



NATIONAL ALLIANCE

for Eating Disorders

Eating Disorders and Anxiety Disorders: Overlap, Differences and Treatment

The National Alliance for Eating Disorders

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The National Alliance for Eating Disorders, formerly The Alliance for Eating Disorder Awareness (“The Alliance”) is the leading national nonprofit organization providing referrals, education, and support for all eating disorders.



Alliance's Services

- Educational presentations and training days.
- Free, weekly, therapist lead, support groups (virtual and in person) for those with eating disorders and their loved ones.
- Referrals through our free helpline (866-662-1235) and comprehensive referral website and app (findEDhelp.com).
- Direct, low-cost, life saving outpatient treatment to those that are uninsured or underinsured in south Florida.
- Unique and empowering Southern Smash events and SmashTALK panel discussions.



What is Body Image?



Body Image

- What you believe about your own appearance
- Your perception of your body; the mental representation you create
- How you feel *about* and feel *in* your body, including your height, shape, weight, skin, color, disabilities, and physical features.



Signs of Healthy Body Image in Adolescents

- Acceptance: Not trying to change body, expresses satisfaction with appearance
- Notices qualities that make them feel good about their physical appearance
- Knows a person's physical appearance does not measure their character or values
- Doesn't judge others based on body weight, shape, skin color, physical abilities, food choices



(Ottawa Public Health, 2020)



Signs of Difficulties with Body Image in Adolescents

- Unable to accept a compliment
- Believes what one looks like determines who they are as a person
- Makes self-deprecating remarks about their body or appearance
- Compares self to others
- Tries to change self to measure up to family, social, or media ideals
- Seeks reassurance from others that looks are acceptable



What is Self-Esteem?



Self-Esteem

Definition: the judgment or opinion that we have about our own abilities, values, and importance as a person

Self-esteem impacts your...

- Mental health
- Behavior
- Decisions
- Relationships
- Success

Body image and self-esteem directly influence one another.



Signs of Positive Self-Esteem in Adolescents

- Acts independently
- Takes pride in accomplishments
- Ability to handle positive and negative emotions
- Ability to make mistakes and learn from them
- Awareness of strengths and not focusing only on weaknesses
- Assumes responsibility; non-blaming behavior



Signs of Difficulties with Self-Esteem in Adolescents

- Blaming behavior
- Feels unloved or unwanted
- Values other peoples opinions (over their own)
- Focuses on weaknesses
- Believes others are more capable and successful
- Being unable to accept positive feedback from others

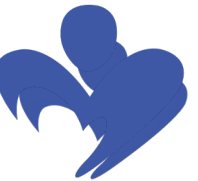


What Effect Can All of This Have?

- **Anxiety Disorders**
- **Eating Disorders**
- Depression
- Social Issues
- Issues with Family
- School Issues
- ...and more



Introduction to Eating Disorders



When does diet behavior start?

- Awareness of dieting as strategies for weight loss emerges as young as 3-years-old
- Awareness of dieting significantly increases from 3- to 5-years-old.
- 35% of 5 year old girls are already on a diet.
- 85% of adolescent girls use weight control behaviors.



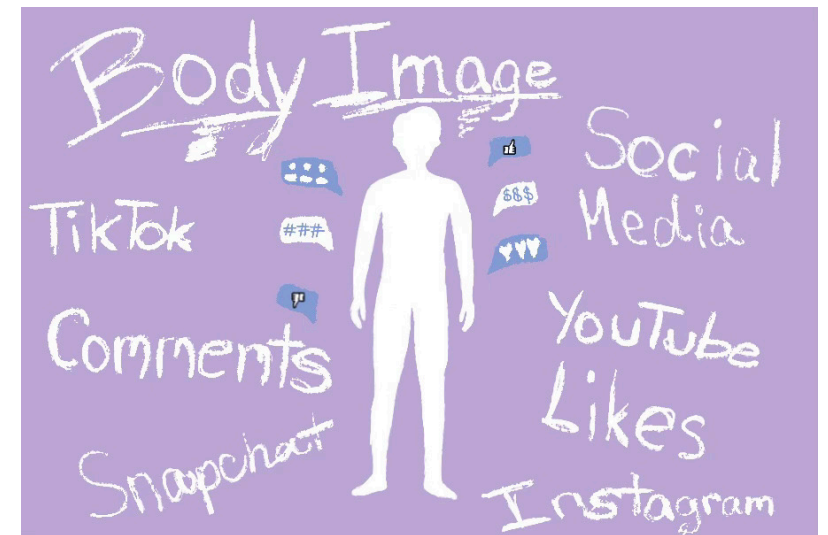
Diet behavior and media exposure

- Use of social networking sites/apps is positively related to body image concerns and disordered eating. This relationship strengthens with time spent on social media.
- Photo and video based sites have the strongest negative impacts on body image.



Among Teens Active on Social Media...

- 35% reported having worried about people tagging them in unattractive photos
- 27% reported feeling stressed out about how they look when they post pictures
- 22% reported feeling bad about themselves when nobody comments on or “likes” the photos they post.



The 9 Truths about Eating Disorders

1. Eating disorders are not choices, but serious biologically influenced illnesses.
2. An eating disorder diagnosis is a health crisis that disrupts personal and family functioning.
3. Genes and environment play important roles in the development of eating disorders.
4. Genes alone do not predict who will develop eating disorders.



The 9 Truths about Eating Disorders

5. Eating disorders affect people of all genders/gender identities, ages, races, ethnicities, body shapes and weights, sexual orientations, abilities/disabilities and socioeconomic statuses.



The 9 Truths about Eating Disorders

6. Eating disorders carry an increased risk for both suicide and medical complications.

Anorexia Nervosa has the second highest mortality rate among all psychiatric illnesses.

7. Many people with eating disorders look healthy, yet may be extremely ill.

8. Families are not to blame, and can be the patients' and providers' best allies in treatment.



The 9 Truths about Eating Disorders

9. Full recovery from an eating disorder is possible. Early detection and intervention are important.



Eating Disorders: Nature or Nurture?

- 50 – 80% of the risk for AN and BN is genetic. They share common gene variations.
- Environmental and psychosocial factors can also impact eating disorder development:
 - media
 - weight stigma
 - bullying
 - activities with weight regulation
 - peers
 - Puberty
- **Families are not to blame** for an eating disorder
- Families can be integral to early intervention and recovery.



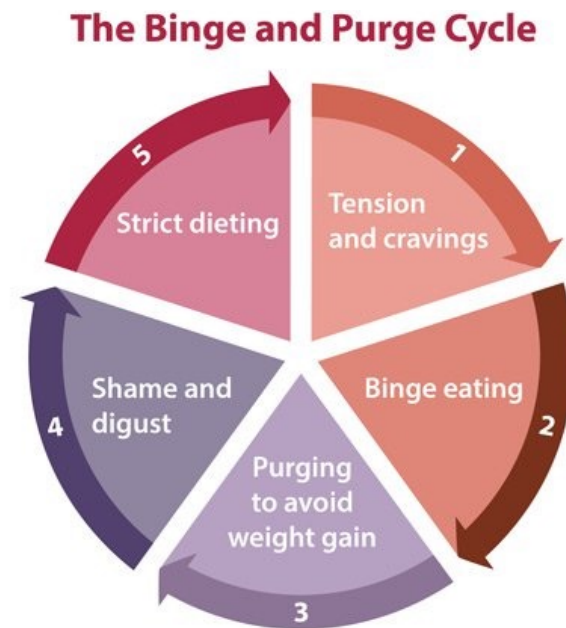
Anorexia Nervosa

A self-imposed starvation resulting from a distorted body image and an intense fear of gaining weight.



Bulimia Nervosa

A disorder in which an individual engages in episodes of bingeing and purging.



Binge Eating Disorder

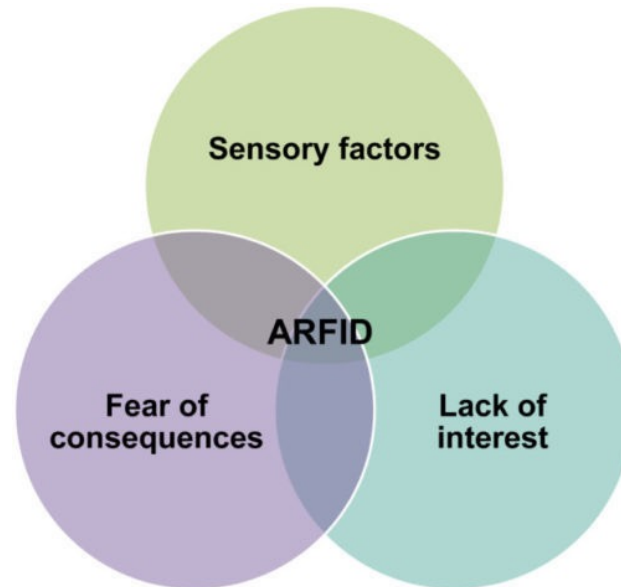
Recurrent episodes of binge eating without the purging behavior of Bulimia Nervosa.

The Binge Eating Cycle



Avoidant/Restrictive Food Intake Disorder

An eating or feeding disturbance characterized by highly selective eating habits, disturbed feeding patterns or both.



Other Specified Feeding or Eating Disorders (OSFED)

- Atypical Anorexia Nervosa
 - *Studies show equally severe medical complications of AAN as AN*
- Purging Disorder
- Chewing & Spitting Behavior
- Night Eating Syndrome
- Nocturnal Sleep-Related Eating Disorder



Eating Disorders: Physical Warning Signs

- Steady, significant weight loss
- Pale, gaunt appearance, yellowish skin-tone
- Dizziness and fainting spells
- Loss of menstrual cycles or never starting menstrual cycle (in menstruating individuals)
- Complaints of being cold
- Fatigue, Sleep disturbance
- GERD, Dental Erosion, Sore Throat
- Nutritional deficiency
- Hair Loss
- Self-injury



Eating Disorders: Psychological Warning Signs

- Feeling anxious around meal times
- Feeling 'out of control' around food
- Distorted body image
- Obsession with body shape, weight and appearance
- 'Black and white' thinking (e.g. rigid thoughts about food being 'good' or 'bad')
- Changes in emotional and psychological state (e.g. depression, stress, anxiety, irritability, low self esteem)
- Feelings of shame and guilt

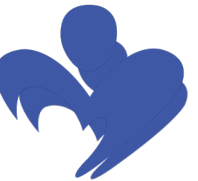


Eating Disorders: Behavioral Warning Signs

- Excuses for not eating AND preoccupation with food, calories, cooking
- High need for control
- Excessive, compulsive exercise
- Social isolation
- Loose clothes
- Secretive eating and/or missing food
- Using bathroom immediately after meals
- Vomiting or using laxatives, enemas or diuretics
- Exercising when sick or injured, and experiencing distress if unable
- Lists of good or bad foods
- Suddenly disliking food they have always enjoyed
- Obsessive rituals around food prep and eating
- Extreme sensitivity to comments about body shape, weight, eating and exercise habits



Introduction to Anxiety Disorders



Anxiety + Eating Disorders

- The most commonly diagnosed anxiety disorders in individuals who are also experiencing an eating disorder are Generalized Anxiety Disorder (GAD), Social Anxiety, Panic Disorder, Obsessive Compulsive Disorder (OCD) and Post Traumatic Stress Disorder (PTSD)
- Anxiety disorders frequently exist prior to the onset of the ED and often persist after recovery from the ED.
- Co-occurrence statistics:
 - 48% of adults with anorexia nervosa
 - 81% of adults with bulimia nervosa
 - 65% of adults with binge eating
 - 72% of individuals with ARFIDwill also have an anxiety disorder



Anxiety Disorders Signs and Symptoms

- Obsessive thoughts/intrusive thinking
- Feeling nervous, irritable or on edge
- Having a sense of impending danger, panic or doom
- Increased heart rate
- Breathing rapidly (hyperventilation), sweating or trembling
- Feeling weak or tired
- Difficulty concentrating
- Trouble sleeping
- Gastrointestinal (GI) problems



Connection with Eating Disorders

- At times, the eating disorder can **lead** to anxiety about self-image, gaining weight or foods that have been determined as “unsafe”
- Other times, the anxiety disorder actually exacerbates the eating disorder.
 - Function of the eating disorder behaviors can include:
 - “Cope” with stress
 - Demonstrate control
 - Perfectionism
 - Comfort
 - Avoidance



Treating Co-Occurring Anxiety and Eating Disorders

- It is important to treat the eating disorder and anxiety disorder at the same time.
- Best treatment includes
 - Therapy:
 - Exposure and Response Prevention (ERP)
 - Cognitive Behavioral Therapy (CBT)
 - Medication Management
 - Nutritional rehabilitation



Philosophies to Adopt



Encourage positive body image

- **Celebrate your teen's strengths and unique abilities**
 - Focusing on the things that their body enables them to do: walk, run, climb, dance, teach, and/or anything else.
 - The key is to focus on what their body can do versus what it can't.
- **Don't let your teens be defined by their size or weight**
 - Emphasize tuning in to how your teens feel in their body opposed to how it looks or how much they weigh
 - Get curious about what else is going on
 - Validate how they are feeling in/about their body instead of trying to “fix” or change it



Encourage positive body image

- **Stop body talk at home**
 - If your teen is talking about their body or someone else's body, especially critically, redirect the conversation
 - Validate and redirect
 - Focus on the part that is not about the body
 - Completely change the subject!
- **Model healthy behavior**
 - Notice tendencies to focus on you body/compare/comment
 - Get curious about where it comes from (no judgement)!



Reduce Negative Media Exposure

- Educate children on media distortions and harmful media content
- Show examples of how “ideal” body shape has changed over time
- Look through social media together and discuss subtle messaging
- Substitute Positive for Negative
 - Help children connect to positive accounts



Health At Every Size®

- Overall well-being as a measure of health, NOT body size or weight
- Accepting and respecting the diversity of body shapes and sizes*

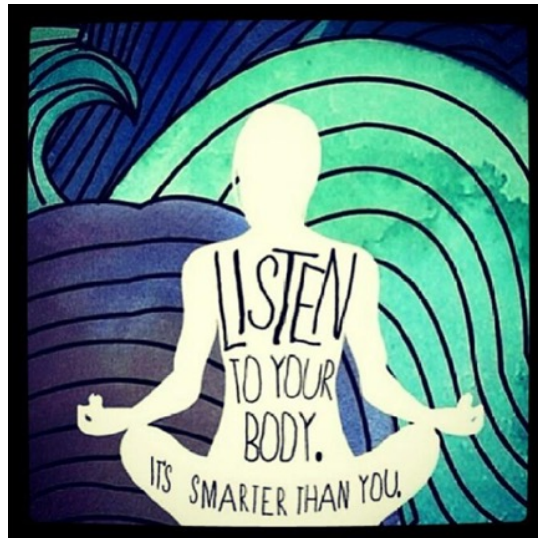


*as well as skin color, ability/disability, gender expression, and more.



Intuitive Eating

- An approach that teaches you how to create a healthy relationship with your food, mind, and body
- Goal: to become the expert of your own body



How to support intuitive eating

- Ask your children if they are hungry or full and encourage them to check in with their own body cues.
 - “How do you know you are hungry/full? What does it feel like in your body?”
- Have an “open” kitchen policy so that children know they can eat again when they want.
 - It’s okay to do this with flexible boundaries – communicate with your child about it
- Remove judgement from food in relation to non-“intuitive” moments (i.e., it is normal to eat when not hungry during a celebration, etc)



When and how to intervene



When to Intervene

- Significant fluctuations in weight
- Dramatic change in mood or behavior
- Engages in fewer social interactions with peers
- Absenteeism from school
- Marked increase or decrease in academic performance
- Observing any ED symptoms and behaviors previously mentioned
- Significant anxiety, depression or mood changes



How to Intervene

- Create opportunities for confiding (ideally, want the student to open up to you)
- Use open-ended questions and utilize “I” statements
- Remain calm and nonjudgmental
- Do not discuss food, weight, behaviors
- Focus on listening and creating a safe space
- Contact The Alliance for referrals to specialized providers in your area:

Contact our Referral Specialists

at: referrals@allianceforeatingdisorders.com or call 866-662-1235 Or go to <http://www.FindEDhelp.com> or the FindEDhelp app.



Questions?

For more information, please contact:

National Alliance for Eating Disorders

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www.allianceforeatingdisorders.com

