

A Parent's Guide to Understanding Eating Disorders Part II

The overriding goal of the Jericho High School's Psychology Corner publication is to promote healthy minds for the Jericho community as a whole. Although some of the topics selected for discussion may appear to be extreme disorders/issues, as a loving and nurturing community, we must be aware and knowledgeable about the increasing prevalence rates of these unfortunate disorders that impact our youth. For the second publication about eating disorders, I will provide parents with statistics surrounding the disorder, the American Psychiatric Association's (APA) diagnostic criteria, practical tips to help prevent the disorder, and additional resources.

As mentioned in the previous publication, *A Parent's Guide to Understanding Eating Disorders I* (<http://www.jerichoschools.org/hs/docs/2009.11.01-EatingDisorders1.pdf>), the National Institute of Mental Health (NIMH) describes eating disorders as severe disturbances in eating behavior, including either extreme reduction of food intake or extreme overeating, and/or feelings of extreme distress or concern about body weight or shape. These disorders are very complex. Despite scientific research to understand them better, the biological, behavioral, and social underpinnings still remain unknown. Moreover, research has indicated that the onset of eating disorders may develop earlier in childhood; therefore, prevention during adolescents may even be too late (Natenshon, n.d.).

As we are aware, research and statistics for any disorder/illness can frequently change. The following statistics pertain to eating disorders (Source: *The Biology of Eating Disorder*, J. DeSarbo):

- ❖ The prevalence of anorexia nervosa is about 1-2% of the general population
- ❖ The prevalence of bulimia nervosa is 1-2% of the general population with 5-10% of the population exhibiting at least some symptoms
- ❖ The prevalence of binge eating disorders is 1-5% of the general population
- ❖ Eating disorders have the highest mortality rate (10-15%) of any psychiatric disorder
- ❖ Females account for about 90% of the cases of eating disorders
- ❖ Approximately 70-80% of individuals with eating disorders also have another related psychiatric condition (e.g., depression, anxiety, OCD)
- ❖ Nearly 30% of individuals with an eating disorder may have coexisting alcohol or illicit substance use issues

*Welcome to the
Jericho High School's
Psychology Corner!*

~Dr. Danielle Largotta-Smith



*If you are concerned about
someone, Dr. Largotta-Smith
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Based on the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders, 4th edition, Text Revision (DSM-IV-TR), there are two types of eating disorders known as **Anorexia Nervosa** and **Bulimia Nervosa**. There is a third category called "**Eating Disorders Not Otherwise Specified (EDNOS)**," which includes several variations of eating disorders. Most of these disorders are similar to anorexia or bulimia, but with slightly different characteristics.

Anorexia Nervosa

According to the DSM-IV-TR (APA, 2000), anorexia nervosa is characterized by some of the following:

- ❖ Refusal to maintain body weight at or above a minimally normal weight for age and height. i.e., weight loss leading to maintenance of body weight less than 85% of that expected or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected.
- ❖ Intense fear of gaining weight or becoming "fat," even though underweight.
- ❖ Disturbance in the way one's body weight or shape are experienced, undue influence of body weight or shape on self evaluation, or denial of the seriousness of the current low body weight.

Subtypes:

- ❖ Restricting type: During the current episode of anorexia nervosa, the person has not regularly engaged in binge-eating or purging behavior (self-induced vomiting or misuse of laxatives, diuretics, or enemas).
- ❖ Binge-eating–purging type: During the current episode of anorexia nervosa, the person has regularly engaged in binge-eating or purging behavior (self-induced vomiting or the misuse of laxatives, diuretics, or enemas).

Bulimia Nervosa

The DSM-IV-TR (APA, 2000) characterizes bulimia nervosa by the following:

- ❖ Recurrent episodes of binge eating characterized by both:
 1. Eating an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances in a discrete period of time (e.g., within any 2-hour period)
 2. A sense of lack of control over eating, defined by a feeling that one cannot stop eating or control what or how much one is eating
- ❖ Recurrent inappropriate compensatory behavior to prevent weight gain (e.g., Self-induced vomiting; Misuse of laxatives, diuretics, enemas, or other medications; Fasting; Excessive exercise).

Subtypes:

- ❖ Purging type: During the current episode of bulimia nervosa, the person has regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.
- ❖ Nonpurging type: During the current episode of bulimia nervosa, the person has used inappropriate compensatory behavior but has not regularly engaged in self-induced vomiting or misused laxatives, diuretics, or enemas.

Binge-Eating Disorder

One type of EDNOS is binge-eating disorder. Over recent years, there has been an increase in research and media attention regarding binge-eating disorder. According to the DSM-IV-TR (2000), binge-eating disorder is characterized by recurrent binge-eating episodes during which a person feels a loss of control over his or her eating. Unlike bulimia, binge-eating episodes are not followed by purging, excessive exercise or fasting. This often results in the individual becoming overweight or obese. Typically, the person experiences guilt, shame and/or distress about the binge-eating, which can lead to more binge-eating. Obese people with binge-eating disorder often have coexisting psychological illnesses (e.g., anxiety, depression, and personality disorders).



What Can Parents Do To Help?

According to Abigail Natenshon's (n.d.) article, "When Young Kids Have Eating Disorders", there are practical tips about what parents can do to help prevent eating disorders from impacting their family. The following are few of Natenshon's suggestions:

- ❖ Rule out medical and other psychological illnesses
- ❖ Create a healthy eating lifestyle at home and expect your child to participate within it. Prepare at least three nourishing meals a day; be sure to eat those meals together with your child and family as often as possible. Your child learns by imitating your behaviors.
- ❖ Never skip meals
- ❖ Keep your lifestyle active and expect your child to do the same. If children are too sedentary, turn off the television and encourage activity.
- ❖ Become aware of your own personal attitudes about eating, body image, and weight control. Do you encourage your son to eat so that he can grow big and strong, yet caution your daughter against becoming fat?
- ❖ Do not force your child to "clean her plate," giving her a sense of not being in control of her own food. The parent should determine the menu and the child should determine the amounts of food consumed.
- ❖ Do not criticize your own or your child's weight, shape or size.
- ❖ Don't tolerate casual derogatory comments about other people's weight and physical appearance. Children take to heart and personalize what you say.

- ❖ Be aware of how your current responses to your child's problem may be affecting your child's behavior and feelings.
- ❖ Encourage your child to become aware of her feelings and to express them freely. Communicating through the use of words diminishes the odds that anxious feelings will be expressed through food-related behaviors.
- ❖ Don't allow your child to overdo athletics or dance activities.

Please click on the following link sponsored by APA for a brochure about eating disorders:

<http://www.healthyminds.org/Document-Library/Brochure-Library/Eating-Disorders.aspx>

References:

American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders (4th ed., text revision)*. Washington, D.C: Author.

Natenshon, A. (n.d.). When Young Kids Have Eating Disorders. In *When Young Kids Have Eating Disorders*. Retrieved October 4, 2009, from Eating Disorder Referral and Information Center database:
<http://www.edreferral.com/Articles/children.htm#Young%20Kids%20and%20ED>

National Institute of Mental Health. (n.d.). Eating Disorders. In *Eating Disorders* [Fact sheet]. Retrieved September 2, 2009, from National Institute of Mental Health database:
<http://www.nimh.nih.gov/health/publications/eating-disorders/complete-index.shtml>

Segal, J., Smith, M., and Barston, S. (2008). Helping Someone with an Eating Disorder: Advice for Parents, Family Members, and Friends. Retrieved October 18, 2009, from Helpguide.org database:
http://www.helpguide.org/mental/eating_disorder_treatment.htm#authors

Websites:

American Academy of Child and Adolescent Psychiatry
<http://www.aacap.org/>

Academy for Eating Disorders
<http://www.aedweb.org>

American Psychiatric Association
<http://www.psych.org/index.cfm>

The American Academy of Pediatrics
<http://www.aap.org/>

National Eating Disorders Association
<http://www.nationaleatingdisorders.org>

National Institute for Health
<http://www.nih.gov>