

Project AWARE Ohio Information Brief

EATING DISORDERS AMONG YOUTH

UNDERSTANDING EATING DISORDERS

Eating disorders (EDs) are defined as negative emotions, attitudes, and behaviors that result from issues with weight and food.⁵ Many male and female youth display maladaptive eating patterns that have the potential to develop into an ED. For example, more than 50% of adolescent girls and a third of adolescent boys try to control their weight in unhealthy ways by skipping meals, vomiting, taking laxatives, or fasting. Given the large number of adolescents who struggle with establishing healthy eating behaviors, along with the fact that 95% of people with an ED are between 12 and 25.8 years old, it is critical for school personnel to understand EDs and learn how to effectively intervene to help students.³ This brief focuses on the impact of two EDs on youth: bulimia nervosa (BN) and anorexia nervosa (AN).

BN is characterized by the eating of large amounts of food in short periods of time (i.e. binge eating) followed by compensatory behaviors to prevent gaining weight. BN also involves feeling out of control during binges, and self-esteem is overly dependent on body image.⁵ Common, easily identified, warning signs of BN are listed in the depiction below:⁵



AN is characterized by inadequate food intake and a low body weight, which can lead to starvation, excessive weight loss, and in extreme cases, death.⁵ Common warning signs of AN are depicted in the graphic below:⁵



RISK AND PROTECTIVE FACTORS

Factors influencing whether or not adolescents develop EDs are multifaceted. Thus, one approach to understanding ED development is a risk and protective factors analysis. Risks factors increase the likelihood of the development of an ED, whereas protective factors decrease one's risk of developing an ED. Key risk and protective factors are outlined below:^{6,7,10}

Biological Level

- Hormonal imbalances that control hunger, digestion, and appetite
- Genetic influence

Psychological Level

- Low self-esteem
- Depression
- Anxiety
- Stress
- Trauma
- Perfectionism

Interpersonal Level

- Poor personal relationships
- Difficulty expressing emotions
- History of childhood sexual abuse

Macro-Social Level

- Westernized cultural values emphasizing unrealistic standards of attractiveness for males and females

Individual Level

- High self-esteem
- Positive body image
- Academic success
- Good social and coping skills

Family Level

- Consistently eating together
- Little emphasis on physical attractiveness and weight in the family

Socio-cultural Level

- Surrounded by a culture where all body shapes and sizes are accepted

Risk Factors

Protective Factors

HOW SCHOOLS CAN HELP

Preventing or reducing EDs among youth can be approached from multiple levels. Below are some suggestions for how school-based professionals can help prevent, identify, and provide support to students about EDs:

Administrators and/or Mental Health Professionals:

- Outline a referral system for teachers to follow should they suspect that a student has an eating disorder.⁴
- Provide school staff with information about EDs and explain procedures regarding how to properly handle ED issues.^{2,4,8}
- Create a referral list of local counselors and medical practitioners who are familiar with EDs.^{1,4}
- Develop school anti-harassment and anti-discrimination policies that include weight related issues and consequences for ED-related bullying behaviors.^{4,8}
- Consider implementing ED programs that have been specifically developed for schools. (See <http://nedc.com.au/for-schools> for a list of some programs that were sourced from The National Eating Disorders Collaboration Resources Review).¹

Teachers:

- If a student confides in you, create a supportive environment and assure the student that you would like to help.^{2,4}
- Contact the student's parents or guardians and explain to the student why contact is necessary.^{2,4}
- Refer the student and his/her family to an appropriate medical professional.⁴
- Provide ED information to the students' peers in a generic way that ensures the student's confidentiality is protected.^{2,4}
- Encourage body positivity in your classroom by modeling healthy behavior and focusing on inner character.^{2,4}

Communicating with Parents: School personnel must reach out to parents to discuss the severity of their student's condition, identify potential school-based supports, and communicate about issues such as absences treatment or appointments. When having conversations with parents, it is important to:

- Consider the timing of potentially stressful conversations.⁴
- Inform the parent that you are an advocate for their student.^{4,9}
- Consider the student's developmental, cognitive, and treatment needs when determining their workload.^{4,9}
- Suggest alternatives to activities that may trigger disordered eating (i.e., weigh-ins, co-education swim class, etc.).^{1,4}
- Show empathy and support for the student and the family.^{4,9}
- Be clear about the resources and supports that are available at the school.⁴
- Focus on the general well-being of the student, not the ED, as this may be a sensitive subject for the family.^{4,9}

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Prepared by Anthony G. James, Lark E. Weber, Julia L. Kaesberg, Katelyn Palmer, & Amity Noltemeyer, Miami University