



EATING DISORDERS & COLLEGE STUDENTS



meda
BETTER STARTS HERE





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FACTORS THAT MAY CONTRIBUTE TO AN EATING DISORDER

Eating disorders are complex conditions that arise from a combination of long-standing behavioral, biological, emotional, psychological, interpersonal, and social factors. Scientists and researchers are still learning about the underlying causes of these conditions. We do know, however, about some of the general issues that can contribute to the development of eating disorders.

While eating disorders may first appear to be solely about food and weight preoccupations, those suffering from them often try to use food and the control of food to cope with feelings and emotions that may otherwise seem overwhelming. For some, dieting, bingeing and purging may begin as a way to cope with painful emotions and to feel in control of one's life. These behaviors can damage a person's physical and emotional health, self-esteem and sense of competence and control.

BIOLOGICAL FACTORS:

- Scientists are still researching possible biochemical or biological causes of eating disorders. In some individuals with eating disorders, certain chemicals in the brain that control hunger, appetite, and digestion have been found to be unbalanced
- Eating disorders often run in families. Current research indicates that there are significant genetic contributions to eating disorders

PSYCHOLOGICAL FACTORS:

- Low self-esteem
- Feelings of inadequacy or lack of control in life
- Depression, anxiety, anger, stress or loneliness

INTERPERSONAL FACTORS:

- Troubled personal relationships
- Difficulty expressing emotions and feelings
- History of being teased or ridiculed based on size or weight
- History of physical or sexual abuse

SOCIAL FACTORS:

- Cultural pressures that glorify thinness or muscularity and place value on obtaining the “perfect body”
- Narrow definitions of beauty that include only specific body weights and shapes
- Cultural norms that value people on the basis of physical appearance and not inner qualities and strengths
- Stress related to discrimination or prejudice

EATING DISORDER MYTHS

MYTH: EATING DISORDERS ARE NOT AN ILLNESS

TRUTH: Eating disorders are a complex medical/psychiatric illness. Eating disorders are classified as a mental illness in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Health (DSM-V). They are considered to often have a biologic basis and co-occur with other mental illnesses such as major depression, anxiety or obsessive-compulsive disorder.

MYTH: EATING DISORDERS ARE UNCOMMON

TRUTH: Among U.S. females in their teens and 20s, the prevalence of clinical and subclinical Anorexia may be as high as 15%. Anorexia ranks as the 3rd most common chronic illness among adolescent U.S. females. Recent studies suggest that up to 7% of U.S. females have had Bulimia at some time in their lives. At any given time an estimated 5% of the U.S. population has undiagnosed Bulimia. Current findings suggest that Binge Eating Disorder affects 0.7% to 4% of the general population.

MYTH: EATING DISORDERS ARE A CHOICE

TRUTH: People do not choose to have eating disorders. Eating disorders develop over time and require appropriate treatment to address the complex medical/psychiatric symptoms and underlying issues.

MYTH: EATING DISORDERS OCCUR ONLY IN FEMALES

TRUTH: An estimated 25% of Anorexia diagnoses in children are in males. For Binge Eating Disorder, preliminary research suggests equal prevalence among males and females. Incidence in males may be underreported because research shows that females are more likely to seek help. Also, health practitioners are more likely to consider an eating disorder diagnosis in females.

MYTH: YOU CAN TELL IF A PERSON HAS AN EATING DISORDER SIMPLY BY APPEARANCE

TRUTH: You can't. Anorexia may be easier to detect visually, although individuals may wear loose clothing to conceal their body. Bulimia is harder to "see" because individuals often are average weight. People with an eating disorder can become very effective at hiding the signs and symptoms. Eating disorders can go undetected for months, years or a lifetime.

MYTH: A PERSON CANNOT DIE FROM BULIMIA

TRUTH: While the rate of death from Bulimia is much lower than that seen with Anorexia, a person with Bulimia can be at high risk for death and sudden death because of purging and its impact on the heart and electrolyte imbalances. Various purging techniques and excessive exercise can increase risk of death in individuals who are actively bulimic.

COLLEGE STUDENTS & EATING DISORDERS

WHY ARE COLLEGE STUDENTS SUSCEPTIBLE TO DEVELOPING EATING DISORDERS?

- New peer groups
- Difficulty forming new friendships
- New found self-reliance; no longer living under parental rules
- Eating in a cafeteria with an unlimited amount of food; making food choices may be difficult
- Fear of the “Freshman 15”
- Dorm-living
- The need to fit in
- Too many commitments
- Academic and financial stress
- Intense pressures to be thin/ “perfect”
- Difficulty managing transitions

A 2006 survey by the National Eating Disorders Association (NEDA) found that nearly 20% of the more than 1,000 college students surveyed — both male and female — said they have or previously had an eating disorder

WHY ARE COLLEGE STUDENTS NOT SEEKING TREATMENT?

- Unwilling to seek treatment
- Do not know that they have an eating disorder
- Lack of awareness of treatment resources
- Embarrassed to seek treatment
- Lack of treatment resources
- Perceived lack of anonymity in treatment
- Lack of knowledge by college staff about where to refer students

WHAT CAN COLLEGES DO TO HELP TREAT AND PREVENT EATING DISORDERS?

- Form a body image/eating disorder group that is run by students and/or faculty
- Assist in education, prevention and activism on campus
- Promote as many food choices as possible in the cafeteria (options may include a soup and salad bar, deli, pasta bar, fruit stand and/or frozen yogurt machine)
- On- campus dietitian should be available, as well as counseling and health services staff

ABOUT EATING DISORDERS

Eating disorders claim as many as 11 million lives each year. With the highest mortality rate of any mental illness, eating disorders continue to be a major part of our culture. According to the Diagnostic and Statistical Manual – Fifth Edition (DSM-V), eating disorders are classified into four major categories: Anorexia, Bulimia, Binge Eating Disorder, and Other Specified Feeding or Eating Disorders.

ANOREXIA

Signs & Symptoms

- Intense fear of weight gain, obsession with weight and persistent behavior to prevent weight gain
- Self-esteem overly related to body image
- Preoccupation with weight, food, calories, fat grams, and dieting
- Frequent comments about feeling “fat” or overweight despite weight loss
- Development of food rituals (e.g. eating foods in certain orders, excessive chewing, rearranging food on a plate)
- Consistent excuses to avoid mealtimes or situations involving food

STATISTICS

Anorexia

Between 0.5–1% of American women suffer from anorexia.

Between 5-20% of individuals struggling with Anorexia will die.

The probabilities of death increase within that range depending on the length of the condition.

Bulimia

Bulimia affects 1-2% of adolescent and young adult women.

People struggling with Bulimia usually appear to be of average body weight.

Bulimia is frequently associated with symptoms of depression and changes in social adjustment.

- Excessive, rigid exercise regimen--despite weather, fatigue, illness, or injury, the need to “burn off” calories taken in
- Withdrawal from usual friends and activities

HEALTH CONSEQUENCES OF ANOREXIA

Due to the body being denied essential nutrients it needs to function, the body is forced to slow down all of its processes to conserve energy. This results in serious medical consequences such as:

- Slow heart rate or low blood pressure. There is a risk for heart failure as the heart rate and blood pressure levels decrease
- Osteoporosis or osteopenia
- Muscle loss and weakness
- Dehydration – if severe enough, it can result in kidney failure
- Fainting, fatigue, and overall weakness
- Dry hair and skin, hair loss can occur
- Growth of lanugo, a layer of hair all over the body, which develops in an effort to keep the body warm

BULIMIA

Signs & Symptoms

- Frequent episodes of consuming very large amount of food (“bingeing”) followed by behaviors to prevent weight gain, such as self-induced vomiting
- A feeling of being out of control during the binge eating episodes
- Unusual swelling of the cheeks or jaw area
- Evidence of binge eating, including disappearance of large amounts of food in short periods of time or finding wrappers and containers which can indicate the consumption of large amounts of food
- Evidence of purging behaviors, including frequent trips to the bathroom after meals, signs and/or smells of vomiting, presence of wrappers or packages of laxatives or diuretics
- In general, behaviors and attitudes indicating that weight loss, dieting, and control of food are becoming primary concerns

ABOUT EATING DISORDERS

HEALTH CONSEQUENCES OF BULIMIA

The recurrent binge-and-purge cycles of Bulimia can affect the entire digestive system and can lead to electrolyte and chemical imbalances in the body that affect the heart and other major organ functions. Some of the health consequences include:

- Electrolyte imbalances, from dehydration or other factors, that can lead to irregular heartbeats and possibly heart failure and death
- Inflammation as well as potential rupture of the esophagus from frequent vomiting
- Tooth decay and staining due to frequent vomiting
- Peptic ulcers and/or pancreatitis
- Irregular bowel movements and constipation if laxatives are abused

BINGE EATING DISORDER

Signs & Symptoms

- A feeling of being out of control during the binge eating episodes
- Feelings of strong shame or guilt regarding the binge eating

STATISTICS

Binge Eating Disorder

Binge Eating Disorder affects women slightly more often than men — estimates indicate that about 60% of people struggling with Binge Eating Disorder are female, 40% are male.

The prevalence of Binge Eating Disorder is estimated to be approximately 1-5% of the general population.

- Eating alone because of shame about the behavior
- Attributes social and professional successes/failures to weight gain/loss
- Eating large amounts of food when not physically hungry or eating uncontrollably or to the point of discomfort

HEALTH CONSEQUENCES OF BINGE EATING DISORDER

Binge Eating Disorder often results in many of the same health risks associated with clinical obesity. Some of the potential health risks include:

- High blood pressure
- High cholesterol
- Heart disease as a result of high triglyceride levels
- Type II diabetes mellitus
- Gallbladder disease

OTHER SPECIFIED FEEDING OR EATING DISORDERS

People with “Other Specified Feeding or Eating Disorders” exhibit symptoms which do not meet the strict criteria for eating disorder diagnosis, although they may be very severe. Examples include:

- **ATYPICAL ANOREXIA:** All of the criteria for Anorexia are met, except significant weight loss. The individual’s weight is within or above the normal range
- **BULIMIA OR BINGE EATING DISORDER** (of low frequency and/or limited duration): All of the criteria are met, except that the behaviors occur, on average, less than once a week and/or for less than 3 months
- **PURGING DISORDER:** Recurrent purging behavior to influence weight or shape in the absence of binge eating
- **NIGHT EATING SYNDROME:** Recurrent episodes of night eating, as manifested by eating after awakening from sleep or by excessive food consumption after the evening meal

DO'S AND DON'TS OF HELPING A FRIEND

DO

- Talk openly and honestly about concerns
- Try to make yourself available when they need someone
- Be honest about your own fears, struggles, and frustrations
- Take time to listen, even though the talk may seem trivial or insignificant to you
- Understand that they are terrified of gaining weight and being fat (regardless of how they actually look to you)
- Focus on personality and positive character qualities
- Encourage them to accept support and express their feelings
- Avoid conflicts and battles of will
- Be patient; recovery can be a long process
- Know your limits and respect them

DON'T

- Try to be their therapist; enlist professional help
- Be afraid to upset them; communicate openly
- Ignore them; they need support from family and friends
- Offer simple solutions (“why don’t you just eat?!”)
- Comment on their weight (if you say “you look too thin”, they may take it as a compliment; if you say “you look healthy” they may take it as an insult)
- Blame them or make them feel ashamed or guilty for having an eating disorder
- Threaten (“if you don’t eat...”)
- Use “you” statements, because they sound accusatory. Instead, try starting your sentence with “I see it this way...”
- Expect an instant recovery
- Try to force them to eat or stop exercising
- Focus on food, weight, or appearance

MOST IMPORTANTLY, REMEMBER TO ACT NOW!

- A** Ask to speak with your friend privately
- C** Confront with concern and care
- T** Tell your friend what you see that makes you concerned
Never continue the conversation if either of you becomes too emotional
- N** Only professionals can diagnose, so don’t play the role of a therapist or a caretaker
- W** When you end the conversation, tell a school counselor, teacher or parent immediately

Remember that by speaking to a professional about your friend’s problem you are not being a bad friend. Even though it may feel this way, you are actually helping more than you may realize. By holding in this kind of secret you are creating stress in your own life and also not helping your friend. Speak to someone, and let your friend know you are doing this because you want to see her/him get better.


EATING DISORDER STATISTICS

EATING DISORDER STATISTICS

- Up to 24 million people of all ages and genders suffer from an eating disorder (Anorexia, Bulimia, and Binge Eating Disorder) in the U.S.
- Eating disorders have the highest mortality rate of any mental illness
- 91% of women surveyed on a college campus had attempted to control their weight through dieting
- 22% reported dieting “often” or “always”
- 95% of those who have eating disorders are between the ages of 12 and 25
- 25% of college-aged women engage in bingeing and purging as a weight-management technique
- In a survey of 185 female students on a college campus, 58% felt pressure to be a certain weight, and of the 83% that dieted for weight loss, 44% were of normal weight

An eating disorder can affect any number of individuals — young or old, male or female.

MEDA can help with our comprehensive programs and services.

The background of the page is a watercolor-style illustration. It features a mix of deep blues, lighter blues, and hints of orange and white, creating a textured, artistic effect. The colors are blended together, with some areas appearing more saturated than others.

Up to 24 million people of all ages and genders suffer from an eating disorder (Anorexia, Bulimia, or Binge Eating Disorder) in the U.S.

BETTER STARTS HERE 617.558.1881

DO YOU HAVE A HEALTHY RELATIONSHIP WITH FOOD AND YOUR BODY?

DO YOU IDENTIFY WITH THE FOLLOWING STATEMENTS?

1. I am preoccupied with a desire to be thinner
2. I am terrified about gaining weight
3. I feel that food controls my life
4. My day revolves around the number on the scale and whether it went up or down
5. I watch what other people eat and use that to determine what and how much I will eat
6. Often, I eat when I am not hungry
7. Often, I do not eat when I am hungry
8. I feel guilty after eating
9. Often, I purge after meals
10. I have certain rituals around eating that other people tell me are not normal
11. I react to stressful situations by using food

12. I often let exercise get in the way of my job, school, work, or other activities
13. I often let eating or not eating get in the way of my job, school, work, or other activities
14. I often feel out of control around food
15. If only I were thinner, my life would be better

If you found yourself answering “yes” to these statements, there may be a reason for concern and we urge you to contact MEDA. Full recovery is possible. You can reach us at 617-558-1881 or online at www.medainc.org

PLEASE NOTE: The purpose of these statements is to help you look at your thoughts and behaviors that may be associated with an eating disorder or disordered eating. The statements are not a substitute for an assessment and/or treatment by a qualified professional. If you answered “yes” to any of these statements, it does not mean that you have an eating disorder or disordered eating. If you have any concerns after taking this questionnaire, you should reach out to MEDA, your school counseling center, or a parent.

CONTACT INFORMATION

Multi-Service Eating Disorders
Association (MEDA)

www.medainc.org

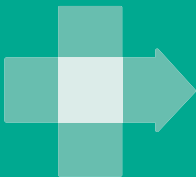
617-558-1881

info@medainc.org

ABOUT MEDA

MEDA is a non-profit organization dedicated to the prevention and treatment of eating disorders and disordered eating. MEDA's mission is to prevent the continuing spread of eating disorders through educational awareness and early detection.

MEDA serves as a support network and resource for clients, loved ones, clinicians, educators and the general public.



meda

multi · service
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association

MEDA'S PROGRAMS & SERVICES

- Assessments and referrals
- Support groups for adolescents and adults
- Family consultations
- Groups for parents/loved ones of those with eating disorders
- Open forum where individuals tell their stories of recovery (Hope and Inspiration)
- Educational workshops and consultations
- Eating Disorders Awareness Week presentations

MEDA'S SUPPORT GROUPS

Support Groups at MEDA are safe, respectful, and confidential, where you can be honest and share with others who know what you are going through. When struggling with an eating disorder, being in a supportive and recovery focused group can be healing and provide a sense of relief at being understood. All MEDA groups are led by mental health professionals who specialize in eating disorders as well as volunteers who have recovered from an eating disorder. Some of the groups we offer include Teen Group, Women's Group, Adult Group, and groups focusing on binge eating.

MEDA also provides services for the families and loved ones of those struggling with eating disorders. MEDA's Care Group allows loved ones the opportunity to meet with others that are sharing similar experiences.

Hope and Inspiration, an open forum, is generally held on the first Saturday of every month. It is an opportunity for all to hear an individual share their story of recovery from an eating disorder.

For more information on these and other services that MEDA provides, please go to www.medainc.org.

VOLUNTEERS

MEDA is always looking for dedicated individuals to assist us in our educational, support or outreach efforts. Watch for updates and upcoming events by logging on to www.medainc.org.

MEDA PROUDLY PARTNERS WITH THE FOLLOWING TREATMENT FACILITIES:

Walden Behavioral Care

Castlewood Treatment Center

CRC Health Group

Center for Discovery

Carolina House

Center for Hope of the Sierras

Elements Behavioral Health

Montecanti

Green Mountain at Fox Run

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For People, We Offer Hope.

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Our two locations, in Raleigh and Durham, allow us to provide a wide range of care options, ensuring we will have the right choice for you. Through your treatment experience with us we will provide you with the awareness and tools you need to allow you to, once again, thrive with a greatly enriched quality of life.





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Our commitment is to you and your recovery.

At Center for Hope of the Sierras, we will welcome and support you from the minute you walk through our door. Our strong clinical program offers residential, extended partial hospitalization, and intensive outpatient programs for the treatment of anorexia nervosa, bulimia nervosa, binge eating, PHP/IOP, and related disorders. Your treatment will take place in our beautiful home, located in the peace and tranquility of the Sierra Nevada foothills just outside of Reno. Our unique residential treatment experience provides a truly ideal setting for healing and recovery.

In addition to treating the full spectrum of eating disorders, we are proud to offer a highly specialized program for the treatment of diabulima. This unique, groundbreaking treatment program addresses both the medical and psychological components of co-occurring diabetes and eating disorders. Our highly skilled staff members are committed to providing you with the recovery journey you deserve.





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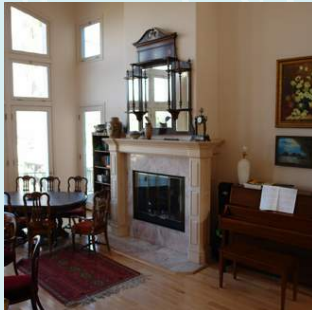
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Carolyn Costin M.A., M. ED., MFT.
Founder & Clinical Director



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FOR TREATMENT IS A DIFFICULT ONE,
AND ONE THAT REQUIRES GREAT COURAGE.



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We integrate clients into real life through daily, guided outings including student centers, libraries, and cafeterias at Miami area college campuses, and the gym or pool for athletes. Clients also have access to laptops and cell phones in a supportive environment.

❖ **SUPPORT WITH ONLINE COURSE WORK, AUDITING, OR ENROLLING IN A LOCAL CLASS AT THE LATTER STAGES OF TREATMENT**

❖ **STEP-DOWN PROGRAMS**

We are one of the few eating disorder treatment centers to offer a Transitional Living Program. Clients live in a supervised, substance-free, recovery-focused environment, participate in our Intensive Outpatient Program, and receive ongoing clinical support at Oliver-Pyatt Centers.

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- Learn ways to effectively manage stress
- Find movement activities they enjoy

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The Neuroendocrine Unit at Massachusetts General Hospital offers a variety of clinical research studies for women with anorexia nervosa. Our clinical research studies are enrolling girls and women between the ages of 10 and 45 years old who have had or currently have anorexia nervosa. We are investigating a number of health concerns related to anorexia nervosa, including the genetic factors and neurobiology underlying anorexia nervosa, treatments for bone loss, and causes of bone loss. For more information please email us at myresearch@partners.org or call 617-724-7393.



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