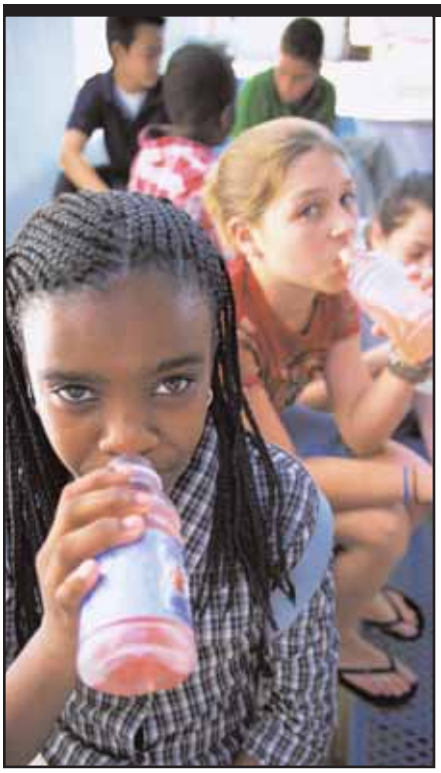

STOCK PHOTO IMAGE

Eating Disorders: Prevention Is Worth Every Ounce

Understanding the underlying causes and symptoms of eating disorders in adolescents allows educators to implement effective prevention activities and help students develop healthy habits.

By Janine Keca and Catherine Cook-Cottone

Children and adolescents live in a world where thin is in and where the pressure to conform to society's view of the ideal body, when combined with other life factors, can set the stage for an eating disorder. Clinical eating disorders and disordered eating habits can seriously threaten physical health as well as the ability to learn. Although school personnel are not able to treat students with an eating disorder, they can play an important role in prevention because the school environment and the social dynamics of adolescence can have a significant impact on an adolescent's potential for developing an eating disorder.

As educators place greater emphasis on eating healthy, low-calorie foods and getting more exercise because of concerns about childhood obesity, they must balance such messages with the need to avoid pressuring youth or judging them on the basis of their weight. The goal is to create a school culture in which students feel accepted regardless of their shape and size and adopt lifestyle choices that minimize their risk of engaging in unhealthy eating habits.

What Is an Eating Disorder?

An eating disorder is a psychiatric illness characterized by an extreme desire to be thin and an intense fear of weight gain. The fear of weight gain is so great that the individual may feel compelled to either limit food intake to dangerously small amounts or to use other compensatory methods (e.g., laxatives or vomiting) to control weight. The onset of an eating disorder typically occurs during preadolescence or adolescence. There is a particular risk for an eating disorder to develop in middle level school, when students experience dramatic physical changes, are trying to establish their personal identity, and are concerned—often above all else—with being accepted by their peers.

Eating disorders are currently classified into two types: anorexia nervosa and bulimia nervosa. Researchers are also investigating another condition, known as a binge-eating disorder, which can be associated with obesity. There also are a number of more obscure eating disorders or conditions that have not been classified in the *Diagnostic and Statistical Manual of Mental Disorders,* such as anorexia athletica (obsessive exercising) and night-eating syndrome, for which there is little or only emerging research. Following are descriptions of a few of the most common eating disorders.

Anorexia nervosa. This disorder is characterized by a refusal to maintain a minimally normal body weight, which is defined as at least 85% body weight compared to the national norms. There are two types: the restricting type and the binge-eating and purging type. Restricting-type anorexics limit their food intake so severely that their bodies experience starvation. Many restricting-type anorexics initially feel a euphoria that is referred to as the *dieter's high,* which eventually disappears and is replaced by a constant depressed mood. Binge-eating and purging-type anorexics use inappropriate compensatory behaviors, such as self-induced vomiting, after eating.

Bulimia nervosa. Reoccurring episodes of binge eating followed by

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such inappropriate compensatory behaviors as self-induced vomiting; misusing laxatives, diuretics, or other medications; fasting; or excessive exercise distinguish this disorder. Bulimia is diagnosed twice as often as anorexia, but unlike individuals with anorexia, individuals with bulimia maintain a fairly average body weight, making it difficult to detect on the basis of appearance alone. Individuals with bulimia are more likely to seek out treatment for their illness than those with anorexia.

RESOURCES

4 Girls Health www.4girls.gov
4 Girls Health was created to help girls between the ages of 10 and 16 learn about health, growing up, and other issues they may face.

Anorexia Nervosa and Related Eating Disorders, Inc. (ANRED) www.anred.com
ANRED is a nonprofit organization that provides information about anorexia nervosa, bulimia nervosa, binge-eating disorder, and other food and weight disorders.

Body Positive—www.bodypositive.com
Body Positive's mission is to empower people of all ages to celebrate their natural size and shape instead of what society promotes as the ideal body.

Eating Disorders Awareness and Prevention (EDAP) www.nationaleatingdisorders.org
EDAP provides information to individuals affected by eating disorders as well as information about innovative prevention and education programs.

Healthtouch Online www.healthtouch.com
Healthtouch brings together valuable information from trusted sources on such topics as medications, health, diseases, supplements, and natural medicine.

American Obesity Association (AOA) www.obesity.org/subs/childhood/prevention.shtml
AOA provides resources, statistics, research, and advocacy information on preventing and treating obesity in adults and children.

National Eating Disorders Association (NEDO) www.kidsource.com/nedo
NEDO's mission is to eliminate eating disorders and body dissatisfaction through education, referral and support services, advocacy, training, and research.

SYMPTOMS OF EATING DISORDERS

Physical Symptoms
- Weight loss or a significant fluctuation in weight in a short period of time
- Abdominal pain
- Feeling full or bloated
- Feeling faint or feeling cold
- Dry hair or skin, dehydration, blue hands/feet
- Lanugo hair (fine body hair)

Behavioral Symptoms
- Dieting or chaotic food intake (binging and restricting)
- Pretending to eat, throwing away food
- Exercising for long periods (exercising for hours every day)
- Constantly talking about food
- Frequently making trips to the bathroom
- Wearing baggy clothes to hide a very thin body
- Self-injury

Emotional Symptoms
- Complaints about appearance, particularly about being or feeling fat
- Feelings of sadness or making comments about feeling worthless
- Depression
- Perfectionist attitudes
- Family conflicts

Binge-eating disorder. An individual with a binge-eating disorder binges in the same way as a individual with bulimia, but does not compensate for the binge. A binge is typically composed of foods that are high in fat and sugar content. Although most individuals with a binge-eating disorder tend to be obese, some do manage to maintain an average weight by alternately binging and starving.

Disordered eating. Disordered eating refers to such eating behaviors as restrictive dieting, binging, or purging that occur less frequently or are less severe than those required to meet the full criteria for the diagnosis of an eating disorder.

Prevalence

Females. Recent estimates are that 3%–10% of young women between the ages of 15 and 29 will develop a clinically diagnosed eating disorder (Polivy & Herman, 2002). Research suggests that about 1% of female adolescents have anorexia nervosa and about 4% of college-age females have bulimia. About 1% of women have binge-eating disorders, but about 30% of women who seek weight-loss treatment also have binge-eating disorders (Anorexia Nervosa and Related Eating Disorders Inc., 2004). However, the incidence figures are difficult to verify because subclinical eating problems or disordered eating are commonly not diagnosable. Current estimates suggest that disordered eating may occur in 30% of girls and 16% of boys (Scott & Sobczak, 2002).

Males. Although eating disorders appear to be far more common in females, men and boys do suffer from anorexia, bulimia, and binge eating. It appears that in the past 20 years the number of men with eating disorders has increased, and it is estimated that there is 1 man with anorexia or bulimia for every 10–15 women with anorexia or bulimia, 1 man with anorexia for every 4 women with anorexia, and 1 man with bulimia for

every 8–11 women with bulimia (Woodside et al., 2001). However, because of the stigma of these disorders, males may be less likely to seek treatment than females.

Causes

The causes of eating disorders include both external and internal factors. Although each case of an eating disorder is different and complex, most begin with the decision to diet, but the newly found sense of control over the body can evolve into disordered eating patterns for some adolescents. The diet can begin to take on a central role in an adolescent's attempts to negotiate emotions, physical changes, and social aspects in her or his life. Hence, an eating disorder develops.

External factors. Society's emphasis on an idealized slim physique, family encouragement, weight and size pressures inherent in certain sports or activities (e.g., wrestling or ballet), and the power of cliques in school are external pressures. An idealized perception of slim body proportions can be reinforced by family members and peers who praise the slim body and the self-control and discipline needed to achieve it. Pressures from cliques, friends, and athletic coaches can also provide encouragement for dieting. In addition, feeling the need to control a sometimes uncontrollable and unpredictable world can correlate into a need to be very disciplined about food intake.

Internal factors. These include unpleasant experiences, such as teasing, physical abuse, or sexual abuse; negative emotions including depression, low self-esteem, and body dissatisfaction; distorted thoughts (e.g., obsessions about food, inaccurate judgments, rigid thinking patterns, and perfectionism); and possible biological influences. Some believe that eating disordered behavior is an attempt to control or distract oneself from overwhelming emotional experiences. Although sexual abuse has been associated with the development of eating disorders, there is no evidence that victims of sexual abuse are more likely to become anorexic or bulimic. The trauma of abuse, however, predisposes these individuals to maladaptive coping behaviors and emotional dysregulation, which may trigger eating disorders. Educators should also be aware that the biological changes brought on by poor eating habits can impair an adolescent's ability to learn and maintain information.

Assisting Students

Unfortunately, it is difficult to treat advanced cases of eating disorders. The prognosis for recovery is best when an eating disorder is diagnosed and treated early. Treatment requires a combination of medical interventions and psychotherapy and can take an

GIRLS' GROUP: TEACHING WELLNESS TO PREVENT EATING DISORDERS

The Girls' Group eating disorder prevention program addresses factors related to body dissatisfaction and eating disordered behavior though a wellness and positive psychology curriculum. We designed and implemented this program as part of a long-term efficacy study being conducted through the State University of New York at Buffalo.

Girls' Group is for middle level girls and attempts to establish healthy skills, attitudes, and behaviors early in adolescent development. Students are not identified for participation in the group, but join voluntarily. The Girls' Group meets for two-hour sessions for 10 weeks and uses an active mind and body approach to give the girls authentic practice in various coping and relaxation strategies. The sessions are structured as follows:

- Instruction and practice in beginning yoga.
- Journal writing to the prompt of a selected poem, song, or quote to prepare for the day's topic.
- The topic or activity for the day. For the first six weeks, the curriculum is covered through structured activities, and the topics include assertiveness, competence, female identity, emotions, coping, and media literacy.
- Relaxation and meditation that incorporates the topic for the day and instructs the students in deep breathing and relaxation.

Early outcomes suggest significant reductions in reported body dissatisfaction, increased coping strategies, and increased media literacy.

Authors' note: For more information about Girls' Group or to discuss implementing a Girls' Group at your school, contact Catherine Cook-Cottone at cpcook@buffalo.edu. We would like to replicate the program in other middle level schools and will happily work with schools and partnerships to implement a Girls' Group program. The Go Girls! curriculum (www.goldinc.com/gogirls/pilot.htm) from the National Center for Eating Disorders is geared to female high school students.

extended period of time. One recent review of the treatment literature found that one-third of individuals with an eating disorder continue to meet clinical diagnostic criteria for an eating disorder five years after their initial diagnosis. Mortality rates for individuals with eating disorders, including suicides, range from 5%–8%. More than 50% of those who receive treatment show significant improvement, but little is known about long-term outcomes for people who do not seek treatment (Polivy & Herman, 2002).

The role of school personnel in supporting students who have been diagnosed with an eating disorder depends entirely on the individual treatment plan developed by the student's treatment team (e.g., physician, mental health professional, and nutritionist) and parents. Because school staff members are not equipped to treat eating disorders and students' privacy is paramount, staff members' involvement is often limited. However, staff members can be aware of student's needs and identify someone that the student should go to if he or she needs help.

Prevention and Intervention at School

Create a school environment where all students feel safe from harassment. Make it clear that discrimination or bullying of any sort will not be tolerated, and students who discriminate and harass others on the basis of size will be disciplined. Students who are teased about their weight should never be encouraged by adults to lose weight because that makes it sound as if the adult agrees with the harasser.

Focus physical education on skills building and establishing healthy habits, not weight management. Ensure that physical education is fun, not a reminder of weight. Physical education teachers should not comment on students' weights and sizes and should be certain that uniforms fit all students properly. Grades should be based on effort, not ability. Avoid body-fat testing and weigh-ins at school because any possible benefit is overshadowed by the amount of stress it may cause.

Ensure that participation in school or cocurricular activities is not limited by a student's physical size or shape. Prohibit any explicit requirements about weight (unless there is a safety issue) but also be cognizant of implicit prejudice. Be sure that teachers in charge of school activities are aware of their own attitudes and never comment on a student's appearance, even jokingly. Coaches, in particular, should monitor their emphasis on a student's weight relative to his or her ability or to earning approval.

Provide *general* information about eating disorders and let students know where they can get help. Emphasize that eating disorders are harmful but that students who are concerned about themselves or a friend are not alone and can get help. Avoid detailed information about the behaviors or strategies of people with an eating disorder because there is evidence that some students may use this information to experiment with weight control.

Have a plan. Establish appropriate resources and procedures for staff members to make a referral if a student voices a need for help. A trained school psychologist, a social worker, a nurse, a or counselor should be available, and all students and staff members should be aware of the available

resources. Instruct teachers to be especially sensitive when eating disorders are a topic in the curriculum, such as in health or psychology classes. Give students guidelines on what to do if they suspect another student may have an eating disorder. It is important that students *not* be referred solely because of their body size.

Evaluate school lunches and vending machine options. Ensure that there are healthy menu options in your cafeteria and stock vending machines with healthy snacks, juice, and water. Consider working with your school's parent organization to offer healthy choices at school fundraisers and other school events.

Include prevention information in the curriculum. Healthy eating and lifestyle tips should be included in the health curriculum. Prevention information can include teaching students to listen to their body's natural signs of hunger (eat when hungry and stop when full), to eat a variety of nutritious foods, to participate in daily movement and exercise, to refuse to participate in fad diets, and to focus on developing healthy eating and lifestyle habits rather than maintaining a thin body.

Incorporate eating disorder prevention groups. Collaborate with a local college or university—or follow an established curriculum—to implement a school-based prevention program that is based on wellness and limits detailed descriptions of eating disordered behaviors and consequences. Prevention groups that have shown positive effects include those that cover such issues as media literacy, assertiveness, and coping strategies.

Although schools are limited in their ability to deal directly with eating disorders, being aware and taking preventive steps is important. It is also important for principals and other school personnel to seek help when it is needed. When concern about a student's eating habits is brought to your attention, consult the school student support team so appropriate action can be taken in the best interest of the student. **PL**

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