**Eating Disorder Resource Guide**

This resource guide is designed to provide you with basic information about eating disorders and eating disorder treatment. Additional resources are provided so that you are able to continue educating yourself on these serious, complex disorders. While this guide will provide you with a comprehensive overview, please note that eating disorders and their treatment are not “one size fits all”. There is not a specific go-to treatment that is effective for everyone, and there is not one “look” of someone with an eating disorder. People with eating disorders come in all shapes and sizes, and are represented across all races, religious backgrounds, and genders. If you have questions about any of the information in this guide or how to use this information to more effectively help and support your loved one, please don’t hesitate to contact Ilyssa Reading with questions.

**Eating Disorder Statistics**

According to the National Eating Disorders Association:

.9% of woman and .3% of men had anorexia during their lifetimes

1.5% of woman and .5% of men had bulimia during their lifetimes

3.5% of women and 2% of men had binge eating disorder during their lifetimes

More people die from eating disorders than any other mental illness. Heart failure and suicide are the leading causes of death in people with eating disorders. Despite this alarming reality, eating disorder recovery is possible. In a study following clients with eating disorders for 22 years, researchers found that approximately 2/3 of eating disorder clients diagnosed with anorexia and bulimia achieved recovery (Eddy et al., 2016).

**Types of Eating Disorders**

**Anorexia Nervosa**

People with anorexia nervosa restrict their food intake leading to a significantly low body weight in the context of their age, sex, developmental trajectory, and physical health. They experience intense fear of gaining weight or becoming fat, even when underweight, and experience a distorted sense of what their body looks like (i.e., believes they are larger than they actually are). Body weight/shape also becomes one of the foremost indicators in feelings of self-worth and self-esteem, and there is often a denial of the seriousness of current low body weight. There are two types of anorexia. One type involves only restricting caloric intake. The other involves restricting caloric intake with periods of binging and/or purging (i.e., self-induced vomiting).

Signs of Anorexia

* Weight loss
* Dressing in layers and/or baggy clothes
* Preoccupation with weight, food, calories, dieting, etc.
* Restricting certain foods/food groups (i.e., no grains, vegetarianism, gluten-free, etc.)
* Food rituals (eating foods in certain order, taking small bites, etc.)
* Excessive gum chewing
* Increase in caffeine intake
* Cooking/baking for others without eating
* Increased interest in looking up recipes or watching cooking television shows
* Expressing need to exercise or “burn off” calories
* Avoids eating in public or with other people
* Loss of period in post-menarchal females
* Gastrointestinal issues
* Dizziness and/or fainting
* Fine hair growth on the body (lanugo)
* Complaints of being cold
* Low energy/fatigue

Common Health Complications:

* Low pulse/blood pressure
* Possible heart failure
* Electrolyte imbalance (if purging) - can lead to irregular heartbeat and/or heart failure
* Gastroparesis (slowed digestion)
* Constipation
* Neurological deficits (i.e., difficulty concentrating, fainting, tingling in the hands/feet, etc.)
* Decreased hormone levels
* Reduced resting metabolic rate
* Hypothermia
* Dry skin
* Brittle hair
* Dehydration, which can lead to kidney failure if severe and prolonged
* Anemia
* Weakened immune system

**Avoidant Restrictive Food Intake Disorder (ARFID)**

People with ARRID limit the amount or type of food that they eat, but do not engage in these behaviors for the purpose of losing weight. People diagnosed with ARFID often avoid eating or eating certain foods due to the sensory characteristics of that food, concerns about adverse consequences of eating the food (i.e., vomiting, choking, etc.), and/or lack of interest in food. ARFID is characterized by significant weight loss, significant nutritional deficiency, interference with daily functioning, and possible dependence on enteral feeding or oral nutrition.

Signs of ARFID:

* Weight loss
* Nutritional Deficits
* Complaints of constipation, abdominal pain, cold intolerance, and low energy
* Dramatic restriction in types of amount of food eaten
* Will only eat certain textures of food
* Fears of choking or vomiting
* “Picky” eating
* Lack of interest in food

Common Health Complications:

* Low pulse/blood pressure
* Possible heart failure
* Gastroparesis (slowed digestion)
* Constipation
* Neurological deficits (i.e., difficulty concentrating, fainting, tingling in the hands/feet, etc.)
* Decreased hormone levels
* Reduced resting metabolic rate
* Hypothermia
* Dry skin
* Brittle hair
* Dehydration, which can lead to kidney failure if severe and prolonged
* Anemia
* Weakened immune System

**Binge Eating Disorder**

People with Binge Eating Disorder experience recurrent episodes of binge eating. A binge refers to eating, in a discrete period of time, an amount of food that is larger than most people would eat in a similar period of time and under similar circumstances. During a binge, there is a sense of a lack of control over eating. The binge could include eating more rapidly than normal, eating until one feels uncomfortably full, eating large amounts of food when not feeling hungry, eating alone, and feelings of disgust, depression, or guilt following the binge. It is important to note that not all people who are overweight or obese struggle with binge eating disorder. The majority of people with binge eating disorder are overweight; however, some can be average weight for their age and height.

Signs of Binge Eating Disorder:

* Disappearance of food from the kitchen
* Finding empty wrappers or containers around the house
* Discomfort eating around others
* Stealing/hoarding food
* Introduction of “fad diets” and/or restricting food/meals
* Weight fluctuations
* Gastrointestinal complaints

Common Health Complications:

* Low pulse/blood pressure
* Possible heart failure
* Gastroparesis (slowed digestion)
* Electrolyte imbalance (if purging) - can lead to irregular heartbeat and/or heart failure
* Stomach rupture
* Sleep Apnea
* Type 2 Diabetes
* Reduced resting metabolic rate

**Bulimia Nervosa**

People with Bulimia have re-occurring incidences of binge eating (i.e., eating large amounts of food in a discrete period of time with a sense of a lack of control over eating) and inappropriate compensatory behavior to lose weight. These behaviors can include self-induced vomiting, excessive exercise, or laxative use. People with Bulimia also experience body image concerns and can experience a distorted sense of self. People with Bulimia are often at an average weight for their age and height, and may be overweight.

Signs of Bulimia:

* Disappearance of food or finding empty wrappers/containers around the house
* Frequent trips to the restroom after meals
* Evidence or purging behaviors (i.e., signs/smells of vomiting, laxative bottles, etc.)
* Skipping meals
* Restricting certain foods/food groups (i.e., no grains, vegetarianism, gluten-free, etc.)
* Drinking excessive amounts of water or non-caloric beverages
* Excessive amounts of mouthwash, mints, and gum
* Unusual swelling of cheeks or jaw area
* Calluses on the back of the hands and knuckles
* Discolored/stained teeth and other dental problems (dentists are sometimes the first person to notice signs of purging)
* Appears bloated from fluid retention

Common Health Complications:

* Low pulse/blood pressure
* Possible heart failure
* Electrolyte imbalance (if purging) - can lead to irregular heartbeat and/or heart failure
* Gastroparesis (slowed digestion)
* Constipation
* Neurological deficits (i.e., difficulty concentrating, fainting, tingling in the hands/feet, etc.)
* Stomach rupture
* Esophageal rupture
* Sore throat/hoarse voice
* Swollen salivary glands under the jaw and in front of the ears
* Pancreatitis
* Decreased hormone levels
* Reduced resting metabolic rate
* Type 2 diabetes
* Hypothermia
* Dry skin
* Brittle hair
* Dehydration, which can lead to kidney failure if severe and prolonged
* Anemia
* Weakened immune system

**Unspecified Feeding or Eating Disorder**

Many eating disorder clients present with symptoms of an eating disorder that do not fit into any of the previously mentioned eating disorder categories; however, they still display maladaptive eating behaviors or experience intense body disturbance that leads to distress and impairment in functioning. These people may suffer from Unspecified Feeding or Eating Disorder. This eating disorder is just as serious as any other eating disorder, and should be treated as such. The signs to look out for and common medical complications are the same as for anorexia and/or bulimia.

**Orthorexia**

Orthorexia is not considered to be an official eating disorder; however, it can often lead to malnutrition, impairment in overall functioning, and the development of other eating disorder behaviors. Orthorexia refers to an obsession with “healthy” eating. People who struggle with orthorexia may be very restrictive about the foods that they will eat (i.e., only “healthy” or “clean” foods), compulsively check ingredient lists and nutrition, exhibit an inability to eat anything but a narrow group of foods, and have unusual interest in the health of what others are eating.

**Eating Disorder Treatment**

**Levels of Care of Eating Disorder Treatment:**

**Inpatient Treatment/Hospitalization**

Inpatient treatment/hospitalization is required when medical stabilization is needed.  Some residential facilities have inpatient services, whereas others require that any client requiring stabilization be medically hospitalized prior to admission.

**Residential Treatment**

Residential treatment is required when 24/7 monitoring and supervision is required in order to support meal plan compliance and weight restoration. A client must meet  “medical necessity” in order to be treated at this level of care. Clients will also be referred to this level of care if they have been unsuccessful at meeting treatment goals in a lower level of care (i.e., partial hospitalization or intensive outpatient).

**Partial Hospitalization**

Partial hospitalization programs (PHP) typically offer programming 5-7 days per week for 5-10 hours per day. Clients usually return home at night and possibly during weekends.  Some PHP programs provide housing for clients, as it is not uncommon for people to attend these programs out of state. PHP is often a step-down from residential treatment; however, some clients admit to PHP when they require more intensive treatment, but do not meet criteria for a residential level of care

**Intensive Outpatient Program**

Intensive Outpatient Programs (IOP) are from 3-5 days per week for 2-4 hours per day. IOP is often a step-down from residential treatment or PHP; however, many clients who require intensive support for meal compliance and weight restoration admit to IOP programs.

**Outpatient**

Outpatient treatment refers to seeing treatment providers for weekly or bi-weekly services. Some clients begin in outpatient treatment, whereas others utilize this as a step down from more intensive services (IOP, PHP, etc.). Frequency of outpatient services is determined by the treatment team (see below for additional information on the treatment team).

**Necessary Members of an Eating Disorder Treatment Team:**

**Medical Provider (i.e., doctor, nurse practitioner, physician assistant)** - As stated previously, there are several medical complications associated with eating disorders. It is important to ensure that medical stability is achieved and maintained throughout eating disorder treatment at any level of care.

**Psychiatric Provider** - Several other mental disorders commonly co-occur with eating disorders (i.e., depression and anxiety). Medication to assist with co-occurring symptoms or specifically with eating disorder symptoms may be recommended during eating disorder treatment.

**Therapist** - Clients typically meet with their individual therapist weekly (sometimes more often) throughout eating disorder treatment. The therapist works on underlying issues that drive the eating disorder. These issues may include past trauma, body image concerns, relational and communication issues, maladaptive family dynamics, and many more. The individual therapist may also conduct family sessions throughout eating disorder treatment.

**Dietitian** - Clients typically meet with their dietitians weekly throughout eating disorder treatment (sometimes more often). The dietitian monitors weight restoration and/or maintenance, and provides clients with a meal plan. Dietitians also provide necessary education about nutrition and assist the client in developing a positive, healthy relationship with food.

**For all of the treatment providers listed above, it is important to ensure that the person who you choose for your treatment team specializes in the treatment of eating disorders.**

**Common Therapeutic Interventions for the Treatment of Eating Disorders**

**Cognitive Behavior Therapy (CBT)** - CBT encourages the challenging of maladaptive thinking patterns that lead to distressing emotions and ineffective behaviors. By replacing maladaptive thinking patterns with more positive, helpful thoughts, the client can experience more positive emotions and reduce ineffective behaviors (i.e., eating disorder behaviors, self-harm, etc.).

**Acceptance and Commitment Therapy (ACT)** - ACT helps to increase acceptance of the difficulties and stressors that occur throughout life. ACT focuses on three areas: acceptance of your reactions in the present, choosing of a valued direction, and taking action.

**Dialectical Behavior Therapy (DBT)** - Provides skill instruction on mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness. DBT encourages “dialectical thinking” which promotes the broadening of perspectives of various thoughts and ideas (i.e., two things that appear to be opposite can both be true).

**Body Image Work** - Many eating disorder clients struggle with poor body image and low self-esteem. Therefore, eating disorder treatment typically involves a focus on improving body image and increasing feelings of self-worth. This often includes experiential activities (i.e., art, mirror work, role play, etc.), instruction on media literacy, values work, and many other creative interventions.

**Psycho-education** - Eating disorder treatment involves learning about the complexity of these diagnoses, as well as about nutrition, media literacy, and much more.

**Cognitive Remediation Therapy (CRT)** - Promotes cognitive flexibility, which helps clients to practice challenging deeply rooted thoughts and beliefs and take alternative perspectives. It is designed to improve neurocognitive abilities such as attention, working memory, cognitive flexibility and planning, and executive functioning.

**Family Involvement in Eating Disorder Treatment:**

Research supports the involvement of parents in the treatment of adolescents with eating disorders. Some treatment approaches even require parents to temporarily take over preparing and plating food and/or monitoring for purging behaviors until weight restoration and/or stabilization has occurred. This is a common recommendation to families, as research has shown this intervention to be effective. Family involvement for adult eating disorder clients is also recommended.

**Additional Tools and Resources**

The following are additional resources to provide you with more information and education on eating disorders:

NEDA Parent Toolkit: [https://www.nationaleatingdisorders.org/sites/default/files/Toolkits/ParentToolkit.pdf](https://www.nationaleatingdisorders.org/sites/default/files/Toolkits/ParentToolkit.pdf" \t "_blank)

Video - Eating Disorders from the Inside Out: Laura Hill TED Talk: [https://www.youtube.com/watch?v=UEysOExcwrE](https://www.youtube.com/watch?v=UEysOExcwrE" \t "_blank)

**Book Resources:**

The Eating Disorder Sourcebook by Carolyn Costin

Life Without ED by Jenni Schaefer

8 Keys to Recovery from an Eating Disorder by Carolyn Costin and Gwen Schubert Grabb

Family Eating Disorders Manual: Guiding Families Through the Maze of Eating Disorders by Laura Hill

Help Your Teenager Beat an Eating Disorder, Second Edition by James Lock MD PhD and Daniel Le Grange PhD

Surviving an Eating Disorder: Strategies for Family and Friends by Michele Siegel, Judith Brisman, and Margot Weinshel

**References:**

Eddy, K. T., Tabri, N., Thomas, J. J., Murray, H. B., Keshaviah, A., Hastings, E., ... & Franko, D. L. (2016). Recovery From Anorexia Nervosa and Bulimia Nervosa at 22-Year Follow-Up. The Journal of clinical psychiatry.

Information about types of eating disorders, signs of eating disorders, and common health complications was obtained from [nationaleatingdisorders.org](http://nationaleatingdisorders.org/" \t "_blank) and [allianceforeatingdisorders.com](http://allianceforeatingdisorders.com/" \t "_blank).