





**Identification and Management of Eating Disorders in the School Setting**  
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 (She/Her/Hers)

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**The Cambridge Eating Disorder Center**

- Residential
- Partial Hospitalization Program
- Intensive Outpatient Program
- Outpatient Therapy



 Dietitians  
 Case Managers (LMHC, MSW)  
 Medical Team (Nurse, NP's, MD)

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**Agenda**

- About CEDC
- Eating Disorder Overview
- Identifying Eating Disorders
- Psychiatric Comorbidities of Eating Disorders
- Medical Complications of Eating Disorders
- COVID-19 and Eating Disorders
- Social Media and Eating Disorders
- How School Nurses can Help
- Resources
- Questions

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**What is an Eating Disorder?**

*“Any range of psychological disorders characterized by abnormal or disturbed eating habits”*

(Oxford Learner's Dictionary, 2022).

- Anorexia Nervosa (AN)
- Bulimia Nervosa (BN)
- Binge Eating Disorder (BED)
- Avoidant Restrictive Food Intake Disorder (ARFID)
- Orthorexia
- Diabulimia
- Other Specified Feeding and Eating Disorder (OSFED)

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### Who Do Eating Disorders Affect?

30 million Americans will experience an eating disorder in their lifetime

All genders, ages, races, religions, ethnicities, and sexual orientations

- People of color are half as likely to be diagnosed or receive treatment
- Women are 2x as likely as men to have an eating disorder
- 95% of those with an eating disorder are between age 12 and 25

Less than 6% of people with eating disorders are considered medically "underweight"

Anorexia is the 3rd most common chronic illness among adolescents

(ANAD, 2022)

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### + BODY IMAGE AMONG ADOLESCENTS

- 50% of girls between the ages of 11 and 13 see themselves as overweight
- 42% of 1<sup>st</sup>-3<sup>rd</sup> grade girls want to be thinner
- 80% of 13 year olds have attempted to lose weight
- Approximately 11% of high school students have been diagnosed with an eating disorder

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### + Disordered Eating v. Eating Disorder?


- **Normalized, non-disordered eating:** when one mindfully consumes food when hungry and is able to stop when full. There is variety in their diet
- **Eating Disorder:** All-consuming; the individual thinks about calories, taste, food avoidance, or where to buy food, etc. This level of obsession can impair focus, the ability to stay present, and sleep, among other things

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## Eating disorders are the second most deadly mental illness, second only to opioid overdoses

10,200 deaths per year as a direct result of an eating disorder, equating to 1 death every 52 minutes



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### What Causes Eating Disorders?


- Biological Factors**
  - Family History/Genetic Predisposition
  - Type One Diabetes
- Social Factors**
  - Cultural Norms
  - Body Dissatisfaction
  - Weight Stigma
  - Bullying
- Psychological Factors**
  - Low Self Esteem
  - Comorbid Mental Illness (OCD, anxiety, depression)
    - Trauma
  - Type A Personality Traits
  - Personality Disorders

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### Emotional Signs of Disordered Eating

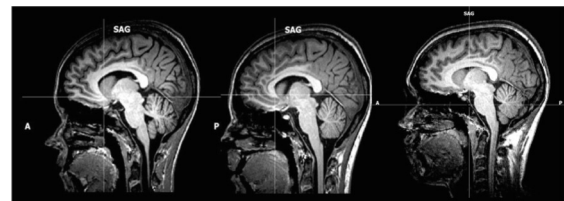
- Changes in attitude/performance
  - Appears sad, depressed, anxious, withdrawn or "flat"
- Preoccupations with body or weight
- Obsession with calories, food or nutrition
- Intolerance for imperfections in academics, eating, social life, sports etc.
- Trouble Concentrating



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### Brain Fog



acute AN-patient      weight-recovered AN-patient      healthy control

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**+ Behavioral Signs of Disordered Eating**

- Is target of or perpetrator of weight related bullying
- Avoiding social situations involving food
- Food rigidity/Food Rules: unable to share, unwilling to eat foods prepared by others, unfounded by allergy, sensitivity, or religion
- Frequent bathroom trips
- Hovers over chair instead of sitting, jiggling legs, "crunch position in chair", gets up from desk often
- "Body checking": grabbing wrists, checking thighs
- Baggy/ill fitting clothing or clothing inappropriate for season

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**+ Physical Signs of Disordered Eating**

- Sudden weight loss or weight gain
- GI complaints (constipation, diarrhea, nausea, bloating)
- Feeling cold
- Fatigue
- Dizziness
- Dark circles under eyes, red eyes
- Dry skin
- Poor circulation
- Lanugo (fine body hair)
- Thinning hair or hair loss
- Low Heart Rate
- Orthostatic Vital Signs
- Cut or Calloused fingers or knuckles
- Dental Issues
- Frequent bone fractures
- Amenorrhea/Menstrual Irregularities

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**+ MEDICAL COMPLICATIONS**

- Anemia
- Bradycardia
- Hypotension
- Hypothermia
- Edema
- Electrolyte imbalance
- Dizziness/fainting
- Osteoporosis/Osteopenia
- Constipation/diarrhea
- Kidney Failure
- Esophageal erosions and ulcers, Barrett's esophagus and bleeding
- **Refeeding Syndrome**



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**+ Refeeding Syndrome**

- In starvation, fat and protein stores are catabolised to produce energy. This results in an intracellular loss of electrolytes. When they start to feed a sudden shift from fat to carbohydrate metabolism occurs and secretion of insulin increases, stimulating cellular uptake of phosphate, which can lead to profound hypophosphataemia.
- Within 4 days:
  - Fatigue.
  - Weakness
  - Confusion
  - Difficulty breathing
  - High blood pressure
  - Seizures
  - Irregular heartbeat
  - Edema.
- Ultimately:
  - Rhabdomyolysis
  - Respiratory failure
  - Cardiac failure
  - Arrhythmias
  - Seizures
  - Coma
  - Sudden death

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### + ANOREXIA NERVOSA (AN)

- Persistent restriction of energy intake leading to significantly low body weight (in context of what is minimally expected for age, sex, developmental trajectory, and physical health) .
- Either an intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain (even though significantly low weight).



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### + ANOREXIA NERVOSA WARNING SIGNS

- |                                       |                             |
|---------------------------------------|-----------------------------|
| ■ Low Weight                          | ■ Gender                    |
| ■ Avoidance of Food                   | ■ 10:1 ratio female to male |
| ■ Food rituals                        | ■ Age                       |
| ■ Compulsive Exercise                 | ■ Common onset age 12-17    |
| ■ Body checking                       | ■ Temperament               |
| ■ Body distortion and dissatisfaction | ■ Perfectionism             |
| ■ Calorie counting                    | ■ Over-achievement          |
|                                       | ■ Rigidity                  |
|                                       | ■ Type A Personality Traits |



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### + BULIMIA NERVOSA

- Recurrent episodes of binge eating. Binge eating is characterized by both of the following:
  - Eating, in a discrete period of time (e.g. within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.
  - A sense of lack of control over eating during the episode (e.g. a feeling that one cannot stop eating or control what or how much one is eating).
- Recurrent inappropriate compensatory behavior in order to prevent weight gain
  - self-induced vomiting, misuse of laxatives, diuretics, or excessive exercise.



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### + BULIMIA NERVOSA WARNING SIGNS

- Cognitive distortions and irrational beliefs around, weight and appearance
- Body loathing
- Food rituals
- Hiding or sneaking food
- Discomfort/avoidance of eating in public
- Obsessive weighing /Body checking
- Frequent/Compulsive exercise
- Frequent bathroom trips particularly after meals

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**BULIMIA NERVOSA RISK FACTORS**


- 10:1 ratio female to male
- Age: Variable
- History of obesity
- Temperament:
  - High stimulus/sensation seeking
  - Impulsivity

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**BINGE EATING DISORDER (BED)**

- Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
  - Eating, in a discrete period of time (e.g. within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.
  - A sense of lack of control over eating during the episode (e.g. a feeling that one cannot stop eating or control what or how much one is eating).
- The binge eating episodes are associated with three or more of the following:
  - eating much more rapidly than normal
  - eating until feeling uncomfortably full
  - eating large amounts of food when not feeling physically hungry
  - eating alone because of feeling embarrassed by how much one is eating
  - feeling disgusted with oneself, depressed or very guilty afterward
- Marked distress regarding binge eating is present
- Binge eating occurs, on average, at least once a week for three months
- Binge eating not associated with the recurrent use of inappropriate compensatory behaviors as in Bulimia Nervosa




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**BINGE EATING DISORDER: COMORBIDITIES AND RISK FACTORS**

- Co-Morbidities
  - High correlation with obesity
  - Associated with higher levels of disabilities and health problems
  - Depression
  - Anxiety
  - Substance Abuse
  - Avoidant personality traits
- Risk Factors
  - Childhood Obesity
  - Teasing and bullying
  - Gender
    - 70% Women
    - 30% Men



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**Avoidant Restrictive Food Intake Disorder (ARFID)**

- Lack of interest in food, fears of negative consequences of eating (i.e. choking, vomiting), food aversions
- Warning signs of ARFID:
  - Restricted or reduced food intake
  - Frequent complaints about bodily discomfort with no organic cause
  - Lack of appetite or interest in food
  - Fear of negative effects of eating food (e.g., choking, vomiting)
  - Inability or reluctance to eat in front of others
  - Picky eating that is unresolved by late childhood
- High comorbidity with ASD

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### **OTHER SPECIFIED FEEDING OR EATING DISORDER (OSFED)**

- A diagnosis might then be allocated that specifies a specific reason why the presentation does not meet the specifics of another disorder (e.g. Bulimia Nervosa- low frequency). The following are further examples for OSFED:
- **Atypical Anorexia Nervosa:** All criteria are met, except despite significant weight loss, the individual's weight is within or above the normal range.
- **Binge Eating Disorder (of low frequency and/or limited duration):** All of the criteria for BED are met, except at a lower frequency and/or for less than three months.
- **Bulimia Nervosa (of low frequency and/or limited duration):** All of the criteria for Bulimia Nervosa are met, except that the binge eating and inappropriate compensatory behavior occurs at a lower frequency and/or for less than three months.



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### **Prevalence of Co-Existing Disorders**

- 66% Anxiety/Depression
  - 50% before the onset of the eating disorder
- 40% Obsessive-Compulsive Disorder
  - 69% of patients with Anorexia
- 30-60% Post-Traumatic Stress Disorder
- 30% Substance or Alcohol Use Disorders

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### **The Eating Disorder Pandemic**

40% of adolescents newly-diagnosed with an eating disorder cited the pandemic as a trigger:

2-fold increase in hospital admissions among patients aged 10 to 23 years with eating disorders during the first 12 months of the COVID-19 pandemic

- 1) Disruptions to daily routines, Increased Anxiety, Feelings of loss of control
- 2) Constraints to outdoor activities increased weight and shape concerns
- 3) Social restrictions deprived individuals of social support
- 4) Isolation allowed eating disorders to advance further before being diagnosed
- 5) Fears of contagion increased ED/OCD/Anxiety symptoms: health concerns and increased focus on weight
- 6) Increased reliance on video conferencing
- 7) Increased time on Social Media

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### **Social Media and Eating Disorders**

- Use of Social Media is associated with higher rates of disorder eating behavior
  - "Thinspo"
  - Comparison
  - "Healthy" eating accounts ("What I Eat in a Day")
  - Heavy editing
  - Weight Loss and Nutritional Supplement Marketing/Targeted Ads
  - Eating Disorder "Communities"



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**+** Dictionary  
Definitions from Oxford Languages Learn more

thinspiration

**ON**

anorexia nervosa) used seeking to maintain a ve dangerous thinspiration

**Get That Perfect Thigh Gap**

- 1) 10 toe touches (standing)
- 2) 20 lunges (to each leg)
- 3) 20 squats
- 4) 40 jumping jacks
- 5) 50 second toe touch (sitting)
- 6) 60 second wall sit

- Quotes
- Pictures of Celebrities
- Older Pictures of Self
- Edited Photos of self

**NOTHING TASTES AS GOOD AS SKINNY FEELS**

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**+** Targeted Ads/Media

**28-DAY CHALLENGE**  
ACCORDING TO A BODY TYPE

**gongxiuherbertson** • 6 Followers  
I always get asked about my abs workout so here you go!

**gongxiuherbertson** • 6 Followers  
I have been using GYM Night Line... they taste amazing which is... they currently have 50% off on their website, apply the discount code: herbertson at the checkout!

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**+** How can I help as a school nurse?

1. Focus on HEALTH, not weight during screenings
2. Do not comment on weight (gain OR loss, including staffs)
3. Always ensure students that conversations stay between you and them UNLESS you are concerned for their safety or others
4. Understand that symptoms of anxiety and disordered eating may look like excuses to skip class
5. Take a multidisciplinary approach whenever possible (i.e. school counselor)
  1. Ensure Home Economics, Physical Education, and Health Teachers are using up-to-date appropriate resources when discussing food, exercise, and weight
  2. Communicate concerns to PCP
6. REMEMBER: Eating disorder ≠ Underweight
7. Supporting Zero Tolerance Bullying Policies

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**+** Tips to Raising Concern with a Student

- Ensure you are in a private place
- Use "I" Statements. Avoid Accusatory Statements
  - "I have noticed you are not eating in the cafeteria"
  - "You're not eating!" "Why aren't you eating?"
- Avoid weight talk, Focus on Behaviors
  - "You have lost a lot of weight recently"
  - I noticed you seem to be more anxious recently and preoccupied during lunch. Is everything okay?"
- Avoid simple solutions. Encourage professional help
  - "Just eat more"
  - "Would you consider talking to someone about your eating habits or anxiety?"
- Be prepared for a negative reaction
  - Remain calm, allow the student to leave at any point
  - "Thank you for taking the time to listen to my concerns. Please know my door is always open and anything we discuss stays between me and you"

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### + Tips to Talking to Parents

- Recognize that parents of a child with an eating disorder are more likely to have disorder eating themselves. Stigma, culture, and personal beliefs regarding food and weight will impact how this parent perceives your concern.
- Avoid any statements that place blame or guilt
- Come prepared with concrete examples of changes you've noticed in the child and resources
- Take a problem-solving approach
- Empathize *without* downplaying

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### + Indicators for Intensive Outpatient Treatment

- Medically Stable
- Weight >85% IBW
- Restrictive Eating and Weight Loss
- Binge/Purge Episodes Few Times/Week
- Binge/Purge Episodes During Evening Hours
- Use of Other Methods of Purging (ex. laxatives, diet pills, compulsive over-exercise)
- Failure of Outpatient Treatment



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### + Indicators for Partial Hospitalization

- Medically Stable
- Weight 80-85% IBW
- Daily Binge/Purge Episodes
- Severe Restrictive Eating
- Disruption of Normal Functioning
- Failure of Outpatient Treatment



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### + Indicators for Residential Eating Disorder Program


- Medically Stable
- Weight Under 80% IBW
- Rapid Weight Loss (e.g., 20 lbs in one month)
- Binge/Purge episodes multiple times/day
- Significant Laxative Abuse
- Several Hours of Compulsive Exercise/Day
- Failure of Outpatient Treatment



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**+ Indicators for Inpatient Eating Disorder Program**

- Weight below 70% IBW (ideal body weight)
- Refusal to Eat or Drink for more than 24 hours
- Heart rate < 50 bpm
- Systolic BP <90
- Syncope
- Blood in Vomit




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**+ Resources**




National Eating Disorders Association

 NATIONAL HELPLINE | (800) 931-2237  
 ONLINE CHAT | [WWW.MYNEDA.ORG](http://WWW.MYNEDA.ORG)  
 CRISIS TEXT | NEDA TO 741741

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**+ Recovery**



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**+ Questions?**

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