GLUTTONY-A-GO-GO

ALL YOU CAN EAT!

TAKE AWAY

EATING DISORDERS

I knew it... Still fat!

You know that I can't eat anything that begins with the letter 'C' on Mondays!

Organic To Go!
# Chapter 1: What are eating disorders?

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Eating disorders

Food and eating play a very important part in our lives. We all vary in the foods we like, how much we need to eat, and when we like to eat. Food is essential for our health and development. It’s not unusual to experiment with different eating habits, for example deciding to become a vegetarian. However, some eating patterns can be damaging.

Problems with food can begin when it is used to cope with those times when someone is bored, anxious, angry, lonely, ashamed or sad. Food becomes a problem when it is used to help people to cope with painful situations or feelings, or to relieve stress perhaps without them even realising it.

Most often, when people talk about eating disorders, they think of anorexia and bulimia. There is now growing awareness that some people suffer a mix of eating disorder behaviours or may be affected by some symptoms of anorexia or bulimia but not others. Everyone experiences their eating disorder in their own way. Whatever form it takes, an eating disorder can be beaten. Understanding an eating disorder and having the information about where you can go to find out more is a good first step towards beating an eating disorder.

What is anorexia?
Anorexia stems from low self-esteem and an inability to cope safely with worries and problems. It involves the sufferer restricting the amount of food they take in by skipping meals and cutting down the types and amounts of food they eat; some people over-exercise as well. A sufferer may believe that if they lose weight their life will be happier, people will like them more, they will be more successful or even perhaps that they may be noticed less.

What is bulimia?
Bulimia is also linked with low self-esteem, emotional problems and stress. A sufferer may constantly think about calories, dieting and ways of getting rid of the food they have eaten. Bulimia is actually more common than anorexia, but is more hidden because people with bulimia usually remain an average or just over average body weight. Bulimia can go unnoticed for a long time, although sufferers may feel ill and very unhappy.

What is binge eating disorder (BED)?
When someone binges, they may eat large amounts of food in a short period of time, they may focus on eating one particular food or select food randomly. The pattern of eating in a binge is very different from sitting down and having a meal. Sufferers may feel a lack of control during these binges, but unlike someone with bulimia nervosa, they do not try to get rid of the food. They may eat much more quickly than usual, eat until they are uncomfortably full, eat large amounts of food when they are not hungry or eat alone. Sufferers do this for very similar reasons to those with bulimia.

What is eating disorder not otherwise specified (EDNOS)?
Eating disorder not otherwise specified is a diagnosis given to a sufferer that experiences some of the symptoms associated with anorexia or bulimia, or a mixture of symptoms from both. This does not make their disorder any less serious. The underlying low self-esteem and emotional distress are just as upsetting for these sufferers. Binge eating disorder (see above) is also included in this category.

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Types of eating disorders

The better known eating disorders

There are many diseases, disorders and problem conditions involving food, eating and weight, but in everyday conversation the term ‘eating disorders’ has come to mean anorexia nervosa, bulimia and binge eating.

Anorexia nervosa: the relentless pursuit of thinness

- Person refuses to maintain normal body weight for age and height.
- Weighs 85% or less than what is expected for age and height.
- In women, menstrual periods stop. In men, levels of sex hormones fall.
- Person denies the dangers of low weight.
- Person is terrified of becoming fat.
- Person is terrified of gaining weight even though s/he is markedly underweight.
- Person reports feeling fat even when very thin.

Anorexia also often includes behaviours such as:

- compulsive rituals
- strange eating habits
- division of foods into ‘good/safe’ and ‘bad/dangerous’ categories
- low tolerance for change and new situations
- fear of growing up and assuming adult responsibilities and an adult lifestyle.

Bulimia nervosa: the diet-binge-purge disorder

- Person binge eats.
- Person feels out of control while eating.
- Person vomits, misuses laxatives, exercises or fasts to get rid of the calories.
- Person diets when not bingeing. Becomes hungry and binges again.
- Person believes self-worth requires being thin (it does not).
- Person may shoplift, be promiscuous and abuse alcohol, drugs and credit cards.
- Person’s weight may be normal or near normal unless anorexia is also present.

Like anorexia, bulimia can kill. People suffering with bulimia are often depressed, lonely and ashamed. Friends may describe them as competent and fun to be with but underneath, where they hide their guilty secrets, they are hurting. Feeling unworthy, they have great difficulty talking about their feelings, which almost always include:

- Anxiety
- Depression
- Self-doubt
- Anger.

Binge eating disorder

- Person binge eats frequently and repeatedly.
- Person feels out of control and unable to stop eating during binges.
- Person may eat quickly and secretly, or may snack and nibble all day long.
- Person feels guilty and ashamed of binge eating.
- Person has a history of diet failures.
- Person tends to be depressed and obese.

People who have binge eating disorder do not regularly vomit, over-exercise or abuse laxatives like bulimics do. They may be genetically predisposed to weigh more than the cultural ideal (which at present is exceedingly unrealistic) so they diet, make themselves hungry, and then binge in response to that hunger. Or they may eat for emotional reasons: to comfort themselves, avoid threatening situations and numb emotional pain. Regardless of the reason, diet programmes are not the answer.

Eating disorders not otherwise specified (EDNOS)

- An official diagnosis. The phrase describes atypical eating disorders.
- Includes situations in which a person meets all but a few of the criteria for a particular diagnosis.
- What the person is doing with regard to food and weight is neither normal nor healthy.

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Five things you may not have known about eating disorders in children

1. The most commonly cited trigger for eating disorders in children is bullying. A survey carried out by Beat of over 600 people revealed that 65% felt bullying had contributed to their eating disorder. One of our own eating disorder centres, Rhodes Farm, also conducted a survey on patients (eight- to 18-years-old) over the last four years to see if there were any emergent patterns in the reasons why children develop eating disorders. In the younger age group (eight- to 18-years-old), the most common factor cited was bullying. 42% of children claimed that they were being bullied, with half of them being bullied about their weight.

2. Some research suggests a link between the development of a childhood eating disorder and healthy eating advice. It is also a factor that has been mentioned by some children treated at Rhodes Farm in the last few years. However, it is important to remember that healthy eating talks do not cause eating disorders in children. Most children will just listen to the talks and consider the advice (or not!). Unfortunately, some children, with underlying emotional worries or issues, may use their new knowledge and awareness in ways not intended, for example restricting calories or over-exercising.

3. The most common form of therapy for children and teenagers with eating disorders is family therapy. After bullying, one of the most common underlying factors that can trigger an eating disorder are issues in a child’s family life. This could range from the death of a loved one, a divorce or even moving home for the first time. Family therapy can provide space and time for a child and members of their family to talk and discuss openly any problems that have occurred. We reassure families we work with that family therapy is not a ‘blame game’ – it is safe space where the child and loved ones can work through problems together.

4. Many children will not tell anyone about their eating disorder. Eating disorders are a very secretive illness. Many suffer in silence and it is only when they become very ill that action is taken. Here are some statistics from Beat:
   - 1% of children felt they could talk to their parents about their eating-related concerns.
   - 9% of children felt they might be able to talk to someone at school.
   - 17% of children felt they might be able to talk to a doctor or nurse.
   - 92% of children felt they couldn’t tell anyone.

   These stats remind us why it is so important to know the signs and symptoms.

5. Some GPs may not always recognise a child’s condition as an eating disorder. If you are concerned about your child and your GP does not see problems with your child’s eating behaviour, it might be worth seeking advice or a second opinion from an eating disorder specialist. A GP may not have experience of identifying childhood eating disorders so they may not always spot it straight away. Remember, the earlier the diagnosis, the better chance of recovery.

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