**RACHEL BRESKMAN, MEd, CAC**

**25 Washington Lane, Suite A1**

**Wyncote, PA 19095  
 215-886-5611** PA License No. PS-007659-L

**WHAT TO DO IF YOU SUSPECT A ONE LOVED HAS AN EATING DISORDER**1) Learn the signs of an eating disorder.

ALL EATING DISORDERS:

a) Often begins with a diet that may be appropriate

b) Distorted body image (thinking one is heavier than other people think or the scale says)

c) Preoccupation and obsessiveness about food, body, dieting, calories, nutrition, weight, cooking

d) Denial and inability to judge hunger or other body signals and needs

e) Excessive exercising (e.g. daily for more than an hour) or exercising despite injury or illness, with extreme discomfort and obsession if a day is skipped

f) Hiding and hoarding food

g) Lying about what was eaten

h) Complaints about feeling stuffed after eating even small amounts of food

i) Certainty everyone is critical of their body or themselves

ANOREXIA:

a) Discomfort after eating normal amounts of food

b) Hair loss and growth of abnormal soft body hair

c) Amenorrhea/irregular menstruation

d) Oversized clothes that mask body size

e) Intense fear of gaining weight

f) Peculiar food habits e.g. crumbling/cutting food

into tiny pieces, throwing away food, mushing food and playing with it

g) Enjoyment from feeding/preparing food for others

BULIMIA and/or COMPULSIVE OVEREATING

a) Binge eating, with food being gobbled rapidly as if in a trance

b) Frequent fluctuations in weight and dieting

c) Inability to voluntarily stop eating

d) Guilt and shame felt about eating

e) Feeling out of control

f) Depressive moods and mood swings

g) Overeating in reaction to stress

BULIMIA ONLY

1. Frequent disappearing or use of bathroom after meals including vomiting
2. Frequent laxative and diuretic use and abuse
3. Swollen glands
4. Reporting “feeling sick” or “getting sick” after eating
5. CAN BE ANY WEIGHT

2) Learn the consequences of Eating Disorders

MEDICAL DANGERS INCLUDE:

ANOREXIA:

1. Heart and cardiovascular problems such as hypotension, decreased peripheral circulation, Raynaud’s Phenomenon, EKG abnormalities, arrhythmia
2. Endocrine problems including amenorrhea (which can cause loss of bone density or osteoporosis), lack of ovulation, ketosis, suppression of immunoglobulins (which can decrease resistance to infections), disturbances in hypothalamic-pituitary function
3. Anemia and zinc deficiency (leading to skin lesions, alopecia or nausea)
4. Slowed metabolism including bradycardia, hypotension, hypothermia, decreased oxygen uptake
5. Dermatological problems including lanugo hair, cyanosis, yellowish skin, alopecia
6. Electrolyte imbalance including elevated BUN and potassium deficiency
7. Gastrointestinal problems including constipation, and, when the person begins to replenish her/his nutrients by eating more, lactose intolerance, diarrhea and gastric dilation
8. Calcium depletion resulting in osteoporosis
9. Renal difficulties such as decreased concentrating capacity of kidneys, urinary calculi, decreased GFR, and acute renal failure (rare)
10. Fainting, fatigue, weakness, orthostasis

BULIMIA:

1. Cardiovascular problems include arrhythmia, hypotension, Ipecac toxicity (if used to induce vomiting) and cardiac arrest
2. Dental problems caused by vomiting e.g. enamel erosion, buccal erosion, increased cavities and loss of teeth
3. Endocrinological problems include dexamethasone non-suppression, hypoglycemia, menstrual irregularities
4. Gastrointestinal complications including salivary gland hypertrophy, elevated serum amylase, abdominal pain, constipation, esophageal perforation, gastric rupture, pancreatitis, cathartic colon, hiatal hernia, bleeding,
5. Neurological problems include EEG changes and convulsions (possibly due to electrolyte disturbances, low blood sugar, insulin or alcohol binges)
6. Electrolyte imbalances including dehydration, headache and fatigue, alkalosis, acidosis, low chloride, sodium and potassium. Potassium depletion can lead to muscle weakness or paralysis, tetany, renal tubular vacuolation, cardia arrhythmia, and death can occur slowly or without warning
7. Hematological problems such as elevated cholesterol
8. Pneumomediastinum
9. Calluses or scarred hands
10. From laxative abuse, stretched “lazy” colon, colon infection, irritable bowel syndrome, liver damage and increased risk of colon cancer

SOCIAL AND EMOTIONAL CONSEQUENCES:

1. Isolation and distance from loved ones result from behaviors involved in the disorder as well as from shame
2. Depression and shame both secondary to the eating disorder and possibly part of the cause
3. Difficulty concentrating and focusing, thinking clearly
4. Difficulty carrying out the necessities of life due to constant preoccupation and obsessiveness and compulsivity associated with the disorder
5. Avoidance of emotions and conflict, denial of the problem
6. Loss of sex drive
7. Mood swing

FINANCIAL AND LEGAL CONSEQUENCES

1. Binge eating sometimes leads to stealing food or straining one’s budget

OCCUPATIONAL CONSEQUENCES

1. Functioning at work or school is impaired at times due to preoccupation with food, calories, weight, etc
2. Concentration difficulties, mood swings, debilitating depression, affect work performance and attendance
3. Low energy and fatigue and impaired resistance to illness due to insufficient nutrition and muscle weakness and pains can also affect performance and attendance.

3) Express your feelings specifically about your loved one’s behavior in a non-judgmental way. Tell her or him what

you have observed and how it affects you. Start by explaining your concern, as people with eating disorders may be very defensive and maintain denial. They are often extremely ashamed of being imperfect. Black and white thinking often leads to their own assumption that imperfection means they are defective or worthless. Inform them of the potential consequences of the eating disorder as well as what you have observed as consequences already. Acknowledge your own imperfections.

4) The eating disorder is a distraction from other pain. Keep in mind that pain is underlying the unhealthy behavior

and what may appear as willfulness. Address yourself to the hurting part of the person. Know s/he did not choose

this and cannot stop without help.

5) Offer help, research referrals with background in working with people with eating disorders; offer to attend family

counseling with her or him and examine together if there is anything you can do differently to support her/him.

6) **LISTEN TO HER OR HIM!** Ask what he or she needs/wants. Help her or him to feel heard by telling him or her

what you heard to be his or her needs and concerns. Allow the person to speak for her or himself whenever

possible.

7) Attend support groups for family members of people with eating disorders.

8) Accept your limitations on what you can do if the person refuses to acknowledge a problem and get help. You

cannot change someone else’s behavior- only your own.

9) **DON’T ENGAGE IN POWER STRUGGLES!** Explain your concerns and the consequences as you see them.

Don’t walk on eggshells avoiding the issues either.

10) Continue to keep the communication channels open and express your feelings

11) Don’t change your eating/food purchases to accommodate the person’s disorder drastically, but ask the person if

they need additional food as part of your regular grocery shopping if you buy the household food.

12) Do not avoid holding the person accountable if his/her behavior impinges on others e.g. if someone vomits in the

bathroom, s/he should clean up afterward and after a binge, and replace the food eaten in a binge.

13) **DO NOT COMMENT ON THE PERSON WITH AN EATING DISORDER’S LOOKS OR WEIGHT** and avoid

focusing on anyone’s weight or looks. It may be a focus of obsession afterward and may lead to feeling judged. Tell the

person how happy you are to see her or him, not how good/thin etc s/he looks.

S/he may be seeking reassurance when she needs to short-circuit her obsessing if she constantly talks about how fat she is.

S/he needs to understand you care about her or him, not his or her looks. Keep in mind that the person has an eating disorder, but

there is a lot more to her/him: ask for her or his opinions, beliefs, interests etc and focus on the whole person.

14) Be aware of messages that certain feelings are taboo. Only allow certain WAYS OF EXPRESSING them to be

taboo.

15) Try to make mealtimes pleasant by not discussing food but by enjoying each other’s company.

16) Be aware of messages you convey when commenting on other’s looks, ways of dressing, weight, etc. even if strangers: you are

conveying values of those things are important and may lead to trying to please you to gain approval in unhealthy ways.

17) **GET SUPPORT FOR YOURSELF!**