February 27, 2014
Child Health Conference, KCC

Eating Disorders in Youth: Prevention and Early Detection

presented by:

Mental Health America of Illinois (MHAI)
Who is Mental Health America of Illinois?

*Formerly Mental Health Association in Illinois

• Statewide, non-profit organization founded in 1909 – *Celebrating over 100-Years of Service in Illinois!*

• Mission is to promote mental health, work for the prevention of mental illnesses, improve care and treatment of those suffering from mental and emotional problems

• Engage in public education, prevention, and advocacy
MHAI Works...

To Advocate.  To Educate.  To Serve

• Policy and Advocacy
• Disaster Mental Health
• Prevention and Promotion
• Public Education
• Information and Resource
Presentation Topics

1. Statistics and Impact
2. Warning Signs and Symptoms
3. Prevention and Early Intervention
Clip #1 “THIN”
Prevalence: An epidemic

- In the U.S. 20 million women and 10 million men suffer at some point in their lives
- 500,000 teens struggle with eating disorders or disordered eating
- Age of onset typically 12-13 years old
- The prevalence of eating disorders is similar among Non-Hispanic Whites, Hispanics, African-Americans, and Asians in the United States, with the exception that anorexia nervosa is more common among Non-Hispanic Whites
The Reality

- The average American woman is 5’4” tall and weighs 165 pounds. The average Miss America winner is 5’7” and weighs 121 pounds.
Funding

• Despite the prevalence of eating disorders, they continue to receive inadequate research funding

<table>
<thead>
<tr>
<th>Illness</th>
<th>Prevalence</th>
<th>NIH Research Funds (2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alzheimer’s</td>
<td>5.1 million</td>
<td>$450,000,000</td>
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<tr>
<td>Autism</td>
<td>3.6 million</td>
<td>$450,000,000</td>
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<tr>
<td>Schizophrenia</td>
<td>3.4 million</td>
<td>$276,000,000</td>
</tr>
<tr>
<td>Eating disorders</td>
<td>30 million</td>
<td>$28,000,000</td>
</tr>
</tbody>
</table>
Eating Disorders Defined

An eating disorder is an unhealthy relationship with food and weight that interferes with many areas of a person’s life

• Thoughts preoccupied with food, weight or exercise
• Unrealistic self-critical thoughts about body image, and eating habits may begin to disrupt normal body functions and affect daily activities
• Not just about food and weight. Food used as a coping mechanism to deal with uncomfortable or painful emotions or to help them feel more in control when feelings or situations seem over-whelming

Adapted from www.nationaleatingdisorders.org
Types of Eating Disorders

**Anorexia Nervosa:** Characterized by self-starvation and excessive weight loss

**Symptoms:**
- Resistance to maintaining body weight at or above a minimally normal weight for age and height
- Intense fear of weight gain or being “fat,” even though underweight
- Disturbance in the experience of body weight or shape, undue influence of weight or shape on self-evaluation, or denial of the seriousness of low body weight
- Loss of menstrual periods in girls and women post-puberty

Adapted from www.nationaleatingdisorders.org
Warning Signs

- Dramatic weight loss
- Preoccupation with weight, food, calories, fat grams, and dieting
- Refusal to eat certain foods, progressing to restrictions against whole categories of food (e.g. no carbohydrates, etc.)
- Frequent comments about feeling “fat” or overweight despite weight loss
- Anxiety about gaining weight or being “fat”
- Denial of hunger
- Food rituals
- Excuses to avoid mealtimes or situations involving food
- Excessive, rigid exercise regimen
- Withdrawal from usual friends and activities
- In general, behaviors and attitudes indicating that weight loss, dieting, and control of food are becoming primary concerns

Adapted from www.nationaleatingdisorders.org
Health Consequences
Bulimia Nervosa

- Characterized by a cycle of bingeing and compensatory behaviors such as self-induced vomiting designed to undo or compensate for the effects of binge eating

**Symptoms:**
- Regular intake of large amounts of food accompanied by a sense of loss of control over eating behavior
- Regular use of inappropriate compensatory behaviors such as self-induced vomiting, laxative or diuretic abuse, fasting, and/or obsessive or compulsive exercise
- Extreme concern with body weight and shape

Adapted from www.nationaleatingdisorders.org
Clip #2 “THIN”
Warning Signs

- Evidence of binge eating
- Evidence of purging behaviors
- Excessive, rigid exercise regimen—despite weather, fatigue, illness, or injury, the compulsive need to “burn off” calories taken in
- Unusual swelling of the cheeks or jaw area
- Calluses on the back of the hands and knuckles from self-induced vomiting
- Discoloration or staining of the teeth
- Creation of lifestyle schedules or rituals to make time for binge-and-purge sessions
- Withdrawal from usual friends and activities
- In general, behaviors and attitudes indicating that weight loss, dieting, and control of food are becoming primary concerns

Adapted from www.nationaleatingdisorders.org
Health Consequences
Binge Eating Disorder

• Characterized by recurrent binge eating without the regular use of compensatory measures to counter the binge eating

Symptoms:

– Frequent episodes of consuming very large amount of food but \textit{without} behaviors to prevent weight gain, such as self-induced vomiting
– A feeling of being out of control during the binge eating episodes
– Feelings of strong shame or guilt regarding the binge eating
– Eating when not hungry, eating to the point of discomfort, or eating alone because of shame about the behavior

Adapted from www.nationaleatingdisorders.org
Health Consequences
Clip #3 “THIN”
Not just women

• 1 in 10 cases involve men
• Goal is typically not to lose weight but as athletes, to make weight in a sport or improve muscle definition

Adapted from www.anad.org
Disordered Eating

• Disordered eating refers to troublesome eating behaviors, such as restrictive dieting, bingeing, or purging, which occur less frequently or are less severe than those required to meet the full criteria for the diagnosis of eating disorders.
How does this happen?

• Psychological, Interpersonal, Biological and Social factors contribute

**Psychological:** Low self-esteem, feelings of inadequacy or lack of control in life, depression, anxiety, stress, anger or loneliness

**Interpersonal:** Troubled personal relationships, difficulty expressing emotions and feelings, history of being teased or ridiculed based on size or weight, history of physical or sexual abuse

**Biological:** In some individuals with eating disorders, certain chemicals in the brain that control hunger, appetite, and digestion have been found to be unbalanced. Much research is still needed

Adapted from www.nationaleatingdisorders.org
Social Factors
More Risk Factors for Eating Disorders

• Risk of an eating disorder is 8 times higher in a 15 year old girl who diets vs. one who doesn’t
• Teasing—or even “supportive comments” that target appearance—is also a risk factor
• Having a mother who diets is a risk factor
• Being a part of a social group that is preoccupied with fat is a strong risk factor
Power of the Media to Affect Body Image

• Prior to introduction of TV on the island of Fiji in 1995, Harvard doctors interviewed teens and found 3% of teen girls were vomiting to lose weight and less than 10% were dieting

• Three years after TV came to Fiji, doctors found 15% of girls were vomiting to lose weight, and 62% were dieting to lose weight

• 74% of teen girls in 1998 said they felt “too big or too fat”
Power of the Media to Affect Body Image

if beauty is in the eye of the beholder, so is ugliness
Clip #4 “THIN”
Everyone needs some help with situations, school, and relationships. Asking for help shows strength – you are taking action to fix a problem.
Self Awareness

What is my attitude?
Knowledge

• What do I know? What do I need to know?
  – My colleagues?
  – Students?
  – Parents?
Action

Individual
Talking to Students

To Consider:

– Own Comfort
– Biology: body type; genetics
– Impact of puberty onset
– Seriousness of disordered eating and eating disorders
– Privacy and confidentiality
Talking to Students

Scenarios:
1. You are concerned about a student
2. Student comes to you about a friend
3. Student doesn’t want you to tell parents
Talking to Parents

To Consider:

– Provide facts, data
– Encourage *listening* to child, open communication
– What is family’s relationship with food
– How do parents talk about appearance
– Impact of media
– Seriousness of eating disorders
– Referral Policies
Action
Schoolwide/Collective
School Culture/Climate

– How does school demonstrate its values
– Social and emotional learning
– Education: in class; assemblies; discussion groups; advocacy; campaigns
– P.E. and health class
– Posters, media use in school
– Student leadership
– Lunch, vending
Resources for Treatment

Linden Oaks Hospital at Edward, Naperville
630-305-5027 crisis intake line

Timberline Knolls Residential Treatment Center, Lemont
888-673-9816 intake

Insight Behavioral Health Centers, Chicago
312-540-9955 intake

Alexian Brothers Behavioral Health Hospital, Center for Eating Disorders, Hoffman Estates
1-800-432-5005 intake
Resources

National Eating Disorders Association
www.nationaleatingdisorders.org

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

National Institute of Mental Health
www.nimh.nih.gov

Mental Health America
www.mentalhealthamerica.net
Questions?

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Thank You!