THE DORM

# Nutrition & Disordered Eating: How to Support Your Loved One

The Dorm Parent Collective

# Psycho-Ed on EDs

- **Anorexia Nervosa**
  - Restriction of energy intake (calories) often causing an individual to change their body size (but not always).
- **Bulimia Nervosa**
  - Often presents with restrict/binge/purge behaviors
  - Forms of purging: vomiting, laxatives, exercise, diet pills
- **Binge Eating Disorder**
  - Restriction is often seen with binge eating disorder
  - Ignoring hunger/fullness cues and getting to a point of discomfort
  - Feeling a lack of control around food when engaging in binge behaviors
  - Feeling shame or guilt after a binge
  - Hiding binge behaviors

# Psycho ED cont..

- **ARFID**
  - Unable to meet nutritional needs due to avoiding/restricting certain foods.
  - Can often be described as a “picky eater” in childhood
  - Avoidance/restriction not due to body image/weight concerns
  - In children, not consuming enough food to grow and develop properly.
  - In adults, not consuming enough food to maintain basic body functions
- **Orthorexia**
  - Obsession with eating foods one considers to be healthy
  - Can cause nutritional deficits
  - Severe anxiety and avoidance around food seen as “harmful”, “unhealthy” or “bad” or when “safe” foods are not available.

# What do EDs look like

**Eating Disorder Myths:**

- Only women have eating disorders
  - Yes, research shows EDs present more often in females rather than males but EDs do not discriminate against age, gender, race, or socioeconomic status.
  - Research suggest males represent about 25% of individuals diagnosed with AN and BD.
  - Research suggest Trans and Gender Diverse individuals are at a higher risk of developing an ED
- You can tell if someone has an eating disorder by looking at them
  - False, and often very invalidating/harmful for an individual to live in a society (or home environment) that holds this belief.
  - An individual can have ANY eating disorder and live in ANY size body.
- “I see my loved one eat, they can’t have an eating disorder”.
  - Just because someone is eating, does not mean they aren’t engaging in disordered behaviors.
  - Eating disorders are very secretive and often like to stay private.

# Eating Disorders and Different Populations

## 1 BIPOC:

- People of color with eating disorders are **half as likely** to be diagnosed or to receive treatment.
- A recent study found that white participants made up approximately **70%** of the samples that reported race and ethnicity data supporting that non-white groups are underrepresented.

## 2 College Students:

- Eating disorder risk among U.S. college students **increased by 13%** from 2013 to 2020/2021
- A recent study on college students found that students with eating disorders were **7.43 times more likely to be diagnosed with a substance use disorder** than those without eating disorders.

## 3 LGBTQIA+:

- Nearly nine in ten (**87%**) LGBTQIA+ youth reported being dissatisfied with their body.
- LGBTQIA+ youth who have ever been diagnosed with an eating disorder had nearly **four times greater odds of attempting suicide** in the past year compared to those who have never suspected nor had an eating disorder diagnosis.

## 4 Men:

- Rates of eating disorders in males **are increasing at a faster rate** than for females.
- Due to the stigma surrounding eating disorders, men experience a delay in recognizing their behaviors as possible symptoms of an eating disorder, often **only receiving care for more severe symptoms.**

# What are the “real issues” underlying an ED?

1. **Belief in a myth** “thinner people are happier”
2. **Filling up on emptiness** “something is missing in my life”
3. **Black & white thinking** “I have to be the best at everything”
4. **Desire to be special/achieve** “I get positive attention from my ed”
5. **The issue of power** “when I can’t control others, I control food”
6. **Difficulty expressing feelings** “I ask for help through my ed”
7. **Fear of growing up** “my ED helps me get taken care of”
8. **Lack of trust (in self and others)** “I can only trust my relationship with food”

# Eating Disorder Risks & Stats

- Eating disorders have the highest mortality rate of any mental illness, with 1 person dying every hour as a direct result of an eating disorder
- EDs can affect people in all body sizes
    - Men are also at risk of developing EDs
    - LGBTQ+, BIPOC, and disability communities have increased risk
- Anorexia is the 3rd most common chronic illness in adolescents and young adults
- Eating disorders are not a choice
- Parents don’t cause eating disorders but family food rules and dynamics with food can contribute to them

# Eating Disorder Risk Factors

- **Biological**
  - Family history of ED and/or other mental health conditions
  - Dieting history
- **Psychological**
  - Perfectionism
  - Cognitive inflexibility
  - Emotional dysregulation
  - Body image dissatisfaction
  - History of trauma
- **Social**
  - Weight stigma
  - Appearance ideal internalization
  - Limited social networks
  - Learned behaviors
  - Diet culture

# Emotional and Behavioral Signs and Symptoms

- Attitudes and behaviors that indicate that weight loss, dieting, and control of food are becoming primary concerns
- Refusal to eat certain foods, progressing to restrictions against whole categories of food (e.g., no carbohydrates, etc.), preoccupation with fad diets
- Appears uncomfortable eating around others
- Food rituals (e.g. eats only a particular food or food group [e.g. condiments], excessive chewing, doesn't allow foods to touch)
- Skipping meals or taking small portions of food at regular meals
- Withdrawal from usual friends and activities
- Extreme concern with body size and shape
- Frequent checking in the mirror for perceived flaws in appearance
- Extreme mood swings

# **Physical Signs and Symptoms** of EDs

- GI issues/symptoms; potentially clients with IBS
- Noticeable fluctuations in weight, both up and down
    - Doctors frequently miss eating disorder diagnoses that cause these symptoms, particularly if the patient is “normal” or “higher” weight
- Menstrual irregularities — missing periods or only having a period while on hormonal contraceptives
- Difficulties concentrating
- Abnormal laboratory findings (anemia, low thyroid and hormone levels, low potassium, low white and red blood cell counts, high cholesterol)
- Dizziness, especially upon standing
- Fainting/syncope
- Feeling cold all the time
- Sleep problems
- Dry skin and hair, and brittle nails
- Fine hair on body (lanugo)
- Cold, mottled hands and feet or swelling of feet
- Poor wound healing
- Impaired immune functioning

# Nutrition Philosophy at The Dorm

- Health at Every Size (HAES)
  - BMI and weight are not measures of health
- Intuitive Eating
  - Individualized nutritional philosophy that focuses on healing a person's relationship with food and their body
- All foods fit
  - No "good" or "bad," "healthy" or unhealthy
- Anti-Diet/Anti-Diet Culture
  - This includes not perpetuating the "thin ideal"
  - Diet culture refers to a rigid set of expectations about valuing thinness and attractiveness over physical health and emotional well-being. Diet culture often emphasizes "good" versus "bad" foods, focuses on calorie restriction, and normalizes self-deprecating talk.
  - Diet culture can be a risk factor for body dysmorphia, disordered eating, and other mental health issues.

# Health at Every Size (HAES)

## WEIGHT INCLUSIVITY

Accept and respect the inherent diversity of body shapes and sizes and reject the idealizing or pathologizing of specific weights.

## HEALTH ENHANCEMENT

Support health policies that improve and equalize access to information and services, and personal practices that improve human well-being, including attention to individual physical, economic, social, spiritual, emotional and other needs.

## EATING FOR WELL-BEING

Promote flexible, individualized eating based on hunger, satiety, nutritional needs, and pleasure, rather than any externally regulated eating plan focused on weight control.

## RESPECTFUL CARE

Acknowledge our biases, and work to end weight discrimination, weight stigma, and weight bias. Provide information and services from an understanding that socio-economic status, race, gender, sexual orientation, age, and other identities impact weight stigma, and support environments that address these inequities.

## LIFE-ENHANCING MOVEMENT

Support physical activities that allow people of all sizes, abilities, and interests to engage in enjoyable movement, to the degree that they choose.

# FOOD **TALK**

## HOW CAN I SUPPORT

### DO SAY

- You are glowing
- You look happy
- I feel hungry
- I would love to eat that
- Let's go grab some lunch
- You are doing great
- Keep going
- Can we take a couple more bites?
- I am proud of you
- Let's take a bite together
- Want a snack?
- How are you feeing?
- How can I support you?
- I know this may be difficult, and I am proud of you
- Let's have lunch together
- I believe in you
- I know this is hard
- I appreciate how intentional you are with your recovery journey
- Your smile is contagious
- You are radiating joy

### DO NOT SAY

- You look great (looking at their body)
- I don't need to eat that; I shouldn't eat that
- I didn't work out today, I need to work out
- This looks gross
- I feel heavy/bloated/fat
- I'll just have a light lunch/snack
- I'm going to skip dinner tonight
- I'm not hungry I ate so much last night
- You're going to eat all of that?
- I ran this morning, so I can eat dessert today
- You shouldn't eat that
- That's high in fat/has a lot of calories
- There's so many carbs in that
- Just a little bit won't hurt
- I deserve a little treat tonight
- That's not the healthiest
- You're looking well
- You look healthier
- Are you sure you should have that?

**TRIGGER WORDS** body | healthy | fat | thin | bigger | thicker | calories | weight | numbers | cheat | clean | dirty | ew/yuck

# Division of Responsibility

**YOUNG ADULTS:**

- Young adults can make their own decisions about what they put into their bodies (i.e., what kind of food, how much food)
- Young adults are responsible for exploring new skill sets (cooking, grocery shopping, etc)
- Holding themselves accountable to eating (honest with clinical team and parents)
- Setting boundaries in regards to food and meal times.

**PARENTS:**

- Parents can model a healthy and intuitive approach to eating
- Parents can help young adults develop basic skills (i.e., food shopping, cooking)
- Parents can discuss with their child on how to best support them during meal time
- Parents should AVOID talking about food choices, weight and body