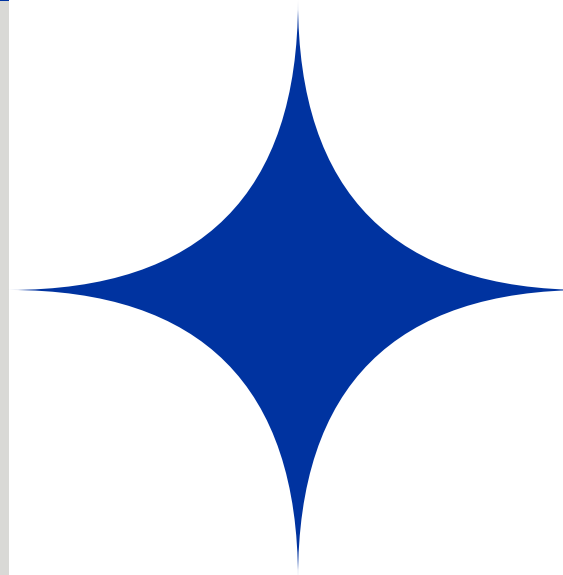




BOISE STATE UNIVERSITY



Boise State University
**EATING DISORDER AND
BODY IMAGE GUIDE**
FOR PARENTS



Be
well
WELLNESS SERVICES



What Are Eating Disorders?

Disordered Eating vs Eating Disorders

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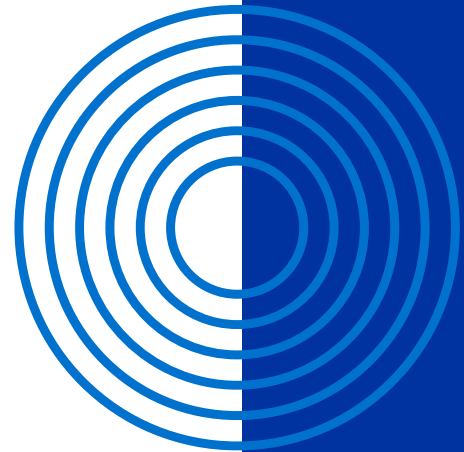


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DISORDERED EATING VS. EATING DISORDERS

Disordered eating is an aspect of eating disorders, however, suffering from disordered eating doesn't inherently suggest the presence of an eating

disorder. Disordered eating is a disturbance in eating patterns that does not meet the diagnostic criteria for an eating disorder. Disordered eating includes a range of concerning eating behaviors and distorted beliefs regarding appearance, weight, shape, and food. The severity involved in disordered eating can vastly differ. However, what keeps behaviors under this classification compared to an eating disorder is the frequency, duration, and psychological criteria that are required for diagnosis.

WHAT ARE EATING DISORDERS?

Severe disturbances in eating patterns, attitudes, emotions, and thoughts characterize an eating disorder. These disorders are mental illnesses that can impair one's physical and mental health.¹

This does not mean that disordered eating behaviors should be overlooked.

Receiving treatment when experiencing disordered eating symptoms serves as an early intervention, since disordered eating is a risk factor for developing a diagnosable eating disorder. This type of early intervention from professionals aids in the improvement of treatment outcomes and in preventing the progression toward chronic symptoms.^{2,3}



CLINICAL DIAGNOSES

- *Anorexia Nervosa (AN)*
- *Bulimia Nervosa (BN)*
- *Binge Eating Disorder (BED)*
- *Avoidant/Restrictive Food Intake Disorder (ARFID)*
- *Other Specified Feeding Eating Disorder (OSFED)*
- *Rumination Disorder*
- *PICA (eating non-food substances)*
- *Binge-restrict cycle*

Other eating concerns:

- *Orthorexia (obsession with only “healthy” eating)*
- *Bigorexia (body/muscle dysmorphia)*
- *Compulsive exercise*
- *Relative Energy Deficiency-Sport (RED-S)*

Eating disorders are treatable mental illnesses that include symptoms including extreme emotions, attitudes, and behaviors surrounding weight, food, and body image. They can have serious emotional and physical consequences. **Eating disorders affect people of every age, race, body size, gender identity, and background.** They are dangerous and can be life threatening.

It is difficult to pinpoint why eating disorders occur, but it is widely accepted that eating disorders can be caused by one or any combination of following: **biology** (genetic, or illness that leads to eating disorder), **addiction** (alterations in brain chemistry, or predisposition to addiction), **trauma/stress** (alterations in brain function resulting from traumatic life events, stress, perfectionism, or internal/external need to achieve), and **social pressure or learned behavior** (peer pressure, body dissatisfaction, social media/societal standards).

People with eating disorders are at higher risk for medical complications and co-occurring mental illnesses, including **depression, anxiety, obsessive compulsive disorder, PTSD, and substance use disorder.** These co-occurring conditions can make eating disorders worse. Early detection and treatment are important for a full recovery. ^{2,3}

SIGNS AND SYMPTOMS OF DISORDERED EATING

Anxiety associated with specific foods

Skipping meals

Chronic weight fluctuations

MAY INCLUDE, BUT ARE NOT LIMITED TO: 4,5,6,7

Rigid rituals and routines surrounding food and exercise

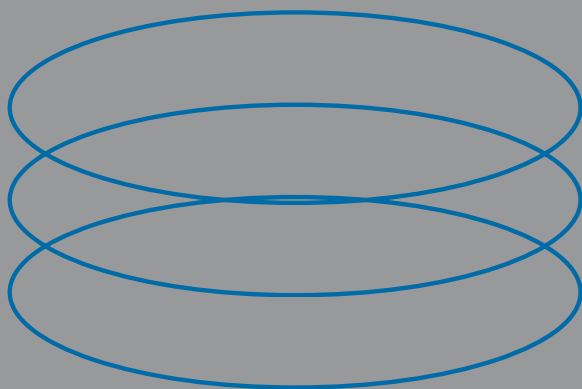
Feelings of guilt and shame associated with eating

Frequent dieting

Preoccupation with food, weight and body image that negatively impacts quality of life

A feeling of loss of control around food, including compulsive eating habits

Using exercise, food restriction, fasting, or purging to "make up for bad foods" consumed



WHEN DO EATING DISORDERS APPEAR?

While there is no specific time that eating disorders occur, they frequently appear in the teen years and early adulthood which means the collegiate population is at high risk.⁸



RISK FACTORS OF AN EATING DISORDER^{9,10,11}



01.

**FAMILY HISTORY OF
EATING DISORDERS
/GENETICS**

02.

**EXPERIENCED
TRAUMA/SEXUAL
ABUSE**

03.

**UNDERLYING
MENTAL HEALTH
CONDITIONS SUCH
AS ANXIETY OR OCD**

04.

**PARTICIPATING IN
ACTIVITIES WHERE
WEIGHT OR BODY
SIZE IS A FACTOR
(SWIMMING, CYCLING,
GYMNASTICS, ETC.)**

05.

FOOD INSECURITY

06.

**CHILDHOOD FORCED
DIETING**

07.

**GOING THROUGH
MAJOR LIFE EVENTS
OR CHANGES**

08.

TYPE 1 DIABETES

09.

**HAVING A DRIVEN
PERSONALITY THAT
STRIVES FOR
PERFECTION**

10.

**AGE: ADOLESCENCE &
EARLY ADULthood**

WHAT ARE THE MOST COMMON TYPES OF EATING DISORDERS?^{11,12}



Anorexia Nervosa (AN)

Definition

Anorexia Nervosa is primarily characterized by heavy restrictions on calories. Intense fear of gaining weight and distorted body image are the driving factors that are a large part of this eating disorder. Only 6% of people with an eating disorder are considered clinically underweight.

Signs & Symptoms

- Self-starvation
- Extreme dieting
- Intense fear of weight gain
- Excessive Exercise
- Skewed beliefs about body/distorted body image
- Avoidance of social situations (to avoid food)
- Denial of hunger
- Rituals around food
- Binging and Purging (in some cases)

COMMON EATING DISORDERS, CONTINUED



Bulimia Nervosa (BN)

Definition

Bulimia Nervosa involves episodes of binge eating followed by compensatory measures (purging, excessive exercise, laxatives, etc.) to prevent weight gain. A binge eating episode consists of feelings of a lack of control resulting in eating a large amount of food in a short period. This disorder also involves a distorted body image with self-evaluation relying on weight and body shape.

Signs & Symptoms

- **Rapid consumption of excessive amounts of food**
- **Feelings of loss of control**
- **Weight fluctuations**
- **Restricting, then binging “bad” foods**
- **Compensatory measures:**
 - **Inducing vomiting**
 - **Misusing Laxatives, Diet Pills, Diuretics**
 - **Excessive exercise**
- **Avoidance of eating in front of others/Secretive eating**
- **Discoloration of teeth/Poor dental health**
- **Making visits to the bathroom after meals**
- **Heartburn/Acid reflux**

COMMON EATING DISORDERS, CONTINUED



Binge Eating Disorder (BED)

Definition

Binge Eating Disorder, similar to Bulimia Nervosa, involves episodes of bingeing excessive amounts of food. However, there are no compensatory measures that occur as a result of the binge eating episode. These episodes are associated with all or some of the following: eating much more rapidly than normal, eating till uncomfortably full, eating large amounts even if not hungry, eating alone out of embarrassment for how much food is being consumed, and feelings of disgust or guilt afterward. There is a large amount of distress associated with these binge eating behaviors. Clinical diagnosis of eating disorders in individuals with a higher body weight is half as likely.

Signs & Symptoms

- **Out-of-control feelings with food**
- **Restricting, then bingeing large amounts of food**
- **Self-soothing with food**
- **Feelings of embarrassment and shame**
- **Secretive eating**

COMMON EATING DISORDERS, CONTINUED



Avoidant/Restrictive Food Intake Disorder (ARFID)

Definition

Avoidant/Restrictive Food Intake Disorder is a disturbance in eating patterns that results in inadequate nutrition. Unlike AN, these eating patterns are not the result of efforts to change one's body, but rather an avoidance of food due to a lack of interest, aversion, or fear of the consequences of eating food.

Signs & Symptoms

- Significant weight loss
- Avoidance of food/Lack of interest in food/Anxiety around certain foods
- Nutritional deficiencies/dependence on supplementation
- Food habits impact everyday functioning
- Being extremely particular with food choices
- Refusing foods because of an adverse experience/Sensory issue
- Lack of appetite



EATING DISORDER MYTHS



“Eating disorders are a choice”

“I caused my child’s eating disorder”

“My child is only affecting their muscle and body fat by losing weight”

“You cannot die from an eating disorder”

“Once my child gains weight, every thing will be back to normal”

“My child will never recover from an eating disorder”

These are all MYTHS. Eating disorders are complex and complicated. Know the facts.

Eating disorders are not a choice. There are a lot of environmental and genetic factors that can impact an eating disorder. Malnutrition as a result of eating disorders affects nearly every organ in the body and should be taken seriously. Eating disorders have the 2nd highest death rate of any mental illness second only to opioid overdose.

EATING DISORDERS ARE NOT JUST ABOUT FOOD. IT IS A MENTAL ILLNESS: COUNSELORS, DIETITIANS, AND MEDICAL PROVIDERS ARE CRUCIAL IN RECOVERY. RECOVERY IS POSSIBLE.



HOW TO HELP SOMEONE WITH AN EATING DISORDER¹³

LISTEN, LEARN, & SUPPORT

- It is best to listen openly without judgment and ask them how you can best support them. Try not to rush into offering solutions.
- Validate their feelings and listen carefully to the feelings they are expressing.
- Educating yourself on eating disorders. You have already taken the first step by reading over this guide!
- Focus on positive personality traits and healthy coping skills that they currently possess or have achieved in the past. Remember they are more than an eating disorder
- Be a role model in your family by working to have a healthy relationship with food and your own body.
- Avoid making comments about their appearance
- Avoid guilt and self blame
- Practice self-care. Eating disorders are difficult and scary. Seek support for yourself.

***START A
CONVERSATION
WITH
CURIOSITY***

IMPROVE RELATIONSHIPS WITH FOOD & BODY IMAGE

FOCUS ON MENTAL & EMOTIONAL HEALTH

Eating disorders and disordered eating aren't about food, they are medically and psychologically complex. Counseling is a great place to start if you're worried someone you know has an eating disorder. Demonstrate self kindness and notice how you talk about your body around others. Change the narrative. Do not focus on the scale; instead, focus on how you feel physically and emotionally.

EDUCATE YOURSELF

BASIC NUTRITION EDUCATION.

Meet with a Registered dietitian for help with mindful eating, meal planning, and meal and snack ideas that are balanced and full of nutrients. Eating and food should not cause anxiety and guilt. It is necessary for survival!

INTUITIVE EATING.¹⁴

Intuitive eating is a mindful approach that steers away from diet culture and into more sustainable eating habits. We were born with internal cues for hunger and fullness, that we have strayed from while growing up due to external influences. It is made up of 10 principles that encourage awareness of your unique body's hunger/fullness cues, body respect, coping with emotions, finding satisfaction, movement, and nutrition for your body.

HEALTH AT EVERY SIZE® (HAES®).¹⁵

Health At Every Size® advocates for a weight-neutral approach to health. This idea advocates for body acceptance and appreciation rather than weight-based discrimination.



TREATMENT OPTIONS FOR DIAGNOSED EATING DISORDERS

LEVELS OF CARE ^{16,17}

This is the most common type of treatment for individuals who are struggling with an eating disorder, especially in the state of Idaho. It consists of seeing a therapist, dietitian, and other members of the treatment team on a weekly or bi-weekly basis.

OUTPATIENT

This type of treatment can vary depending on the individual, but generally, individuals will meet with their providers 2-3 days a week for 3-5 hours per day. Intensive outpatient can include services such as individual therapy, family therapy, group therapy, meal coaching, nutritional counseling, and a structured meal.

**INTENSIVE
OUTPATIENT
PROGRAM (IOP)**

PHP is a more intensive day program that occurs 5-7 days a week for 6-10 hours a day. Similar to intensive outpatient, this program can offer individual therapy, family therapy, group therapy, meal coaching, and nutritional counseling. Individuals are able to meet with therapists, psychiatrists, nutritionists, and medical monitoring is available. This level of care also provides structured eating sessions.

**PARTIAL
HOSPITALIZATION
PROGRAM (PHP)**

LEVELS OF CARE CONTINUED

This can take place in a medical, psychiatric, or eating disorder unit in a hospital setting. This level of care usually lasts less than 3 weeks or until a patient is deemed medically stable, and then they will be moved to a lower level of care (see above). This level of care is important for situations such as:

- Significant Weight Loss/ Malnutrition
- Altered Vital Signs
- Abnormal Laboratory Findings (electrolyte balance, EKG changes, etc.)
- Worsening eating disorder symptoms and possible suicidality

This type of care allows for medical monitoring in a safe environment that provides assistance in normalizing eating patterns.

**INPATIENT
HOSPITALIZATION**

This is the highest level of care available for eating disorders. This is a long-term treatment option for those who are medically stable but need more constant care. In this setting, there can be constant medical supervision and monitoring. Many educational opportunities and therapies can be offered. This includes groups for psychoeducation, psychotherapy, coping skills, nutrition, and body image. Different therapies can also include art, dance, music, and equine. The average length of residential care ranges from 30-90 days.

Residential care has an extensive staff that can include psychiatrists, psychologists, nutritionists, physicians, social workers, nurses, and more.

RESIDENTIAL



STUDENT RESOURCES

Boise State University

- ***Screen for an eating disorder at University Health Services***
 - (208) 426-1459
- ***Medical services***
 - boisestate.edu/healthservices/
- ***Individual counseling***
 - boisestate.edu/healthservices/counseling/individual-counseling
- ***Group counseling***
 - boisestate.edu/healthservices/counseling/group
- ***Campus dietitian***
 - boisestate.edu/healthservices/dietitian-services
- ***Online Mental Health Resources***
 - boisestate.edu/wellness
- ***1-Credit Workshop:***
 - *Healthy Body, Healthy Mind*
 - *BRNCOFIT 294*
 - boisestate.edu/wellness/classes

In this hands-on educational body image workshop, you will learn how to dispel myths of diet culture; uncover the messages that have influenced your relationships with body, food, and exercise; utilize tools and resources to live intuitively; and be empowered to develop a weight-neutral, health-centered approach to self-care.

BOISE STATE IS HERE FOR YOU.



RESOURCES

- **National Association of Anorexia Nervosa & Associated Disorders**
 - anad.org
- **The Body Positive**
 - thebodypositive.org
- **National Eating Disorder Association**
 - nationaleatingdisorders.org/get-help
- **American Psychological Association**
 - apa.org/topics/eating-disorders
- **National Association of Anorexia Nervosa & Associated Disorders:**
 - 1-888-375-7767
- **National Eating Disorder Association Crisis line:**
 - text NEDA to 741741
 - 1-800-931-2237

Books

- *The Body is Not an Apology* by Sonya Renee Taylor
- *Intuitive Eating* by Evelyn Tribole and Elyse Resch
- *Health at Every Size* by Linda Bacon
- *Body Kindness* by Rebecca Scritchfield
- *The F*ck It Diet* by Caroline Dooner and Harper Wave
- *Anti Diet* by Christy Harrison
- *Self-Compassion: the proven power of being kind to yourself* by Kristen Neff
- *More than a Body* by Lexie Kite and Lindsay Kite
- *Home Body* by Rupi Kaur
- *The Beauty Myth* by Naomi Wolf
- *The Adonis Complex* by Harrison Pope, Katharine Phillips, Roberto Olivardia

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15. <https://www.intuitiveeating.org/about-us/10-principles-of-intuitive-eating/>
16. <https://asdah.org/>
17. <https://anad.org/levels-of-care/>
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