

What do you do if you suspect someone you know has an eating disorder?

- Do not confront the person harshly. Instead, indicate your caring and concern. Tell the person that effective treatment is available and encourage him or her to get professional assistance.
- Do not treat the person as if there is nothing else besides the eating disorder that is important. At this time, it is especially important to talk about regular life events. It helps to take the focus off of food and weight.
- If an individual admits having a problem but refuses professional help, discuss his or her concerns regarding treatment. You may be able to provide some reassurance that these concerns can be addressed.
- If the person's condition is severe (i.e. emaciation, fainting, inability to stop vomiting, blood in stool or vomit), emphasize that immediate evaluation by a professional is crucial.
- Do not watch what the person is eating or demand that the person eat or not eat. Let the person's treatment providers be the ones to focus on food.

What to look for in a good treatment program...

Eating disorders are complicated and are caused by a combination of factors; good treatment should address all of these factors.

- Psychotherapy is necessary to help the person eliminate eating-related symptoms as well as to address underlying emotional concerns. Psychotherapy may be individual, in groups, or with the person's family.
- Involvement of a physician is very important because there can be many serious physical effects of starvation, bingeing, and purging. Physicians can also help address depression by prescribing medications when necessary.
- Nutritional counseling from a registered dietitian can also be very helpful since people with eating disorders may not understand what constitutes healthy eating.
- Most treatment can occur on an outpatient basis. Hospitalization becomes necessary, however, when the individual is at risk medically or is at risk of suicide. It is best to choose a hospital that has a specific eating disorders program.
- Individuals and their families should ask if hospital staff or outpatient professionals have specific training in treating eating disorders. Membership in the Academy for Eating Disorders is also a plus.
- For links to treatment referral websites go to **www.edtfi.org**.

EATING DISORDERS

Facts on...

- IDENTIFICATION
- REFERRAL
- TREATMENT



www.edtfi.org

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Have you experienced any of these?

- Extreme concern with body weight and shape
- Intense fear of weight gain or being “fat”
- Frequent dieting
- Feeling “fat” or overweight despite dramatic weight loss
- Refusal to maintain body weight at or above minimally normal weight for height, body type, age, and activity
- Female’s loss of menstrual periods
- Repeated episodes of bingeing and purging
- Feeling out of control during a binge and eating beyond the point of comfortable fullness
- Purging after a binge (typically by self-induced vomiting, abuse of laxatives, diet pills and/or diuretics, excessive exercise, or fasting)

If so, you may want to be evaluated for an eating disorder by a trained professional.

There are many kinds of eating disorders:

Any pattern of eating-related behavior that causes significant distress or impairment in a person’s life can be considered an eating disorder. Both females and males of all ages experience eating disorders. Many, but not all, eating disorders involve a strong concern with body size, shape, and weight.

- **Anorexia nervosa** is diagnosed in a person who is significantly underweight for their height, frame, or personal history. They often have an extreme fear of becoming overweight, even when others see them as too thin. Concern about weight gain often leads to stringent dieting, exercise, and/or purging to manage the fear. Symptoms of starvation may appear, such as increased sensitivity to cold, slowed heart rate, or decreased concentration.
- **Bulimia Nervosa** is diagnosed in people who binge (an episode of excessive eating in a short amount of time) and compensate by purging, starving, overexercise, or the use of laxatives, or diuretics. Bulimia often develops after a period of intense dieting. Purging usually begins as a voluntary behavior, but as it progresses, may feel uncontrollable. Because this disorder is often very secretive, and the person may appear to be in the normal weight range, others may not realize that anything is wrong.
- **Binge-eating disorder** is diagnosed in a person who binges recurrently, with a sense of loss of control, and whose binges cause them significant distress. People who binge without purging, and without periods of marked self-starvation, may have binge-eating disorder.
- **Other Specified Feeding and Eating Disorder (OSFED)** Any eating disorder which does not fit one of the above diagnoses can be diagnosed as OSFED, such as: persistent severe dieting with negative consequences, but without becoming underweight; purging without bingeing; undereating for reasons not related to fear of weight gain; or emotionally driven overeating without distinct bingeing.
- **Avoidant/Restrictive Feeding and Intake Disorder (ARFID)** Some children and adults may avoid food for reasons not related to fear of weight gain, including fear of nausea and stomach distress, fear of choking, fear of contamination or germs, or other concerns. When this avoidance leads to significant problems in health or life functioning, it is still considered an eating disorder, but treatment approaches are different than for the eating disorders that are based on concern about weight and size.