

What every provider should know about **EATING DISORDERS**



Anorexia Nervosa (AN), Bulimia Nervosa (BN), Binge Eating Disorder (BED), Avoidant/Restrictive Food Intake Disorder (ARFID), Other Specified Feeding and Eating Disorder (OSFED)



Don't forget...

Eating disorders ALSO affect over 30 million people of ALL ages, ethnicities and genders in the U.S.



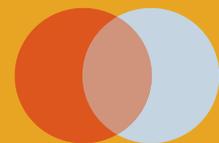
\$300 million is spent annually on hospital costs for ED complications that are avoidable with appropriate treatment

Eating disorders have one of the **highest mortality rates** of any mental illness, second only to opioid use disorder



Every 62 minutes, someone dies as a direct result of an eating disorder.

Comorbidity is common with eating disorders



EDs are often associated with:
Major depression/anxiety
Panic disorder
Substance abuse
Trauma
Self-injury
Suicidal ideation



*Eating disorders are caused by a combination of **genetic, psychological, sociocultural** and **physiological** factors. Due to the complex nature of eating disorders, they are best treated by a multidisciplinary care team with areas of expertise that include **therapy, nutrition, medical, & psychiatry.***

There is HOPE.



The sooner someone gets help, the better the outcome. Call The Emily Program at 1-888-364-5977 or find us online at emilyprogram.com to learn more or make a referral.

Does your patient have an eating disorder? Watch for these signs:

Physical

- Rapid weight loss or gain
- Abdominal pain
- Feeling full or bloated
- Feel faint, cold or tired
- Dry hair/skin
- Dehydration
- Blue hands/feet
- Lanugo (fine body hair)

Behavioral

- Obsessed with clean/healthy eating
- Dieting or chaotic food intake
- Pretending to eat
- Throwing away food
- Excessive exercise
- Seeking muscularity
- Constant food talk
- Frequent bathroom trips
- Eating very quickly
- Loss of control with food

Emotional

- Complaints about appearance, particularly about feeling fat
- Sadness or comments about feeling worthless
- Perfectionistic attitude
- Using food to manage emotions or "numb out"
- Isolation and mood changes

These temperament traits, which typically vary by eating disorder type, are often present and sometimes heightened when people are ill:

Anorexia

- Harm/risk avoidance
- Persistence
- Observant
- Obsessional
- Anxious
- Reward motivated
- Perfectionistic

Bulimia/ Binge Eating Disorder

- Impulsive
- Novelty-seeking
- Quick-tempered/excitable
- Willing to take risks
- Seek stimulation
- Easily form emotional attachments

When does it become an eating disorder?

When untreated, EDs often result in cardiac complications, depression, anxiety, osteoporosis, loss of quality of life and suicide. The most important questions to ask yourself are: Is there a **pattern** of behavior? Is there **preoccupation**? Is there **impairment**? Use the questionnaire below as a preliminary screening tool.

SCOFF Questionnaire by Morgan, Reid & Lacey (adapted)

- Do you feel like you sometimes lose or have lost control over how you eat?
- Do you ever make yourself sick because you feel uncomfortably full?
- Do you believe yourself to be fat, even when others say you are too thin?
- Does food or thoughts about food dominate your life?
- Do thoughts about your body or weight dominate your life?
- Have others become worried about your weight and/or eating?

Two or more "yes" answers strongly indicates the presence of disordered eating. Call The Emily Program for an assessment at 1-888-364-5977 or visit emilyprogram.com.

Bookmark
this quiz online:
emilyprogram.com/EDquiz