

# Food for Thought: A Guide to Eating Disorders



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# Content Warning and Triggering Warning

**This book contains themes related to eating disorders, including restrictive eating, binge eating, and body dysmorphia. It may be triggering for readers who have experienced or are currently experiencing disordered eating patterns. Please exercise caution when reading and seek support if needed.**

Hotlines for those suffering from eating disorders:

1. National Eating Disorders Association Helpline: 1-800-931-2237
2. Crisis Text Line: Text "NEDA" to 741741
3. National Association of Anorexia Nervosa and Associated Disorders Helpline: 1-630-577-1330
4. Eating Disorders Hope Helpline: 1-888-745-0112

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## What are eating disorders?

Eating disorders are characterized by a persistent disturbance of eating or eating-related behavior, leading to the altered consumption of food, therefore severely impairing physical and psychosocial functioning. The most common eating disorders which will be discussed in this book are anorexia nervosa (AN), bulimia nervosa (BN), and binge-eating disorder (BE).

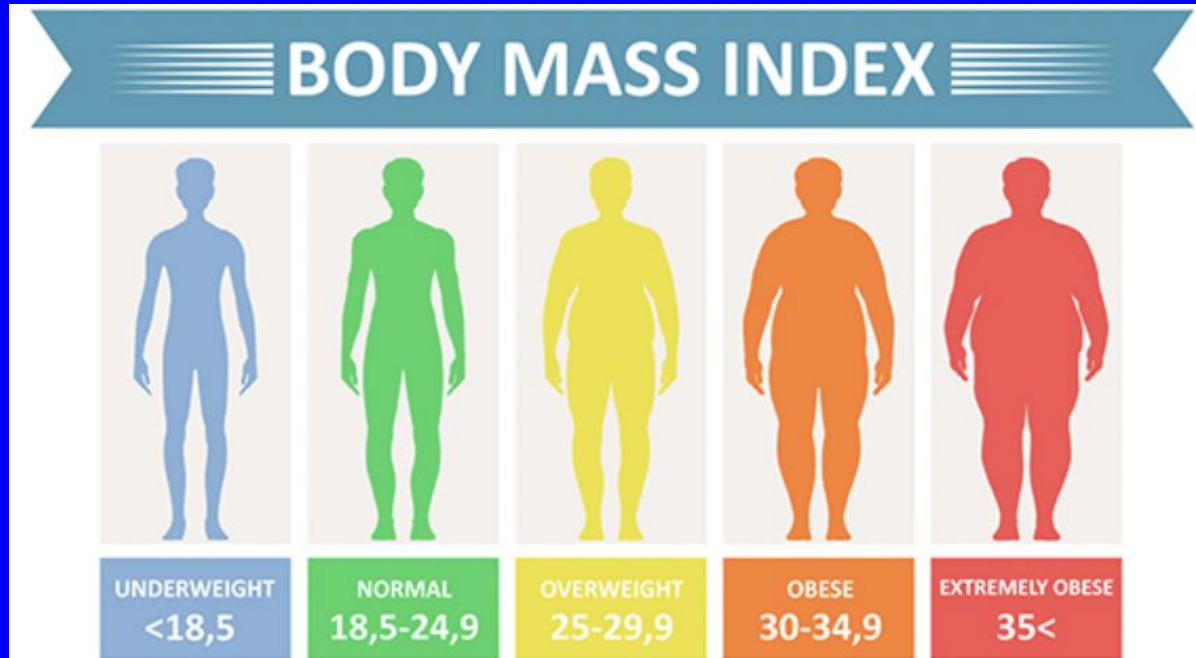


# Anorexia Nervosa

Anorexia nervosa is categorized by three essential characteristics: a distorted perception of one's body, an intense fear of gaining weight, and consistent behavior to reduce the likelihood of gaining weight—resulting in periods of starvation and extreme weight loss. For additional context, A BMI (body mass index) of 18.5 kg/m<sup>2</sup> is on the lower limit of a healthy body weight for adults. Therefore, a case of “mild” anorexia is identified with a BMI  $\geq 17$  kg/m<sup>2</sup>.



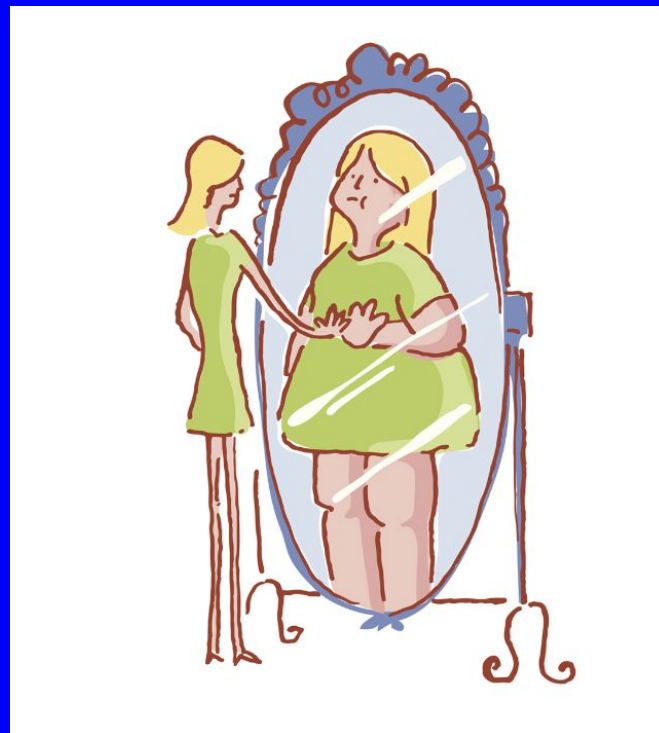
# BMI SCALE





## Anorexia Nervosa and Body Dysmorphia

Regardless of their emaciated outward appearance, many AN patients believe themselves to be grossly overweight—displaying vital symptoms of body dysmorphia. Body dysmorphia is categorized as the obsessive disconnect between one's outward appearance and their perception of themselves. Likewise, AN patients employ various methods to further obsess about their perceived flaw (frequently checking their appearance in the mirror and excessively weighing themselves on a scale). Although many AN patients are aware of their thinness, oftentimes they are in denial about the severity and high risk implications of their behavior.





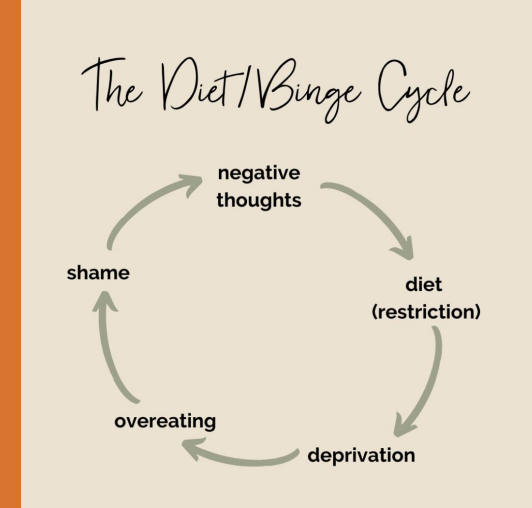
## Bulimia

Bulimia is defined as recurrent inappropriate behavior such as periods of binging followed by self induced vomiting.



## Binge Eating

Binge eating is the excessive intake of food followed by intense feelings of guilt and a desire to eat alone to avoid embarrassment.



# 7 Prevalence of Anorexia

## Gender

The prevalence of anorexia nervosa is greatly dependent on sex. The clinical population of AN patients typically reflect a 10:1 ratio of female-to-male patients. The lifetime prevalence of eating disorders has been estimated between 8.4% for women and 2.2% for men, globally.



## Age

Alongside gender, age plays a role in one's likelihood of developing anorexia nervosa. Anorexia nervosa commonly originates between a period of young adolescence to young adulthood. The median age of onset for AN is reported to be 17.0 years.

# Prevalence of Binge Eating and Bulimia

Binge eating is found most commonly amongst women and younger girls. Many BE patients report feeling a “loss of control” and guilt. Binge eating is most prevalent within the Hispanic Population.



The lifetime prevalence of Bulimia shows a female-to-male ratio of 3:1, and average age of onset 16–17 years. In terms of race, it is highest among the Hispanic/Latino population (2%), and African-Americans (lowest in non-Latino whites).

## EATING DISORDERS CHILDREN AND TEENS

**95%**

OF EATING DISORDER  
CASES OCCUR IN  
PEOPLE AGES

**12 THROUGH 25**





### Social Stratification



## Socioeconomic Factors of Anorexia

Anorexia nervosa is more prevalent in high-income, post-industrialized countries such as many countries in the EU, Australia, Japan, New Zealand, and the United States.

However, the incidence of anorexia nervosa in most low/middle-income countries is uncertain due to food insecurity.

### Social Stratification





# 11 Socioeconomic Factors of Binge Eating

Adolescents of a higher socioeconomic status are more likely to face BE than children of a lower status, however, food insecurity: the limited access to nutrition and quality foods, is the main cause for people of a lower-class to engage in binge eating.



## 12 Socioeconomic Factors of Bulimia



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Outside of demographic factors, many factors such as income, educational status, employment and social support can affect people's dietary habits. Similarly to Binge Eating Disorder, Bulimia can be attributed to food insecurity. There is a greater risk of food insecurity for people going through financial difficulties.



# Social Support



Social support is also a meaningful factor that can be associated with the development and maintenance of eating disorders. Social support is defined as the resources provided by one's social network with the intention to increase one's coping ability. Think of the people who you reach out to for social support?

- There is an association between a lack of social support and clinical and subclinical bulimia nervosa.

## Social Support

- Undergraduate students with lower social support experienced greater bulimic symptoms when faced with negative life events.
- Higher social support was associated with greater calorie consumption through lower stress perception among individuals with high dietary restraint.





## Case 1

Answer: Binge Eating

This is Dana Beezer. She is a Hispanic 12 year old girl that lives in a low income neighborhood in Philadelphia. Her favorite color is blue and she has a cat named Harley. Recently, Dana has become more self conscious of her appearance as her BMI is above average for her age. Due to a multitude of stressors and insecurities, Dana has started eating more frequently. After episodes of indulging in a variety of unhealthy foods, Dana begins to feel immense guilt associated with her actions. Knowing her age, race, SES, and additional factors, what is the most probable diagnosis for Dana?

## 16 Case 2



This is Bette Smith! She is a White 14 years old girl from an upper middle class family located in the suburbs of Maryland. Some of her favorite activities include art (specifically sculpting), going on hikes, spending time with her two younger siblings, and reading science fiction novels! Despite her tendency to spend her time outdoors or with family, Bette has been consuming an alarming amount of unsupervised content on social media.

## Case 2 (cont)

Answer: Anorexia

Bette spends hours a day scrolling past posts that encourage dieting, excessive exercise, and counting calories. Due to her unsupervised access to such content, Bette has begun counting her calories and restricting her intake of food, specifically—carbs. Likewise, Bette developed an unhealthy relationship with exercise. Bette exercises everyday for multiple hours prioritizing cardio workouts. Regardless, Bette is unhappy with her appearance and can not recognize herself when she looks in the mirror. Due to her recent behaviors, Bette lost an alarming amount of weight and now has a BMI of 16.5 kg/m<sup>2</sup>. Knowing her age, race, SES, and additional factors, what is the most probable diagnosis for Bette?





## Case 3

This is Maria Garcia. She is a Hispanic 17 year old high school student who lives in a low income neighborhood in New Jersey with her parents, older brother and younger sister. Her favorite activities include going to the park with her best friends, going to the movies, skateboarding, and writing music. Maria and her friends have been looking forward to the summer as it will be the summer following their graduation and her best friend, Jane Henry, won't stop talking about her "summer bod." Maria begins to think more about her weight as she wants to achieve her summer body, but her family's pantry mainly consists of sweets and processed foods.



## Case 3 (cont)

Answer: Bulimia

Maria's access to healthy food is limited to when her father cooks dinner once every few weeks. As a result, she begins binging on the sugary snacks in her pantry and shortly follows this by purging (self-induced vomiting). Due to her actions, her weight has begun to fluctuate. Maria expressed to her parents her concern about wanting to lose weight, but they felt as if Maria were being too paranoid and dismissed her concerns. Her mom had also implied they wouldn't be able to afford many nutritious foods as the grocery stores nearby didn't sell the healthiest options. Knowing her SES, age, race, and additional factors, which eating disorder is Maria struggling with?



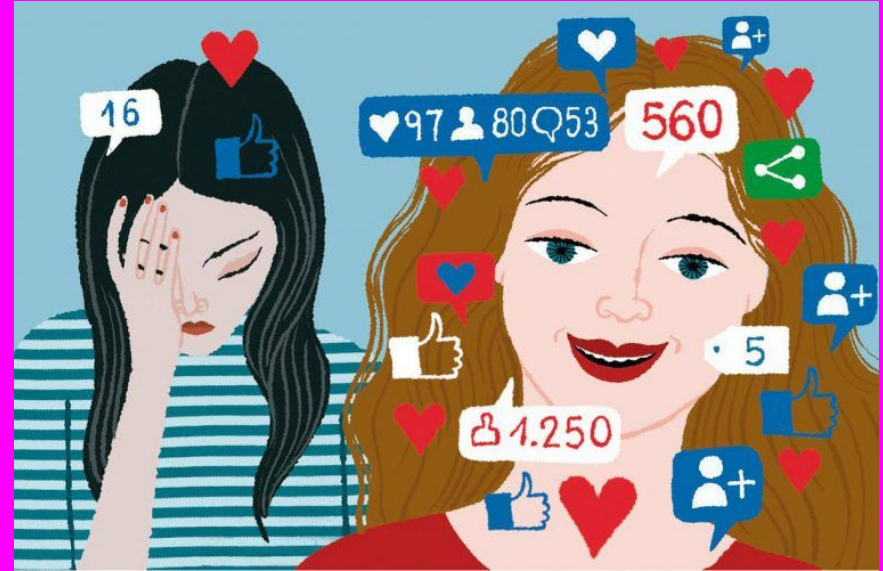


## Social Media use and Eating Concerns among U.S. Young Adults

A 2016 study found that higher social media use was associated with greater eating concerns, including higher levels of body dissatisfaction, disordered eating behaviors, and negative beliefs about body image. This association was particularly strong among female participants.



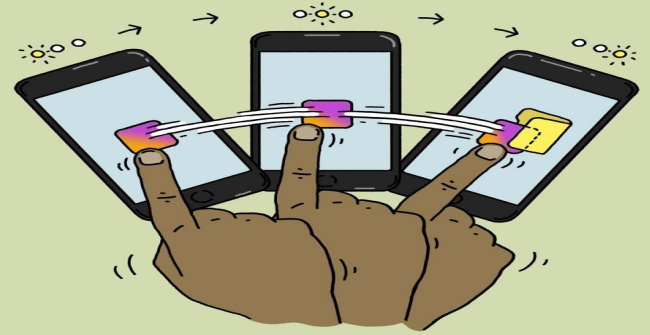
The comparison of oneself to another is common amongst those who use social media, causing body dissatisfaction and eating concerns. Social media can be harmful to adolescents and young adults, therefore, people should minimize their daily media consumption.



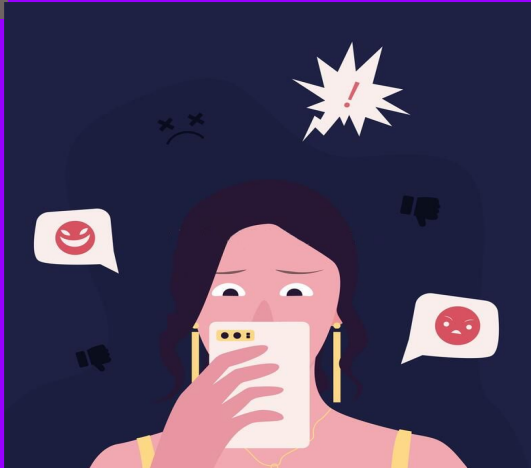
# Reduce Your Risk!



**Restrict screen time** on social media platforms (set time limits on the app or general settings on your smart gadget).



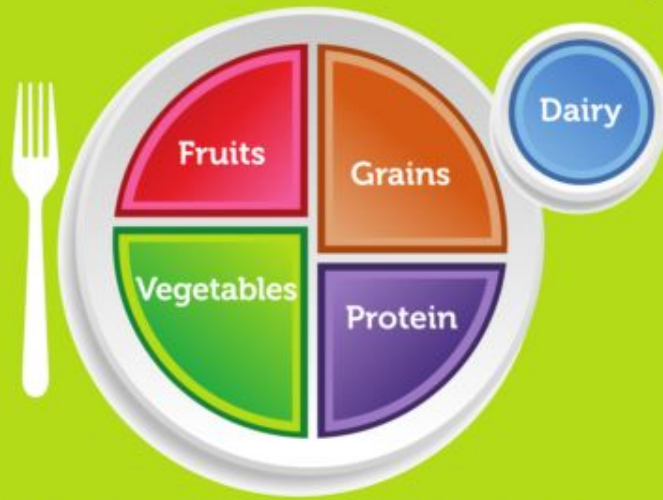
**Block pro-eating disorder content!** (ED twt; eating disorder Twitter, ED facebook groups, Tumblr hashtags, etc.) Stay away from groups/accounts dedicated to glorifying eating disorders.



**Be aware of the language associated with pro-eating disorder content** and do not engage in it. Oftentimes, the words have multiple forms of spelling to avoid getting restricted by social media platforms (pro-ana, pro-mia, thinspo/th1nspo/th1nsp0)

23  
Avoid engaging in diet culture (unless you are placed on a diet by your physician or dietician).

Avoid dietary supplements (example: laxatives, any product that induces weight loss)



Choose **MyPlate**.gov

Vegetables	Fruits	Grains	Protein	Dairy
<p><b>Vary your veggies.</b></p> <p>Any vegetable or 100% vegetable juice counts as a member of the vegetable group.</p> <p>Fill half your plate with fruits and vegetables.</p>	<p><b>Focus on fruits.</b></p> <p>Whole fruit is preferable to juice but any fruit counts: fresh, frozen, canned, 100% juice or dried.</p> <p>Fill half your plate with fruits and vegetables.</p>	<p><b>Make at least half your grains whole.</b></p> <p>Read labels to find more whole grain foods like whole wheat, oatmeal and brown rice.</p>	<p><b>Go lean with protein.</b></p> <p>Keep portion to 1/4 of the plate.</p> <p>Nuts, beans/peas, seeds, poultry, lean meat, seafood, soy and eggs are in this group.</p>	<p><b>Get your calcium-rich foods.</b></p> <p>Remember to choose skim milk or 1% milk.</p> <p>Try nonfat yogurt.</p> <p>Keep choices low in fat, sodium and sugar.</p>

Avoid eating alone, instead enjoy meals surrounded by your family or friends.

Follow the FDA's Dietary guidelines for Americans.

# Final Tips!

- **Positive mindset** (Not being too hard on yourself)
- **Strong social support** (having family or friends to rely on in need)
- **Resisting social pressures** (avoid engaging in toxic relationships with peers, surround yourself with people who don't apply pressure on your or their own image)
- **Communicate feelings/thoughts** (Express stress and anxiety related. concerns as internalized stress can lead to eating disorders)
- **Daily exercise** (sixty minute exercising everyday or frequently can help build towards body acceptance and/or mental clarity.)
- **Be aware of the warning signs and reach out for help** if needed (tell a trusted family member and/or your physician about your symptoms).



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