I talk to my child about this?

Sample questions/prompts:

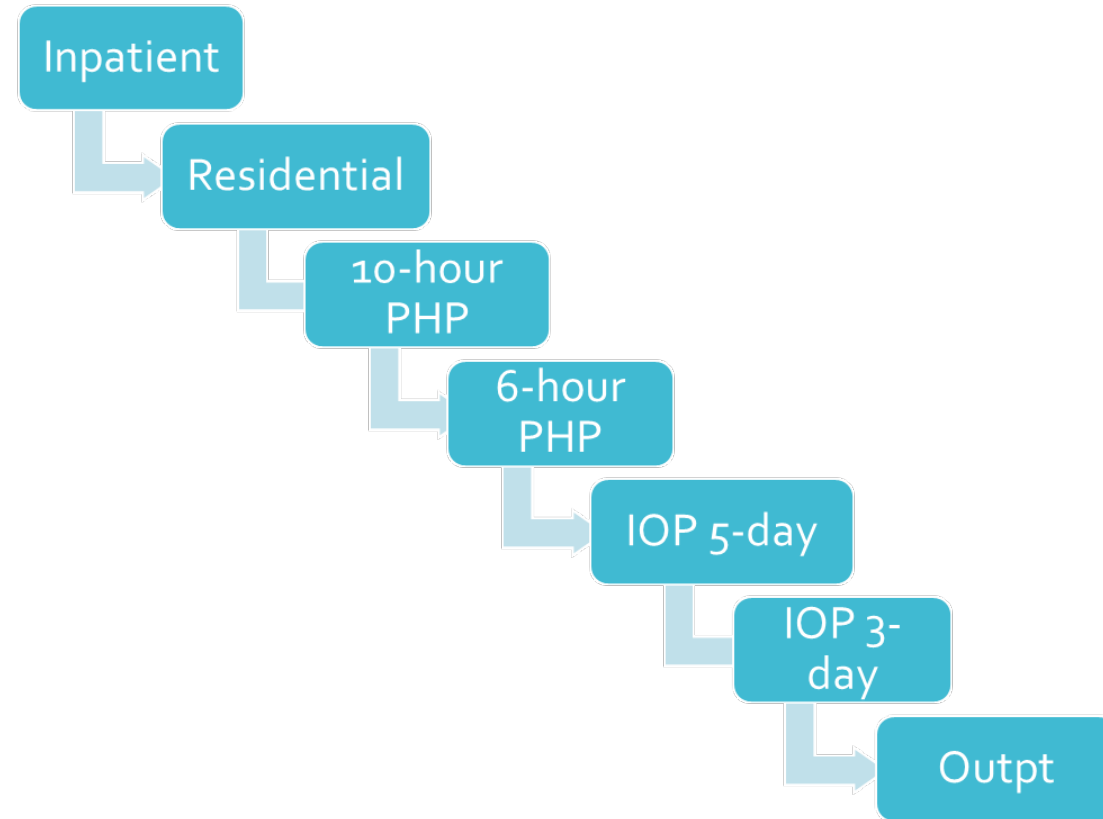
- Have you been worried about your body lately?
- Have you had any worries about what you eat?
- Do you worry about your body more than your friends?
- Do you think about food or eating more than your friends?
- How do you feel when the doctor checks your weight?
- Are you comfortable eating all kinds of foods in front of other people?
- How do you feel when you're getting dressed in the morning?
- Do you worry about losing control when eating? Feel like you can't stop?
- Do you ever feel upset after eating?
- How would you feel if you gained 3 lbs.?
- Do you ever have mean thoughts about your body?
- Some people eat in secret or hide their eating, have you ever tried that?
- Do you ever feel distracted by thoughts about food, eating, or your body?
- I noticed _____, tell me more about what's going on there.

What to do if I suspect someone is suffering?

- Pediatrician
 - Contact your child's pediatrician/schedule appointment
 - Communicate concerns regarding any "warning sign" behaviors
 - Can make a request for labs to be done (e.g., test electrolyte levels)
- Insurance
 - Contact your insurance provider to request support identifying providers in the community specializing in ED treatment
- National Eating Disorders Association (NEDA)
 - Contact the confidential helpline for support, resources, and treatment options
 - Call/Text 800-931-2237 or Chat online
<https://www.nationaleatingdisorders.org/help-support/contact-helpline>
- Contact UC San Diego Eating Disorders Center for Treatment and Research (858-534-8019) or UC San Diego CHEAR Clinic (858-246-1654)
 - The admissions team will gather information and determine most appropriate next steps (e.g., schedule an intake appointment to gather further information and assess severity of symptoms, or provide referrals to outpatient specialists in the community).

Treatment Options

Levels of Care



Resources for Support

- Inpatient Medical Behavioral Unit at Rady Children’s Hospital
 - Children, adolescents, and young adults in need of medical stabilization [858-576-1700](tel:858-576-1700); [ext 5368](tel:858-576-1700) — Program information/general inquiries
- UC San Diego Eating Disorders Center for Treatment and Research
 - Pediatric: 6-HR PHP 5 days/week; 3-HR IOP 3-5 days/week
 - Adolescent: 10-HR & 6-HR PHP 6 days/week; 3-HR IOP 3-5 days/week
 - Adult: 10-HR & 6-HR PHP 6 days/week; 3-HR IOP 3-5 days/week
 - <http://eatingdisorders.ucsd.edu/index.html> Phone [\(858\) 534-8019](tel:858-534-8019)
- UC San Diego CHEAR Clinic
 - 3-HR IOP 3-5 days/week for adults struggling with binge eating/overeating
 - Outpatient therapy groups for adults & adolescents
 - <https://chear.ucsd.edu/binge-eating-disorder-intensive-day-treatment-programs> Phone [\(858\) 246-1654](tel:858-246-1654)
- Center for Discovery: Residential treatment option in SD community (Ages 16-26)
<https://centerfordiscovery.com/locations/san-diego/>
- BrightMind Therapy: Outpatient therapy option in the SD community
<https://brightmindtherapy.com/eating-disorder-treatment/>
- National Eating Disorders Association (NEDA)
 - <https://www.nationaleatingdisorders.org/screening-tool>
 - <https://www.nationaleatingdisorders.org/help-support/contact-helpline>

Questions?



Citations

American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.

National Eating Disorders Association (2018). *NEDA Feeding Hope*. Retrieved from <https://www.nationaleatingdisorders.org/>