

Windsor Essex Community Health Centre
Centre de santé communautaire de Windsor Essex

weCHC
Healthcare for You
Des soins de santé pour vous

Contents

9 Truths about Eating Disorders	3
What is an Eating Disorder?	4
Consequences of Eating Disorders.....	5
Physical Consequences	5
Emotional Consequences.....	7
Social Consequences	7
What is Family-Based Therapy?	8
What Are the Phases of FBT?	8
Why is Treatment Important?	9
Additional Supports	10
Books.....	10
Videos.....	11

9 Truths about Eating Disorders

There are many myths and misconceptions about eating disorders and those affected by them. The Academy of Eating Disorders (n.d.) outlines 9 truths to remember:

- 1 Many people with eating disorders look healthy, yet may be extremely ill
- 2 Families are not to blame, and can be the patients' and providers' best allies in treatment
- 3 An eating disorder diagnosis is a health crisis that disrupts personal and family functioning
- 4 Eating disorders are not choices, but serious biologically influenced illnesses
- 5 Eating disorders affect people of all genders, ages, races, ethnicities, body shapes and weights, sexual orientations, and socioeconomic statuses
- 6 Eating disorders carry an increased risk for both suicide and medical complications
- 7 Genes and environment play important roles in the development of eating disorders
- 8 Genes alone do not predict who will develop eating disorders
- 9 Fully recovery from an eating disorder is possible. Early detection and intervention are important

What is an Eating Disorder?

Eating disorders are mental illnesses that can be characterized by irregular eating habits and excessive concern over body weight and image.

The following signs and symptoms are NOT a checklist. They are a guide to help you notice potentially harmful behaviours in your child that may merit intervention.

The National Eating Disorder Information Centre (n.d.) outlines common signs and symptoms your child may be exhibiting, including:

- Changes in weight, either gain or loss
- Difficulty falling or staying asleep or sleeping too much
- Skipping meals or only eating abnormally small amounts of food at a time
- Developing a restrictive eating pattern or list of preferred foods
- Engages in purging behaviour (compensating for food intake and control weight through self-induced vomiting, excessive exercise, the misuse of laxatives or diuretics, and severe food restriction)
- Evidence of purging behaviour (frequently going to the bathroom after meals, signs/smells of vomiting)
- Discomfort eating around others
- Dizziness or fainting
- Frequently feeling fatigued
- Often expressing stomach pain or discomfort
- Frequently feeling cold
- Dressing in layers or baggy clothes to hide body shape or stay warm, even in the inappropriate weather
- Irregular menstrual cycle
- Loss of interest in old social behaviours or activities
- Irritability or mood swings

Consequences of Eating Disorders

Eating disorders can affect multiple domains of a person's life and have physical, emotional, and social consequences.

Your child may not experience all of the following symptoms, but they are all realistic consequences of an eating disorder and require attention.

Physical Consequences

Eating disorders can affect every system in the body in a variety of ways. The National Eating Disorders Association (2018) provides details of the specific consequences relating to the following systems:

➤ Gastrointestinal System

- **Gastroparesis** is slowed digestion. It can be caused by restricting food intake or purging through vomiting, which interferes with the way your stomach normally digests. This can lead to:
 - Feeling full after eating small amounts of food
 - Nausea and vomiting
 - Stomach pain and bloating
- **Constipation** can be caused by inadequate nutritional intake and laxative or diuretic abuse.
- **Rupturing of the stomach or esophagus** due to binge-eating and vomiting.
- **Pancreatitis** is inflammation of the pancreas which can be caused by both malnutrition and purging.
- **Intestinal obstruction, perforation, or infections** from ingesting non-food items.

➤ Neurological Changes

- **Difficulties concentrating.** The brain uses up to one-fifth of the body's calories, and dieting, fasting, self-starvation, and erratic eating stops the brain from getting the energy it needs.
- **Numbness and tingling in hands and feet** can be caused by inadequate fat intake.
- **Seizures and muscle cramps** can be caused by severe dehydration and electrolyte imbalances.
- **Fainting or dizziness** when the brain is not receiving enough blood.

➤ Cardiovascular System

- **Heart muscle shrinkage** occurs when your body is not getting the nutrients it needs and begins breaking down its own tissue for food. This can cause:
 - Lowered pulse and blood pressure
 - Risk for heart failure
- **Irregular heartbeat** from depleting the body of electrolytes through purging or abusing laxatives and diuretics. Electrolyte imbalances can also lead to heart failure and sudden death.

➤ Endocrine System

- **Hormone imbalances**, including lowered levels of sex and thyroid hormones. Lowered sex hormones can cause:
 - Menstrual irregularities, such as causing menstruation to fail to begin, become irregular, or stop entirely.
 - Increase bone loss and the risk of broken bones and fractures.
- **Cold intolerance** from lack of energy.
- **Resistance to insulin** from binge-eating, which can lead to **Type 2 Diabetes**

➤ Other health consequences

- **Dry skin and brittle hair** from low caloric and fat consumption
- **Kidney failure** from severe, prolonged dehydration
- **Anemia** can develop from a lack of red blood cells or iron in the diet. Can cause fatigue, weakness, and shortness of breath.
- **Decreased ability to fight infection** from a lack of white-blood cells caused by malnutrition.

Emotional Consequences

In addition to the physical health concerns related to eating disorders, there are also numerous emotional and social effects that often occur (National Eating Disorders Association, 2019).

- If you have an eating disorder, you may be at risk for developing a co-concurring condition such as:
 - Depression
 - Anxiety
 - Substance abuse
 - Self-harm and suicidal thoughts or behaviors

- Other emotional signs and consequences may include:
 - Negative self-image
 - Withdrawing socially from friends and family
 - Irritability
 - Mood swings
 - Withdrawing from previously normal and enjoyed activities

Social Consequences

For adolescents living at home, their **family** is usually the first to notice something is wrong. They might become secretive and defensive in order to hide their disordered eating, which creates tension and mistrust within the family, especially during mealtimes. Parents can often feel hopeless and unsure of what to do, and misguided but well-intentioned attempts to help may create more frustration (Healthtalk, 2018b).

Adolescents may start distancing themselves from their **friends** if they lack energy to maintain these relationships, they feel like they don't fit in, or their eating disorder completely preoccupies their thoughts and behaviours. Some adolescents might think their friends are talking about them behind their back, while others don't think about their social life at all (Healthtalk, 2018a).

Social activities can become difficult or impossible for those with eating disorders to partake in, especially when the activities involve eating. Depression and anxiety that is comorbid with eating disorders may influence the individual to isolate themselves, but sometimes social activities interfere with eating habits and routines the individual has developed (Healthtalk, 2018c).

What is Family-Based Therapy?

Family-Based Therapy (FBT) is a form of therapy that focuses on the family role in the treatment and recovery of adolescents with an eating disorder (Hamilton Health Sciences, 2015).

Every family member plays a different but important role in the recovery process.

- Parents learn how to provide love and support during this difficult time and engage in decision-making regarding food, frequency of meals, and other activities until the child is able to make these decisions on their own.
- Siblings are encouraged to attend sessions and help provide support and normalcy during recovery.

FBT typically occurs for 20 sessions over a 1-year period and includes three distinct phases. Hamilton Health Sciences (2015) outlines these phases below.

What Are the Phases of FBT?

➤ Phase 1: Weight Restoration

The focus of this phase is on *re-nourishment*.

The therapist works closely with the family to help create an encouraging environment for the adolescent to start restoring healthy eating patterns and a healthy weight.

The family works together to increase the number of times the adolescent eats, increasing the portion size, and eating food with more calories.

➤ Phase 2: Returning control to the adolescent

In this phase you work on giving responsibility back to your child for choosing and eating meals.

During this phase there is less monitoring of meals, changing the frequency and portion size of meals, and working around difficult areas of eating.

Treatment sessions become less frequent as you and your child spend more time together to develop healthy habits and learn how to eat socially and flexibly.

➤ Phase 3: Returning to healthy living

During this final phase, more autonomy is given back to the child. Parents still work with their child to help them adjust and work towards a more balanced life.

Why is Treatment Important?

Some individuals may not be aware that they have a problem and are not capable of maintaining their own recovery. FBT hands the responsibility and skills to the parents to help the child recover before they are capable of doing it on their own.

Recovery from anorexia nervosa (AN) requires both [weight restoration and nutritional rehabilitation](#) due to the malnutrition caused by food restriction (Muhlheim, 2018). Restoring a healthy weight is prioritized due to the impairment of brain functioning that a lack of nutrition causes.

- Roberto and colleagues (2010) studied the brains of 32 women with AN before and after weight restoration and found that, compared to women without AN, they had deficits in gray matter volume which did *not* fully recover during weight restoration (51 weeks).
- Wagner and colleagues (2005) found that *long-term recovery* was capable of reversing the deficits in brain structure caused by eating disorders.
- Chui and colleagues (2008) studied adult women with adolescent-onset AN and found that despite their brain structure normalizing, the women with or without irregular menstrual cycles still experienced deficits in brain function such as verbal ability, reading, math, and cognitive efficiency.

The effects that AN has on brain function and structure takes time to reverse, which is why complete and sustained recovery is crucial – [it can take three years after weight restoration for the brain to fully recover](#) (Muhlheim, 2018).

It is important to remember that even though it may appear that normal brain functioning has returned, that might not always be the case.

- For females in particular, identifying the return of and continuation of menstruation is an important marker to look for during recovery. In some cases, full brain function may not return until menstruation has continued for at least 6 months (Muhlheim, 2018).

Additional Supports

- **Finding Help for Eating Disorder – Canadian Mental Health Association**
<https://ontario.cmha.ca/documents/understanding-and-finding-help-for-eating-disorders/>

Provides information about eating disorders along with a list of local and provincial resources to explore.

- **First 30 Days – F.E.A.S.T**
<https://www.feast-ed.org/register-now-for-our-30-day-educational-service/>

Parents can use their email to sign up for free to receive 30 days of 30 minutes worth of educational material surrounding eating disorder and caregiver knowledge. Each day parents will receive an email containing videos and other resources to help guide them through their child's recovery.

- **Around the Dinner Table – F.E.A.S.T**
<https://www.feast-ed.org/around-the-dinner-table-forum/>

An online forum for parents to share their experiences and advice with one another. May be a useful tool for parents to feel less alone in their journey with their child and gain some practical and anecdotal advice.

Books

- **Help Your Teenager Beat an Eating Disorder**
[James Locke and Daniel Le Grange](#)

Two experts easily explain eating disorders, effective treatments, and why the parental role is crucial to a child's recovery. They offer advice on how to monitor eating and health exercise, manage mealtimes, end weight-related power struggles, and partner with health care providers.

- **Feast Family Guide**
<https://www.feast-ed.org/family-guide-series/>

A series of four small booklets aimed at families facing an eating disorder diagnosis. Each book targets one of four topics: coming to terms with a diagnosis, the importance of nutrition in understanding eating disorders, neurobiology, and how to choose a treatment

➤ **Skills-Based Learning for Caring for a Loved One with an Eating Disorder**

[Anna Crane, Grainne Smith, and Janet Treasure](#)

This book offers information about techniques and strategies to help a caretaker's ability to support their loved one through recovery. They utilize evidence-based research, personal experience, and practical support skills to advise readers on developing and using good communication skills to foster positive change, develop problem-solving skills, build resilience, and manage difficult behaviour.

➤ **When Your Teen Has an Eating Disorder: Practical Strategies to Help Your Teen Recover from Anorexia, Bulimia, and Binge-Eating**

[Lauren Mulheim](#)

Parents can often feel powerless when their child is struggling with an eating disorder. This book uses a family-based therapy approach to help parents learn how to support their child manage meals, normalize eating behaviours, and develop health coping and recovery skills to empower both the parents and the teen.

➤ **Sick Enough**

[Jennifer L. Gaudiani](#)

Eating disorder patients frequently feel like they aren't "sick enough" to retrieve treatment for their condition. This book offers a comprehensive review of the medical issues that can arise from eating disorders and aims to validate the feelings and experiences of those struggling with an eating disorder.

Videos

➤ **Stuck & Not Eating! Anorexia/Eating Disorders: Parents' Meal Support Tips**

<https://www.youtube.com/watch?v=BVhKXh0gLGc>

Provides tips for parents on how to support their child through their recovery regarding mealtimes. Offers insight into common questions such as: How long should I keep my child at the table? What to do about the missing calories? What incentives can I use?

➤ **Family-Based Therapy for Anorexia Nervosa in Adolescents**

<https://www.youtube.com/watch?v=6gFfGoYmhE>

Discusses family-based therapy for anorexia nervosa patients and how the family is a crucial aspect to the recovery of the adolescent and the re-feeding process.

➤ **Eating Disorder Meal Support: Helpful Approaches for Families**

<https://www.youtube.com/watch?v=pPSLdUUITWE>

Presents strategies, ideas, and tools to help parents guide their child through meals before, during, and after.

➤ **Explaining Family-Based Treatment and its Evidence**

<https://www.youtube.com/watch?v=zPyiddgWlfE>

Helps parents understand that they did not cause their child's eating disorder and that they are an important part of their recovery. Explains the FBT process and its benefits to the family.

➤ **Eating Disorders from the Inside Out**

<https://www.youtube.com/watch?v=UEysOExcwrE>

Laura Hill talks about how for those with eating disorders, food causes anxiety, disturbance, and noise. She talks about the biology behind eating disorders as well as the cognitions, and how you can view food as medicine.

➤ **Understanding Eating Disorders in Adolescence**

<http://canped.ca/modules>

A series of 6 educational modules, each targeted at an area of eating disorders: what they are, medical complications, understanding each disorder, essential components of treatment, practical advice for parents, and BC Children's Hospital support videos

➤ **Eating Disorder Educational Playlist**

<https://www.youtube.com/playlist?list=PL21D7E85D804263B2>

A YouTube playlist of videos that guide parents through the entire meal planning, preparation, eating support, and post meal process. Also includes videos explaining the components of eating disorders, their consequences, and treatment.

References

Academy for Eating Disorders. (n.d.). *Nine Truths About Eating Disorders*.

<https://www.aedweb.org/publications/nine-truths>

Chui, H. T., Christensen, B. K., Zipursky, R. B., Richards, B. A., Hanratty, M. K., Kabani, N. J., Mikulis, D. J., & Katzman, D. K. (2008). Cognitive Function and Brain Structure in Females With a History of Adolescent-Onset Anorexia Nervosa. *PEDIATRICS*, 122(2), e426–e437. <https://doi.org/10.1542/peds.2008-0170>

Hamilton Health Sciences. (2015). *Family Based Treatment*.

<https://www.hamiltonhealthsciences.ca/wp-content/uploads/2019/08/FamilyBasedTreatment-lw.pdf>

Healthtalk. (2018a). *Eating disorders (young people) - Friends and relationships*.

<https://healthtalk.org/eating-disorders/friends-and-relationships>

Healthtalk. (2018b). *Eating disorders (young people) - Parents and family*.

<https://healthtalk.org/eating-disorders/parents-and-family>

Healthtalk. (2018c). *Eating disorders (young people) - Social life and public places*.

<https://healthtalk.org/eating-disorders/social-life-and-public-places>

Muhlheim, L. (2018). *The Importance of Weight Restoration for People With Anorexia*.

Verywell Mind. <https://www.verywellmind.com/brain-starvation-and-recovery-in-anorexia-nervosa-1138303>

National Eating Disorder Information Centre. (n.d.). *NEDIC | Helping your Child*.

<https://nedic.ca/helping-your-child/>

National Eating Disorders Association. (2018, February 22). *Health Consequences*.

<https://www.nationaleatingdisorders.org/health-consequences>

National Eating Disorders Association. (2019, August 22). *Emotional and Behavioral Signs of an Eating Disorder*.

<https://www.nationaleatingdisorders.org/toolkit/parent-toolkit/emotional-behavioral-signs>

Roberto, C. A., Mayer, L. E. S., Brickman, A. M., Barnes, A., Muraskin, J., Yeung, L.-K., Steffener, J., Sy, M., Hirsch, J., Stern, Y., & Walsh, B. T. (2010). Brain tissue volume changes following weight gain in adults with anorexia nervosa. *International Journal of Eating Disorders*, *44*(5), 406–411.

<https://doi.org/10.1002/eat.20840>

Wagner, A., Greer, P., Bailer, U. F., Frank, G. K., Henry, S. E., Putnam, K., Meltzer, C. C., Ziolko, S. K., Hoge, J., McConaha, C., & Kaye, W. H. (2006). Normal Brain Tissue Volumes after Long-Term Recovery in Anorexia and Bulimia Nervosa. *Biological Psychiatry*, *59*(3), 291–293.

<https://doi.org/10.1016/j.biopsych.2005.06.014>