

When does an eating issue become an eating disorder?



An eating disorder is a serious and complex mental health disorder that impacts severely on a person's life. It can be described as having an unhealthy relationship with food which can take over your life and can make you unwell. This can include eating too much or not enough or being obsessed with your weight or shape. Eating disorders most commonly affect teen women, although anyone of any age can be affected.

EATING DISORDERS ARE A COPING MECHANISM FOR OVERWHELMING EMOTIONS & FEELINGS

It's important to understand that eating disorders are not primarily about food. It is a coping mechanism that your child has developed to help control difficult emotions and feelings. It is also important to recognise that what triggers one person to develop an eating disorder may be different for someone else. People often describe their eating disorder as giving them a sense of safety or control. Or that "this is the only thing that I can control".



EXPLORING EATING DISORDERS

Anorexia nervosa

A person with anorexia nervosa will strive to attempt to keep their weight as low as possible by over-exercising or under-eating. They may cut out certain food groups or limit them within their diet. They often will only eat from a list of "safe foods". As part of restricting their food intake they may also develop rituals around when and how they eat. Becoming anxious, feeling guilty or ashamed when they eat. They may also punish themselves when they eat outside of their "safe foods" or routines.

This can affect anyone regardless of age, gender or background. It a serious condition that impacts greatly on all aspects of someone's life including their social life, mental health, physical health and emotional health. Anorexia nervosa is classed as a complex mental health disorder with potentially life-threatening affects.

Bulimia

A person with bulimia may be trapped in a cycle of binging or "losing" control and eating a lot of food in a short







amount of time. Then purging by making themselves sick on purpose, using medicine such as laxatives, restricting what they eat, or exercising too much in an attempt to lose weight. Again, bulimia can affect anyone regardless of their age, gender of background. Bulimia causes extreme distress for a person as they can often describe feeling out of control, disconnected from themselves, embarrassed, ashamed, guilty, and isolated. These strong emotions can further keep a person stuck in the cycle. Detecting this illness in someone that you love can be very tricky as often people affected by bulimia can keep a normal weight.

Binge eating disorder (BED) - A person with BED often loses control of their eating. Will binge on large amounts of food until they feel ill and will then feel guilty, ashamed or embarrassed by it. Someone with BED will often binge in secret. They may hoard food or hide it. This can be very difficult to detect as a person with BED will often eat "normally" in public. The different between BED and Bulimia is that a person with BED will not engage in compensatory behaviours like purging. BED is different to the other eating disorders described because for a person with BED it is not about food, weight or shape. It is a coping mechanism for dealing with painful and difficult emotions.

Avoidant restrictive food intake disorder (ARFID) – A person with ARFID may avoid eating certain food or types of food. They may restrict foods or the amount of foods that they eat. more commonly known as ARFID, is a condition characterised by the person avoiding certain foods or types of food, having restricted intake in terms of overall amount eaten, or both.

They might be very sensitive to the taste, texture, smell, or appearance of certain types of food, or only able to eat foods at a certain temperature. This can lead to sensory-based avoidance or restriction of intake. They may have had a distressing experience with food, such as choking or vomiting, or experiencing significant abdominal pain. This can cause the person to develop feelings of fear and anxiety around food or eating, and lead to them to avoiding certain foods or textures. Some people may experience more general worries about the consequences of eating that they find hard to put into words, and restrict their intake to what they regard as 'safe' foods. Significant levels of fear or worry can lead to avoidance based on concern about the consequences of eating. In some cases, the person may not recognise that they are hungry in the way that others would, or they may generally have a poor appetite. For them, eating might seem a chore and not something that is enjoyed, resulting in them struggling to eat enough. Such people may have restricted intake because of low interest in eating.





Other specified feeding or eating disorder (OSFED) – A person may be diagnosed with OSFED, when their symptoms do not exactly match those of anorexia, bulimia or binge eating disorder. It is important to know that OSFED is just as serious as any other eating disorder and impacts greatly on all areas of a person's life. This too can affect anyone regardless of their age, gender or background.

Signs & Symptoms of an eating disorder vary from person to person. The most important sign to look for is an obsessive or unhealthy relationship with food.

OTHER SIGNS AND SYMPTOMS CAN INCLUDE:

Behavioural

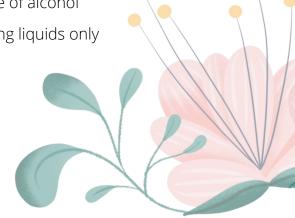
- Eating large quantities of food in a short space of time, even when not hungry
- Eating quickly
- Hoarding or hiding food
- Buying large amounts of food
- Eating alone or in secret
- Eating until uncomfortably full feeling ill or bloated
- Irritability and mood swings
- Severely restricting food and liquids intake
- Rituals and rules around food
- Taking a prolonged amount of time to eat food or pushing food around the plate

- Cutting out/limiting food groups e.g. suddenly choosing to become a vegan or vegetarian
- Lying about what or when they have eaten
- Body checking or weighing themselves frequently
- Laxative or medications abuse
- Over exercising
- Self-induced vomiting after eating
- Denial of behaviours around food



Misuse of alcohol

Drinking liquids only









Psychological

- Anxiety
- Depression
- **⊘** OCD Obsessive Compulsive Disorder
- Panic attacks
- Feelings of guilt and shame
- Low self-esteem and confidence
- Low body confidence or hating the way they look – obsessing about weight, size and shape
- Spending large amounts of time thinking or obsessing about food

- ✓ Feeling a loss of control around eating
- Fear of becoming "fat"
- Intense fear of gaining weight
- Distorted body image thinking they are fat even when they are underweight
- Social isolation
- Low moods
- Perfectionism
- Anxiety around meals

Physical

- Weight loss and low body weight
- Changes in weight
- Irregular or cessation of periods amongst females
- Lack of interest in sex
- Poor circulation
- Feeling cold a lot of the time
- Constipation or bloating
- Exhaustion and struggling to sleep
- Growth of fine, downy hair known as lanugo all over the body
- Digestive problems

- Erosion of tooth enamel
- Enlarged salivary glands
- Electrolyte disturbance
- Poor skin condition
- Stomach pain
- Weight gain
- Poor skin
- Breathlessness
- Chronic fatigue
- Inability to concentrate
- Headaches







WHAT SHOULD I KNOW AS A PARENT?

Many people recover from an eating disorder and with the right support your child can too.

Supporting someone with an eating disorder can be exhausting and challenging for parents. It's important that you find ways to take care of yourself too. You may find it helpful to find a local eating disorders family support group or to take regular time out for you. The healthier you are the more you can support your child.

Remember that eating disorders are not primarily about food but rather a coping mechanism for difficult feelings and emotions. As with any mental health illness, it is important to find the right support for your child. An eating disorder can get much worse, very quickly and you will need a qualified and experienced professional to support you. Contact your GP or family doctor for support.

Recognise that your child is not choosing to have an eating disorder and respond with patience and compassion. Let your child know that you are there for them. That you are here to listen and to support. Tune in and listen to what is being shared without trying to fix. Avoid "If I was you" or "don't think like this" kind of talk as it can close down the conversation.

Empower your child to feel able to talk

about what they are going through. Let them know that they are not in any trouble and that you understand that this must be very difficult for them.

Use open questioning to help support your child to talk about their feelings and thoughts – "Can you tell me more", "so you are feeling like...", "How can I help you right now?"

Model healthy behaviours around your body image and food. It's important for your child to see what having a healthy relationship with food looks like.

Avoid commenting on how your child "looks pretty today" or "how slim they look" in something. Rather comment on their personal qualities. "You are so amazingly talented at drawing" or "I'm so proud of how you speak your mind!"

Learn as much as you can about your child's illness. Empower yourself with knowledge and understanding so that you feel able to hold difficult conversations with your child.

Involve your child in meal planning and preparation where possible. Creating a safe space to explore food without judgement around you.

Talk to any siblings about what your child is going through. Be open and







transparent. If need be, find support for them too. A whole family approach is really important to provide a safe and healing environment.

During the recovery process, your child's moods may change. Their behaviour could become more challenging and it may feel exhausting. Know that we have to feel it to heal it and your child may be

experiencing overwhelming emotions. This is not a personal attack on you. They are sharing how they feel with the people that they feel safe with. Take time out if you need to.

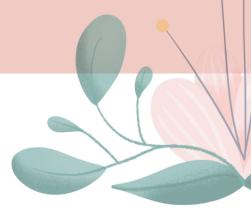
Reach out for support from family and friends. Let people know if you are struggling too. Its normal to struggle and anyone would in your situation.

MANY PARENTS CAN SHARE THAT THEY FEEL...

- Sad
- Helpless
- Alone
- Judged
- Fearful

- Frustrated
- Physically unwell
- Exhausted
- Tearful

- Terrified
- Angry
- Emotional
- Fed up
- Stressed
- Worried
- Anxious



HOW MIGHT YOUR CHILD BE FEELING ASIDE FROM ANXIOUS?

- Embarrassed
- Alone
- Ashamed
- Anxious
- Afraid
- Physically ill
- Exhausted
- Confused

- Out of control
- Isolated
- Disconnected
- They're the only one in the world that has this
- There's something wrong with them
- Everyone else is fine
- Concerned about sharing how they feel with you – "I don't want to worry my parents"







- Afraid of the reaction or judgement
- Not wanting to disappoint others
- Guilty for their behaviours and lack of control over them
- Struggle to put into words how they're feeling
- ✓ Weak that they can't 'fix' this or change it
- Worried about what people think of them

COMMON TRIGGERS

- Anxiety
- OCD Obsessive Compulsive Disorder
- Low self-esteem
- Low confidence
- Breakup of a relationship not feeling good enough
- Social Media Pressure to look a certain way that is often unachievable
- Peer pressure
- Bullying

- Feeling the need to look a certain way e.g. dance class
- Death of a loved one
- Trauma
- Abuse
- Divorce and separation
- Fear over the future
- Fear of failing
- Perfectionism

Other sources of support

https://www.nhs.uk/conditions/eating-disorders/#symptoms

https://www.beateatingdisorders.org.uk/

https://www.theprojectheal.org/



