Answers to Frequently Asked Questions about Eating Disorders

Prevalence: In the United States, 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 (Crowther et al., 1992; Fairburn et al., 1993; Gordon, 1990; Hoek, 1995; Shisslak et al., 1995).

The research suggests that between 18-20% of college women are reported to struggle with eating disorders or disordered eating and 10% of college men have anorectic symptoms (Nelson, W.L. et al 1999)

Eating disorders affect people of all races and backgrounds.
Eating disorders do not just affect white, upper-class women. There is still much to learn about how eating disorders affect individuals of all races and further research must be conducted to ensure that our efforts to combat these illnesses are inclusive of *all* women and men.

- A January 1994 Essence survey found that:

71.5% of respondents reported being preoccupied with the desire to be thinner
71.5% reported being "terrified" of being overweight
64.5% were preoccupied with fat on their body
52% reported being preoccupied with food
46% reported feeling guilty after eating
39% stated that food concerns virtually control their lives (Villarosa, 1994).

Prevalence on UMCP campus: In a small UMCP survey conducted in 2003 with respondents being a part of campus organizations who requested an eating disorders presentation, 22.7% of respondents reported feeling preoccupied with food and their body image. 4.5% reported distorted body image and disruptive eating patterns and 1.2% reported body hate and eating disordered.

The Drive to be Thin and Dieting

■42% of 1st-3rd graders want to be thinner. (Collins, 1991)
■80% of 10-year-olds have expressed fears of becoming fat.(Mellin et al, 1991)
■Most fashion models are thinner than 98% of American women (Smolak, 1996)
■70% of 6th graders surveyed report that they first became concerned about their weight between the ages of 9 and 11.8 (4th-6th grade) Shisslak, 1998)
■46% of 9-11 year-olds are "sometimes" or "very often" on diets, and 82% of their families are "sometimes" or "very often" on diets (Gustafson-Larson & Terry, 1992).
■91% of women recently surveyed on a college campus had attempted to control their weight through dieting, 22% dieted "often" or "always" (Kurth et al., 1995).
■25% of American men and 45% of American women are on a diet on any given day (Smolak, 1996).
■Researchers estimate that 40-60% of high school girls are on diets (Sardula et al., 1993;Rosen & Gross, 1987).

■ It is estimated that 40-50% of American women are trying to lose weight. 22% dieted often or always. (National Eating Disorders association)
■In a survey of college students, 26% of men and 48% of women described themselves as overweight. Women dieted to lose the weight whereas men usually exercised 70% of college men were dissatisfied with their body type and preferred the more muscular ideal. (Adam Drewnowski&Yee, 1987)

Body Dissatisfaction

- College men, on average, want a body that is 30 lb. more muscular than their own.
- 43% of men are dissatisfied with their overall appearance, and 53% are dissatisfied with their weight. (Psychology Today survey in 1997)
- If GI Joe Extreme were life size, he would have a 55" chest and 27" bicep (his bicep would be as big as his waist and bigger than most competition body builders)
- Barbie could not stand up and would not menstruate. Measurements= 39-18-33
- 80% of women in the U.S. are dissatisfied with their appearance (Smolak, 1996)

What Can Eating and Body Image Concerns Look Like in Men?

- In a 2003 survey conducted at UMCP 1 in 2 men indicated that they sometimes or frequently engage in dieting, eating special foods, or taking nutritional supplements specifically to improve their appearance.
- 2 in 5 men indicated feeling upset or depressed by their appearance
- 2 in 5 men indicated that they spend 60-120 minutes each day on physical activities to improve their body appearance and 1 in 10 men said they spent more 120 minutes on these activities
- 1 in 6 men indicated that sometimes their appearance related concerns or activities undermined their social relationships

Age: High school and college age students are at the most significant risk of developing eating disorders.

Consequences of Dieting

- 95% of all dieters regain their lost weight in 1-5 years. (Grodstein, 1996) Weight gained back is all fat, but you lost lean muscle mass and fat.
- Dieting forces the body into starvation mode, which slows the metabolism. Your metabolism is how your body burns calories, so dieting makes you fight your body's natural ability.
- Bingeing is the body's natural response to dieting/restricting.
- Women need @18-22% of their weight to be body fat in order to menstruate. When there is not enough body fat, women suffer from Amenorrhea (inability to menstruate).
- Early osteoporosis occurs when your body does not secrete hormones that keep your bones strong.
- There can be damage to your reproductive cycle.

☐Dieting and body image dissatisfaction are major precursors to the development of an eating disorder.
☐35% of "normal dieters" progress to pathological dieting. Of those, 20-25% progress to partial or full-syndrome eating disorders (Shisslak & Crago, 1995).

- *Interesting Fact:* Americans spend over $40 billion on dieting and diet-related products each year (Smolak, 1996)
- If these diet products worked, people would be losing weight. Instead there seems to be an obesity epidemic in this country. Diets don't work.
- Instead of dieting, **eat what you want when you are hungry and stop when you are full.** Ask yourself what appeals to you and go for that food. Listen to your body. It will let you know when you are hungry, what you want and when you are full. Make a distinction between what your head wants and what your body physiologically is telling you.

Signs and symptoms of an eating disorder: preoccupation with weight and thinness; panic at the thought of weight gain or overeating; fasting for periods of time or denying hunger; feeling a compulsion to work out even if tired or injured; increase or decrease in exercise based on weight or food consumed; depressed if unable to exercise; feeling guilty after eating; going on eating binges in which one feels that they can not stop eating; weighing self several times a day; eating when lonely, nervous, anxious or depressed; and feeling as if control ones life. Other signs include social isolation, lying, food hiding, and purging of various types.

Definitions: DSM lV
■Anorexia Nervosa

- ●Restricting type
- ●Binge-Eating/Purging type

■Bulimia Nervosa

- ●Purging type
- ●Non-purging type

■Eating Disorder NOS

Anorexia Nervosa
- ■Refusal to maintain body weight at or above a minimally normal weight
- ■Intense fear of gaining weight
- ■Altered body image
- ■Loss of menstrual cycle

Bulimia Nervosa
- ■Recurrent episodes of binge eating
- ■Recurrent, inappropriate compensatory behavior in order to prevent weight gain
- ■The binge eating and compensatory behaviors occur on average, at least twice a week

Eating Disorder Not Otherwise Specified

- ■ED NOS is a category for disorders of eating that do not meet the criteria for a specific eating disorder
- ■Binge-Eating disorder is also currently included in this category

What causes an eating disorder?

An eating disorders are considered to be a ***Bio- Psycho-Social*** illness

- ●Biological factors
- ●Psychological factors
- ●Interpersonal factors
- ●Socio-cultural factors

<u>Biological</u>

- ●Increased risk among first degree biological relatives
- ●Genetic predisposition
- ●Biological consequences of starvation and repeated bingeing and purging

<u>Psychological Underpinnings of Eating Disorders</u>: **Eating Disorders Are Rarely About Food (alone)**

- ●Problems with Identity
- ●Lack of Feeling Acceptable/Good Enough
- ●Shame
- ●Guilt
- ●Fear
- ●Loss of Control
- ●Loss
- ●Loneliness

<u>Interpersonal Factors</u>

- ●Troubled family and personal relationships
- ●Difficulty expressing emotions
- ●History of being teased or ridiculed

- History of physical or sexual abuse

Media Influence; A socio-cultural factor

- All types of media create the context for people to place value on the size and shape of their bodies.
- According to a recent survey of adolescent girls, their main source of health information about women's health issues comes from the media (Commonwealth Fund, 1997)
- A study of 4,294 network television commercials revealed that 1 out of every 3.8 send some sort of "attractiveness message" telling viewers what is or is not attractive(Myers, et al., 1992) It is estimated that the average adolescent sees 5,260 "attractiveness messages" per year
- With the advancements in technology over the past few decades, techniques like airbrushing (to the picture or even directly on the model) are used to change how the models actually look.
- Often times, magazines will compile different body parts from various models and electronically piece them together to create their ideal model who doesn't even exist. One example of this is the cover of the movie Pretty Woman with Julia Roberts. Her head is used on the cover, but the body is not hers.

Eating disorders are complex and can have serious complications with regard to a person's health, productivity and relationships.

Some Physical Consequences~Starvation Related

- Emaciation (but not always)
- Abnormally slow heart rate
- Abnormally low blood pressure
- Reduced body temperature (cold all the time)/lanugo hair
- Muscle loss and weakness
- Osteoporosis
- Sever dehydration
- Anemia
- Fainting, fatigue
- Dry hair and skin, hair loss

Some Physical Consequences~Bingeing and Purging Related

- Fluid electrolyte imbalance which can lead to death
- Gastrointestinal disorders
- Tooth decay and gum erosion
- Enlargement of salivary glands
- Muscular weakness
- Edema
- Peptic ulcers and pancreatitis

Athletes and Eating Disorders: Involvement in organized sports can offer many benefits, such as improved self-esteem and body image and encouragement for

individuals to remain active throughout their lives. Athletic competition, however, can also cause severe psychological and physical stress. When the pressures of athletic competition are added to an existing cultural emphasis on thinness, the risks increase for athletes to develop disordered eating. In a study of Division 1 NCAA athletes, over one-third of female athletes reported attitudes and symptoms placing them at risk for anorexia nervosa. Though most athletes with eating disorders are female, male athletes are also at risk --especially those competing in sports that tend to place an emphasis on the athlete's diet, appearance, size, and weight requirements, such as wrestling, bodybuilding, crew, running, and football.

Risk Factors for Athletes:

- Sports that emphasize appearance or weight requirements. For example: gymnastics, diving, bodybuilding or wrestling- i.e. wrestlers trying to "make weight".
- Sports that focus on the individual rather than the entire team. For example: gymnastics, running, figure skating, dance or diving, vs. basketball or soccer.
- Endurance sports. For example: track and field/running, swimming.
- Inaccurate belief that lower body weight will improve performance.
- Training for a sport since childhood or being an elite athlete.
- Low self-esteem, family dysfunction, families with eating disorders, chronic dieting, history of physical or sexual abuse, peer, family and cultural pressures to be thin, and other traumatic life experiences.
- Coaches who focus only on success and performance rather than on the athlete as a whole person.

Three factors have been thought to contribute to the odds that a person will be dissatisfied with his or her body: **social influences, performance anxiety** and the **athlete's self-appraisal.**

Protective Factors for Athletes:

- Positive, person-oriented coaching style rather than negative, performance-oriented coaching style.
- Social influence and support from teammates with healthy attitudes towards size and shape.
- Coaches who emphasize factors that contribute to personal success such as motivation and enthusiasm rather than body weight or shape.

The Female Athlete Triad includes 1) disordered eating, 2) loss of menstrual periods and 3) osteoporosis (loss of calcium resulting in weak bones). The lack of nutrition resulting from disordered eating can cause the loss of several or more consecutive periods. This in turn leads to calcium and bone loss, putting the athlete at greatly increased risk for stress fractures of the bones. Each of these conditions is a medical concern. Together they create serious health risks that may be life-threatening. While any female athlete can develop the triad, adolescent girls are most at risk because of the active

biological changes and growth spurts, peer and social pressures, and rapidly changing life circumstances that go along with the teenage years. Males may develop similar syndromes.

The International Olympic Committee has published recommendations for reducing the risk of the Female Athlete Triad, available at: http://multimedia.olympic.org/pdf/en_report_517.pdf

Athletes and Eating Disorders is copied from the National Eating Disorders Association at
603 Stewart St., Suite 803, Seattle, WA 98101
Business Office: (206) 382-3587
Toll-free Information and Referral Helpline: (800) 931-2237
info@NationalEatingDisorders.org

Getting Help:
Many people come for help of their own accord. Others come because friends or family or a boyfriend or girlfriend were concerned about them and strongly encouraged them to talk with a therapist. Some students are referred by an R.A. Many people who may be struggling do not come for help. Many of those may be in denial about their illness or just not ready to face the issue because facing the problem can be very difficult and scary since the illness is often an unconscious way of coping with unbearable and intolerable feelings. The person might wonder who they are or what they might do without that coping mechanism. Others may feel hopeless about recovery. There can be many reasons for not seeking help. It can be difficult to get a loved one to seek help for these and other reasons.

Campus Resources/Where to get help:
Julie Parsons, LCSW-C Health Center 301 314 8142 parsons@health.umd.edu Type of help offered is based on the individual and what they want. Possibilities include: Individual therapy, Group Therapy, Nutritional Guidance, Psychiatric medication management, and follow up with a physician.
Jane Jakubczak, R.D. Health Center: 301 314 8140 jakubczak@health.umd.edu Individual nutrition counseling on general nutrition, disordered eating, sports nutrition, and healthier eating/wellness instruction.
Brenda Sigall, Ph.D. Counseling Center 301 314 7651 sigall@umd.edu Individual therapy, Group therapy and referral to nutritional guidance and psychiatric and medical follow up.

All treatment is confidential. All providers are available for a one time consult.

Please also cite the National Eating Disorders Association's Information and Referral Helpline: 1-800-931-2237 and website: www.NationalEatingDisorders.org

How to Help a Friend:
Step 1: Find a confidential and private space and time to talk with the person of concern. Preferably on their territory if possible. Be sure you will not be interrupted or disturbed.

Step 2: Tell the person you are concerned for their safety, health and well being. Let them know you care about them and that is why you want to talk with them.

Step 3: List in a direct and non-judgmental way, the behaviors you have noticed that concern you or the behaviors others have reported to you. For example, I have noticed you have been isolated lately when you used to eat dinner with your friends. I have noticed you have lost a significant amount of weight in a short time. Others have told me they have found laxative wrappers and candy wrappers around your room lately. Do not label the person as you have an eating disorder. Just let them understand what you have seen/heard that lead you to worry about them.

Step 4: Repeat that you care about them and that you are concerned for their well being. If you did not care it would be easier to not notice.

Step 5: Let them respond if they are ready, they may thank you for noticing their cry for help. They may be willing to seek therapy. Others may be angry and/or argue that you are wrong and/or for example, tell you they have been sick and that is why they have lost weight. Do not get sucked into arguing with them or disagreeing with what they are telling you.

Step 6: Reiterate your caring for them and your concern/worry about them (regardless of whether they agree with you or not). Let them know you want to be there for them and you are available to them if they ever want to talk with you. Give them the campus resources (my brochure and/or Dr. Sigall's brochure.) Offer to call for an appointment with them or walk them over to the Health Center of Counseling Center if they are ready.

Step 7: Thank them for their time and their willingness to talk with you and hopefully their sharing their life with you. If not, they listened while you shared your concerns with them.

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- Just imagine all of the time and energy you could save for other activities and interests in your life if you decided to stop dieting.
- We all need to take care of our bodies and make sure that we are fueling them with a nutritional balance of foods, but we don't need to let the way our body curves or doesn't curve determine how we feel about ourselves or how we live our lives.
- Next time the dieting desire crosses your mind, take a time-out. Think about the reasons why you want to lose weight. Are they really worth it? Think about the potential dangers of dieting. And, most of all, take the time to remember that *you are worth so much more than what you weigh!*

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