A Conversation about Eating Disorders and Body Image Issues: Prevention and Early Intervention

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What do you already know?

• Types of eating disorders?
• Who gets them?
• How common are they?
• Stereotypes?
Half of All People Know Someone with an Eating Disorder

More than 14 million Americans and 70 million individuals worldwide currently struggle with eating disorders.

**MN Adult (18-65 yrs old) Specific Data:**
- 2.8% of 1,645,270 males in MN; that’s 46,067 men in MN
- 5.9% of 1,678,711 females in MN; that’s 99,044 women in MN
  
  **Total: 145,111 MN Adults Struggle with an Eating Disorders**

**MN ADOLESCENT (10-17 yrs old) specific data:**
- 14.6% of 267,097 adolescent females in MN; that’s an estimated 38,996 adolescent females in MN
- 6.5% of 280,762 adolescent males in MN; that’s an estimated 18,250 adolescent males in MN
  
  **Total: 57,246 MN Adolescents Struggle with an Eating Disorders**

**GRAND MN TOTAL: Estimated 202,357 Minnesotans (aged 10-65) struggle with an eating disorder**
Types of Eating Disorders

**DSM IV**
- Anorexia Nervosa
- Bulimia Nervosa
- EDNOS
  - Binge Eating Disorder
  - Compulsive Overeating

**DSM V**
- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder
- Avoidant/Restrictive Food Intake Disorder
- FEC-NEC
  - Atypical AN
  - Sub BN
  - Sub BED
  - Purging Disorder
  - NES
DSM-5: Anorexia Nervosa

A. Restriction of energy intake relative to requirements leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health. Significantly low weight is defined as a weight that is less than minimally normal, or, for children and adolescents, less than that minimally expected.

B. Intense fear of gaining weight or becoming fat, or persistent behavior that interferes with weight gain, even though at a significantly low weight.

C. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.

Specify current type:
• Restricting Type: during the last three months, the person has not engaged in recurrent episodes of binge eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas)
• Binge-Eating/Purging Type: during the last three months, the person has engaged in recurrent episodes of binge eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas)
DSM-5: Bulimia Nervosa

A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
   (1) Eating, in a discrete period of time (for example, within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.
   (2) A sense of lack of control over eating during the episode (for example, a feeling that one cannot stop eating or control what or how much one is eating).

B. Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, or other medications, fasting; or excessive exercise.

C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least once a week for 3 months.

D. Self-evaluation is unduly influenced by body shape and weight.

E. The disturbance does not occur exclusively during episodes of anorexia nervosa.
DSM-5: Binge Eating Disorder

A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
   (1) Eating, in a discrete period of time (for example, within any 2-hour period), an amount of food that is definitely larger than most people would eat in a similar period of time under similar circumstances
   (2) A sense of lack of control over eating during the episode (for example, a feeling that one cannot stop eating or control what or how much one is eating)

B. The binge-eating episodes are associated with three (or more) of the following:
   (1) eating much more rapidly than normal
   (2) eating until feeling uncomfortably full
   (3) eating large amounts of food when not feeling physically hungry
   (4) eating alone because of feeling embarrassed by how much one is eating
   (5) feeling disgusted with oneself, depressed, or very guilty afterwards

C. Marked distress regarding binge eating is present.

D. The binge eating occurs, on average, at least once a week for three months.

E. The binge eating is not associated with the recurrent use of inappropriate compensatory behavior (for example, purging) and does not occur exclusively during the course Anorexia Nervosa, Bulimia Nervosa, or Avoidant/Restrictive Food Intake Disorder.
Atypical Anorexia Nervosa
  – All of the criteria for Anorexia Nervosa are met, except that, despite significant weight loss, the individual’s weight is within or above the normal range.

Subthreshold Bulimia Nervosa (low frequency or limited duration)
  – All of the criteria for Bulimia Nervosa are met, except that the binge eating and inappropriate compensatory behaviors occur, on average, less than once a week and/or for less than for 3 months.

Subthreshold Binge Eating Disorder (low frequency or limited duration)
  – All of the criteria for Binge Eating Disorder are met, except that the binge eating occurs, on average, less than once a week and/or for less than for 3 months.

Purging Disorder
  – Recurrent purging behavior to influence weight or shape, such as self-induced vomiting, misuse of laxatives, diuretics, or other medications, in the absence of binge eating. Self-evaluation is unduly influenced by body shape or weight or there is an intense fear of gaining weight or becoming fat.
Why do People get Eating Disorders?

**Biology**
- Dieting
- Genetics
- Physical Changes
- Puberty/Menopause
- Brain Chemicals

**Psychology**
- Stressful events
- Coping skills
- Identity/self-image
- Personality factors
- Perfectionism
- Depression

**Social/Environment**
- Dieting as norm
- Cultural factors
- Pressure to “fit in”
- Media messages
Comorbidities

- Major depression
- Generalized Anxiety Disorder
- Panic disorder
- Suicidal ideation
- Self injury
- Substance Use Disorder
- Frequent Exercise
Signs and Symptoms of Eating Disorders

In your interactions, you may notice one or more of the physical, behavioral, and emotional signs and symptoms of eating disorders.

**Physical**
- Weight loss or fluctuation in short period of time.
- Abdominal pain.
- Feeling full or “bloated.”
- Feeling faint, cold, or tired.
- Dry hair or skin, dehydration, blue hands/feet.
- Lanugo hair (fine body hair).

**Behavioral**
- Dieting or chaotic food intake.
- Pretending to eat, then throwing away food.
- Exercising for long periods of time.
- Constantly talking about food.
- Frequent trips to the bathroom.
- Wearing baggy clothes to hide a very thin body.

**Emotional**
- Complaints about appearance, particularly about being or feeling fat.
- Sadness or comments about feeling worthless.
- Perfectionist attitude.
Communication: Talking to Someone You’re Concerned About

Talk to the person:

– What are you concerned about? What are you seeing or noticing that is causing you to worry?
– Communicate concerns using “I” statements.
    • “I” Statements
– Ask for feedback.
    • “Can you tell me more about these things?”
    • “What do you think about the things I’ve mentioned?”
– Have information on resources available.
– Check back/ask them how they are doing.
These 6 assessment questions can help assess the situation. (Adapted from the SCOFF Questionnaire by Morgan, Reid & Lacy)

- 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?

In this informal survey, 2 or more "yes" answers strongly indicate the presence of disordered eating.
Test Your Knowledge & Beliefs

How would you define “healthy eating”? 
“In short, **normal eating** is flexible. It varies in response to your hunger, your schedule, your proximity to food and your feelings.”

- Ellyn Satter, RD
Discussion

Size/appearance-based bullying is the most common type of bullying.
Familial Research Findings - Parents

- Surprising (or not) source of weight stigma
- Parents felt blamed if children are larger
- Higher education and income (fathers)
- Financial support in college
- Parents who report a strong “investment” in their own appearance
- Irrespective of parents’ weight

Davidson & Birch, 2004; Pierce & Wardle, 1997; Edmunds, 2005
Educators’ Beliefs/Bias

• Obese persons are untidy, less likely to succeed, more emotional, and more likely to have family problems
• Obesity is often caused by a form of compensation for lack of love or attention
• Cited lack of self-control and psychological problems as major contributors
• Lower expectations for students
• 43% of principals agree that most people are uncomfortable associating with obese people

Neumark-Sztainer et. al, 1997; Price, Desmond, & Stelzer, 1987
Weight Bias Employment

- Less likely to be hired
- Seen as unfit for job with face-to-face interactions
- Inadequate self-discipline, lower supervisory potential, less ambition and productivity
- Earn less than equally qualified peers
Weight Bias in Health Care

- 1/3 admit they respond negatively to obesity
- Comparable to drug addiction, alcoholism, and mental illness
- Associate it with noncompliance, hostility, dishonesty
- Spend less time, engage in less discussion, perform fewer preventative screenings and interventions
We’re all going on a diet!!
Weight/BMI is a good measure of health.
Obesity Epidemic?
What Know About BMI/Health

• Longevity - CONTROVERSY!
• Fat/fit vs thin/unfit
• Not designed for individuals – population statistics (2009 JADA study)
• Studies show – sending letters home makes no difference
• Study – parents who identify children and teens as “overweight” (regardless of actual weight) – children end up heavier
Discussion

Negative perceptions of overweight and fear of health consequences often inspire and motivate people to lose weight.
Weight Bias and the Media:
• Minor stereotypical roles
• Rarely in romantic relationships
• Objects of humor and ridicule
• Engaged in stereotypical eating behaviors
Where do we get this?

Weight bias and bullying – Harry Potter, book 2, chapter 1

• (Aunt Petunia) was trying to heave Dudley to his feet.
• Dudley was blond, pink and porky.
• Dudley, tearing out of the room as fast as his fat legs would carry him…
• “I know what day it is,” Dudley sang, waddling toward him.
• Dudley hitched his trousers, which were slipping from his fat bottom.
• Dudley stumbled at once, a look of panic on his fat face.
Let's Move, a nationwide campaign with a single goal: to solve the problem of childhood “obesity” in a generation, so that children born today can reach adulthood at a healthy weight.
Unintended Consequences

Children as young as three years old describe larger children as (Cramer 1998):

- Mean
- Stupid
- Lazy
- Ugly
Sugar is more addictive than narcotics.
Eating Competence

• Good attitude about food and eating
• Food management skills (cooking, having meals)
• Food acceptance (enjoying variety of foods, no good/bad foods)
• Eating based on internal cues of hunger and fullness
Discussion

Childhood obesity can lead to social discrimination, poor self-esteem, depression, and poor school performance... (it) may harm young people’s long-term college and career prospects.
Social Justice Considerations

“It is clear from reading magazines or watching television that public derision and condemnation of fat people is one of the few remaining sanctioned social prejudices in this nation freely allowed against any group based solely on appearance.”

Annual Review of Medicine, 1981
In your groups, discuss:

• What is the intended message/outcome?
• What is the potential harm?
• What is the underlying health value? Can this same value be promoted in a different way?
Small Group Activity - Discussion

Enjoy Your Food

Just Eat Less

Choose to eat less and enjoy a healthy life full of flavor! Enjoy the satisfaction of knowing your portion sizes are appropriate for YOU by visiting ChooseMyPlate.gov and getting a personalized meal plan.
Small Group Activity - Discussion

Week 4 - Snacks
Today’s Topic: Healthy Snack Tests (Topic 1 of 3)

Objective
To discuss how to test if a snack is a super healthy one.

Discussion Questions
1. I am going to tell you a way to help you choose a super healthy snack.
2. Take your snack out of the package or the wrapper if it has one.
3. Go over to the kitchen sink and turn on the water, run your snack under the water!
4. Can you still eat it?
5. If yes, it is probably a super choice; if no, maybe you can make a different choice.
6. What are some things that would be ok to eat after you run under water? Fruits and Vegetables, such as Apples, Grapes, Strawberries, Carrots and Peppers, Hard Boiled Eggs, Cheese Sticks, Nuts (if no allergies) ....
7. What would not be ok to eat? Cookies, Potato Chips, Donuts, Twinkies ....
8. Another test could be if the food you are eating gets stuck in your teeth, then it is not a good choice either. (This can be in response to lollipops or candy or raisins being ok to eat after running them under water.)

Homework Assignment
Think about this when you get home from school today and see if you can may a really super choice!

Note to Trainer: BOKS Bits should be delivered by the same trainer at either the beginning or the end of each class. The primary purpose of presenting the BOKS Bit is to increase the kids’ knowledge and ideally increased knowledge will positively impact their behavior. The BOKS Bits will be reinforced in upcoming weeks. Delivering the BOKS Bits in an accurate and appropriate (consistent and confident) manner ensures consistent messaging throughout schools.
Small Group Activity - Discussion

SNAPSHOT
Students, Nurses And Parents Seeking Healthy Options Together

Kids & Parents join us for a research study with a focus on helping kids make healthy choices about food, being active & screen time, while having FUN!

SNAPSHOT TEAM
TRUDY FOODY, NURSE CAREN ABOUTKIDS, the PHYZ

Kids must be a St. Paul Public School student and
★ 8 to 12 years old by JUNE 30, 2016
★ In 2nd, 3rd, or 4th grade 2015-16 school year
★ Have body mass index (BMI) 75th percentile or higher. School nurse can help with this.
★ Parent must participate with child
★ Parent & child speak, read and write in English

WHAT TO EXPECT:

emilyprogramfoundation.org
Small Group Activity - Discussion

You are what you eat

Unhealthy Choices

Healthy Choices
Hierarchy of Food Needs

- Instrumental food
- Novel food
- Good-tasting food
- Reliable, ongoing access to food
- Acceptable food
- Enough food

Figure. Satter’s Hierarchy of Food Needs.
Many of the health problems blamed on “obesity” are more closely correlated with ACES and toxic stress, including:

- emotional, physical, and sexual abuse
- emotional and physical neglect
- mother treated violently
- household mental illness/addiction/in jail...
Too Hungry to Learn (2013 study)

- One in five kids food insecure
  - More than one in three children in households with single mothers
- Nearly 4,000 children in the Minneapolis, St. Paul, Duluth and Rosemount-Apple Valley-Eagan school districts were homeless around the start of the school year
  - Fall 2015 Star Tribune [http://www.startribune.com/d](http://www.startribune.com/d)
- Food insecurity is linked with obesity
So what can we do?
I STAND
FOR LETTING ALL CHILDREN KNOW THEIR WORTH IS COMPLETELY INDEPENDENT OF THEIR WEIGHT.

Stop weight bigotry. Health At Every Size®

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I STAND
FOR A HATE-FREE FUTURE FOR EVERY BODY.

Stop weight bigotry. Health At Every Size®

CHARLOTTE BILTEKOFF | PHOTO: SARA SEINBERG
Mindful Eating

• Take the time to figure out what you really want to eat

• Choose to eat food that is pleasing to you and nourishing to your body by using all your senses to explore, savor, and taste

• Learn to be aware of physical hunger and satiety cues to guide your decision to begin and stop eating

• Give yourself unconditional permission to eat it

• Listen to your body when it tells you it has had enough or if it wants something else

• Let go of habitual responses to food and eating
Rethinking Relationships with Food and Body Image

Recommendations on how to help teenagers maintain a healthy lifestyle without increasing risk for an eating disorder from Dianne Neumark-Sztainer PhD, MPH, RD

- Talk less, do more
- Losing weight does not necessarily mean improving health
- Model the behavior
- Encourage family meals and changes to the whole family's diet
- Keep the focus on overall health, not weight
- Ensure the person knows he/she has worth regardless of their weight
- Change language used around children’s weight
What is a healthy weight?
Healthy Looks Different for Everyone!

EVERY BODY IS DIFFERENT
Questions?