

Eating Disorders / Disordered Eating

A General Information Guide



Eating Disorders / Disordered Eating

Eating disorders are complicated illnesses that are not 'simply' about food. They can be a way for people to cope with feelings that they find too difficult to deal with directly. They can also be the result of trauma or difficulty adapting to transitions such as puberty. Sometimes eating disorders begin as a result of trying to meet societal pressures to be thin. No matter why the symptoms begin, eating disorders are a serious threat to mental and physical wellness.

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I think I may have an eating disorder

Coming to an understanding that you may have disordered eating patterns or an eating disorder takes courage and insight. Eating disorders are about much more than food and losing or gaining weight – they also involve your thoughts and feelings.

You may feel awkward or embarrassed about seeking treatment. It might help to remember that there are many people who, at some time during their lives, deal with disordered eating or an eating disorder. Another important fact is that no matter how long you have had an eating disorder, you can benefit from treatment. Recovery can begin at any age and any stage.

Where should I go from here?

Talking to someone you trust is an important part of recovering from an eating disorder. This may be a challenge if you have become used to covering up symptoms and disguising what you eat and how you feel.

You may have trouble exploring this difficult issue by yourself, and you may also have difficulty believing that some of these things are happening to you. That is very normal.

You may find it helpful to print off the following questions and discuss them with a trusted family member, friend, school counselor or teacher. These questions cover a range of eating disorders. You do not need to have all of them – or even most of them – in order to have a problem with disordered eating or an eating disorder.

After answering these questions, you may realize that your focus on what you eat and what you look like is interfering with your day-to-day functioning and seriously decreasing your enjoyment of life. If your answers indicate that this is the case, then you may wish to talk to someone and seek help.

Eating- and weight-related behaviours

Do you...

- think about food constantly
- weigh yourself frequently (ex: daily or more often)
- diet frequently, restrict your food a lot or eat large quantities of food while feeling out of control?
- vomit or take laxatives after eating
- avoid social interactions involving food
- frequently cancel social outings or stop doing activities you have enjoyed in the past
- avoid eating certain foods (ex: high-fat or high-carbohydrate)

- know the caloric value of all the foods you eat
- stop eating for long periods of time following a binge
- punish yourself for eating more than you intend
- exercise only for weight loss
- read diet books or magazines
- go on fad diets
- find yourself becoming very secretive (especially around what you have or haven't eaten)
- fear that secretive food and weight behaviours will be discovered
- have difficulty with money because you spend lots on food
- shoplift food or laxatives or steal money to buy food

Food and weight-specific thoughts and feelings

Do you...

- have a preoccupation with your weight, especially fear of being fat
- fear losing control over your eating
- feel unhappy with your current size or shape of body
- wish you were thinner and spend a lot of your time thinking about this
- equate how you feel about your body with how you feel about yourself
- feel very guilty and shameful about eating
- have black and white thinking about food (ex: 'good' food & 'bad' food)
- feel very anxious around food and meal times
- think in extremes (ex: if I'm not thin, I'll be really fat or if I'm not thin, I'll never be good enough)

General thoughts and feelings

Do you ...

- have trouble feeling good about yourself
- often feel ineffective
- try to be perfect
- struggle with periods of depression
- have trouble concentrating
- have trouble sleeping through the night
- feel hopeless and out of control

Are you...

- very sensitive to criticism from others
- very critical of yourself

Physical symptoms of eating disorders

Have you noticed that...?

- your energy is low
- you feel physically unwell
- you sometimes/often feel dizzy
- your weight fluctuates a lot
- you feel physically cold no matter the climate
- the hair on your head is thinning
- you have fine raised hair on your body (lanugo)
- you feel bloated
- your face is puffy from vomiting
- your skin is pale, dry or yellowed
- under your eyes are reddish purple
- your menstrual periods are irregular or have stopped all together
- you have stomach cramps and/or irregular bowel patterns
- your hands and feet look blue/purple some/most of the time

What are the different types of eating disorders?

The most commonly known eating disorders are anorexia nervosa, bulimia nervosa, and binge eating disorder/compulsive overeating.

Follow these links to read about the symptoms for each form of eating disorder:

- **Anorexia Nervosa**
[<http://eatingdisordersmanitoba.ca/wp-content/uploads/2014/07/Anorexia-Nervosa1.pdf>]
- **Bulimia Nervosa**
[<http://eatingdisordersmanitoba.ca/wp-content/uploads/2014/07/Bulimia-Nervosa.pdf>]
- **Binge Eating Disorder**
[<http://eatingdisordersmanitoba.ca/wp-content/uploads/2014/07/Binge-Eating-Disorder.pdf>]

However, you may be struggling with feelings about your body or food use even if you don't 'fit' into these descriptions. There is overlap between various disorders and it is common for people to have different types at different times. In fact, the most frequent diagnosis is for Otherwise Specified Feeding and Eating Disorders (OSFED), which is for eating disorders that don't fit neatly into a specific category.

Who can develop an eating disorder?

Anyone can develop an eating disorder. While teenage girls are particularly at risk, these disorders also occur in younger boys and girls, teenage boys and adult men and women. In fact, professionals who work in this area are reporting an increase in the number of middle aged women and men of all ages who are struggling with eating disorders.

What causes eating disorders?

No one is sure about exactly what causes eating disorders, and experts agree that there is no one cause. Rather, there are a whole range of factors (ex: individual genetics and psychological makeup, social pressures and family/individual stresses) that combine to result in an eating disorder for some individuals. Eating disorders are also widely viewed as ways that people cope with painful underlying emotions.

The following are some of the factors that may combine to make certain people vulnerable to the onset of an eating disorder:

Dieting

Dieting is the number one contributing factor to the development of an eating disorder. While not everyone who diets will develop an eating disorder, almost every eating disorder begins with a diet. When individuals do not allow themselves to eat certain foods or enough food, this creates physiological and emotional responses which often lead to feelings of being out of control. Typical responses to this feeling are to either binge or to be afraid to begin eating due to a fear of not being able to stop.

Personal factors

There are a number of personal factors that tend to be present in individuals who have eating disorders. These include:

- having low self-esteem and being very self-critical
- experiencing depression and/or anxiety
- being very self-conscious and sensitive to others opinions
- having high expectations of self and others, or the tendency to be a perfectionist
- struggling with fears about sexuality, gender or sexual orientation
- feeling unprepared for adulthood
- having difficulty with problem-solving, coping and decision-making
- experiencing relationship problems
- dealing with trauma (ex: death of a loved one, abuse issues)

- having difficulty adjusting to body changes (ex: puberty, pregnancy, menopause)
- experiencing difficulties with life transitions (ex: puberty, parenthood, midlife, divorce)

Social/cultural factors

There are a number of social factors that may combine with other factors to place pressure on individuals to pursue an unrealistic body type. For example:

- We live in a society where 'thinness' is equated to happiness and life satisfaction - and conversely, 'fatness' is equated with negative personality traits such as laziness and a lack of self-discipline.
- Many of the diagnostic criteria for eating disorders are normalized in our culture through media, the diet and exercise industry, and peer groups (ex: fear of weight gain, extreme weight loss diets that omit food groups, binge eating, exercising excessively).
- There are a number of sports and other activities where weight and shape are central concerns for coaches/instructors and participants (ex: dance, gymnastics, competitive swimming, weightlifting, wrestling, team sports, modeling).
- As a society, we have lost our instinctive understanding of the connection between hunger and food. We have replaced this with other connections (ex: social times and food, emotions and food) and shame about appetite.

Biological/genetic factors

Recent research suggests there may be biological or genetic factors that affect the risk of developing an eating disorder. It is not uncommon for individuals with eating disorders to have a family history of:

- eating disorders
- depression (major)
- anxiety disorders
- obsessive compulsive disorder
- addictions (substance abuse/dependence)
- personality disorder

This evidence strongly suggests that there is a biological or genetic component to the illness, and researchers are currently studying this. Individuals who have an eating disorder may have at least one other mental health issue, including those listed above. In order to be effective, treatment needs to address all mental health issues.

Family factors

There are several family characteristics that, in some individuals, may contribute to the development of an eating disorder. For example:

- Family members may place a high value on appearance and have a preoccupation with their weight, and they may model dieting behaviours and/or restrictive eating in the home.
- Families may also model the use of food to cope with emotions.
- In striving to be the perfect family, family members may engage in conflict avoidance and/or the denial of conflict.
- The presence of family conflict or trauma may contribute to an individual's vulnerability of developing an eating disorder.
- A history of emotional, physical or sexual abuse has also been identified in the family background of some individuals who have developed an eating disorder.
- Parental difficulty encouraging and facilitating their children's shift to independence may trigger a pre-existing vulnerability.

What are the effects of eating disorders?

Eating disorders may result in physical damage. Left untreated, they may even be life threatening.

Physical issues associated with anorexia may include:

- artificially low weight
- failure to grow/thrive (children, teens)
- swollen joints
- brittle bones/osteoporosis (risk to bone fractures)
- seizures due to hypoglycemia (low blood sugar)
- brain tissue loss (memory and attention altered)
- hormone shifts (loss of fertility)
- hair can fall out and fingernails break off
- drop in core body temperature
- soft hair called lanugo grows all over the skin (attempt of body to keep warm)
- cessation of menstrual periods
- abdominal pain/cramping
- irregular bowel patterns
- severe malnutrition
- increased risk of cardiac problems
- death due to medical complications (ex: sudden cardiac arrest)

Physical issues associated with bulimia may include:

- lesions and/or perforations of the esophagus
- damage to the stomach and kidneys due to vomiting
- damage to the intestinal tract and kidneys from habitual laxative use
- constipation and bowel paralysis from laxative abuse
- tooth decay due to the acids that come up into the mouth while vomiting
- cessation of menstrual periods (risk to osteoporosis)
- loss of the potassium which can contribute to heart problems and death
- may or may not impact weight

Physical issues associated with binge eating disorder may include:

- menstrual irregularities
- diabetes
- high blood pressure
- high cholesterol
- osteoarthritis
- decreased mobility
- shortness of breath
- heart disease
- liver and kidney problems
- cardiac arrest and/or death
- significant weight gain is experienced by some

There are also emotional difficulties that result from living with an eating disorder.

Because of the secretive nature of the illness, individuals may:

- become withdrawn and less social
- experience more conflict with family and friends
- experience severe mood swings
- have trouble with sleep disturbance
- experience feelings of guilt
- feel depressed or suicidal

Eating disorders frequently begin as a way of alleviating anxiety and feeling more in control. However, the obsessive nature of rituals around food and eating or not eating may increase anxiety levels and feelings of being out of control.

Can eating disorders be prevented?

While there is no 'magic solution', there are definitely preventive measures that parents, coaches and other adults can take to alleviate the weight and shape pressures children face as they grow up. For example:

- avoid equating thinness with happiness, competence and success
- avoid linking attractiveness with body size
- celebrate and praise children's strengths, abilities and talents not just how they look
- encourage involvement in activities that help children to feel strong, competent and successful
- avoid comments on weight, shape and size about anyone
- do not allow teasing or nicknames that are related to weight
- encourage healthy food choices that will provide energy rather than focusing on weight or calories
- allow children to eat when they are hungry and to stop eating when they are full
- do not make children keep eating until every bite is gone
- help children to become good problem solvers, and to make their own decisions and choices wherever possible
- discuss and welcome the full range of human emotions into your family and discuss healthy ways of coping
- increase children's critical awareness of the unrealistic images that are often provided in the media, and monitor what media messages your children are reading and hearing

Can people successfully recover from eating disorders?

Anorexia, bulimia, binge eating disorder and compulsive eating are all treatable illnesses. However, the development of an eating disorder takes time, and so does recovery.

Treatment may vary from person to person depending upon their needs, however research shows that the following approaches are beneficial to the recovery process.

- **A respectful collaborative approach.** Collaborating with your health care professionals has been found to be a great help to the recovery process. You play an important role during treatment because recovery requires that you be involved in the process. A successful treatment approach makes you feel that you are a valued partner, not a passive recipient in your recovery.
- **An emphasis on building self-esteem, developing coping skills and resilience.** Improving self-esteem and coping skills can be very helpful to the recovery process.

- **A multi-disciplinary approach.** Depending upon the complexity and severity of your eating disorder, treatment may include a combination of supportive therapies such as:
 - medical assessment and monitoring of your physical health
 - individual counselling to help you address core issues (ex: trauma and difficult relationships) and express your feelings, especially those of anger and sadness
 - nutrition counselling
 - support groups
 - family counselling
 - prescribed medications
 - hospitalization to treat certain medical issues
 - creative expressions (ex: art, dance)

If more in-depth treatment is required, you may be referred to a specialized program offering more intensive supports (ex: residential treatment). Hospitalization may be required if your health is seriously compromised.

Self-help may also be a useful addition to treatment, particularly in less complicated cases of bulimia and binge eating disorder. However, it is not recommended as a replacement for other treatment.

If you decide to get help, your family doctor may be the best place to start. If your doctor is knowledgeable about eating disorders, he/she may be able to help you work toward recovery. If your doctor is less familiar with treating eating disorders, you can request to be referred to another doctor or health care practitioner with expertise in this field.

If you don't have a family doctor, you can be connected with a family physician living in your area by phoning the Family Doctor Connection Phone Line at 1-866-690-8260.

Where can I find information about eating disorders and preventing them?

The following are some websites that provide information on body image, disordered eating and eating disorders:

- Eating Disorders Manitoba <http://eatingdisordersmanitoba.ca/>
- National Eating Disorder Information Centre (NEDIC) www.nedic.ca or toll free 1-866-633-4220

Women's Health Clinic

419 Graham Ave, Unit A, Winnipeg, MB

Phone: 204-947-2422 ext. 137

Women's Health Clinic integrates prevention into a number of services through the Health At Every Size (HAES) approach. Elements of prevention are present in the medical and mental health services, programs that support mothering and in the Provincial Eating Disorder Prevention and Recovery Program

WHC offers workshops for community Members, clients, families and friends

These workshops are open to anyone who may benefit from support to reach a balanced and peaceful relationship with food and body. Additionally, they are appropriate for people interested in exploring our services, but who are not yet ready to commit to a treatment program. Topic areas may include: self-esteem, body image, perfectionism, emotional eating, mindfulness, incorporating a non-dieting approach to wellness.

For current workshop and registration information please visit www.womenshealthclinic.org and click on the "Resources", then "Eating Disorder" tab.

Additional prevention resources appropriate for classroom and community list can be found here: <http://womenshealthclinic.org/what-we-do/blog-with-left-sidebar/online-resources/>

Klinik's Teen Talk Program (Across the province)

Teen Talk delivers 14 different workshops throughout Manitoba, all of which include the themes of body image, self-esteem and identity – and one workshop that is specifically about body image and self-esteem. For more information, go to www.teentalk.ca or phone 1-204-784-4010.

Further information resources on eating disorders, including books, videos and magazines may be available at the:

Mental Health Education Resource Centre

100-4 Fort Street, Winnipeg, MB R3C 1C4

In Winnipeg phone: 1-204-942-6568 Toll Free: 1-855-942-6568

Email: info@mherc.mb.ca Website: www.mherc.mb.ca

Where can I get treatment for myself and/or my family members?

Publicly funded treatment services

**For information on treatment in hospital and community, see:
eatingdisordersmanitoba.ca, or contact:**

Women's Health Clinic – Provincial Eating Disorder Prevention & Recovery Program

Phone: 204-947-2422, ext. 137 in Winnipeg

Phone: 866-947-1517, ext. 137 toll-free

Email: edprogram@womenshealthclinic.org

Website: www.womenshealthclinic.org

Address: 419 Graham Avenue, Winnipeg, MB

Health Sciences Centre – Adult Eating Disorders Service Program

Phone: 204-787-3482

Address: 771 Bannatyne Avenue, Winnipeg, MB

Health Sciences Centre – Child & Adolescent Eating Disorders Service Program

Phone: 204-958-9660 Centralized Intake Service – Mental Health

Address: 771 Bannatyne Avenue, Winnipeg, MB

Private (patient paid) treatment services

Westwind Counselling Services in Brandon also provide residential treatment and counselling services in person or online. Westwind is a private service.

<http://www.westwind.mb.ca/index.php>


For further information or educational resources, see:

Eating Disorders Manitoba

www.eatingdisordersmanitoba.ca

Women's Health Clinic – Eating Disorder Resources

<http://womenshealthclinic.org/what-we-do/blog-with-left-sidebar/online-resources/>



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