



## What You Need to Know to Help Students with an Eating Disorder

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**EATING DISORDERS  
ARE ~~NOT~~ TREATABLE**  
Full recovery is possible with specialized treatment. GET REAL  
GET HELP


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At least 30 million people of all ages and genders suffer from eating disorders in the United States

They are complex mental illnesses that affect thinking, mood & behavior, often leading to dangerous medical complications

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*An Eating Disorder is an Illness,  
not a Choice.*










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## Feeding and Eating Disorders – DSM5



	Anorexia Nervosa
	Bulimia Nervosa
	Binge Eating Disorder
	Avoidant Restrictive Food Intake
	OSFED / Pica / Rumination Disorder

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## Anorexia Nervosa

Restriction of energy intake leading to a significantly low body weight

- Restricting or Binge/Purge subtypes

Body image disturbance – either in how their body is experienced or how much influence body shape/weight has to do with self-esteem

Menses may stop, but not mandatory for diagnosis

Malnourished state/weight represents self-worth, self-control and accomplishment – risks are denied

Highest mortality rate of any psychiatric illness

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## Binge Eating Disorder

Binge eating: Eating in a discrete period of time (~2 hours) an amount of food larger than most would eat in a similar period of time

- Typically several thousand calories or more

Most people binge when alone, feel unable to stop/lack of control, often eating beyond fullness

Binges are associated with disgust, shame or guilt and fear of gaining weight

Binges occur at least once a week for the last 3 months

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## Bulimia Nervosa

Binge eating: Episodes of rapid consumption of a large quantity of food associated with distress and sense of lack of control

Shame and disgust associated with binge eating leads to purging/“undoing”

- Vomiting, laxatives, enemas, diet pills, diuretics, fat burners, excessive exercise...

Binge/purge cycle occurs at least once a week for the last 3 months

Does not always have a visible impact on weight although self-evaluation is unduly influenced by body shape/weight

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## Avoidant/Restrictive Food Intake Disorder

Failure to meet appropriate energy needs leading to significant physiological and/or psychosocial distress

No disturbance in the way body weight or shape is experienced

Broad category intended to capture a range of presentations in children and adults

- Lack of interest in eating
- Sensory sensitivity
- Fear of aversive consequences

Possible presentations

- Anxiety about health – e.g. fear of choking, vomiting or pain
- May begin with “healthy” eating – orthorexia
- Kids who are “picky eaters”

(Thomas et al, 2017 and Norris et al, 2016)

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## Other DSM 5 Feeding or Eating Disorders

Rumination Disorder: Repeated regurgitation of food

Pica: Persistent eating of non-nutritive substances

Other Specified Feeding or Eating Disorder (OSFED)

- Atypical Anorexia Nervosa: Despite significant weight loss, the individual's weight is within or above normal range
- Binge Eating Disorder or Bulimia Nervosa of low frequency and/or limited duration
- Purging Disorder
- Night Eating Syndrome: Recurrent episodes of night eating. Eating after awakening from sleep, or by excessive food consumption after the evening meal.

Unspecified Feeding or Eating Disorder (UFED)

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## Behaviors are Reinforcing and Quickly Become Habitual

Restriction numbs feelings

Weight loss reinforces early onset of the disease

Vomiting and laxatives allow them to eat without fearing weight gain

Vomiting helps to calm strong negative emotions

Compulsion to eat as a coping skill

All behaviors can become compulsive, automatic and easily activated

*Food is a potent neuromodulator*

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(Swanson, 2011)

### Eating Disorder Lifetime Prevalence (13-18 year-olds)

- Anorexia Nervosa 0.3%
- Bulimia Nervosa 0.9%
- Binge Eating Disorder 1.6%
- Subthreshold AN/BED 0.85/2.5%

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### What Causes Eating Disorders?

Genetic  
Biological  
Psychological  
Environmental  
Social Factors

### Factors which Increase Risk


- Dieting
- Early body dissatisfaction
- Trauma
- Bullying
- LGBTQ
- Intensive sport training
- Participation in activities that emphasize ideal body size/shape or need to make weight
  - dance, gymnastics, modelling, wrestling, crew

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## AAP Preventing Obesity and Eating Disorders in Adolescents




Discourage dieting, skipping meals and diet pills




Encourage frequent family meals




Encourage families not to talk about weight



Ask about weight teasing and bullying




Encourage positive body image



Carefully monitor weight loss in an adolescent

(Golden et. al. AAP 2016)

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### Genes are more Powerful than Culture

Up to 83% of eating disorders are biologically based

Having a parent with an eating disorder ↑s risk 10x

Stress, exercise and puberty activate the **genes**

Cultural messages about body image, family values and behavior **fuel the fire**

Stigma and the secretive nature of the disease allow it to become **dangerous**

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## Temperaments of Those at Risk

- Perfectionistic tendencies and over-sensitive to errors
- Drive themselves extremely hard for success
- Obsessionality and inflexibility
- Overvalue their self-sufficiency
- Harsh judgment and comparison of self to others
- Harm avoidant, difficulty with uncertainty, novelty and change

(Fassino et al, 2004)

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Eating Disorders:  
Underdiagnosed  
Undertreated

Median age of onset is ~ 10 to 14

95% diagnosed between 12 to 25

In children, failure to gain expected weight or height or interruption of pubertal development should raise concern

(Swanson et al., 2017)

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## Challenging Biases and Stereotypes

Eating disorders do not discriminate – common across gender, sex, age, race/ethnicity, socioeconomic status, and body shapes/sizes

Females > Males: AN and BN is 3:1, BED is 5:4

Lesbian, Gay, Bisexual Youth > Heterosexual Youth

Transgender Youth > Cisgender Youth

People of all weights can engage in unhealthy weight control behaviors

Stereotypes led to disparities in diagnosis, treatment, health outcomes

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## Eating Disorders in Transgender Youth

Transgender youth are 2-4x more likely to have an eating disorder

- AFAB and gender non-binary highest EDs, non-binary 3x trans binary

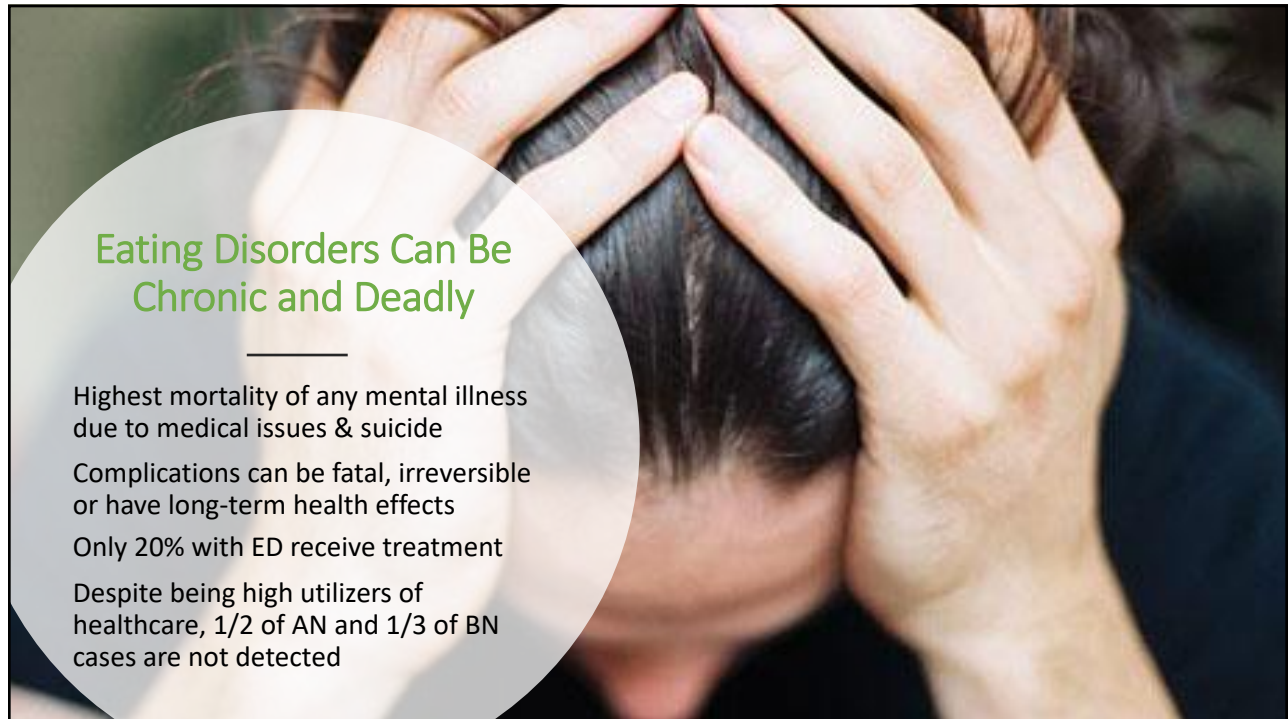
Puberty may be difficult as body is not reflecting gender identity and may precipitate ED as a way to gain control/avoid physical changes

Lack of gender affirming health care can increase body dissatisfaction and eating disorders risk

Recent studies have found that transgender individuals who received gender affirming medical interventions had improved body satisfaction and lower eating disorders symptoms

(Diemer, 2015 and Diemer, 2018)

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## Eating Disorders Can Be Chronic and Deadly


Highest mortality of any mental illness due to medical issues & suicide

Complications can be fatal, irreversible or have long-term health effects

Only 20% with ED receive treatment

Despite being high utilizers of healthcare, 1/2 of AN and 1/3 of BN cases are not detected

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## ED Behaviors Effect the Whole Body

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Starvation leads to low available energy, loss of body fat, hormone suppression, organ atrophy and dysfunction and micro and macro nutrient deficiencies

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Vomiting and laxatives can result in loss of fluids and electrolytes and mechanical damage to GI tract and teeth

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Binge eating may result in insulin resistance, as well as liver, pancreas and gall bladder dysfunction

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Exercise imbalance creates low available energy and repetitive use injuries

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## Common Medical Complications

*Cardiovascular:* low BP, low pulse, postural tachycardia, arrhythmias, electrolyte abnormalities, edema

*Gastrointestinal:* constipation, reflux, bloating, dysmotility, regurgitation, IBS like symptoms, gas, pain

*Bone/endocrine:* amenorrhea, osteoporosis, osteopenia, stress fractures

*Hematologic:* anemia, low white count

*Metabolic:* hypoglycemia, hyperlipidemia, high cholesterol

*Psychiatric:* MDD, GAD, Social anxiety, Panic, OCD, PTSD, ADHD, Substance use/abuse; self-harm, suicidal ideation/attempts

**Work Up: CMP, Magnesium, Phosphorus, Amylase, TSH, CBC, postural VS, Height, Weight, Urinalysis, EKG, DEXA**

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## Causes of Death in Eating Disorder Patients

Cardiac...  
arrhythmias and  
heart attacks

Suicide...  
25-40% of  
deaths


Car accidents

Hypoglycemic  
coma

Sepsis

End stage  
malnutrition...  
starvation

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## Here's the Good News...


Most medical complications are reversible with improved nutritional status and cessation of abnormal eating and purging behaviors.


Early detection and intervention leads to more successful treatment outcomes and prevents or limits academic and social impairment.


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## Who Recognizes Eating Disorders in School Settings

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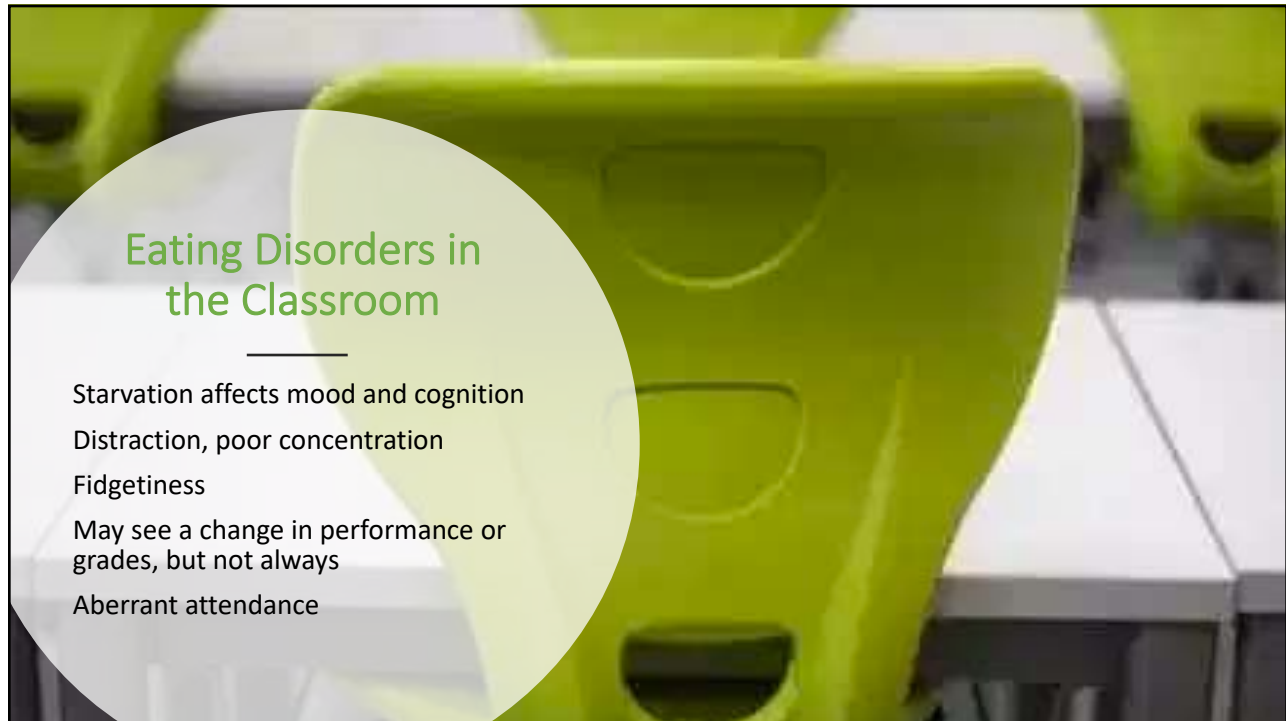
Peers/friends initiate intervention (often after health education efforts)
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School counselors, teachers, nurses or coaches recognizes warning signs
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Student seeks support (often after screening)
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Family seeks support


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## Eating Disorders in the Classroom

- Starvation affects mood and cognition
- Distraction, poor concentration
- Fidgetiness
- May see a change in performance or grades, but not always
- Aberrant attendance

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## Eating Disorders in the Nurse's Office

- Headaches and fatigue
- Complaints of nausea after eating
- Bloating/water retention not attributable to other physical problems
- Constipation
- Frequent and unusual dental problems
- Reflux or regurgitation
- Swelling of glands around jaws
- Chronic sore throat
- Frequently feeling cold
- Complaints of lightheadedness, fainting

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## How Someone Might Present To Clinic

Eating disorder symptoms... weight loss, severe dieting, preoccupation, purging, excessive or compulsive exercise

Mental health concerns... poor concentration, anxiety, depression, insomnia, cutting, suicidal thoughts

Complaints of fatigue, weakness or fainting... ? POTS, dysautonomia, EDS

No or irregular menses or fertility concerns, ? PCOS

GI distress... chronic constipation, diarrhea, bloating, reflux

Dental problems... enamel erosion, dry mouth, gum disease, tooth decay

Athletes with declining performance or stress fractures

DM I with unexplained weight loss and/or poor metabolic control or DKA

ED behaviors s/p Bariatric Surgery

*(Academy for Eating Disorders, 2016)*

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## Eating Disorders in the Lunchroom

The student may skip lunch

Dieting, restricting food

Odd eating behavior, hoarding condiments

Scheduling classes, activities or studies during the lunchtime slot

Eating alone

Might always bring own food

Binge eaters might restrict at lunch



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## Eating Disorders in Sports and Physical Education

Compulsive, rigid, or excessive exercise  
 Vulnerability to stress fractures and injuries  
 Avoids eating with team  
 Weight loss or poor growth  
 Dizziness, fainting, weakness  
 Restriction of fluid intake  
 Low heart rate  
 Declining performance

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## Eating Disorders in Sports and Physical Education

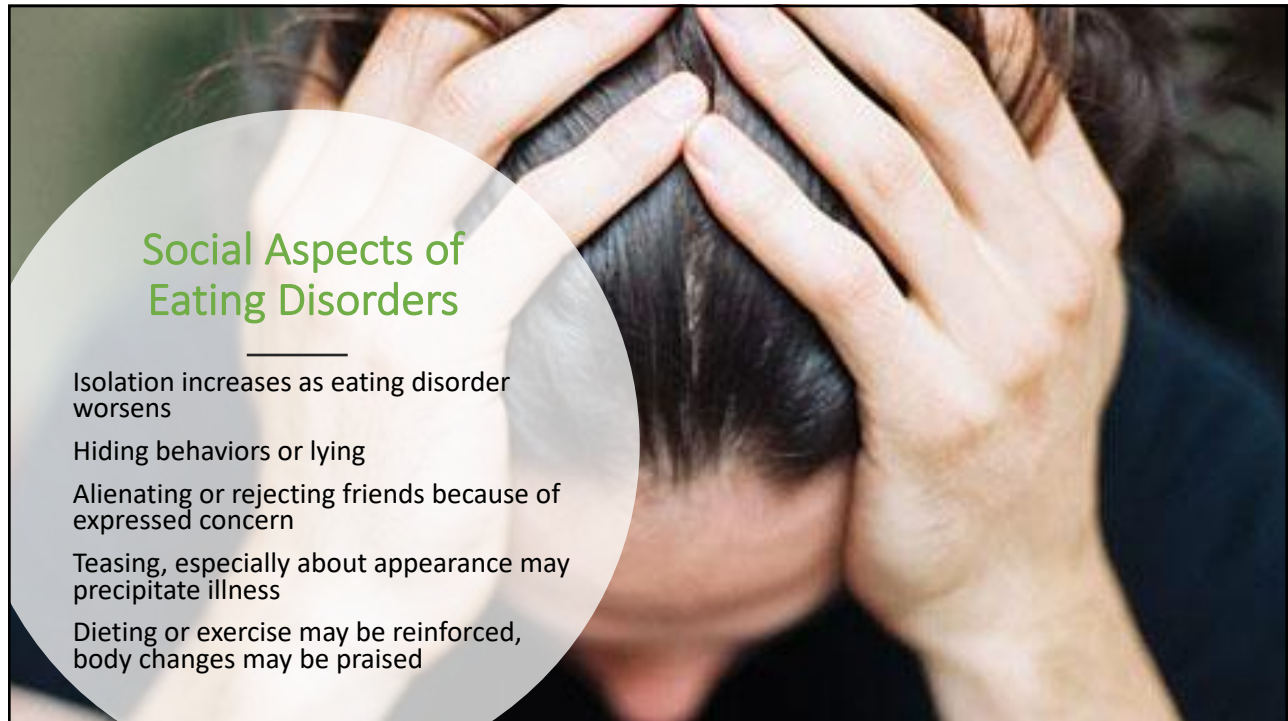
### *Activities which Increase Risk:*

- Coaches who link performance to low weight or weight loss
- Sports that emphasize weight (wrestling/crew) and shape (dance) or have revealing uniforms
- Intense training without proper nutrition and hydration

### *Fueling for Sport:*

**Good nutrition, rest and training are the strongest indicators of sports performance.**

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## Social Aspects of Eating Disorders

Isolation increases as eating disorder worsens

Hiding behaviors or lying

Alienating or rejecting friends because of expressed concern

Teasing, especially about appearance may precipitate illness

Dieting or exercise may be reinforced, body changes may be praised

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### What if Peers Come to You with ED Concerns

Encourage peers to discuss concerns with counseling office

Encourage peers to communicate concerns for their friend's health directly

Establish the importance of an honest, supportive, non-judgmental stance

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## What to do if you suspect a student may be suffering from an eating disorder?

Get informed – Talk about it – Provide ongoing support

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Eating disorder treatment usually involves a multidisciplinary team that is developmentally aware, sensitive and skilled

**Physician(s):** ongoing assessment and treatment of medical complications and psychiatric comorbidities

**Dietitian:** nutritional assessment, weight goals, meal plan

**Therapist:** individual, group and/or family therapy

**Others:** family/loved ones, sport family, school nurse or counselor

*(AACAP, 2015 and Academy for Eating Disorders, 2016)*

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## What Treatment is Important for Teens

- Family-based therapy
- Full treatment team
- Medical supervision and treatment
- Restoration of natural body weight
- Structured meals and exercise to achieve an energy balance
- Psychotherapy which helps them face their fears
- Learning skills to regulate emotion

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## Course of Eating Disorder Illness



Patients may require Residential, Partial Hospitalization or Intensive Outpatient treatment programs

With treatment, 75% of those who need inpatient care improve, 90% show significant recovery at 10 years

Relapse is not uncommon—multiple courses of treatment are often necessary for people with serious illness

10-20% of those requiring inpatient care die of their illness

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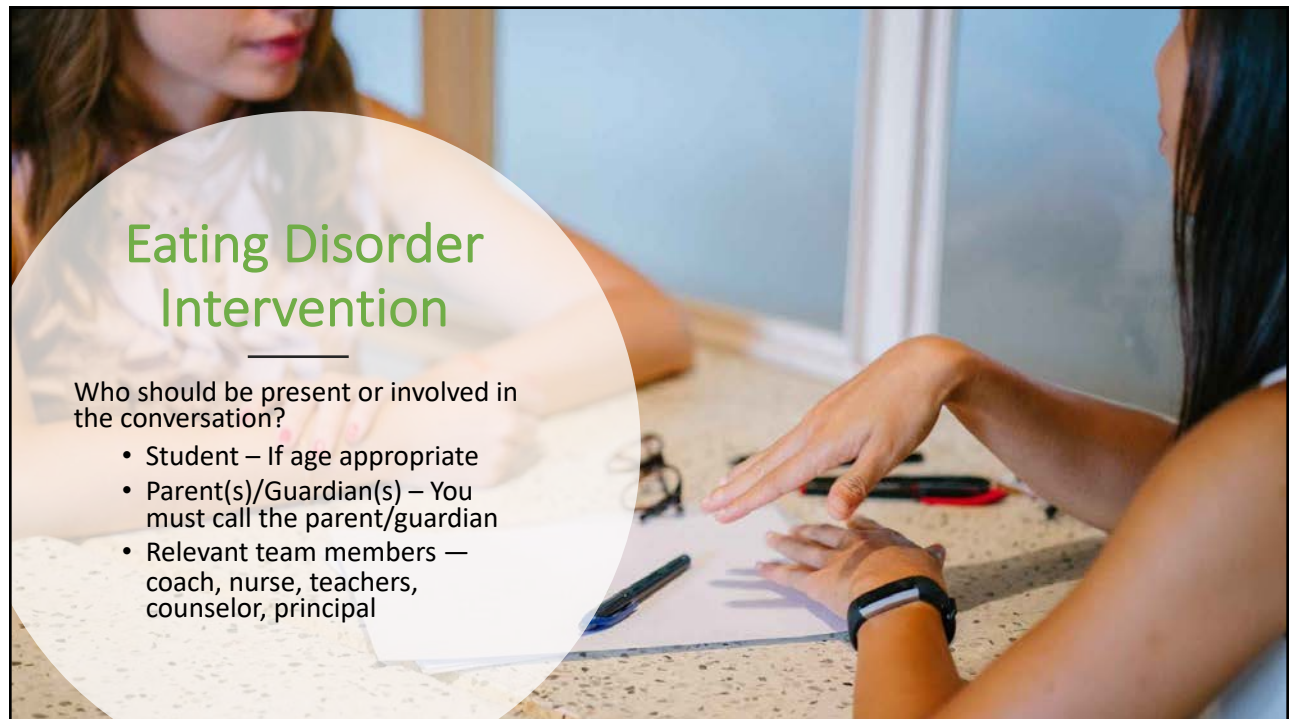
## The Need for a Leave of Absence

Intensive treatment (Residential, PHP, IOP) for an Eating Disorder may require several months for recovery

School can be accomplished when recovery is stabilized and there is improvement in eating disorder behaviors

Student will need ongoing outpatient care upon return to school

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## Eating Disorder Intervention

Who should be present or involved in the conversation?

- Student – If age appropriate
- Parent(s)/Guardian(s) – You must call the parent/guardian
- Relevant team members — coach, nurse, teachers, counselor, principal

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## Intervention: Meeting with the Student



### Step 1: Empathize and Connect

- Express empathy, care and concern:  
“I am concerned about you and ...”
- Describe observations of behaviors:  
“I have noticed you are ...”

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## Intervention: Meeting with the Student



### Step 2: Educate

- Eating disorders are serious, complex illnesses that affect mind, body and relationships
- Eating disorders require a professional evaluation for diagnosis
- Early diagnosis and treatment correlates to a better prognosis
- There is hope and help

Do not expect the student to agree with you or want to get help

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## Intervention: Meeting with the Student



### Step 3: Motivate

- Let the student know you have a professional responsibility to address this medical problem
- Tell the student you must develop a plan of action which includes involving their family and getting a professional evaluation
- Ask the student to be a part of the plan (if age appropriate)

### Confidentiality and Boundaries

- Be honest and clear with the student about what you must disclose and what you can keep confidential

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## A Student's Typical Responses



Minimization or denial

Shame and ambivalence about giving up behavior(s)

Anger at those who have confronted the problem

Fear of becoming the object of scrutiny

Fears of loss of control

Fears of having to leave school or sports

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## Clear Communication with Family

- Involve student, if appropriate
- Focus on the goal of the student's well-being
- Say ...“I am concerned” rather than ... “Your child has a problem”
- Discuss the possible emotional, physical, interpersonal and academic costs of eating disorders
- Reiterate that an eating disorder is an illness not a choice
- Be informed and prepared to help with professional referrals or direct families to resources
- Follow up with a summary of your discussion in writing

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## Eating Disorder Resources to Provide

Eating Disorders experts: therapists, dietitians, physicians/psychiatrists

Adolescent Medicine units in hospitals

Eating Disorders Treatment Centers

NEDA (NEDA Toolkits: parent, educator and coach versions)

- <http://www.nationaleatingdisorders.org/>

Gürze

- <http://www.gurzebooks.com/>
- <https://www.edcatalogue.com/>

The Alliance for Eating Disorder Awareness

- <https://finedhelp.com/>

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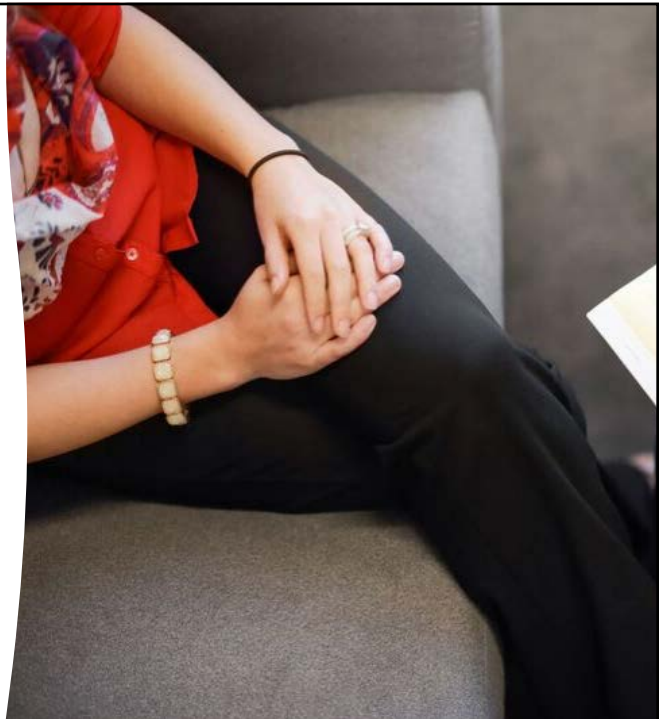
## A Family's Possible Responses

Families have many different reactions to their child possibly having an eating disorder...

- Shame
- Denial
- Blame
- Guilt
- Anxiety/Fear

Concern that their child will miss out on...

- School, activities, sports



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## Ongoing Collaboration, Communication, Support



Assist students to re-enter school

Empower parents and collaborate

Encourage parents to learn as much as they can about the illness and eating disorder treatment

Encourage communication with the school about the plan

Discuss potential options for support with the school

Identify a point person in the school for contact/communication

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## Accommodations & Safety Measures

Gym/Sports restrictions – participation plan  
Meal expectations such as on-site monitoring plan

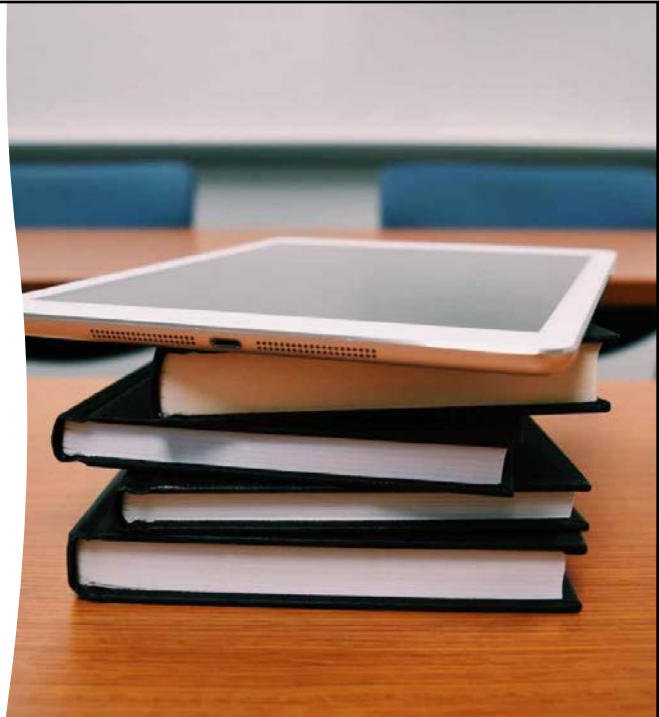
- Student to eat at mealtime with parent, counselor or teacher

Modified classroom schedule to reduce stress and accommodate therapy sessions

- Home school during intensive treatments

Nursing training regarding signs of medical compromise

Testing accommodations



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## Watch Your Words



Be aware of unintended consequences related to conversations about weight, body size and shape

Weight stigma can increase the risk for all eating disorders

Weight stigma can deter individuals from seeking treatment

Comments about weight/appearance are rarely helpful

- Do not compliment or reinforce their desire to be thin
- No "fat-shaming" or "diet talk"

Focus on well-being, healthy living and healthy habits rather than the number on the scale

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## Ongoing Care for Students with ED



Educate and express concern about their health

Minimize triggers

- Magazines, dietary warnings, ht/wt charts can contribute to ED attitudes
- Blind weights

Be non-judgmental, non-confrontational

- Avoid increasing shame, blame, guilt about their behaviors or attitudes

Praise their progress and courage for facing fears

Express continued compassion, consistency and care

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## Eating Disorder References



AACAP Practice Parameter for the Assessment and Treatment of Children and Adolescents With Eating Disorders

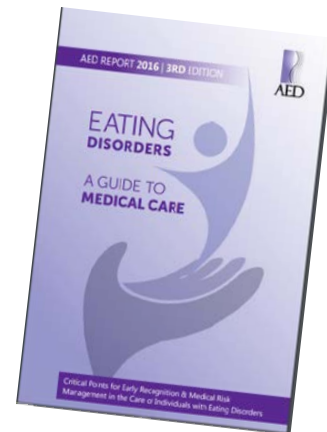
- [http://www.jaacap.com/article/S0890-8567\(15\)00070-2/pdf](http://www.jaacap.com/article/S0890-8567(15)00070-2/pdf)

APA Practice Guidelines on Eating Disorders

- [http://www.psychiatryonline.com/pracGuide/pracGuideTopic\\_1\\_2.aspx](http://www.psychiatryonline.com/pracGuide/pracGuideTopic_1_2.aspx)

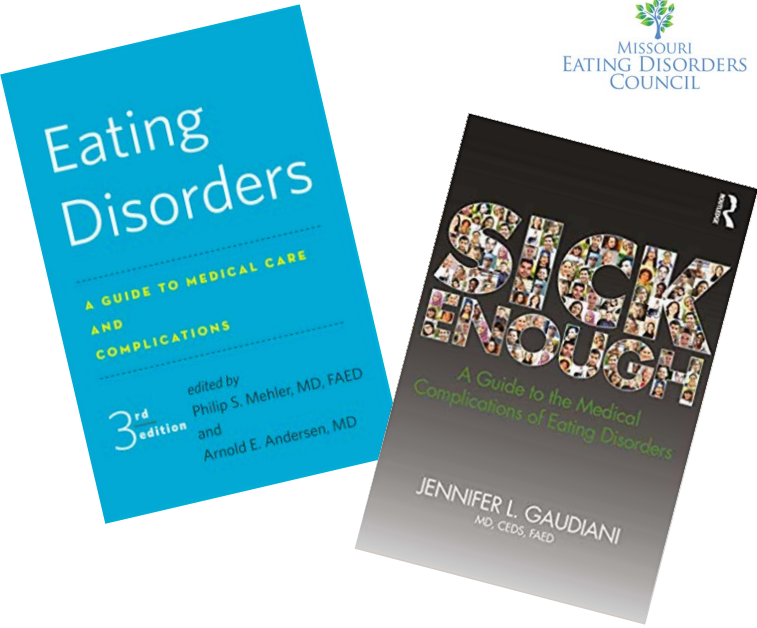
AED Eating Disorders: Critical Points for Early Recognition and Medical Risk Management in the Care of Individuals with Eating Disorders

- <http://www.aedweb.org/downloads/Guide-English.pdf>



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Resources for  
Medical  
Complications



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More Sharable  
Eating Disorder  
Resources



FEAST (Families Empowered and Supporting Treatment of Eating Disorders)

- <https://www.feast-ed.org/>

Maudsley Parents

- <http://www.maudsleyparents.org/>

MOEDC (Missouri Eating Disorders Council)

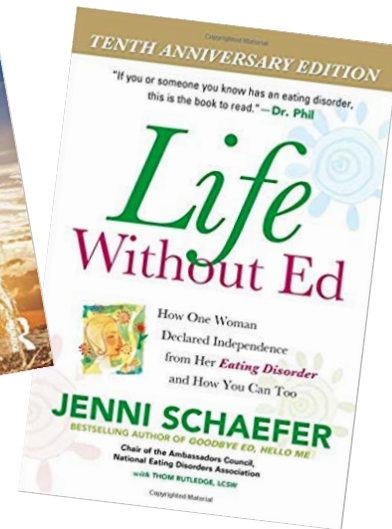
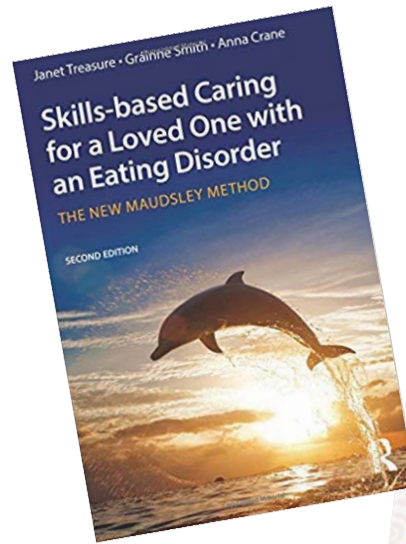
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## Eating Disorder Books for Patients and Families



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Full recovery is possible with specialized treatment.  GETREAL  
GETHELP

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