



Fact Sheet

Anorexia and Bulimia

The term “eating disorder” refers to destructive or self-defeating patterns of eating behavior. Typically, students with eating disorders are preoccupied with food, weight and their personal body image. This handout addresses the two specific eating disorders, 1) Anorexia Nervosa (AN), and 2) Bulimia Nervosa (BN).

AN is a form of eating disorder in which an individual has a body weight that is under a healthy minimum, a distorted perception of his/her own body image, and an intense fear of weight gain.

BN is an eating disorder in which an individual regularly (at least twice a week over a period of time) engages in recurrent episodes of binge eating, followed by inappropriate compensatory behavior to prevent weight gain. This inappropriate behavior may include self-induced vomiting, misuse or abuse of laxatives/diuretics/enemas, fasting, or excessive exercise.

How Common Are Eating Disorders? What Causes Them?

It is estimated that about three in 1,000 teens have AN. Up to two out of 100 teens are estimated to suffer from bulimia. It is common to develop these psychological disorders in the high school years, but they can occur during middle school or earlier. The majority of teens with eating disorders are females, although males with warning signs should not be missed. Youth across all races and cultures can present with eating disorders.

Participants in certain sports, like wrestling, ballet, or cross-country running, have an increased risk of eating disorders. A larger percentage of teens may manifest some of the behaviors that are consistent with disordered eating, e.g., vomiting to lose weight, without having all the formal criteria to make a psychiatric diagnosis of AN or BN.

Anorexia and bulimia can lead to serious health complications and even death. Students may begin controlling their food intake for a variety of reasons. Individuals may eat, or not eat, as an attempt to communicate emotional needs and cope with stress. Youth with

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AN may have co-occurring stressors, such as depression, a disordered home, a recent trauma, drug use/abuse, or other psychological issues. There can also be significant pressure from friends, family and the media to become thin or maintain a low body weight.

How Can I Tell if Someone Is Suffering from AN or BN?

Warning signs for AN can be subtle. Students with Anorexia can be model students involved in many school functions. Early in their course, they may have lots of friends but they may become more isolated over time. Starvation and denial lead to many signs, such as dramatic weight loss hidden by baggy clothes; thinning hair; soft, fine hair on body and face; loss of a regular menstrual cycle; refusal to eat in front of others; obsession with counting calories; engaging in excessive vigorous physical exercise; increased risk of stress fractures; prolonged restroom visits after eating; use of laxatives or self-induced vomiting; and avoidance of family and friends. Due to extreme loss of body fat, youth with AN may often complain of being cold. Electrolyte imbalances and low heart rates can also result in the heart not pumping as effectively. The risk of suicide is increased in the eating disorder population.

Warning signs for BN are also often difficult to notice. People with Bulimia are more likely to have a normal weight than those with anorexia. Bulimia may go undiagnosed for some time as individuals often try to hide their binge eating and purging behaviors. They may spend a long time in the bathroom after eating. Some individuals complain of frequent vomiting despite the fact that they self-induce the vomiting. The signs of bulimia are associated with starvation and frequent vomiting and can include: weakness and fatigue, heartburn and abdominal pain, weight loss, eroded teeth, calluses on knuckles from self-induced vomiting, and thinning hair. Individuals are often obsessive with food preparation, emotionally labile and withdrawn from social interactions.

How Are Eating Disorders Treated?

Treatment focuses on: 1) addressing medical complications; 2) increasing body weight to a healthy, normal range; and 3) treating the psychological dysfunction and restoring a healthy body image. Care requires a combination of medical, nutrition and mental

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health professionals. Family involvement in treatment can improve outcomes. Eating disorders are typically managed as an outpatient, but may require hospitalization when severe.

Eating Disorders and the Classroom

Teachers have a significant role in the diagnosis and early intervention of students with AN and BN. They have the advantage of seeing the student every day and may be able to notice changes in their behavior and appearance. Teachers are also in a position of respect and authority that may afford the influence to convince a teen to get help. Teachers must be cautioned to avoid attempts at “treating” eating disorders or sharing their own stories. Take any warning signs seriously. Early intervention may greatly improve the chance of recovery. Concerned teachers are advised to keep clear notes of events that led to their suspicions that a student may have a problem. They should record specific observed behaviors without making diagnostic conclusions. Teachers should share their specific concerns with the school’s counselor, nurse, school psychologist, and/or administrator, as well as the parent/guardian.

Teachers can also play a role in prevention. Coaches also have tremendous influences, and must maintain their awareness of the positive and negative influences of sports participation in vulnerable youth. Both teachers and coaches can serve as role models regarding healthy eating and behaviors, avoiding talk about a “dieting” mentality. Class time devoted to discussing media’s distorting influences and celebrity images may help prevent teens from comparing themselves to celebrities or images produced by the media. Classes on the dangers of unhealthy dieting, and the importance of maintaining a healthy weight, good nutrition, and healthy exercise can have beneficial influences. It is recommended that schools avoid BMI or weight measurement in gym as well as avoid use of videos depicting teens suffering from anorexia. These types of teaching activities may actually contribute to the development of eating disorders. Self-esteem building on a regular basis with zero-tolerance for bullying of any kind can reinforce positive thinking and behaviors.

It is important for a teacher to thoughtfully plan an approach to a student who is showing warning signs. Teachers should educate themselves to be prepared to help answer questions students may have and to know available referral resources. Discuss concerns with the school counselor or administrator before addressing an individual directly. Approaching a student with concerns may not happen all in one setting. It may

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require several conversations to build a safe rapport. Use important counseling techniques which include creating a safe environment and providing self as a source of support. For example: Pick a quiet spot away from distractions. Be respectful, patient, and calm. Avoid pushing the individual beyond his/her comfort level. Never mention their weight or the fact that they look too thin. Statements that they need to gain weight or are beautiful just as they are may actually reinforce their disturbed body image and behaviors. Be as supportive as possible and avoid blaming the issue on anyone. Let them know what your concerns are and whom you have notified about your concerns. Reassure them that you are trying to help and will be a resource for them.

While confidentiality about medical and mental health issues is critical when working with adolescents, effective communication among adults who best know the youth is essential. Both at the point of diagnosis and during treatment, creating an effective team of caring support has value. In creating the treatment team, balance the need for confidentiality against the need for support when considering the inclusion of the teachers, coaches, parents, and others involved with the adolescent's care.

Resources

Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition – Text Revision (DSM-IV-TR; American Psychiatric Association, 2000).

The Charis Center, IU Health , 317-295-0608, <http://iuhealth.org/riley/psychiatry/charis-center/>

National Eating Disorders Association, www.nationaleatingdisorders.org

The National Alliance on Mental Health. Eating disorders webpage. http://www.nami.org/Template.cfm?Section=By_Illness&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=54&ContentID=65851

National Association of Anorexia Nervosa and Associated Disorders, www.anad.org

Teaching Students with Mental Health Disorders: Resources for Teachers, Volume 1: Eating Disorders. British Columbia Ministry of Education, www.bced.gov.bc.ca/specialed/edi/welcome.htm ♦