

## Eating Disorder Recovery Kit

### **Eating Disorders and Associated Myths**

*The information listed within this eating disorder recovery kit is intended to dispel any misunderstandings about eating disorders such as bulimia nervosa, anorexia nervosa, binge eating and compulsive eating.*

### **Eating Disorders Are Not Considered an Illness**

Nothing could be farther from the truth. Eating disorders are stated to be a mental illness with sometimes severe medical problems by the American Psychiatric Association's Diagnostic Manual. Furthermore, eating disorders are considered to be biologically based and co-exist with other psychiatric diagnosis's such as major depression, anxiety, or obsessive-compulsive disorder. It is also not uncommon for the individual with an eating disorder to develop a drug problem or addiction which is again considered a disease by the American Medical Association.

### **Very Few People Have Eating Disorders**

All of the noted eating disorders are on the rise throughout the United States and rest of the world. It is estimated that women in their young 20's and early teens may make up the greatest majority of females with anorexia. Anorexia has the highest suicide rate among all psychiatric disorders. Recent studies suggest that up to 7% of U.S. females have had bulimia. It is well documented that compulsive overeating and binge eating is on the rise and has been for many years effecting approximately two percent of the population.

### **People Choose Their Eating Disorder**

No person chooses to have their eating disorder. Eating disorders are a mental health and biological issue and progress over time. It is not unusual for a person who is a binge eater to transition into bulimia in order to lose weight or the bulimic refrain from bingeing and refrain from eating and become anorexic.

### **Only Females Have Eating Disorders**

While it is not as publicized, males do have eating disorders. The data regarding men with eating disorders may not be as available for a number of reasons. First, women are more likely to enter eating disorder treatment as there is no stigma and mental health therapists and physicians are less likely to diagnosi an eating disorder in men.

### **Those Who Enter Eating Disorder Treatment Are Gay**

There is absolutely no data to suggest that sexual preference has anything to do with developing an eating disorder. Those people that enter eating disorder treatment are from every race, culture, sexual orientation and economic status.

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## **Bulimia Nervosa Can Not Kill You**

While you can not compare the death rate from bulimia with anorexia, there is quite a bit of pressure placed on the heart from excessive purging and an imbalance on one's electrolytes. In addition to the above the excessive abuse of diuretics, laxatives or amphetamine like substances increases the risk for sudden death dramatically.

## **Appearance is a Great Guide to Tell If Someone is Eating Disordered**

Unless someone is severely anorexic, body appearance can not be used as a guide to tell if someone is eating disordered. With regards to bulimia, as many people are normal weight as others and unless there is a significant weight gain or loss you can not go by appearance. Please keep in mind that even if a person loses or gains weight quickly, it could be results of a medical problem so don't jump to conclusions.

## **Eating Disorder Treatment Doesn't Work**

This is totally untrue, although it may take someone more than one attempt in eating disorder treatment to recover fully. One of the keys is finding eating disorder treatment early in the illness and finding the right eating disorder treatment program for you. Of all the eating disorder treatments available, treatment for anorexia is the least effective. It is not because of the quality of the eating disorder treatment, but is attributed to the severity and complexity of the illness.

## **Purging Will Create Weight Loss**

More than half of the food consumed during a binge typically remains in the body after self-induced vomiting. It is rare that once food is digested that it ever leaves the body. Laxatives only discharge fluids/water and the feeling of weight loss is only momentary. These are a few of the reasons many people with eating disorders are of normal weight.

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## **Eating Disorders: Behaviors, Signs and Symptoms**

### **Anorexia Nervosa**

- Dramatic weight loss
- Dresses in layers to hide weight loss
- Is preoccupied with weight, food, calories, fat grams, and dieting
- Refuses to eat certain foods, progressing to restrictions against whole categories of food (e.g., no carbohydrates, etc.)
- Makes frequent comments about feeling "fat" or overweight despite weight loss
- Develops food rituals
- Cooks meals for others without eating
- Consistently makes excuses to avoid mealtimes or situations involving food
- Maintains an excessive, rigid exercise regiment – despite weather, fatigue, illness, or injury, the need to burn off" calories taken in
- Seems concerned about eating in public
- Has limited social spontaneity
- Resists maintaining body weight at or above a minimally normal weight for age and height
- Has intense fear of weight gain or being "fat," even though underweight
- Post puberty female loses menstrual period
- Feels ineffective
- Has strong need for control

### **Binge Eating Disorder (Compulsive Eating Disorder)**

- Evidence of binge eating, including disappearance of large amounts of food in short periods of time or lots of empty wrappers and containers indicating consumption of large amounts of food
- Develops food rituals (e.g., eats only a particular food or food group [e.g., condiments], excessive chewing, doesn't allow foods to touch)
- Steals or hoards food in strange places
- Creates lifestyle schedules or rituals to make time for binge- sessions
- Has periods of uncontrolled, impulsive, or continuous eating beyond the point of feeling comfortably full
- Does not purge
- Engages in sporadic fasting or repetitive dieting

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## **Bulimia Nervosa**

- In general, behaviors and attitudes indicate that weight loss, dieting, and control of food are becoming primary concerns
- Evidence of binge eating, including disappearance of large amounts of food in short periods of time or lots of empty wrappers and containers indicating consumption of large amounts of food
- Evidence of purging behaviors, including frequent trips to the bathroom after meals, signs and/ or smells of vomiting, presence of wrappers or packages of laxatives or diuretics
- Appears uncomfortable eating around others
- Develops food rituals
- Skips meals or takes small portions of food at regular meals
- Steals or hoards food in strange places
- Uses excessive amounts of mouthwash, mints, and gum
- Maintains excessive, rigid exercise regimen – despite weather, fatigue, illness, or injury, the need to “burn off ” calories
- Shows unusual swelling of the cheeks or jaw area
- Has calluses on the back of the hands and knuckles from self-induced vomiting
- Teeth are discolored, stained
- Withdraws from usual friends and activities
- Looks bloated from fluid retention
- Frequently diets
- Shows extreme concern with body weight and shape

## **Eating Disorder Help**

The best type of eating disorder help is to identify the presence of an eating disorder as early as possible. Early detection and proper eating disorder treatment provides hope the eating disorder help provided will keep the disorder from progressing from early to late stage. There are a number of evaluations that take place to determine the level of eating disorder treatment that is required and to determine the severity of the eating disorder.

With all of this being said, it is rare a person enters eating disorder treatment in the early stages of their disorder. Most are resistant, in denial, too scared to give up the illusion of control or minimize how impaired they really are.

## **Evaluation from an Eating Disorder Specialist**

### **Clinical Assessment**

If you have any concerns about whether or not you or a loved one might be suffering from an eating disorder, please look into finding eating disorder help. It is highly recommended you meet with an eating disorder specialist for a thorough evaluation. If it is a clinical person, make sure they have experience in the world of eating disorders. There is even a specific certification referred to as CEDC (certified eating disorder counselor) which demonstrates additional training in the area of disordered eating.

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For help in locating eating disorder help or treatment access one of the online resources provided for you within this recovery kit.

## **Physician Assessment**

If you decide to contact a physician for an initial evaluation, make sure they have a thorough understanding of eating disorders. As a rule, most do not. For this reason it is always wise to have the evaluation provided by an eating disorder specialist with a referral to a physician for a medical evaluation and psychiatrist if needed for a psychiatric evaluation.

If you decide to see a physician some of the information they will evaluate will be;

- Medical history
- Family history
- Nutritional and eating patterns
- Physical examination
- Lab tests such as; blood count, urinalysis, metabolic profile, thyroid screen
- X-rays
- Cardiovascular issues
- Dental examination
- Body weight index
- Mental health status
- Substance abuse history
- Presence of self injury
- Attitude towards food and weight

## **Psychiatric Assessment**

Almost every person suffering with an eating disorder has a co-occurring psychiatric problem. If the person's psychiatric problem is not treated concurrently with their eating disorder, recovery is not possible. If a person already knows they require eating disorder treatment, contact the center for help and they will have a psychiatrist who is knowledgeable about eating disorders and accompanying psychiatric disorders.

A few of the more common psychiatric disorders diagnosed among eating disorder patients are;

- Depression
- Bipolar disorder
- Mood disorder
- Borderline personality disorder
- Anxiety disorder
- Post traumatic stress disorder
- Obsessive compulsive disorder

Each of these disorders are treatable through medication therapy and lay the ground work for effective clinical therapies. The important thing to realize is the eating disorder is not the core problem, but a coping mechanism. Recovery is possible if all of the associated components are treated.

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## Eating Disorder and Addiction Resources Online

- [www.eatingdisorder.com](http://www.eatingdisorder.com)
- [www.eatingdisorders.com](http://www.eatingdisorders.com)
- [www.edtreatmentcenters.com](http://www.edtreatmentcenters.com)
- [www.womentreatmentprogram.com](http://www.womentreatmentprogram.com)
- [www.recoveryconnection.org](http://www.recoveryconnection.org)
- [www.drugabuse.com](http://www.drugabuse.com)

## Eating Disorder Treatments

There are a number of different kinds of eating disorder treatment. Depending upon the severity of the eating disorder using one of a combination of eating disorder treatments might prove beneficial. Some of the different forms of eating disorder treatment are;

## Medication Therapy

Below you will find some of the more common medications prescribed for psychiatric disorders that accompany eating disorders.

### TRICYCLICS

- Elavil
- Anafranil
- Norpromin
- Tofranil
- Pamelor

### SEROTONIN REUPTAKE INHIBITORS (SSRIS)

- Celexa
- Paxil
- Lexapro
- Prozac
- Luvox
- Zoloft

### CYCLIC ANTIDEPRESSANTS

- Trazadone

### MONOAMINE OXIDASE INHIBITORS

- Consonar
- Benazide
- Nardil
- Parnate

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## **Private Psychological Therapy**

Below are some of the therapies that are utilized in private therapy, as well as, any other type of eating disorder treatment. The type of therapy utilized is dependant upon the severity of mental health problems.

- Behavioral therapy
- Cognitive therapy
- Cognitive behavioral therapy
- Psychodynamic therapy
- Guided imagery
- Psychoeducation therapy
- Motivational enhancement therapy
- Experiential therapy
- Family therapy
- Group therapy
- Self help groups
- Hypnosis
- Art therapy
- Recreational therapy
- Acupuncture
- REM therapy
- Nutritional counseling
- Psychodrama

## **Intensive Out-Patient Therapy**

This is a level of treatment where patients meet with a psychotherapist several times a week in a group setting to deal with different aspects of their eating disorder. In addition to their group work, patients will be referred to a psychiatrist and medical specialist who will work in conjunction with your primary therapist. A person must be in the very early stages of their eating disorder to achieve the level of recovery they would desire.

## **Partial Hospitalization Treatment**

Eating disorder treatment provided in a partial hospitalization setting is still regarded as an outpatient services as you would live at home while attending a full day of clinical services. The big difference is found in the number of clinical hours provided. Without the 24 hour support a residential treatment program provides, a person must be in the early stages of the eating disorder illness.

## **Residential or Inpatient Treatment**

A residential eating disorder clinic provides the patient with the most comprehensive care available outside of an eating disorder clinic in a hospital setting. Residential or inpatient treatment makes available 24 hour nursing, prescription medication on site, physicians, psychiatric nurses and physicians on site. All of these services combined with nutritional care and a myriad of clinical services provide people suffering from an eating disorder the best opportunity at recovery.

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## **Hospital Treatment**

The services provided in a hospital eating disorder clinic that are different from other forms of treatment are medical in nature. For example, the malnourished anorexic whose organs have been affected by restricting and requires tube feeding, the bulimic that has developed esophageal problems or extremely poor lab results or even the compulsive eater with severe diabetes, hypertension or respiratory failure.

The medical intervention, coupled with around the clock clinical care can provide these people a chance to recover. In many cases, after the patient is stabilized they can be referred to a lesser level of care in another type of eating disorder clinic.

## **What Eating Disorder Treatment Works?**

Due to the fact that most people looking for treatment of their eating disorder do not seek treatment until the mid or later stage of their eating disorder, residential treatment has proven to be the most effective.

This type of eating disorder treatment center can address all the patient's needs, unless there is severe medical or psychiatric acuity, including clinical, medical, psychiatric, nutritional and spiritual. In addition, the patient is provided with 24 hour support to help them refrain from disordered eating and self destructive behavior.

The most difficult aspect is not whether eating disorder treatment works, because it certainly does, but how do I know which is the best eating disorder clinic for me. This is where an eating disorder professional comes in with information about the different eating disorder clinics on a national basis.

Don't wait any longer to get help. Call us toll free for a free confidential evaluation any time day or night. Call today at **1-800-943-5313**