



## **EATING DISORDERS: ANOREXIA NERVOSA AND BULIMIA NERVOSA FACT SHEET**

**EATING DISORDERS** are characterized by extreme disturbances of eating behaviors such as eating too much, eating too little, or extreme distress about body weight or shape.

There are three types of **EATING DISORDERS**: Anorexia Nervosa, Bulimia Nervosa, and Binge-Eating Disorder.

**EATING DISORDERS** affect both females and males.

**EATING DISORDERS** affect all areas of a child or youth's life (e.g., home, work, school, and social life) and can lead to serious additional medical problems.

### **CLINICAL SYMPTOMS**

### **WHAT DOES A PARENT/CAREGIVER SEE?**

<b>Refusal to maintain healthy weight</b> →	Excessive dieting; skipping meals; lying about eating; refusal to maintain medically recommended weight guidelines; feeling cold a lot; becoming frail or emaciated; showing low energy (lethargy); developing brittle hair and nails
<b>Bingeing</b> →	Eating unusually large quantities of food at a time; frequently eating until uncomfortably full; hiding large quantities of food or food wrappers
<b>Purging</b> →	Regularly buying laxatives, diuretics and/or enemas; exercising excessively; excusing self to go to bathroom immediately after eating; chronically sore throat
<b>Fear of gaining weight</b> →	Becoming obsessed with food, calories and/or weight control; weighing self frequently; only eating certain foods; avoiding foods they are not allergic to and previously enjoyed; eating only diet or low-fat foods; avoiding social activities that involve food
<b>Negative view of body weight or shape</b> →	Complaining of feeling fat; reporting being intensely unhappy with body size or shape; youth's view of self is highly influenced by body shape or size
<b>Amenorrhea (for anorexia)</b> →	Girls who have had periods do not have them anymore

**EVIDENCE-BASED PRACTICES** are treatments that have shown through clinical research to produce positive outcomes for children and their families.

### **The most common effective treatments for Eating Disorders are:**

- **Psychoeducation**
- **Family Therapy**
- **Cognitive Therapy**
- **Goal Setting**
- **Problem-Solving**



**The most effective treatments for Eating Disorders are:**

**Psychoeducation**

Psychoeducation is teaching children/adolescents and their caretakers about their mental illness. The purpose is to help children/youth and their families understand how the illness affects them and what kind of activities or treatment might help. Psychoeducation helps children/youth and their families understand that there are others who have similar problems and that there are treatments that work. This type of education helps them understand what will happen in the treatment sessions and how long the treatment might take. They will also learn what role the parent, the therapist, and the child/youth will play in the treatment, and that they will be a team that will work on problems together.

**Family Therapy**

Family therapy is a set of approaches that is designed to change patterns of relationships and interactions within a family. This type of therapy typically involves interactions and exercises with the child/youth, the caretakers, and sometimes the siblings. Sometimes family therapy is performed with a single client, but uses the same approaches to shift patterns of family interactions that would be used in more traditional multi-client family therapy.

**Cognitive Therapy**

Cognitive therapy is used to teach children and youth about how the way they think about things can affect how they feel, and how they feel can affect how they act (behave). Cognitive methods might be used to help children/youth understand how their thoughts are related to their moods and behaviors. They are taught strategies to help them check the accuracy of their thoughts and replace negative or unhelpful thoughts with more positive or helpful thoughts.

**Goal Setting**

Goal setting involves the treatment team (child/youth, therapist, and caretakers) working together to select a therapeutic goal. Once a goal is selected, plans are developed to achieve that goal. Goal setting often involves repeated assessment of how successful the treatment team is progressing to achieve the goal.

**Problem-Solving**

Children and youth with mental illnesses often think their problems are too big to handle. Problem-solving is a strategy that teaches a child how to clearly identify a problem, look at all possible solutions, and choose a solution. They also learn to evaluate their choices, and, if necessary, come up with different solutions. This strategy teaches children and youth how to use problem-solving in their day-to-day activities.