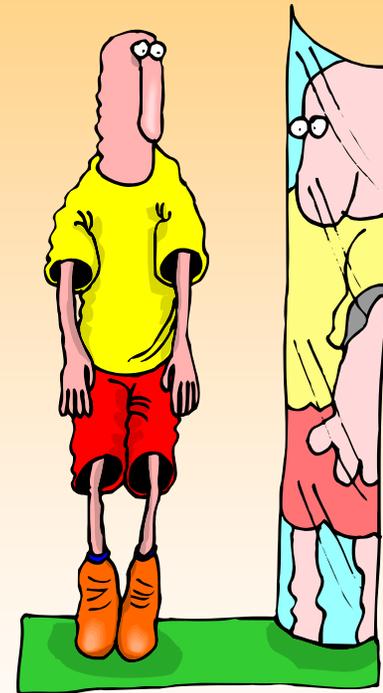


*An Information Booklet
for Tompkins and Seneca County Educators*

Quick Facts: EATING DISORDERS



This fact booklet is intended to enhance understanding of school personnel about the mental health issues that may be encountered in students. The information included is not exhaustive and should never be used to formulate a diagnosis. Mental health diagnoses should be made only by a trained mental health professional after a thorough evaluation.

www.mentalhealthconnect.org

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What is an Eating Disorder?

An Eating Disorder is an illness which causes a severe disturbance in a person's eating and related thoughts and feelings. Many people experience dissatisfaction with their bodies, choose to diet, and/or overeat at times. An Eating Disorder is diagnosed, however, when these behaviors become extreme and physically and psychologically damaging. Eating disorders are caused by a complex interaction between psychological, biological, and environmental factors and often co-exist with other mental health problems such as depression, anxiety, and substance abuse.

Types of Eating Disorders



Anorexia Nervosa: Fueled by an intense fear of being fat, people with anorexia often refuse to eat enough, exercise obsessively, and sometimes use laxatives or force themselves to vomit. Although people with anorexia weigh at least 15% less than the normal healthy weight expected for their height, their battle with weight is not usually relieved by being underweight. In fact, concern about weight gain often increases as weight continues to decrease.

Bulimia Nervosa: People with bulimia binge eat secretly and frequently by consuming large amounts of food, often junk foods that are high in sugars, carbohydrates and fats. After a binge, people with bulimia purge by throwing up, fasting, using diuretics or laxatives and/or exercising excessively. This cycle is often repeated several times per week or, in more severe circumstances, as much as several times per day. Students with bulimia may range from slightly underweight to obese, making this disorder difficult to identify.

Binge Eating or Overeating Disorder: Marked by regular binge eating or eating beyond the point of feeling full with accompanying feelings of shame and/or disgust. Unlike bulimia sufferers, people with this illness binge but do not try to purge what they have eaten.

Getting Linked

For all people in our region:

Guide to local youth mental health resources

www.mentalhealthconnect.org

Suicide Prevention and Crisis Service

www.suicidepreventionandcrisiservice.org

607-272-1616 or 800-273-TALK(8255)

For people in Tompkins County:

Dial 2-1-1 (or 877-211-8667) to reach Tompkins County 2-1-1, a local health and human services information and referral program.

Also online at www.hsctc.org

Tompkins County Mental Health Clinic

www.tompkins-co.org/departments/deail.aspx?DeptID=28

607-274-6200

Family and Children's Services of Ithaca

www.fcsith.org
607-273-7494

Mental Health Association of Tompkins County

www.mhaedu.org
607-273-9250

For people in Seneca County:

Dial 2-1-1 (or 877-356-9211) to reach the Finger Lakes Region 2-1-1, a local health and human services information and referral program.

Also online at www.211fingerlakes.org

Seneca County Mental Health Clinic

www.co.seneca.ny.us/dpt-comserv-mental-health.php
315-539-1980 or 800-226-7415

Child Care Referral and Parent Resource Services

www.cfresources.org
1-800-881-5786

For people in Cortland County:

Cortland County Mental Health Clinic

www.cortland-co.org/mhealth/clinic.htm

607-758-6100

For people in Schuyler County:

Dial 2-1-1 (or 800-346-2211) to reach the 2-1-1 helpline, a local health and human services information referral program.

Also online at www.211helpline.org

Schuyler County Mental Health Clinic

www.schuylercounty.us/mentalhealth.htm

607-535-8282

National Resources

APA— Talk About Eating Disorders
www.healthyminds.org/multimedia/eatingdisorders.pdf

National Eating Disorders Assn.
www.nationaleatingdisorders.org

National Women's Health Information Center

www.4woman.gov

ANAD

www.anad.org

National Institute of Mental Health

www.nimh.nih.gov/publicat/eatingdisorders.cfm

Nat'l. Mental Health Information
<http://mentalhealth.samhsa.gov>

Medline Plus

www.nlm.nih.gov/medlineplus

Office on Women's Health

www.girlpower.gov/AdultsWhoCare/resources/Pubs/teachers.pdf

Eating Disorders Coalition for Research, Policy and Action

www.eatingdisorderscoalition.org

Cultural Considerations



Eating Disorders used to be considered an illness of white upper class females, but in reality females and males of all races and socioeconomic groups are vulnerable. The relationship between these factors and eating disorders is complex. The stress of poverty, marginalization, and racism - all of which are experienced more by minority students - may increase the risk of eating disorders. Additionally, the number of males with eating disorders has doubled over the course of the past ten years.

Regardless of race, ethnicity, and/or gender, membership in certain athletic or other subcultures that emphasize body size, shape or weight (such as cross-country running, dance, gymnastics, wrestling and modeling) increases risk of eating disorders.



Prevalent Signs & Symptoms of Eating Disorders

Physical Symptoms

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|---|---|
| <ul style="list-style-type: none"> • Weight gain or loss in a short time • Abdominal pain, bloating and/or constipation • Red or calloused knuckles • Dry and/or yellowish skin • Yellowing teeth • Broken blood vessels under eyes | <ul style="list-style-type: none"> • Decreased body temperature, feeling cold • Decreased blood pressure, slowed breathing and slowed pulse rate • Fatigue and/or fainting • Lanugo hair (fine layer of body hair) • Loss of menstruation in females |
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Behavioral Symptoms

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| <ul style="list-style-type: none"> • Excessive dieting, highly controlled food intake, food avoidance, secretive eating • Need to control environment • Regular trips to the bathroom, especially after meals • Excessive or rigid exercise • Wearing loose and/or baggy clothing | <ul style="list-style-type: none"> • Pretending to eat, then throwing food away • Food hoarding • Complaints about appearance and weight • Constant talk about food and/or refusal to talk about food • Alcohol and/or drug abuse as a means of coping with depression, anxiety, or guilt that underlie and/or accompany the eating disorder |
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Cognitive and/or Emotional Symptoms

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| <ul style="list-style-type: none"> • Indecisive, rigid, black/white thinking • Anxious, depressed, irritable, angry mood and/or intense mood swings • Perfectionistic attitude, unrealistic goal setting • Feelings of ineffectiveness | <ul style="list-style-type: none"> • Poor concentration • Social withdrawal • Persistent feelings of shame and/or guilt • Dependence on others for approval • Mistrust of others |
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Developmental Variations

Although eating disorders have historically been a problem that first occurs in adolescence and/or young adulthood, more recent studies indicate that the average age of onset for eating disorders in the United States is now between 9 and 12 years of age. 90% of Americans with eating disorders are children and adolescents.



While eating disorders are not typically diagnosed in early childhood, certain psychological and environmental conditions constitute risk factors for the development of eating disorders. Some of these include poor emotional regulation, low self-esteem, perfectionism, external pressure to achieve at a high level, involvement in highly competitive situations, and having a family member with an eating disorder.

"It is like there's two voices in my head, the logical side that knows I need to eat and losing too much weight isn't healthy, but there's the other voice that tells me I need to lose weight, that I'm fat and ugly. Most of the time the latter voice is stronger dictating my every move, thought, plan for the day, how to get out of meals, and what lies to tell my parents."

Symptoms of eating disorders in pre-adolescents and adolescents are similar. However, adolescent eating disorders may be accompanied by loss of menstruation in girls, co-occurrence of alcohol and other substance abuse, fear of intimacy, social withdrawal, and maintenance of superficial relationships. Additionally, as young people mature, their ability to hide their eating disorder may become more sophisticated, making detection increasingly difficult.



Educational Implications



Eating disorders may go undetected in the school setting because students with these disorders are often eager to please and work hard to live up to high expectations. These students may struggle with intense perfectionism that makes completing school work time consuming and anxiety provoking. They are often fatigued due to hunger, which makes it difficult to learn new information, and previously learned information may be lost due to the effects of starvation. Cognitive preoccupation with food and weight also impairs the ability for these students to attend to academic information. As eating disorders intensify, they may impact a student's attendance in school.

