

## Eating Disorder Awareness and Treatment in a School-based Setting

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### Objectives

- ◆ Learn practical approach to screening for eating disorders (AN, BN, ED NOS)
- ◆ Increase awareness of ways to approach student with suspected eating disorder
- ◆ Identify school environment and treatment team that fosters recovery

### The Eating Disorders

- ◆ **Anorexia nervosa**
  - refusal to maintain weight at a healthy level for height and age, coupled with an intense fear of being fat and loss of menstrual cycles.
    - Restrictive subtype
    - Binge-purge subtype
- ◆ **Bulimia nervosa**
  - cycles of binge eating and purging, coupled with an intense fear of being fat.

### The Eating Disorders


- ◆ **Eating Disorder NOS**
  - Do not yet meet full criteria for AN or BN
  - Self-induced vomiting but of normal weight and no binge-eating.
  - Weight loss from 205# to 120# in 9 months placing current weight within normal range.
  - Weight loss from 120# to 85# but still menstruating.

### Anorexia Nervosa

- ◆ Peak onset at ages 13 and 18 years
- ◆ Prevalence is 1% of females in industrialized societies
- ◆ Males comprise 10% of cases and commonly have dual diagnosis
- ◆ Mortality estimated at 10-20%

### Bulimia Nervosa

- ◆ Peak onset is late teens and 20s
- ◆ Estimated rates in the US vary from 3-20% depending on subpopulation studied



## *Eating Disorders – Are They in My School?*

- ♦ Ohio Public School enrollment 2003-2004, grades 9 – 12: 549,877
- ♦ Anorexia nervosa (1%): 5,498 students
- ♦ Sycamore school, grades 7-12, 2995 enrolled: 30 students with AN
- ♦ Add to this students with ED NOS and BN
- ♦ ED effect all races, SES, and genders



## **Signs and Symptoms of an Eating Disorder**

- ♦ Excessive amounts of time spent thinking about or acting on issues related to weight, food, or body image
  - physical
  - behavioral
  - emotional



## **Physical Symptoms**

- ♦ weight loss
- ♦ fatigue
- ♦ dizziness, fainting
- ♦ menstrual period changes
- ♦ abdominal pain or bloating
- ♦ heartburn, chest pain
- ♦ hair loss
- ♦ insomnia



## **Behavioral Signs**

- ♦ restrictive diet
- ♦ throwing away lunch
- ♦ uncomfortable eating at social gatherings
- ♦ frequent weigh-ins
- ♦ excessive exercise
- ♦ excessive bathroom time
- ♦ smell of vomit in bathroom or on student



## **Emotional Symptoms**

- ♦ irritability
- ♦ anxiety
- ♦ sadness
- ♦ sense of shame
- ♦ low self-esteem
- ♦ complaints about appearance, especially of being or feeling fat
- ♦ comments about feeling worthless
- ♦ hopelessness



## **How to Help**

- ♦ Encourage concerned friends to speak directly with the student after school hours
- ♦ Approach any student you are concerned about and arrange private meeting time
- ♦ Keep sources confidential
- ♦ Offer help in non-judgmental way
- ♦ Notify their parent/legal guardian of your concerns

## How to Help

- Do
  - your homework
  - use "I" words
  - give examples
  - focus on health
  - know your limits and refer for professional help
- Don't
  - compliment weight loss or gain
  - force them to eat
  - monitor their eating (unless asked to by a professional)
  - take rejection personally

## Community Resources

- The student's primary care provider
- The insurance company mental health referral line
- The Teen Health Center at CCHMC
- [www.edreferral.com](http://www.edreferral.com)

## Treatment Team

- Medical Physician
- Registered Dietitian
- Mental Health Specialist
  - Family Therapist
  - Individual Therapist
  - Group Therapy
  - Psychiatrist

## Role of Medical Physician

- Assess for hospitalization if severely malnourished
- Assess/treat organ damage
- Monitor physical health, growth and development
- Prescribe medications as indicated
- Limit exercise as appropriate

## Medical Complications

- Delayed or permanently impaired growth and development
- Cardiac arrhythmia, sudden death, or MI
- Gastrointestinal complaints
- Electrolyte abnormalities
- Osteoporosis and fractures
- Suicide

## Role of the Dietitian

- Education; extinguish food myths
- Slowly increase total calories to halt weight loss and then lead to weight gain
- Increase variety
- Extinguish food rituals
- Re-examine hunger /satiety
- Extinguish binge-purge triggers



## Role of the Therapist

- ♦ Assist in accepting diagnosis and begin process of change
- ♦ Treat anxiety, stress and depressive symptoms that co-exist with or are caused by behavior change
- ♦ Explore body image and self-esteem
- ♦ Assist in progression of normal adolescent developmental tasks



## Tips for Teachers

- ♦ Classroom atmosphere which empowers
- ♦ Collaborate with others to eliminate unhealthy weight attitudes and behaviors (i.e. bullying)
- ♦ Educate yourself and students about media and social influences
- ♦ Incorporate nutrition balance and genetic differences into class work



## Tips for Coaches

- ♦ Exercise for fun, fitness, and friendship
- ♦ Performance enhancement through strength and stamina, not weight
- ♦ Increase student's self-esteem--focus on their strengths



## Tips for Parents

- ♦ Discuss puberty early
  - teach acceptance of diversity in body shape
  - explore your own feelings about body shape
- ♦ Exercise for:
  - fun, fitness, and friendship
  - not to burn calories or "improve" appearance



## Tips for Parents

- ♦ Self-Esteem
  - love your child for who he/she is, not for their achievements or appearance
- ♦ Role modeling
  - attitude toward food and dieting behavior
  - stress relief techniques



## Tips for Parents

- ♦ Emotions
  - examine your goals/dreams for your loved one
  - encourage open communication
  - acknowledge, don't attempt to change the other person's feelings
  - **be available**



### *Prevention Curricula*

- ◆ Girl Power – Dept. Health & Human Services ( ages 9-13)
- ◆ Healthy Body Image: Teaching Kids to Eat and Love Their Bodies Too! – Kathy Kater, NEDA (grades 4-6)
- ◆ Helping Adolescents Become Healthy Adults – Ann Kearney-Cooke, PhD through Columbia University.