



Module 8: Eating disorders

Illness

What are eating disorders?

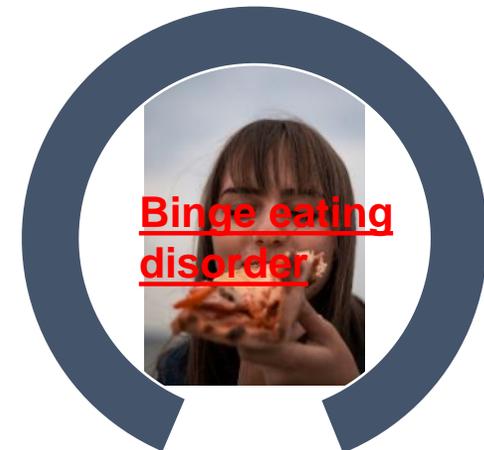
Eating disorders are characterized by a persistent change in diet or related behaviour that significantly compromises physical health or psychosocial functioning.

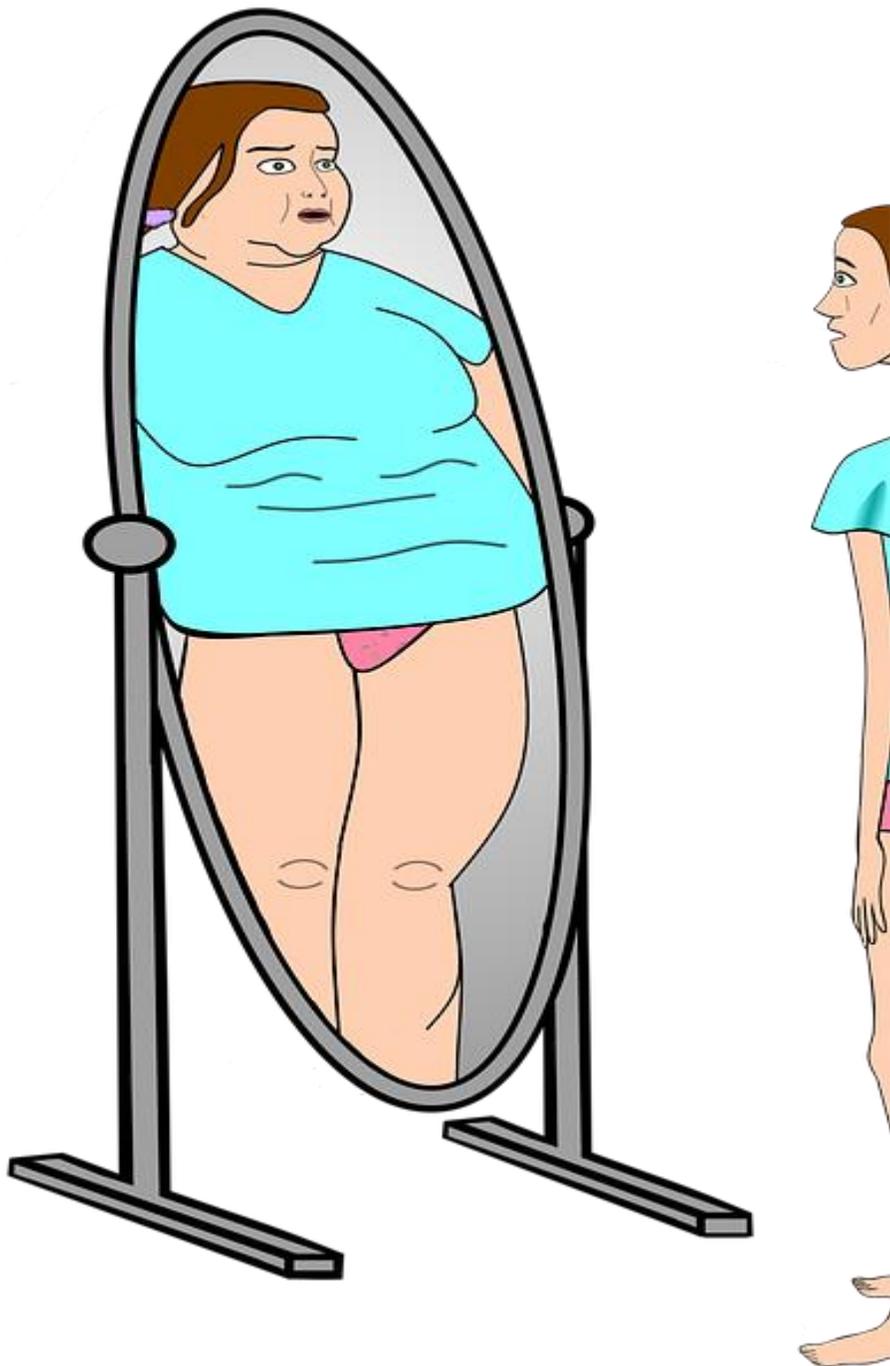
Adolescents and young adults are the mostly affected and if are not treated, eating disorders may cause fatal biological and psychological damage.



Illness (continuation)

The Diagnostic and Statistical Manual of Mental Disorders (DSM V) recognizes six primary eating disorders, but the three main types are:





Anorexia Nervosa

Characterized mainly by intense and intentional weight loss at the cost of highly restrictive diets and body image distortion.

There are two types of presentation of anorexia nervosa:

Restrictive

Where the person has a restrictive behaviors associated with diet.

Purgative

Occurrence of binge eating episodes followed by compensatory methods such as vomiting and the use of laxatives and diuretics



Bulimia Nervosa

Characterized by periods of high food intake (bulimic episodes), during which a large amount of food is consumed in a short period of time, associated with an uncontrolled eating behaviour and an excessive concern with body weight control. Such concern causes the patient to adopt compensatory measures in order to avoid weight gain.

Self-induced vomiting is the main compensatory method used.

Binge eating disorder

Characterized by consume of very large quantities of food in a brief period and feeling unable to stop eating or controlling. Unlike people with bulimia nervosa, they do not try to get rid of the food by compensatory methods.

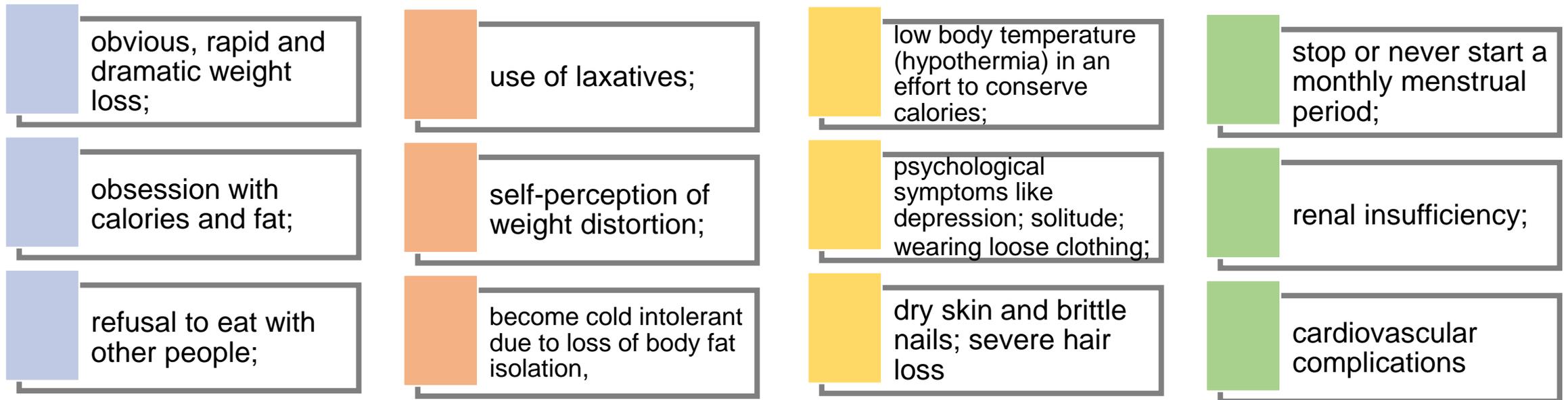
The binge eating is chronic and can lead to serious health complications (severe obesity, diabetes, hypertension and cardiovascular diseases).

Epidemiological data suggest an increasing prevalence of individuals with behaviours of obesity and comorbid **eating disorder**, such as binge eating.



Symptoms and behaviour of anorexia nervosa

The type and severity of anorexia nervosa signs and symptoms vary in each case and may be present but not apparent. Anorexia nervosa and malnutrition associated with self-starvation cause severe complications in all major organ systems in the body. Some of characteristic signs and symptoms of this disorder are:



Symptoms and behaviour of bulimia nervosa

In the case of bulimia nervosa the main underlying problems are:

excessive physical exercise;

body image distortion;

concentration deficits;

feeding based time management;

feeling of existential emptiness: life filled with the theme of food;

self-destructive behaviours and perfectionism;

sadness and depressed mood; low self-esteem; feeling of constant failure; fear / avoidance of close relationships involving intimacy;

history of food voracity behaviours (ingestion of large amounts of foods not properly chewed);

self-induced vomiting; excessive use of laxatives;

attempting strict and unbalanced diets;

history of low productivity or absenteeism;

reduced participation in leisure activities.

Symptoms and behaviour of binge eating disorder

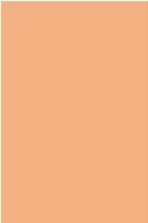
Binge eating disorder is characterized by episodes of eating more food than most people would eat at the same time and under the same conditions. Some of characteristic signs and symptoms of this disorder are:



eat until they are unpleasantly ingested;



eat alone to hide the voracity;



eating large amounts of food even though they are not hungry;



feel sad, ashamed or guilty after an episode of voracity.

Concerns about Eating Disorders - Role of the family

One of the main problems with this type of disease is that the person with an eating disorder does not admit to being ill and needs to be treated. It is therefore essential that family members are alert and able to identify the first signs of an eating disorder. Eating disorders affect not only the patient's health, but also their social, family and professional dynamics.

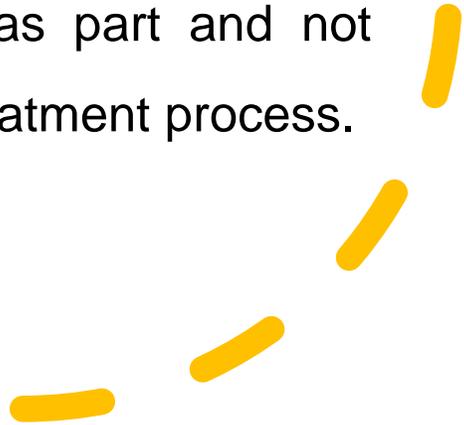
The first step helping a person suffering from an eating disorder is knowing how to identify it; The patient usually signals the problem through their behavior, even with attempts to hide the disease.

In binge eating, identification is more difficult because people often feed normally and when away from people in their social circle have hidden compulsive episodes. Packets of food hidden in the trash, food stored in the bedroom and weight gain that has no visible justification are some of the signs that the person is suffering from binge eating.

In the case of anorexia, progressive weight loss is the main warning sign. The person makes excuses not to eat and tries to disguise thinness in loose clothing. Some people with anorexia are very interested in food and gastronomy magazines and television shows, which represent the things they most desire and "can't consume."

Concerns about Eating Disorders - Implications of EDs in Family Dynamics

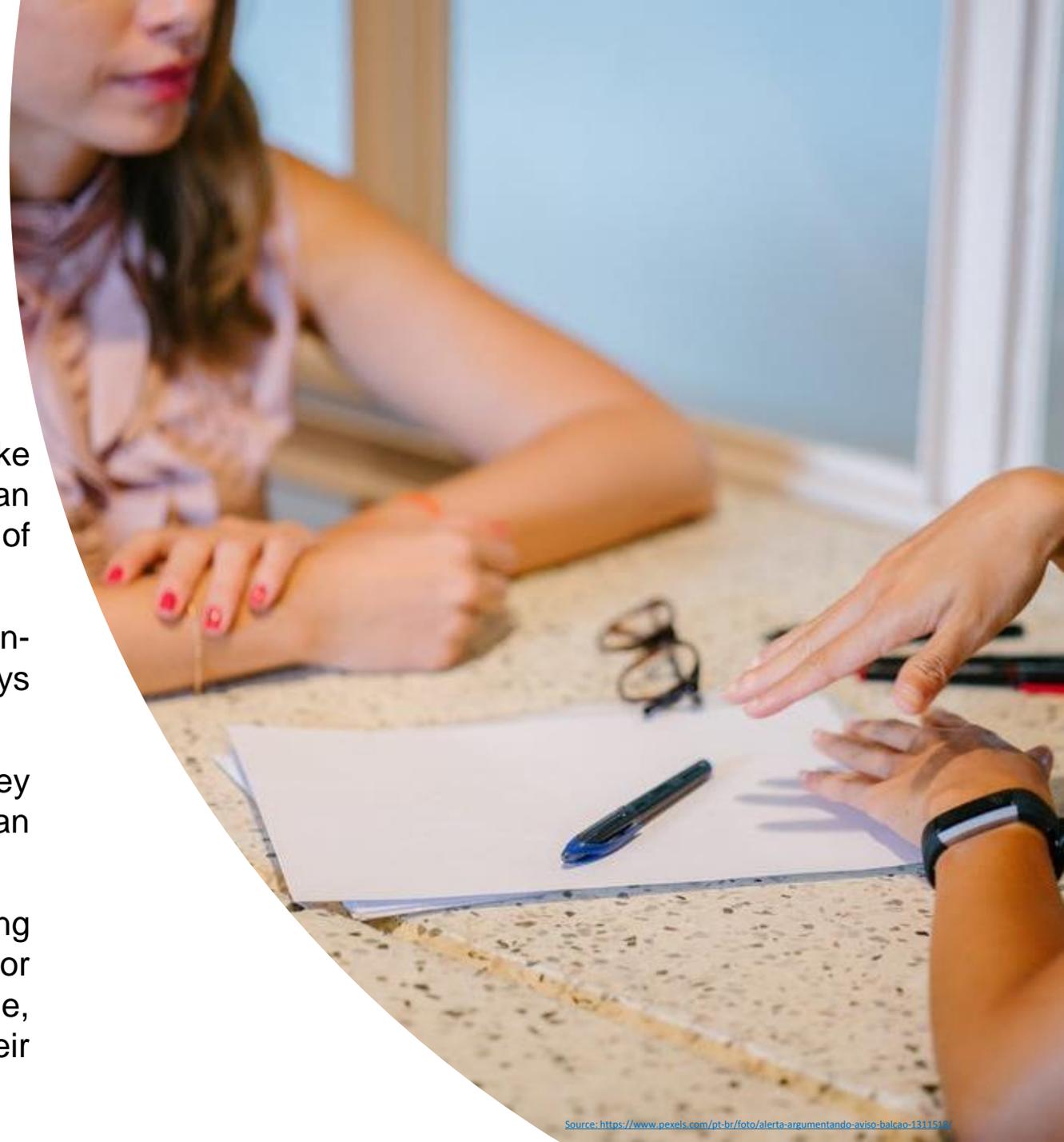
The peak age of onset of eating disorders occurs in mid-adolescence, so parents and other close family members often assume the role of caregivers. A family that faces a member with an eating disorder becomes the place for miscommunication, where there is room for painful silences, late recriminations, feelings of guilt, and frequent promises of change. Therefore, the family should never be or feel guilty about the disease, but acknowledge their responsibility in resolving it. This recognition of the family as part and not cause of the disease is part of the patient's treatment process.



Concerns about Eating Disorders - Implications of EDs in Family Dynamics

The first step that the caregiving family should take is to talk with the patient about unhealthy habits, which can lead to significant nutritional deficits and, consequently, loss of health, work, studies, relationships, etc.

- It is essential that the caregiving family adopts a non-judgmental stance of those who are willing to help, always making the patient's qualities clear.
- Family caregivers should explain to the sick person that they perceived that he/she is suffering and that this suffering can be alleviated if together they seek appropriate treatment.
- However, we should not force it if the sick person is unwilling to seek help. There should be a space within the family for the sick person to be heard. And when so, try not to judge, let the person express themselves and respect their feelings.

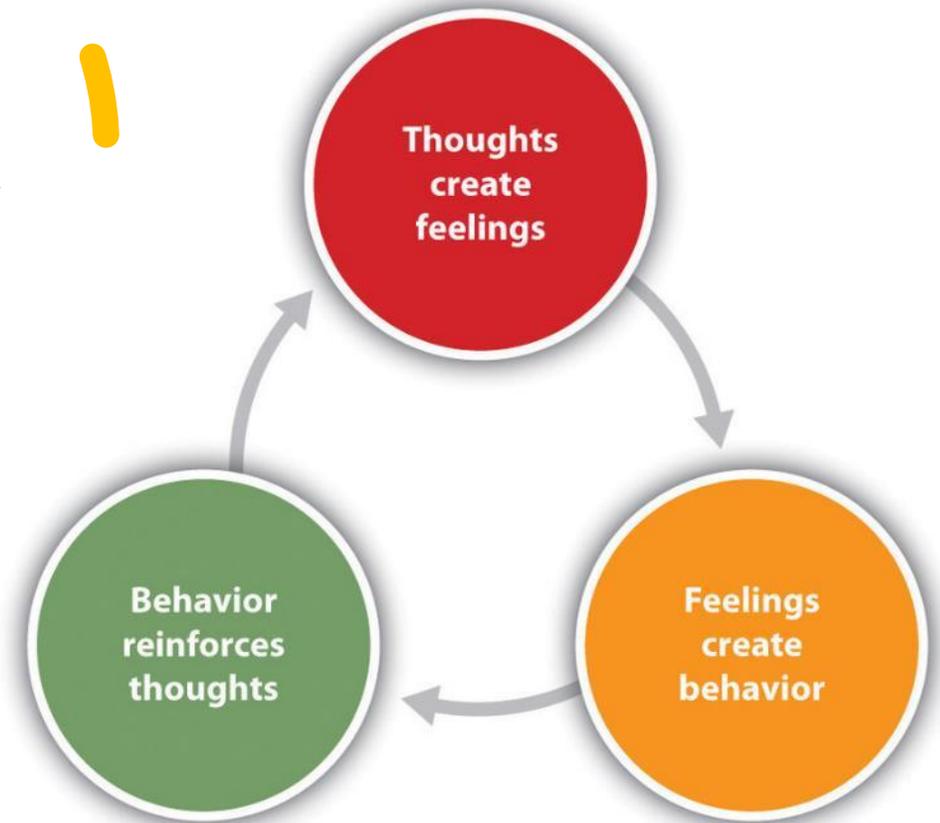


What can be done for individuals with Eating Disorder

It is important for a person with an eating disorder to be aware of their problem behaviors, to know why they happen, and what emotions and beliefs are associated with these behaviors that can contribute to their triggering behavior.

Mindfulness and **Acceptance-Based Treatments** (MABTs) have emerged in the last two decades to treat a variety of disorders.

In parallel with these treatments, doctors or health professionals should always help the patient to become familiar with the sight and feel of their body. In this way, the person with eating disorders will learn to accept it and be able to expose it to others, eliminating some **characteristic behaviors**. It should be noted that the individual's feeling of being fat tends to be triggered both by the occurrence of certain negative moods (depressed) as well as by physical sensations that increase body awareness (feeling full, bloated, tight clothing sensation).



What can be done with families

Family group interventions have been an effective alternative in providing support to caregivers. Family therapy provides a safety framework for parents, as well as providing the development of feelings of self-esteem, affection and hope, they also serve as a guide where parents receive and exchange information with both therapists and other parents.

However, there are many strategies and behaviors that family can adopt to deal with the disease in the most appropriate way. In everyday life the family can practice the following topics:



Approach the sick person without confrontation because of illness

Source: <https://www.freepik.com/free-photo/husband-supporting-comforting-upset-depressed-wife-infertility-sympa>



Family caregivers should talk to the sick person when they are calm and aware of what they will say; An aggressive approach will not allow communication between the family and the sick person

Source: https://www.freepik.com/free-photo/sad-woman-crying-her-therapist_861190.htm#page=1&query=sad&position=22



Parents and siblings should reflect on their own eating habits, body vision, and how food is treated within the family environment. Ask yourself, "Do I promote my son / brother's self-esteem or am I constantly criticizing his body and way of being?" "Do I inspire healthy habits?" Or "Do I share the admiration for perfect bodies and social standards of beauty?"

Source: https://www.freepik.com/premium-photo/portrait-unhappy-sad-female-student-while-being-bullying-by-her-groupmates-students-playing-pranks-sneering-mocking-their-classmate-stairs-college_6152985.htm

What can be done with families



Show that they understand what the person is going through and that they care deeply about the situation

Source: <https://www.pexels.com/pt-br/foto/pessoa-maos-pessoas-mulher-3327126/>



Ask what they can do to help, be flexible and never accuse or provoke feelings of guilt

Source: <https://www.pexels.com/pt-br/foto/acordo-ajuda-aperto-de-mao-apoio-45842/>



Do not insist that the person eat at the table or in public

Source: <https://www.pexels.com/photo/group-of-people-making-toast-3184183/>



Remove food from the focus of the conversation: The main reason must always be the **person** suffering from the disturbance. She is extremely sensitive to any comments related to body, weight or appearance

Source: <https://www.pexels.com/photo/blur-breakfast-close-up-dairy-product-376464/>



Make sure that your interventions are not prejudiced, avoid fighting with the patient about the importance of food, stating that he is obliged to feed: no one is obliged to anything if they do not want to.

Source: <https://www.pexels.com/photo/man-and-woman-wearing-brown-leather-jackets-984950/>

Do you want to learn more?

Our interactive Resource Pack will give you information about

- concerns that you as caregiver might have
- what can be done
- useful tips how to handle the burden of care
- how to avoid stress and burnout
- how to deal with your emotions
- acceptance of the disorder
- and more!

You will also find exercises and activities for YOU and for the care receiver!



**More information is available in the
Resource Pack:
https://developfc.csicy.com/?page_id=11708**