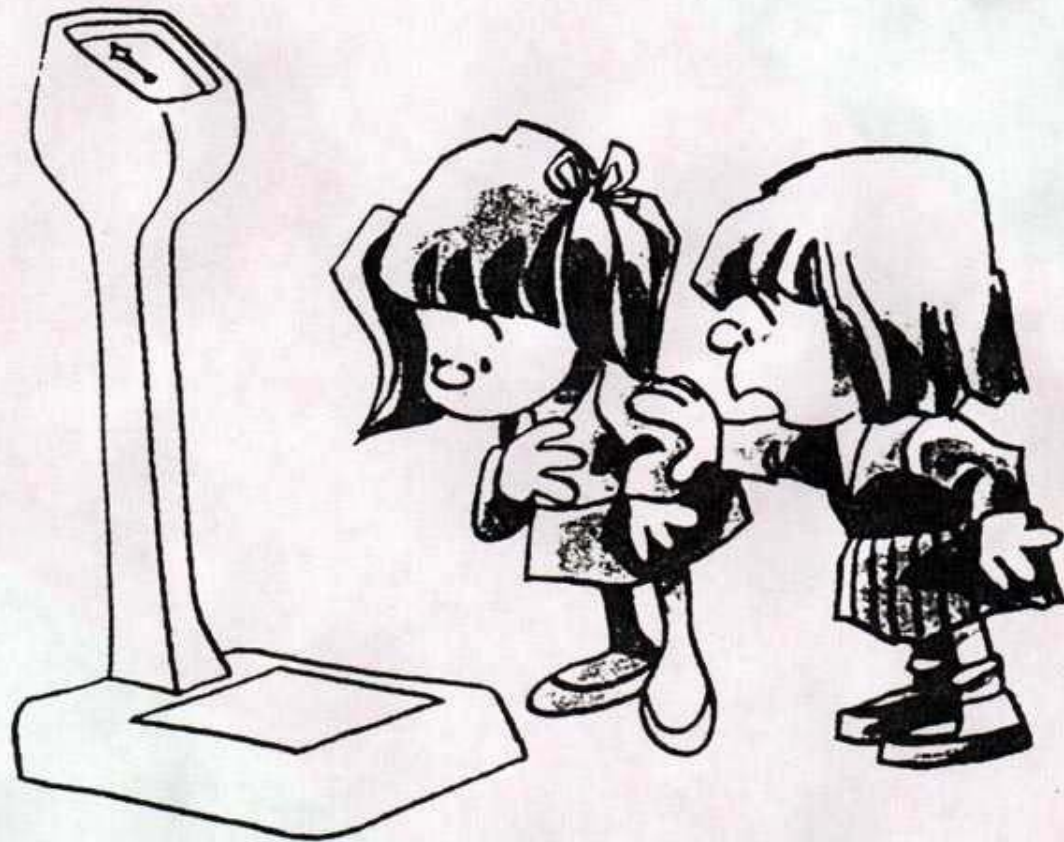


# Food & Mood: Eating Disorders 101



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*"Don't step on it... it makes you cry."*



# Facts about Girls and Women

- The average American woman is **5'4" tall** and weighs **140 pounds**.
- The average American model is **5'11" tall** and weighs **117 pounds**.
- Most fashion models are thinner than **98% of American woman**.
- 75% of college-aged women consider themselves overweight, even though most are within a normal weight range (and 45% are actually underweight).
- More girls and women fear becoming fat than fear dying.



# Facts about Girls and Women Continued

- By the 4<sup>th</sup> grade, 80% of California girls have been on their first diet.
- In high school more than 2/3 of girls are dieting at any given moment.
- 1 in 5 high school girls take diet pills, and many more are using laxatives, diuretics, fasting and vomiting in desperate attempts to slice their bodies as slim as they can.
- Despite all this dieting, obesity rates have increased a staggering 60% over the past 2 decades. And, now it's estimated that more than half of adult women are overweight or obese.



It's not just about the  
**WOMEN!**



# Facts about Boys and Men

- 43% of men are dissatisfied with their overall appearance, and 53% are dissatisfied with their weight.
- College men, on average, want a body that is 30 lb more muscular than the body they have.
- The body ideal that men **THINK** women prefer is actually 15-20 lb more muscular than what women **REALLY** prefer.



# Facts about Boys and Men Continued

- The majority of teenage boys chose a body that most men could only attain with illegal anabolic steroids.
- 1 in 4 high school boys have used an extreme weight loss method at least occasionally, and 9% have used such a method at least weekly.



# Eating Disorders in the USA: Statistics in Context

- In the U.S., **as many as 10 million females and 1 million males** are fighting a life and death battle with an eating disorder such as anorexia or bulimia.
- **Millions more** are struggling with binge eating disorder.
- Due to the secretiveness and shame associated with eating disorders, many cases are probably not reported.
- In addition, many individuals struggle with body dissatisfaction and sub-clinical disordered eating attitudes and behaviors.
- Eating disorders kill, with the highest mortality rate of any mental illness.



# Why disordered eating?

- Eating disorders are NOT just about food and weight issues!
- Complex problems stemming from a variety of influences:
  - Cultural
  - Social
  - Familial
  - Psychological
  - Biological



# Eating Disorders on Campus: Why now?

- College is time of major change
  - on your own with food for the first time
  - fear of the freshman 15
  - stress
- Personality type -- being driven and achievement-oriented
- Media images
- Sport teams -- weight limits



# Potential Risk Factors for ED

## ■ Personal Factors

- Age (13-18 years), gender (female)
- Early puberty/maturation
- Frequent restrained eating/dieting behaviors
- Body image dissatisfaction
- Difficulty expressing one's emotions & feelings
- History of depression
- Need for perfectionism
- Low self-esteem
- Stress/coping (lack of coping skills)
- Alcohol/Substance Abuse
- History of sexual/physical abuse
- Early Dating (questions/confusion as to appropriate behavior)
- Ill Health/ early pregnancy before feeling adequate to care for self



# Risk Factors Continued

## ■ Family Factors

- Chronic criticism, high expectations
- Over involvement/under involvement
- Family function (disengaged, high conflict, or chaotic)
- Low parental affection
- SES/ethnicity (White, middle-upper class for anorexia)
- Family history of eating disorders
- Family history of affective disorders (e.g., depression)
- Family history of substance abuse
- Family history of obesity



# Risk Factors Continued

## ■ Peer Factors

- Attitudes about weight (thin is attractive; fat is ugly)
- Behaviors (others are purging, dieting)
- Teasing/bullying

## ■ Cultural Factors

- Media Influence (Kate Moss is ideal size)
- Obesity stigmatization (Being fat is from lack of will power)
- Western society (Focus on body image as determining one's worth)
- Birth after 1960 (Earlier focus on thinness/second generation of dieting pressure)

## ■ Factors Related to Activity

- Gymnastics, Professional Dance, Modeling



# Eating Disorders -- Definitions

## Anorexia Nervosa

1. Resistance to maintaining body weight at or above a minimally normal weight for age and height.
2. Intense fear of weight gain or being “fat,” even though underweight.
3. Disturbance in the experience of body weight or shape, undue influence of weight or shape on self-evaluation, or denial of the seriousness of low body weight.
4. Loss of menstrual periods in girls and women post-puberty.



# Physical Warning Signs: Anorexia

- Very thin, often to the point of emaciation
- Dry skin and hair
- Growth of fine body hair (lanugo), noticeable on face and arms
- Cold hands and feet and extreme sensitivity to cold temperature
- General weakness, but seemingly hyperactive
- Lightheadedness
- Low blood pressure and heart rate
- Constipation and digestive problems
- In women: loss of menstrual periods



# Behavioral Warning Signs: Anorexia

- Rigid, restricted eating patterns (i.e. no fat or high calorie foods allowed, strict adherence to a certain number of Calories per day, often vegetarian)
- Food rituals, such as cutting food into small pieces and playing with it
- Avoidance of social situations involving food; avoidance of eating in public
- Excessive, compulsive exercise
- Excessive, compulsive working or studying



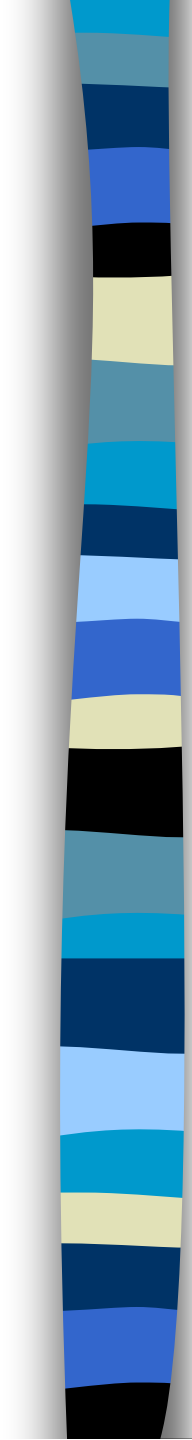
# Behavioral Warning Signs: Anorexia continued

- Checking weight frequently (often many times a day)
- Comments about how fat they are
- Wearing sweaters and baggy clothes to hide thinness
- Inability to concentrate
- Isolation from family and friends
- High emotions: tearful, uptight, overly sensitive



# Warning Signs: Muscle Dysmorphia (or “Bigorexia”)

- Preoccupation with the idea that one’s body is not sufficiently lean and muscular
- Compulsive need to maintain a strict exercise, diet, and/or supplement schedule (i.e. very high protein or very low fat)
- Continues to work out even when they have an injury
- Frequently compares their muscularity with others



# Health Consequences of Anorexia Nervosa

- Anorexia nervosa involves self-starvation. The body is denied the essential nutrients it needs to function normally, so it is forced to slow down all of its processes to conserve energy.
- This “slowing down” can have serious medical consequences.



# Health Consequences continued

- Abnormally slow heart rate and low blood pressure, which means that the heart muscle is changing. The risk for heart failure rises as heart rate and blood pressure levels sink lower and lower.
- Reduction of bone density (osteoporosis), which results in dry, brittle bones.
- Muscle loss and weakness.
- Severe dehydration, which can result in kidney failure.
- Fainting, fatigue, and overall weakness.
- Dry hair and skin, hair loss is common.
- Growth of lanugo all over the body, including the face, in an effort to keep the body warm.



# Effects of Starvation

## ■ Attitudes and Behaviors Towards Food

- Food preoccupation
- Collection of recipes, cookbooks, and menus
- Unusual eating habits
- Increased consumption of coffee, tea, and spices
- Binge eating

## ■ Emotional and Social Changes as seen in increased:

- Depression
- Anxiety
- Irritability, anger
- Psychotic episodes
- Social Withdrawal



# Eating Disorders -- Definitions

## Bulimia Nervosa

1. Regular intake of large amounts of food accompanied by a sense of loss of control over eating behavior.
2. Regular use of inappropriate compensatory behaviors such as self-induced vomiting, laxative or diuretic abuse, fasting, and/or obsessive or compulsive exercise.
3. Extreme concern with body weight and shape.



# Physical Warning Signs: Bulimia

- Average or above average weight
- Weakness, headaches, dizziness
- Frequent weight fluctuations due to alternating binges and fasts
- Difficulty swallowing, damage to throat
- Swollen glands that give chipmunk appearance
- Red, puffy, bloodshot eyes (especially after vomiting)
- Dental caries and damaged tooth enamel
- Scabs on knuckles from self-induced vomiting
- In women: loss of menstrual periods



# Behavioral Warning Signs: Bulimia

- Strange behavior that surrounds secretive eating
- Refusal to eat with friends
- Disappearance after meals, often to the bathroom, frequently with the water running
- Ability to eat enormous amounts of food without weight gain
- Compulsive exercise beyond normal training
- Depression



# Health Consequences of Bulimia Nervosa

- The recurrent binge-and-purge cycles can damage the entire digestive system and purge behaviors can lead to electrolyte and chemical imbalances in the body that affect the heart and other major organ functions.



# Health Consequences of Bulimia Nervosa continued

- Electrolyte imbalances can lead to irregular heartbeats and possibly heart failure and death.
- Inflammation and possible rupture of the esophagus from frequent vomiting.
- Tooth decay and staining from stomach acids released during frequent vomiting.
- Chronic irregular bowel movements and constipation as a result of laxative abuse.
- Gastric rupture is an uncommon but possible side effect of binge eating.



# Eating Disorders -- Definitions

## Binge Eating Disorder

- Characterized by frequent episodes of eating large quantities of food in short periods of time.
- Feeling out of control over eating behavior.
- Feeling ashamed or disgusted by the behavior.
- There are also several behavioral indicators of BED including eating when not hungry and eating in secret.



# Warning Signs: Binge Eating Disorder

- binge eating
- fear of not being able to stop eating voluntarily
- self-deprecating thoughts following binges
- withdrawal from activities due to embarrassment about weight
- going on many different diets
- eating little in public, while maintaining high weight
- believing they will be a better person when thin
- weight is focus of life



# Health Consequences of Binge Eating Disorder

- The health risks of BED are most commonly those associated with clinical obesity. Some of the potential health consequences of binge eating disorder include:
  - High blood pressure
  - High cholesterol levels
  - Heart disease
  - Diabetes mellitus
  - Gallbladder disease



# Multidisciplinary Team Approach

- Physician
- Registered Dietitian
- Psychologist
- Psychiatrist



# Treatment

- Individual Therapy
- Group Therapy
- Family Therapy
- Support Groups
- Medical Treatment
- Nutrition Counseling
- Medications
- Hospitalization



# Eating Disorder MD Visits

- electrolyte balance (amylase, potassium)
- bone density
- gland measurement
- EKG
- general physical
- depression evaluation
- assess medication needs
- psychiatrist referral if needed



# Medical Nutrition Therapy in the Treatment of Eating Disorders

- Collect relevant information
- Establish a collaborative relationship between the person with the eating disorder and the RD
- Define and discuss relevant principles and concepts of food, nutrition and weight regulation
- Present examples of hunger patterns, typical food intake patterns, and the total intake of a person who has recovered from an eating disorder
- Educate the family



# Medical Nutrition Therapy in the Treatment of Eating Disorders cont.

- Separate food- and weight-related behaviors from feelings and psychological issues
- Change food behaviors in an incremental fashion until food intake patterns are normalized
- Slowly increase or decrease weight
- Learn to maintain a weight that is healthful for that individual without using abnormal food- and weight-related behaviors
- Learn to be comfortable in social eating situations



# Psychological Treatment

- Individual Therapy
  - Education, support, connect underlying issues
- Group Therapy
  - Connect, decrease shame, interpersonal skills
- Family Therapy
  - Increase understanding, improve communication, improve boundaries



# How to Help Yourself

- **ADMIT** to yourself that you have a problem and need help.
- **TELL** someone about your problem and ask for help, i.e. a friend, family member, or a health professional.
- **LEARN** that asking for help is a sign of strength, not weakness.



# How to Help a Friend

- Learn as much as you can about eating disorders.
- Know the differences between facts and myths about weight, nutrition and exercise.
- Be honest.
- Be caring, but be firm.
- Compliment your friend's wonderful personality, successes, or accomplishments.
- Be a good role model.
- Tell someone.



# What to Say – Step by Step

- Set a time to talk.
- Communicate your concerns – use “I” statements.
- Ask your friend to explore those concerns.
- Avoid conflicts or a battle of the wills.
- Avoid placing shame, blame, or guilt.
- Avoid giving simple solutions.
- Express your continued support.



# UCSD Resources

- Student Health Service
  - Medical and Nutritional Care
    - (858) 822-0085
- Psychological & Counseling Services
  - (858) 534-3755