Need for NIED:

- Misunderstood.
- Inadequately Treated.
- Underfunded.
- Devastating to Deal With.
- And the Deadliest of all Mental Diseases.

www.nied.ca
Things to Remember:

- Everyone’s experience with an Eating Disorder is different.

- If you are noticing signs and symptoms here it DOES NOT mean you (or your child) has an Eating Disorder.

- At the same time, don’t ignore the symptoms and signs, early intervention is the key to treating this illness.
How Common are EDs?

At any one time...

• Teens ~ up to 1 in 20 girls have some form of diagnosable Eating Disorder

• University age females ~ up to 1 in 5

• Approx. 1 male for every 3 females (ratio used to be 1:10) ~ and this is an underestimate because males are less likely to seek treatment (Hudson, Hinipi, Pope, & Kessler, 2007)
How Common is Disordered Eating?

- **43% of grade 1 – 3 girls** want to be thinner  
  (Collins 1991)

- **57% of teen girls** and **33% of boys** use unhealthy weight control behaviors (e.g., meal skipping, vomiting)  
  (Neumark-Sztainer, 2005)
Why pay attention?

- Eating disorders are 12x higher than ALL causes of death in youth ages 15-24
- Kids who don’t talk about it have the highest likelihood of having chronic severe EDs
- Teens with EDs often have comorbid depression, anxiety, substance abuse problems, self-harm or suicidal tendencies
- Eating disorders are not a phase. They require treatment from trained professionals.
What do Eating Disorders look like?

(www.nationaleatingdisorders.org)
Anorexia nervosa is a serious, potentially life-threatening eating disorder characterized by an extreme fear of becoming fat, self-starvation and excessive weight loss.

In kids/teens, it involves failing to meet their growth curve goals.
Warning Signs Associated with Anorexia

✓ Dramatic weight loss or lack of appropriate weight gain.
✓ Preoccupation with weight, food/recipes, calories, fat grams.
✓ Refusal to eat certain foods, progressing to restrictions against whole categories of food (e.g. no carbohydrates).
✓ Sudden switch to vegetarianism
✓ Frequent comments about feeling “fat” or overweight despite weight loss.
✓ Anxiety about gaining weight or being “fat.”
✓ Excessive checking or fixing of body/appearance.
✓ Development of food rituals (e.g. eating foods in certain orders, excessive chewing, rearranging food on a plate).

✓ Denial of hunger.

✓ Consistent excuses to avoid mealtimes or situations involving food.

✓ Excessive, rigid exercise regimen--despite weather, fatigue, illness, or injury, the need to “burn off” calories taken in.

✓ Withdrawal from usual friends and activities.

✓ Medical complications: loss of bone mass & menstruation, low HR/BP, skin/hair/nail changes, lanugo (baby hair)
Bulimia nervosa is a serious, potentially life-threatening eating disorder characterized by a cycle of bingeing and compensatory behaviours such as self-induced vomiting.
WARNINGS ASSOCIATED WITH BULIMIA NERVOSA

✓ Evidence of binge eating, including disappearance of large amounts of food in short periods of time or wrappers and containers indicating such

✓ Evidence of purging behaviours, including frequent trips to the bathroom after meals, signs and/or smells of vomiting, presence of laxative packages.

✓ Excessive, rigid exercise regimen--despite weather, fatigue, illness, or injury, the compulsive need to “burn off” calories taken in.

✓ Unusual swelling of the cheeks or jaw area.
Binge Eating Disorder (BED) is characterized by recurrent binge eating *without* the regular use of compensatory measures to counter the binge eating.
Warning Signs Associated with BED

- Frequent episodes of eating large quantities of food in short periods of time.
- Feeling out of control over eating behavior during the episode.
- Feeling depressed, guilty, or disgusted by the behavior.
- Behavioral indicators of BED include eating when not hungry, eating alone due to shame over quantities, eating until uncomfortably full.
Avoidant Restrictive Food Intake Disorder (ARFID)

- Food/eating disturbances – E.g.:
  - Fear and/or Decreased interest in food or eating
  - Avoidance of sensory characteristics of food
  - Concern about dangers/consequences of eating

- Failure to meet energy needs – I.e.:
  - Significant weight loss or failure to gain weight in kids or
  - Nutritional deficiencies or
  - Interference with proper psychological functioning

- Not culturally related or due to food availability

- Not better accounted for by another disorder (e.g., depression, other eating disorders)
Verbal Cues as Warning Signs for EDs

“I’ll just have a salad”
“I don’t need to eat”
“I’m don’t get hungry anymore”
“I’ve started this great diet...I’ve lost 10lbs already”
“I’m a little dizzy but it’s worth it”
“I can’t go to the movies...I have to work out every day”
“I just don’t care anymore...”
“I ate a big breakfast...”
The commonality in all of these conditions is the serious emotional and psychological suffering and/or serious problems in areas of work, school or relationships.

If something does not seem right, or there is a change in eating or exercise behaviour, it deserves attention.
Factors That May Contribute to Eating Disorders

- Genetic
- Social
- Psychological

Eating Disorders

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Psychological Factors

✓ Low self-esteem

✓ Feelings of inadequacy or lack of control in life

✓ Depression, anxiety, anger, stress or loneliness

✓ Personality (e.g., perfectionism, obsessiveness)
Interpersonal Factors

- Troubled personal relationships
- Difficulty expressing emotions and feelings
- History of being teased or ridiculed based on size or weight
- Having been encouraged to diet, incl. by doctors
- History of physical or sexual abuse
Social Factors

- Cultural (and/or sport) pressures that glorify “thinness” or muscularity and place more value on obtaining the “perfect body” than on inner qualities and strengths

- Narrow definitions of beauty (and health) that include only women and men of specific body weights and shapes

- Stress related to racial, ethnic, size/weight-related or other forms of discrimination or prejudice

- Myths and misinformation about food and the ability or need to control body weight through mass media
Biological/Genetic Factors

- In some individuals with eating disorders, certain chemicals in the brain that control hunger, appetite, and digestion have been found to be unbalanced.

- Eating disorders often run in families. Current research indicates that there are significant genetic contributions to eating disorders and associated personality factors (e.g., perfectionism, obsessive compulsiveness).

- Timing/rate of pubertal growth.
What Can You Do to Help Prevent Eating Disorders?

- Do not comment on weight or shape.
- Link eating with fuelling our bodies to do what we want to do in life.
- Be a model of healthy self-esteem, body image, and eating behaviour.
- Help kids understand that all body shapes have beauty and value; and that body does not define one’s personality.
Suggestions to Help Children Feel Good about Themselves.

✓ PLAY with kids
✓ EXERCISE with kids
✓ Recognize YOUR weight biases. Do NOT talk about your weight or other people’s weights.
✓ LISTEN when children talk to you about their changing bodies and their feelings.
✓ REDUCE the need to control their bodies; instead focus on a healthy lifestyle.
✓ ENCOURAGE activities that promote children’s self-esteem without focusing on appearance.

Adapted from: Discover Healthy Eating, Region of Peel Health Department, Toronto Public Health, York Region Health Services, 2000.

www.nied.ca
Suggestions for Preventing Problematic Eating

- There are no bad or forbidden foods, all foods in moderation.

- Eating when hungry and stopping when full. If you are full you don’t have to eat everything on your plate, if you are hungry have a second helping.

- Be willing to try a variety of foods offered in the Canada’s Food Guide.
Suggestions for Preventing Problematic Eating

✓ Make time to enjoy regular meals with family and friends. Breakfast, lunch and dinner.

✓ Sometimes giving yourself permission to eat “just because you feel like it”, even if you are not really hungry.

✓ Getting rid of your bathroom scales and no counting calories.

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What to do if you suspect an ED at Camp

- **Step 1.** Become informed about EDs (see Resources).
- **Step 2.** Talk to camper privately and let them know you are concerned.
  - Focus on your concerns and observations: e.g., “I am worried that you are not healthy and/or able to really enjoy camp because you are not eating enough”
  - Be compassionate, patient and nonjudgmental – the eating disorder is not their fault & they need better coping skills
  - Do not comment on weight; focus on their behaviours/mood
  - Reinforce what you like about their qualities and abilities (unrelated to food or appearance)
  - Recognize that the camper may not be ready to change: denial, shame, and fear are common.

See also www.nedic.ca
What to do if you suspect an ED at Camp

- **Step 3.** Speak to parents and administrators about your concerns. Offer resources to interested parents.
- **Step 4.** Recommend the camper sees their doctor to ensure they are healthy enough to continue at camp.
- **Step 5.** Reinforce any efforts to change and encourage parents to follow up on the resources to get their child the help they need.
  - The treatment of eating disorders require health professionals with specialized training. Encourage them to follow through until they find someone that is a good fit.
ED Resources

- National Eating Disorder Information Centre: [www.nedic.ca](http://www.nedic.ca)
- Sheena's Place, Toronto: [www.sheenasplace.org](http://www.sheenasplace.org)
- Ontario Community Outreach Program for Eating Disorders: [www.ocoped.ca](http://www.ocoped.ca)
- Bulimia Anorexia Nervosa Association (BANA): [www.bana.ca](http://www.bana.ca)
- Danielle's Place: [www.daniellesplace.org](http://www.daniellesplace.org)
- Eating Disorders of York Region (EDOYR): [ww.edoyr.com](http://ww.edoyr.com)
- Hopewell Eating Disorders Centre of Ottawa: [www.hopewell.ca](http://www.hopewell.ca)
- Niagara Network for Freedom from Eating Disorders (NNFED): [www.surf.to/nnfed](http://www.surf.to/nnfed)
Resources, cont’d

- www.nied.ca
- www.kidshelpphone.ca
- www.teenmentalhealth.org
- www.cmha.ca/highschool
- www.howtochill.com
- www.thejackproject.ca
- www.mindyourmind.ca
- www.dietitians.ca
- www.psych.on.ca
Thank You for Your Support

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