

for educators,
coaches,
and medical
professionals

You can die
with an eating disorder.

bulimia | anorexia



Lifelines Foundation for Eating Disorders

This booklet is dedicated to professionals who deal with children, adolescents, men and women who could suffer from eating disorders. The content of this booklet is not meant to offer medical advice. Lifelines Foundation strongly recommends evaluation from a medical expert in eating disorders. This booklet is to offer information, resources and support for professionals.

Lifelines has spent the last five years dealing with teachers, school nurses, school counselors, therapists, dietitians, and medical doctors who face the early warning signs of eating disorders. Our intent is to extend a supportive and informative hand to those seeking assistance in reaching someone who might be in the throes of an eating disorder.

Lifelines Foundation for Eating Disorders has designed an educational awareness materials program available free to anyone who requests a copy. Please contact Lifelines Foundation for copies of the materials, which are a series of three posters, a handout and a series of three booklets:

- 1) For Professionals, which you are now reading
- 2) Family and Friends and
- 3) For Those that Suffer.

We invite you to review each of the booklets, and if you would like to contact any of the contributing authors, please feel free to contact Lifelines Foundation for Eating Disorders at (254) 741-9998 or visit our web site at <http://www.lfed.org>.

Signs of eating disorders

Anorexia nervosa:

- Preoccupation with food, calories, nutrition and/or cooking
- Denial of hunger
- Excessive exercising, being overly active
- Frequent weighing
- Loss of menstrual cycle in girls
- Claiming to feel “fat” when overweight is not a reality
- Dieting with zeal when not overweight
- Odd combinations of food
- Intermittent episodes of “binge eating”

Bulimia nervosa:

- Excessive concern about weight
- Strict dieting followed by eating binges
- Frequent overeating, especially when distressed
- Bingeing on high-calorie, sweet food
- Expressing guilt or shame about eating
- Use of laxatives and/or vomiting to control weight
- Leaving for the bathroom or disappearing after meals
(secretive vomiting)
- Planning binges or opportunities to binge
- Feeling out of control
- Depressive moods

Teachers, Doctors & Coaches: Networking and Communicating

By Dawn Montaner, Founder and Executive Director

In the five years since Lifelines Foundation for Eating Disorders was established, one resounding theme has dominated our outreach work: Professionals are few and far between who have experience in treating eating disorders in Texas.

Those who do specialize in treatment of eating disorders are almost like a secret sect whose credentials are not available to those of us searching for assistance for our loved ones. There is no central networking anywhere in Texas that provides us with a list of physicians, therapists and dietitians that specialize in eating disorders. This lack of resource networking makes it extremely frustrating and financially draining to try to find information, support and professionals. It is vital to establish those referral networks by joining forces and communicating with each other about treatment options.

Educators: On the front lines

Educational professionals are so often on the front lines of discovery. Many teachers, school nurses and school counselors are often the first ones to discover the signs and symptoms of eating disorders. Then the responsibility of informing parents, intervening with their students and trying to offer resources falls on

their shoulders. As a parent with a daughter who was suffering from her eating disorder while in school, my advice is to gather your educational materials provided by Lifelines and other eating disorder organizations before you meet with the families. It is important that the educational professional present the materials in a non-judgmental, direct manner, with compassion. There may be a period of time of denial from the family, but remember that you are planting a seed, and it takes time for the family to recognize the signs you have seen. Denial is like having blinders on — but never waiver in your desire to assist and support. Anger is a factor in denial. Be prepared to deal with this anger with compassion and information.

Doctors: Key resource

If you are a medical doctor, it would be beneficial to have a list of eating disorder specialists in your area. If you are to be a part of the treatment team, it is important that you learn all you can about eating disorders and their mental and physical components. Often the physician is the first medical experience that a parent or family will have in finding resources and treatment options. Please contact eating disorder organizations such as Lifelines Foundation for Eating Disorders for additional information.

Coaches: Know the warning signs

If you are a coach, dance team coach or a gymnastic coach, remember that eating disorders are both a physical and mental ill-

ness that can cause death. If you suspect that you might have a student who suffers from anorexia, bulimia or exercise anorexia, it is imperative that you learn all the warning signs. There are physical injuries that can have life-long health disabilities. Please contact Lifelines Foundation for Eating Disorders for additional educational materials at (254) 741-9998 or visit our web site at <http://www.lfed.org>.

Developing Your Eating Disorder “Radar”

By Dr. Robert Wilcox, M.D.

Recognizing the signs and symptoms of an eating disorder can, at times, be a challenge for parents and family of those suffering from this disease. That is why it is important that teachers, coaches, and other youth workers learn how to develop a radar for detecting children at risk.

This takes only a little effort on your part, but your impact could be tremendous, even life-saving if you are able to recognize a young person afflicted with this disorder and begin the process of intervention.

What to watch for

You can start developing your radar by understanding what these diagnoses entail. Anorexia nervosa and bulimia nervosa afflict 1-3% of adolescent and young adult females (males can be affected as well, but it is more common in females 10:1). Anorexia is characterized by weight loss of 15% or more below ideal body weight, an intense fear of becoming fat, and an impaired perception of their body image. An anorexic patient can be nutritionally deprived and skin-and-bone thin, but when they look in the mirror, they truly see their body as being fat. No matter how hard they diet, how much they exercise, and how emaciated they become,

they still see themselves as too fat. As irrational as this seems, this is the reality in which an anorexic lives. And, tragically, it is also this reality that causes 10-15% of these victims to die from malnutrition or other complications of this disease. Bulimia is characterized by binge eating followed by unhealthy behaviors to purge the food from their body such as induced vomiting, laxative and diuretic abuse, or periods of fasting and excessive exercise. This is a pattern that is repeated over and over, and like anorexia nervosa, it is associated with severe physical consequences which can lead to death.

Do what it takes

So please consider this your call to duty. For those of us who love young people, our mandate is clear: We must do what we can to identify the victims of these disorders and take action to get them the help they need.

Look for signs and symptoms that should trigger your “anorexia radar”: weight loss, preoccupation with thinness, making excuses for not eating (“I ate earlier” or “I don’t feel well”), being obsessed with dieting/food/calories/recipes/cooking for others—but not eating themselves, picking at food or cutting it up into very small pieces, , denying feelings of hunger, pale complexion, wearing large/baggy clothing to hide their body, amenorrhea (no menstrual periods), perfectionism, low self-esteem, social withdrawal, and complaining of fatigue, feeling cold, headache, and dizziness. Serious consequences of anorexia include malnutri-

tion, low metabolism, slow pulse, low blood pressure, loss of bone mass, anemia, electrolyte disturbances (such as low potassium) which can lead to irregular heart beat, cardiac arrest, and death.

Bulimics are usually normal or slightly overweight, so they may not be as easily identifiable based on outward appearance.

Signs and symptoms that should trigger your “bulimia radar” include secretive eating, binge eating, excusing themselves after meals (often to induce vomiting in the bathroom), over use

There is some overlap between the two disorders; for example, bingeing and purging.

of laxatives, diet pills, or diuretics, mood swings, self-criticism, complaints of sore throat, and fatigue. Complications of bulimia include electrolyte imbalances, loss of dental enamel, esophagus irritation or bleeding, esophageal rupture, stomach rupture, pneumonia, and cardiac arrhythmia's. There is some overlap between the two disorders; for example, bingeing and purging behavior is often seen in anorexia as well as bulimia.

What to do next

When you encounter one of these young people with these signs and symptoms, you should lovingly confront them, let them know that you care about them as a person and are concerned about their health, and tell their parents with an urging to get their child to a professional for help. Please remember that our

culture of fashion magazines and MTV are working against us on many fronts. The messages our kids get from society are often destructive to that which we try to teach. The images in magazines, movies, and TV which seem to define beauty in western culture are unattainable, airbrushed, and unhealthy. We must remember the importance of emphasizing character and “inner beauty” and recognizing each young person as unique and important before God. A careless comment about a teen or pre-adolescent’s physical appearance can sometimes do irreparable harm, and could start them on the road toward developing an eating disorder such as anorexia or bulimia.

Facts for Professionals

By Heidi L. Strickler, LMSW, CEDS, CART

In today’s complex society, increasing numbers of children and adolescents are developing eating disorders. It is important for all professionals who work with young people to be aware of warning signs for these disorders. It is important to first be aware of some facts about eating disorders.

Fact 1: You cannot necessarily tell that someone has an eating disorder by looking at them. A popular myth is the belief that all persons with eating disorders are emaciated or obese. This myth is far from the truth. While persons who are severely anorexic may fall into this category, persons with bulimia can be underweight, normal weight or overweight. In addition, it is often difficult to tell if someone has an eating disorder based on their appearance if they are in the early stages of the illness.

Fact 2: There are two types of anorexia nervosa, and two types of bulimia nervosa. One type of anorexia nervosa is classified as restricting, which means that the person limits their food intake. The other classification is binge eating/purging type, which means that in addition to restricting their food intake, the person also either has episodes of binge eating and/or self-induced vomiting, laxative, diuretic, or diet pill abuse. They may also engage in excessive exercise. Bulimia nervosa is classified as purging behavior in which the person, in addition to binge eating, engages in

self-induced vomiting, diet pills, diuretics, or laxative abuse. The primary difference between bulimia nervosa and anorexia nervosa binge eating/purging type is that with the diagnosis of anorexia nervosa the person must have lost 15% of their body weight and if female has amenorrhea.

The ideal student

Some signs that young people with an eating disorder may display, particularly in an educational setting, include being an ideal student.

They may have high grades and be involved in many activities — however, they may be the student who if they receive an 89% on a test will argue over 1 point in order to get the needed “A.” As the disorder progresses they may appear tired, more easily distracted, and more withdrawn.

These individuals often appear fidgety, particularly as each movement is seen as a way to burn calories. In gym class or athletic activities, these individuals may either become more competitive or more withdrawn trying to avoid notice. They may ask for additional workout tips, or avoid attracting attention to their appearance by not changing publicly.

Physical indicators

Professionals, like parents, must be aware of the same physical indicators and not assume that these signs and denial of them automatically means drug use. People with eating disorders are of-

ten defensive and in denial. They may have bloodshot eyes, swollen glands, puffy cheeks, dry, brittle, thinning hair, yellowish skin, bluish finger nails, cracks and sores on their knuckles, bad breath, fine hair covering their body.

People with eating disorders often come to the nurses’ offices due to fatigue, dizziness, low blood pressure, varying pulse rate, and cold intolerance. If a school has a policy that coats cannot be worn during the school day, a person with an eating disorder, is likely to wear multiple layers of clothing to try to stay warm.

Physical indicators may include:

- bloodshot eyes
- swollen glands
- puffy cheeks
- dry, thinning hair
- bad breath
- fine hair covering their body

How To Help

The most important way to help someone with an eating disorder is information. If you are not well informed, you will not be able to provide assistance. You need to be knowledgeable about the illnesses, symptoms, and resources in your area.

Eating disorders require specialized treatment. Working with children/adolescents is often not enough specialization to be able to adequately help someone with an eating disorder. Try to find

certified eating disorders specialists (C.E.D.S.), or at least professionals who have had years of experience and success working with this population.

How to be approachable

Remember that if someone comes to you asking about “a friend” they may very well be asking about themselves, so choose your words carefully. Be open. They will take it as a signal that this area is something that they can talk about with you. With a mental illness, developing a comfort level is very important.

Males and eating disorders

Boys also get eating disorders, and the number of males with eating disorders is rising, so realize that you may be observing signs and symptoms in males. Males who are vulnerable are those in athletics, those who have been traumatized by abuse or peer teasing, as well as those with sexual orientation issues.

Involving other people

Whether you are being approached or you are approaching someone, be sure to maintain a nonjudgmental, non-blaming attitude. Express what you have observed behaviorally, provide education, and, when appropriate, involve parents/guardians.

Recovery requires family therapy. If you are working in a school, you will need to consult your school policy about making referrals; however, most students, parents or guardians can be

guided in the appropriate direction.

Finally, be sure to reassure the person that recovery is possible, but it will take a lot of hard work on their part. If you are able, offer to be one of their support people through the process.

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non-blaming attitude.

You are Not Alone

*By Gary Bone, Education Minister,
Columbus Avenue Baptist Church*

The children whom you deal with day in and day out come with many concerns and impressions about life. Top of the list is a strong desire to be liked and feel of worth.

Those who are not “gifted” with beauty or talent may spend an entire lifetime striving for special approval.

You know as well as anyone in our society that human worth is carefully reserved for those who earn it or meet certain rigid qualifications. The beautiful, the talented, the athlete all find approval, and those who are not as “gifted” may spend an entire lifetime striving for that special approval, with the result being widespread feelings of inferiority and inadequacy.

When these inferior or inadequate feelings become too strong, many times our children will do anything to be noticed or accepted, such as becoming involved in eating disorders and other body-changing methods.

Please know that when this happens, the entire family and community are affected. I want you to know that you are not alone in dealing with these special children. One of your greatest

allies in the community can be the local church or congregation. While society teaches us to look like an “ideal,” the church teaches that God’s Word says “I made you just like I want you to be.” The psalmist tells us: “O Lord, ... for you created my inmost being; you knit me together in my mother’s womb. I praise you because I am fearfully and wonderfully made.” Psalm 139:1, 13-14.

We must continually express to our children that they are of worth because our Lord made them just like they are. God has a perfect plan for boys’ and girls’ lives, and the church can and must partner with the home and school to help each child be the “best themselves” so that they can fully experience His plan. God’s Word teaches that every individual is made for a special walk with God. Listen to God’s Word: “For I know the plans I have for you, declares the Lord, plans to prosper you and not to harm you, plans to give you hope and future. Then you will call upon me and come and pray to me, and I will listen to you.” Jeremiah 29: 11-12. If only every child could know and believe that they have worth and feel good about themselves.

We at Lifelines want you to know that your local church or congregation is available to help you to help the children you deal with find their worth.

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Thanks to

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