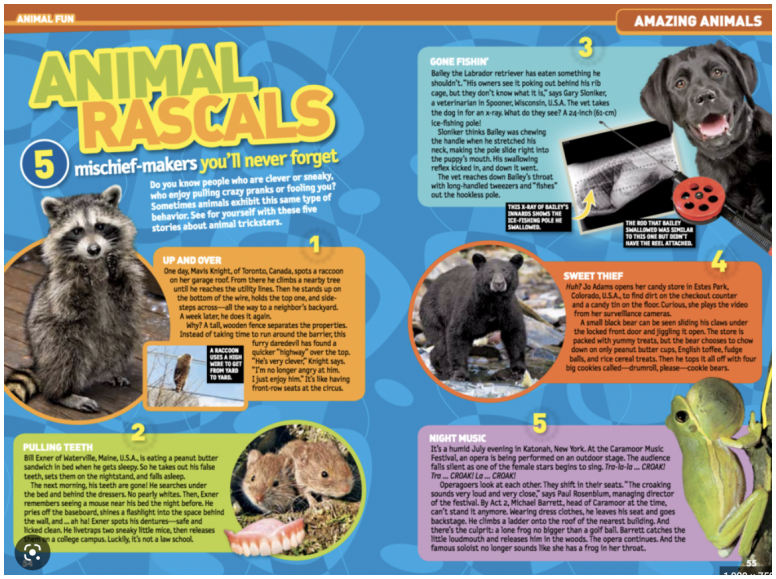
Book Plan: "**Food for Thought: A Guide to Eating Disorders**"
Inspo



Presentation
Requirements:

- 12-15 minutes
- Equal participation from group members
- Live or pre-recorded in a shareable format
- Talk and walk us through the final project.
- Show us all components.
- Be ready for Q&A from classmates.

Key elements:

- Explanation of mission - why did you select this topic?
- Target audience
- Context and background on topic - what informed your project?
- Discussion of process - how/why you made the decisions you did
    - Creative
    - Educational Content
- Goal of the project
- Places you might have improved or changed your approach
- Q & A
- Introduction and Ending slides
-

Format: Will be on google slides (duplicate the current children's book and add introductory slides)

- Introduction slide

- Why did we pick this topic?
- Why did we decide to make it into a children's book?
- Who is our target audience and why?
- What style did we use and why?
- Who did each portion (divided into creative part and educational content) and HOW
- Goal of the project
- How the art was made
- Room for improvement
- Ending slide (Q and A)

Green: Briana, Blue: Jacqueline, Red: Jaelyn

Division of information/slides we will read:
- Beginning/introduction: Alternate per slide
- Slides 1-8: Jacqueline
- Slides 9-17: Jaelyn
- Slides 23-30
-

Case Study 1 (18): Jaelyn
Case Study 2 (19-20): Jacqueline
Case Study 3 (21-22): Briana

Edit before presenting the content in the book!

1. What are eating disorders? (potential graphics: food, healthy person with anatomy of stomach, feet on scale with a sad face instead of a number, mirror with person looking into it; shadow doesn't match outward appearance)
2. Our eating disorders (anorexia, bulimia, binge eating prev)
3. SES factors that contribute to eds
4. Character profiles (draw the person, hobbies, symptoms, have the child try to diagnose them, SES profile)

5. Bad habits/how to lessen the risk (social media, graphic of phone with red x on it, phone with instagram post # of likes, person frowning at influencer's instagram posts, fresh foods, food pyramid, plates with different sections for the groups of food)
6. References

Text:

1. Introduction//What are eating disorders?

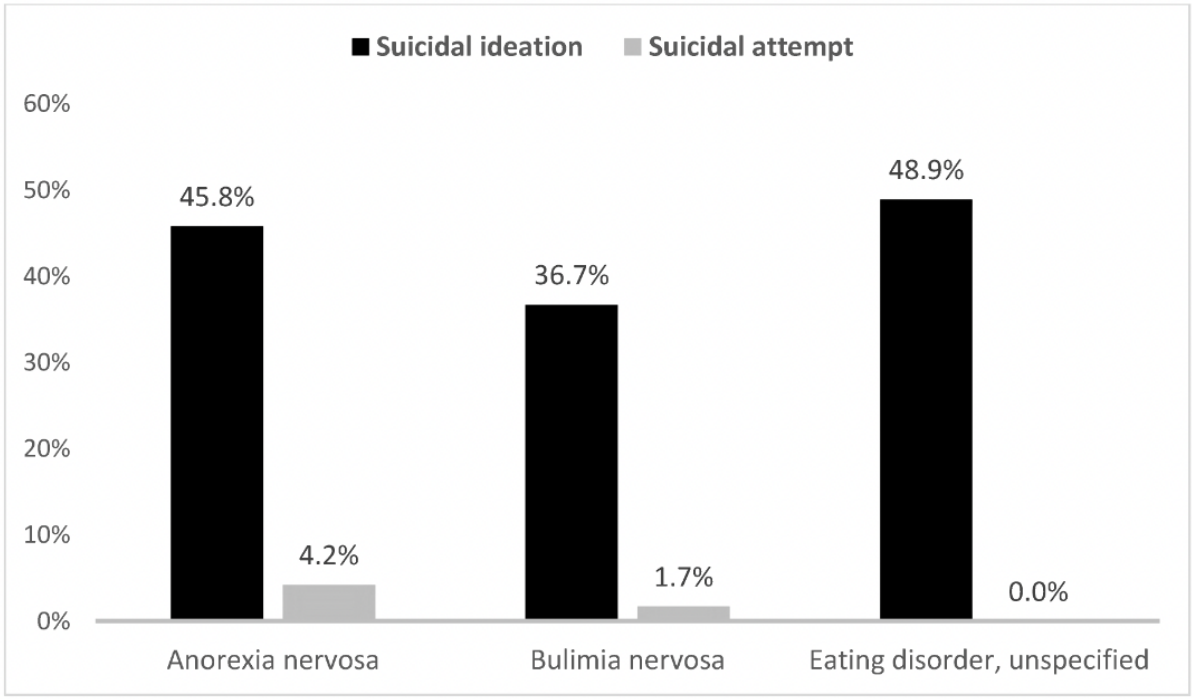
According to the American Psychological Association, eating disorders are characterized by a persistent disturbance of eating or eating-related behavior, leading to the altered consumption of food, therefore severely impairing physical and psychosocial functioning. The most common eating disorders which will be discussed in this book are anorexia nervosa (AN), bulimia nervosa (BN), and binge-eating disorder (BE). The prevalence of these eating disorders affect all demographics, however some demographics are at a higher risk. One of the most influential factors that dictate one's possibility of developing an eating disorder is socioeconomic status (SES). Socioeconomic status is the social standing of an individual based on factors such as income, education, employment, and social support. Both socioeconomic factors and demographics are indicative of your chance to develop disordered eating .

Common eating disorders such as (AN), (BN), and (BE) have a large effect on numerous subpopulations within the United States. Bulimia is defined as recurrent inappropriate behavior such as periods of binging followed by self induced vomiting. Most similar to bulimia, anorexia nervosa is the fear of gaining weight through restrictive diets and calorie counting (although already oftentimes underweight). Lastly, binge eating is the excessive intake of food followed by intense feelings of guilt and a desire to eat alone to avoid embarrassment. Amongst different racial and ethnic groups, income status and gender, eating disorders vary in occurrence.

2. Prevalence of AN

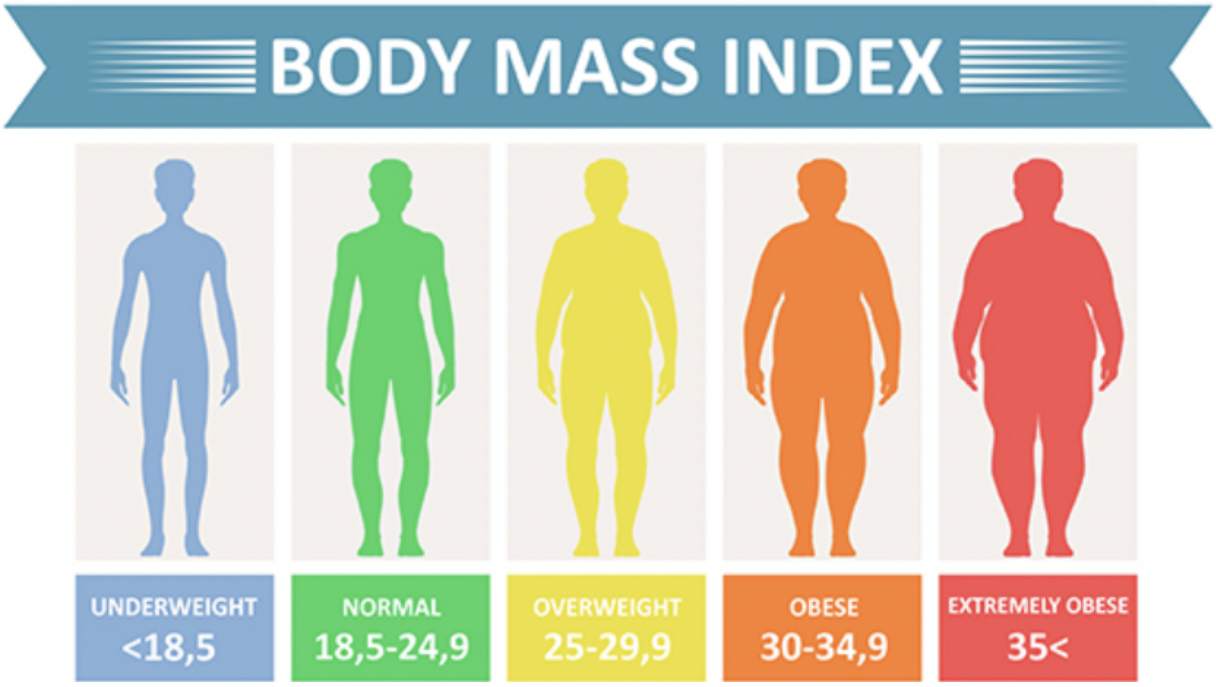
Eating disorders, specifically anorexia nervosa, have one of the highest mortality rates in comparison to other mental health disorders. Mortality most commonly results from the deteriorating progression of the disease or by suicide. Patients with AN have a reported six-fold increase in suicide attempts when compared to the general population.

Figure 1. Suicidal behaviors in adolescents with major depression by eating disorders.



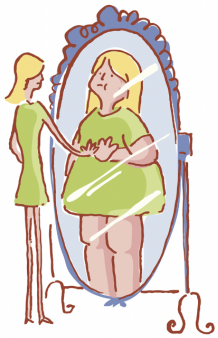
Anorexia nervosa has three essential characteristics that are present in clinical AN patients: a distorted perception of one's body, an intense fear of gaining weight, and consistent behavior to reduce the likelihood of gaining weight—resulting in periods of starvation and extreme weight loss. The progression and severity of the disease is dependent upon the patient's body mass index (BMI). The Centers for Disease Control and Prevention (CDC) has determined a BMI of 18.5 kg/m2 to be the lower limit of a healthy body weight for adults.Therefore, a case of "mild" anorexia is identified with a BMI ≥ 17 kg/m2. Moderate anorexia ranges between a

BMI of 16–16.99 kg/m2, severe anorexia is classified by a BMI 15–15.99 kg/m2, and an extreme case of AN presents itself in a patient with a BMI < 15 kg/m2.



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.

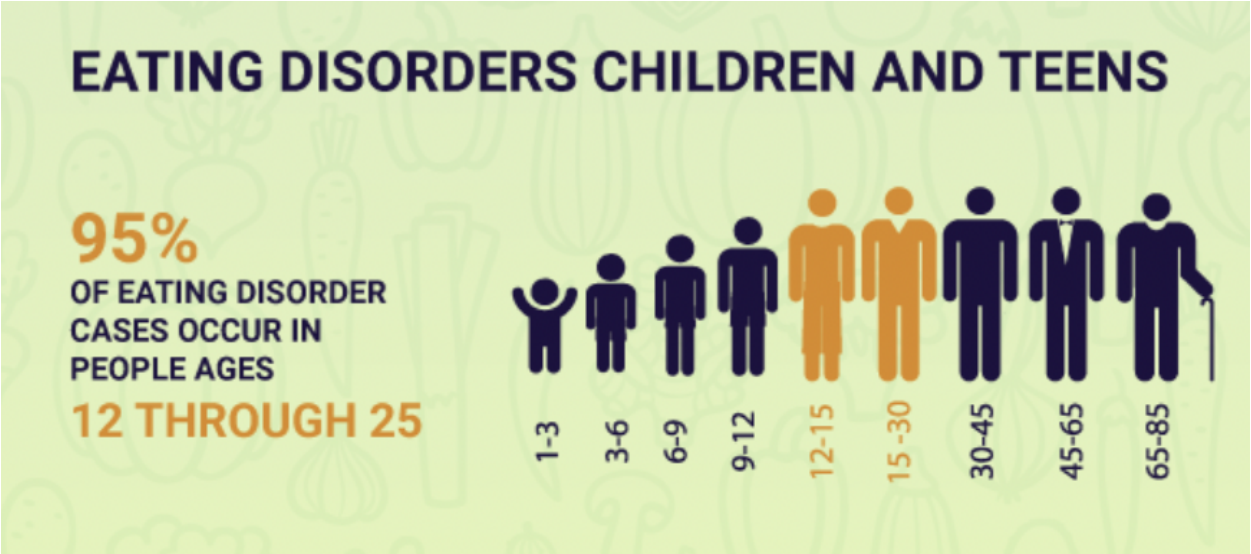


The prevalence of anorexia nervosa is greatly dependent on sex. The clinical population of AN patients typically reflect a 10:1 ratio of female-to-male patients. The lifetime prevalence of eating disorders has been estimated between 8.4% (3.3–18.6%) for women and 2.2% (0.8–6.5%) for men, globally. Amongst the variety of eating disorders, a lifetime prevalence of 4% of women and 0.3% of men will suffer from anorexia nervosa in their lifetimes.

Amongst the small percentage of men who suffer from poor body image and disordered eating, queer men experienced higher rates of body dissatisfaction in comparison to heterosexual men. However, recent research has found increased levels of muscle dissatisfaction amongst heterosexual men which results in developing disordered eating habits.

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. AN is rarely reported in the early stages of life (prepubescence) and late onset (women over the age of 40). However, despite age, anorexia nervosa is greatly dependent on "outside stressors" and is linked to the

occurrence of stressful life events.



Race is another indicator of developing AN. Anorexia nervosa is highest amongst non-Hispanic White adolescent girls. Anorexia nervosa was less common among racial minorities, however, Hispanic girls had a higher AN rate than non-Hispanic Blacks. Likewise, Hispanics also were significantly less likely to seek help for AN than non-Hispanic Whites. The correlation between AN and non-Hispanic Whites can be attributed to the fact White women seek out help more often than their minority counterparts. Due to the lack of minorities reaching out for medical treatment, the documented demographic of clinical patients with AN are largely White. However, prevalence aside, all racial/ethnic demographics are affected by anorexia nervosa.

3. Prevalence of BE

Eating disorders primarily affect adolescents as social media, school, and peers form a stigma around weight and body image. However, as previously mentioned, eating disorders occur amongst all age groups, different racial/ethnic backgrounds, sex, and socioeconomic status. Binge eating is found most commonly amongst women and younger girls as they are statistically

proven to struggle more with mental health and the “loss of control” when eating. Loss of control is the inability to control the amount of food consumed, whether that be large or small portions. This symptom is one of the main indicators for Binge eating. The results of binge eating in men and young boys could be inaccurate as men may deny the severity of eating disorders and ignore the symptoms of binge eating due to social conditioning.

In regards to ethnic/racial differences Hispanics reported having the highest rate of BED. Hispanics described having a higher rate of loss of control and distress when eating, thus eating until uncomfortably full, eating alone due to embarrassment, and being dissatisfied with body image. Black men and women stated having less distress and concern for body weight and size than White people but not non-Hispanics.Asian Americans are more likely to report symptoms of BE, but acquire less treatment and are often overlooked due to cultural differences in symptom experiencing or reporting. In other words, when completing a survey or answering questions related to binge eating, there may be a misunderstanding of what is accepted to be BE and what's not.

4. Prevalence of BN

Bulimia Nervosa is an eating disorder in which patients overeat and then use compensatory mechanisms, such as self-induced vomiting, laxatives, or prolonged periods of starvation. There is a higher prevalence of Bulimia in certain populations in regards to sex, race, and age. The lifetime prevalence shows a female-to-male ratio of 3:1, and average age of onset 16–17 years. Prior to the DSM-5 criteria, the overall accepted lifetime prevalence among young females was 1%; however, with the new criteria of decreased frequency of symptoms to once per week, the new proposed lifetime prevalence appears to be 2.3%. There is higher prevalence in females (0.9-1.5%) than in males (0.1-0.5%). In terms of race, the rates are highest in the

Hispanic/Latino population (2%), second highest among African-Americans and lowest in non-Latino whites at (0.51%), which is very different from the relative ratio of ethnicities reported for anorexia nervosa. There is a strong correlation between certain demographic factors and bulimia nervosa.

5. SES Factors

- SES for AN: 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. Although AN is more common in high-income countries, individual SES does not contribute as much validity as once believed. Rather, eating disorders are equally distributed across SES. Further studies are needed to better understand the relationship between SES and AN. With more research, the attributes associated with the "stereotypical anorexic patient" will be dismantled, allowing for those who do not conform to these stereotypes to receive a proper diagnosis and care.
- SES for BE: 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 experiencing binge eating. The percentage of developing a binge eating disorder due to family teasing of weight, dissatisfaction with body, dieting, and overweight/obesity was greater amongst the higher income status than those of a lower income status. However, body dissatisfaction and dieting were higher in lower socioeconomic young adults and children but was not the direct reasoning for the development of a binge eating disorder. People of

higher SES perceive being overweight as a direct result of low SES. Such rhetoric increases the harmful sentiments behind fatphobia. Lower income households tend to live in an environment where less nutritious foods are accessible and/or in reach. As a result of poor nutrition and food intake, detrimental health outcomes are highly reported. Those of low income have access to food-stamps that could contribute to the statistics of overweight children and adults due to the amount of food purchased at a time. The overconsumption of food could subject people to lose control over their food intake.

- SES for BN: Outside of demographic factors, many socioeconomic factors such as income, educational status, employment and social support can affect people's dietary habits. Therefore, it is likely for there to be a strong correlation between BN and socioeconomic factors. Similarly to Binge Eating Disorder, BN can be attributed to food insecurity. There is a greater risk of food insecurity for people going through financial hardship. Food insecurity can change dietary patterns because of perceptions of the amount or quality of food available to members of a household. A previous study of 503 adults seeking food from food pantries reported that food-insecurity severity was associated with binge-eating frequency, eating-disorder psychopathology, and compensatory-behavior frequency. This could be caused by a lack of physical access to foods (such as a lack of supermarkets in a low income neighborhood), or because of economic status (not being able to afford groceries).
- 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. Empirical evidence suggests a lack of social support among individuals with clinical and subclinical

bulimia nervosa. Findings from several longitudinal studies demonstrate the predictive role of social support with regards to bulimic symptoms. For example, a study found that undergraduate students with lower social support experienced greater bulimic symptoms when faced with negative life events. Moreover, the predictive role of social support was specific to bulimic symptoms and not restrictive eating, depression, or anxiety symptoms, which again, suggests the relevance of social support to bulimic symptoms as compared to other psychiatric symptoms. However, in Kwan's and Gordon's study, it was revealed that higher social support was associated with greater calorie consumption through lower stress perception among individuals with high dietary restraint. This implies that even in those with social support, there is still a likelihood of bulimic tendencies. Regardless, beliefs about personal responsibility for the illness have been found to be higher for eating disorders than other mental illnesses in college students, community samples, and among medical professionals. Many people believe that those with eating disorders use their illness for attention-seeking purposes, and that it's easy to recover from an illness such as bulimia. These beliefs only further amplify bulimic behaviors and inhibit those with BN from seeking help.

Character profiles:

1. 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?

Answer: Binge Eating Disorder

2. This is Bette Porger! 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. 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/m2. Knowing her age, race, SES, and additional factors, what is the most probable diagnosis for Bette?

Answer: Moderate Anorexia Nervosa

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. 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?

Answer: Bulimia Nervosa

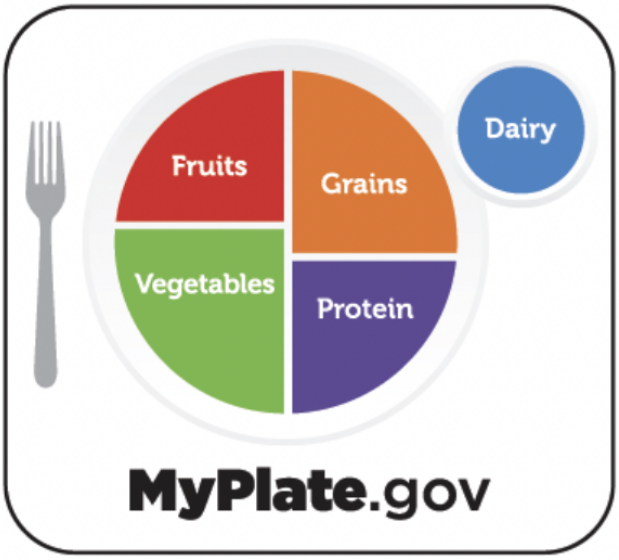
5. How to reduce your risk!

Activities to reduce your risk of developing an eating disorder:

- **Restrict screen time** on social media platforms (set time limits on the app or general settings on your smart gadget).
- Stay away from groups/accounts dedicated to glorifying eating disorders. **Block pro-eating disorder content!** (ED twt; eating disorder Twitter, ED facebook groups, Tumblr hashtags, etc.)
- **Be aware of the language associated with pro-eating disorder content** and <u>do not engage in i</u>t. Oftentimes, the words have multiple forms of spelling to avoid getting

restricted by social media platforms (pro-ana, pro-mia, thinspo/th1nspo/thinspO, #thinspiration)

- 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).
- **Avoid engaging in diet culture** (unless you are placed on a diet by your physician or dietician).
- **Follow the FDA's Dietary guidelines** for Americans.



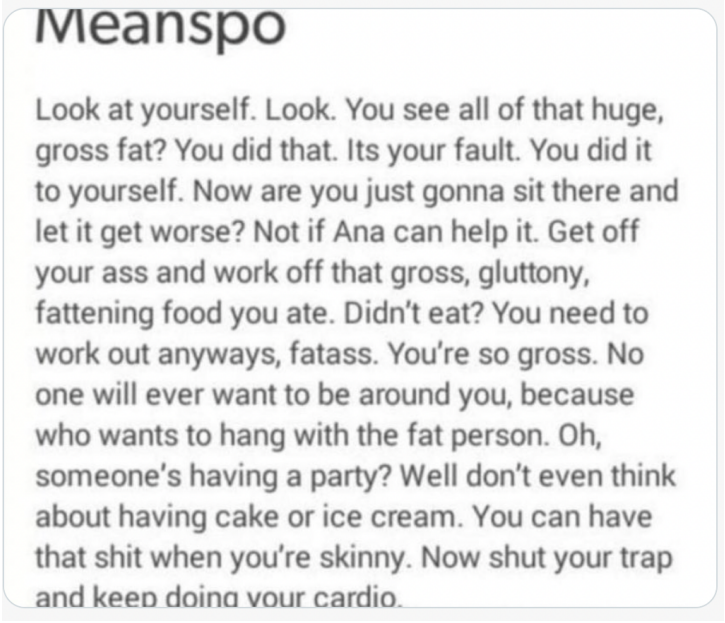
- **Avoid eating alone**, instead enjoy meals surrounded by your family or friends.
- **Try new skills and develop hobbies** (engage in healthy coping mechanisms)
- **Communicate feelings/thoughts** (Express stress and anxiety related. concerns as internalized stress can lead to eating disorders)
- **Positive mindset** (Not being too hard on yourself)
- **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)
- **Strong social support** (having family or friends to rely on in need)
- **Daily exercise** (sixty minute exercising everyday or frequently can help build towards body acceptance and/or mental clarity.)
- **Avoid dietary supplements** (example: laxatives, any product that induces weight loss)

Examples of dangerous content/media:


kitty
@teenykittyluvr
things to do while fasting to help keep you from eating
<3 thread for edtwt
thinspo thinsp0 portion control
6:56 PM · Nov 11, 2022 · Twitter for iPhone
434 Retweets 8 Quote Tweets 2,603 Likes


edtwt Retweeted
Zombie || edtwt @z0mbieh3llok1t1 · Oct 3, 2020
Eating disorder group chat rt to be added
#proana #meanspo #thinspo #fatspo #anabuddy #proanabuddy #edtwt
Notes
Strict LOW restriction GC
-Under 500 a day, except when ESSENTIAL
-Weigh in every Monday
-Bodychecks NOT REQUIRED
Calorie limit set each day (may follow certain diet)
-Must be active daily
45
130
334


edtwt Retweeted
thinspo archive @50kcaIs · Mar 28, 2021
63kg → 45kg
6
303
1,497



Correlation between Social Media use and Eating Concerns among U.S. Young Adults:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5003636/

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. Within

this study, Youtube and Facebook were primarily used to compare the linear relationship between eating disorders and social media. An analysis of video-sharing media on youtube has demonstrated that a third of the anorexia videos are categorized as “pro-anorexia” and are more likely to receive higher attention than videos discussing the concerns of eating disorders. People may seek out information regarding eating related concerns on social media where they come across such videos. The internet is a way to connect with others, therefore, those with ED who feel isolated or alone use media platforms as a form of escapism. In consequence, there were at least 500 “pro-ana” and “pro-mia" groups found on facebook in 2010. 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 mediate from a large amount of media consumption daily as it can greatly affect mental health and self-appreciation.

Glossary

BMI: Body Mass Index

Counting Calories: Tracking the amount of calories per serving in foods

Excessive exercising: Working out more than the recommended

Indulge: Giving in to unrestrained pleasure

Fluctuate: Drastically increasing or decreasing never remaining constant

Purging: Self induced vomiting often associated with Bulimia

Encourage dieting: The boosting of food restrictions

Prevalence: The percentage of populations affected by medical conditions within a specific time period

Socioeconomic Status (SES): The classification of individuals based on education, income, and job.