

EATING DISORDERS

SYMPTOMS OR BEHAVIORS

- Perfectionistic attitude
- Impaired concentration
- Withdrawn
- All-or-nothing thinking
- Depressed mood or mood swings
- Self-deprecating statements
- Irritability
- Lethargy
- Fainting spells and dizziness
- Headaches
- Hiding food
- Avoiding snacks or activities that include food
- Frequent trips to the bathroom
- Refusing to eat or lying about how much was eaten
- Throwing up after meals
- Increased anxiety about weight
- Calluses or scars on the knuckle (from forced throwing up)
- Denial
- Over exercising

ABOUT THE DISORDER

Nearly all of us worry about our weight at some time in our lives. However, some individuals become so obsessed with their weight and the need to be thin that they develop an eating disorder. The two most common eating disorders are anorexia nervosa and bulimia nervosa.

Once seen mostly in teens and young adults, these disorders are increasingly seen in younger children as well. Children as young as four and five years of age are expressing the need to diet, and it's estimated that 40 percent of nine year-olds have already dieted. Eating disorders are not limited to girls and young women—between 10 and 20 percent of adolescents with eating disorders are boys. Possible causes include feeling stressed out or upset about something in their life or feeling a need to be “in control.”

Individuals with anorexia fail to maintain a minimally normal body weight. They engage in abnormal eating behavior and have excessive concerns about food. They are intensely afraid of even the slightest weight gain, and their perception of their body shape and size is significantly distorted. Many individuals with anorexia are compulsive and excessive about exercise. Children and teens with this disorder tend to be perfectionists and overachieve. In teenage girls with anorexia, menstruation may cease, leading to the same kind of bone loss suffered by menopausal women.

Children and teens with bulimia go on eating binges during which they compulsively consume abnormally large amounts of food within a short period of time. To avoid weight gain, they engage in inappropriate compensatory behavior, including fasting, self-induced vomiting, excessive exercise, and the use of laxatives, diuretics, and enemas.

Athletes such as wrestlers, dancers, or gymnasts may fall into disordered eating patterns in an attempt to stay thin or “make their weight.” This can lead to a full-blown eating disorder.

Adolescents who have eating disorders are obsessed with food. Their lives revolve around thoughts and worry about their weight and their eating. Youth who suffer from eating disorders are at risk for alcohol and drug use as well as depression.

If you suspect a student may be suffering from an eating disorder, refer that student immediately for a mental health assessment. Without medical intervention, an individual with an eating disorder faces serious health problems and, in extreme cases, death.

EDUCATIONAL IMPLICATIONS

Students with eating disorders may look like model students, often leading the class and being very self-demanding. Others may show poor academic performance. When students with eating disorders are preoccupied with body image and controlling their food intake, they may have short attention spans and poor concentration. These symptoms may also be due to a lack of nutrients from fasting and vomiting. These students often lack the energy and drive necessary to complete assignments or homework.

INSTRUCTIONAL STRATEGIES AND CLASSROOM ACCOMMODATIONS

- Stress acceptance in your classroom; successful people come in all sizes and shapes.
- Watch what you say. Comments like "You look terrible," "What have you eaten today?" or "I wish I had that problem" are often hurtful and discouraging.
- Stress progress, not perfection.
- Avoid pushing students to excel beyond their capabilities.
- Avoid high levels of competition.
- Reduce stress where possible by reducing assignments or extending deadlines.
- Assist student in developing a strong sense of identity based on their strengths and abilities rather than appearance.
- Use "I" statements like, "I'm concerned about you because you refuse to eat breakfast or lunch." Or, "It makes me afraid to hear that you are vomiting."
- Express continued support.

For additional suggestions on classroom strategies and modifications, see An Educator's Guide to Children's Mental Health pages 18–24.

RESOURCES

Eating Disorders Resources/

Gürze Books

PO Box 2238

Carlsbad, CA 92018

760-434-7533 • 800-756-7533

www.bulimia.com

Book lists, fact sheets, links to other useful sites

National Association of Anorexia Nervosa and Associated Disorders

ANAD School Guidelines Program

To request a free copy:

ANAD

P.O. Box 640 Naperville, IL 60566

or call 630-577-1333

Helpline 630-577-1330

www.anad.org anadhelp@anad.org

Hotline counseling, referrals, information, and advocacy

National Eating Disorders Association

603 Stewart Street, Suite 803

Seattle, WA 98101

206-382-3587 Helpline: 800-931-2237

www.nationaleatingdisorders.org

Educational resources on prevention for schools, health professionals, and individuals

Publications

Body Image, Eating Disorders, and Obesity in Youth, edited by Kevin Thompson and Linda Smolak, American Psychological Association, 2008.

Children and Teens Afraid to Eat: Helping Youth in Today's Weight-Obsessed World, by Frances Berg, Gürze Books, 2001.

Healthy Body Image: Teaching Kids to Eat and Love Their Bodies Too! (2nd ed.), by Kathy Kater, National Eating Disorders Association 2005.

How Did This Happen?: A Practical Guide to Understanding Eating Disorders for Coaches, Parents, and Teachers, by the Institute for Research and Education HealthSystem Minnesota, 1999.

Real Kids Come in All Sizes: Ten Essential Lessons to Build Your Child's Body Esteem, by Kathy Kater, Broadway Books, 2004.