

Eating Disorders and Disordered Eating: A Brief Overview

Eating Disorder Support Network of Alberta





Land Acknowledgment

A few notes about today:

We acknowledge that the statistics and research presented today will have limits

- Gender usage in stats
- Weight-related language
- "Healthy" vs "Unhealthy"

You support recovery in many ways



A note about content:

We all come from different backgrounds and experiences, and some of you may have an emotional response to the content presented today. We hope that you are aware of what your personal limits may be, trust that you have support that you are able to access to help you manage these feelings, and understand you may need to step away for a moment or two.



A BIT ABOUT EDSNA

EATING DISORDER SUPPORT NETWORK OF ALBERTA



We serve people directly, and indirectly, affected by eating disorders or disordered eating. We are a nonprofit organization and a registered charity.

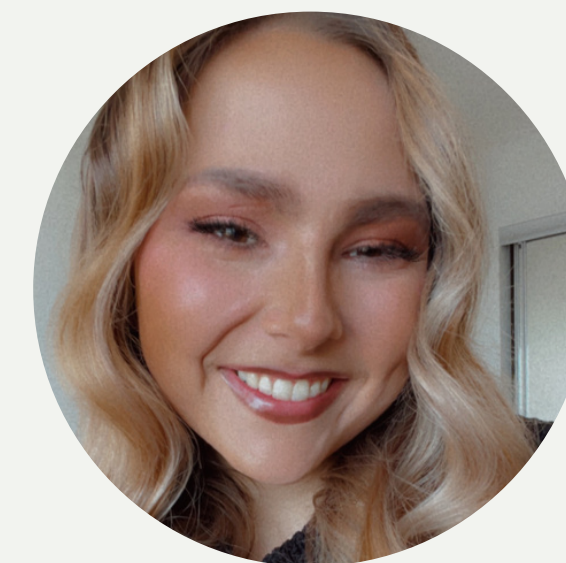
EDSNA also collaborates with both the provincial healthcare system and other like minded organizations, to offer support and resources to people all across Alberta.



ABOUT US

RYAN

- Bachelor's Degree in Psychology from U of A and Masters Degree in Counselling
- Recently got married earlier this year in Dominican Republic
- Has a younger brother and sister and 2 nephews



ANGIE

- Diploma in Television Broadcasting
- Personal connection to eating disorders
- Has a big family, lovingly called the Mellen Patch

MYTHS & FACTS

- Eating disorders are not serious conditions –they are just a phase and will go away with time They are self-resolving with enough tough love, guilt, etcetera.
- Eating disorders only affect cis, white teenage females.
- Eating disorders are easily detected and treated.
- You can tell if someone has an eating disorder by looking at them
- Eating disorders are always about control/trauma
- Recovery is something you can do alone
- Eating Disorders have the second highest mortality rate of any mental illness. The longer they are left, the more entrenched problematic mindsets or maladaptive behaviours may become
- Eating disorders affect all genders, ages, racial and ethnic identities, sexual orientations and socio-economic backgrounds
- People can have an eating disorder and live in ANY size of body, but weight is still something people fixate on
- It may be, but isn't always about control or trauma.
- Treatment usually involves a team of skilled professionals, as well as the support of loved ones.

EATING DISORDERS: WHAT YOU NEED TO KNOW



ANOREXIA

- Restriction of energy intake (calories)
- Intense fear of gaining weight or becoming fat
- Disturbance in the way in which one's body weight or shape is experienced
- Between 0.9% and 2.0% of females and 0.1% to 0.3% of males will develop anorexia

BULIMIA

- Recurrent episodes of binge eating
- The repeated use of inappropriate compensatory behaviour to prevent weight gain
- Self-evaluation is unduly influenced by body shape and weight
- Between 1.1% and 4.6% of females and 0.1% to 0.5% of males will develop bulimia

BINGE EATING DISORDER

- Recurrent episodes of binge eating
- Distress regarding binge eating is present
- The binge eating occurs, on average, at least once a week, for three months
- BED more than three times more common than anorexia and bulimia combined.

OSFED

- Other Specified Feeding or Eating Disorder
- Formally known as Eating Disorder Not Otherwise Specified (EDNOS)
- They do not meet the full criteria for a diagnosis for one of the other eating disorders
- OSFED affects up to six percent of the population.

ARFID

- Avoidant Restrictive Food Intake Disorder
- Previously known as Selective Eating Disorder
- Involves limitations to the amounts and type of food ate
- Likely does NOT involve any distress about body shape or size, or fears of fatness
- Nearly half of children with ARFID report fear of vomiting or choking, and one-fifth say they avoid certain foods because of sensory issues.

PICA

- Involves eating items that are not typically thought of as food
- Around 25% of adults with an intellectual disability suffered from PICA

RUMINATION DISORDER

- People repeatedly and unintentionally spit up (regurgitate) undigested or partially digested food from the stomach, re-chew it and then either re-swallow it or spit it out
- Rumination syndrome has a prevalence of 0.8 to 0.9 percent of adults in the general population

OTHER RELATED CONCERNS

ORTHOOREXIA

- Not formally recognized in the DSM. It's an obsession with "proper", "pure", "clean" or "healthful" eating. It affects up to 7% of the population.

MUSCLE/BODY DYSMORPHIC DISORDER

- Here one can not stop thinking about one or more perceived flaws in their appearance. About 2% of the population live with BDD

EXERCISE ADDICTION

- An unhealthy obsession with physical fitness and exercise.



HOW MANY
PEOPLE WILL
YOU SEE
WITH AN
EATING
DISORDER?

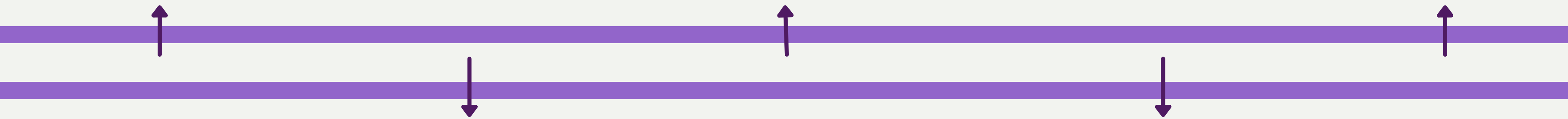
Intuitive and competent eater. Can find moments of peace within their body.

Engages in disordered behaviours, distrust in relationship with food and body

Meets criteria for DSM-5 for diagnosable ED

Some engagement in disordered thoughts or behaviours around food and body.

Significant disruption, may not check all the "boxes" in DSM-5 (yet experience is just as serious)



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OSFED ≠ DISORDERED EATING



WHO IS AT
RISK?

RISK FACTORS

- Genetic predisposition
 - Especially high with anorexia
 - Gene-environment interaction
- Psychological profile
 - People pleasers
 - Rigid black and white thinking
- Weight loss
 - Auto-immune disorders
 - Surgery
 - Diabetes
- Age



OTHER RISK FACTORS

- Environmental Factors
 - Trauma, abuse, bullying, stress
- Activities that place emphasis on weight / shape / size
- Society and the thin ideal - DIET CULTURE
- Other:
 - Ethnicity
 - Gender and sexuality
 - Other mental health concerns / co-occurring factors



#1 PREDICTOR

DIETING



DO YOU / HAVE YOU?

DO YOU ADMIRE
SOMEONE FOR
WORKING OUT AT A
CERTAIN INTENSITY
OR FREQUENCY?

DO YOU
COMPLIMENT/
JUDGE SOMEONE OR
YOURSELF WHEN
WEIGHT / SIZE /
SHAPE HAS
CHANGED?

DO YOU ADJUST
YOUR FOOD INTAKE
ACCORDING TO
YOUR ACTIVITY
LEVEL?

DO YOU LABEL
FOOD AS GOOD OR
BAD? AND THEN IN
TURN YOURSELF AS
GOOD OR BAD?

“Diet culture does one thing very successfully: it alienates us from our natural relationship to food and movement, things that we as human beings have had a relationship to since the beginning of time, and which we cannot live without, and it sells them back to us as “diet” and “exercise” with the promise that with hard work and self-denial we can achieve a state worthy of love, respect and admiration.”

-Virgie Tovar



“The written and unwritten pact between food, medical, and healthcare industries and billionaires with a vested interest in building and sustaining a socioeconomic system under which fat people are stolen from and harmed through dieting.”

–Da'Shaun Harrison



DIET CULTURE – IT'S NOT JUST DIETING

Diet Culture as defined by Christy Harrison:

- Is a system of beliefs that worships thinness and equates it to health and moral virtue
- Promotes weight loss as a means of attaining higher status
- Demonizes certain ways of eating while elevating others
- Oppresses people who don't match up with its supposed picture of "health"
- Thrives on perfectionism and the binary of healthy vs unhealthy or "good" vs "bad"



DIET CULTURE AND SOCIAL MEDIA

Disordered Eating Scores





PRACTICE
SELF-
COMPASSION
DIET CULTURE AFFECTS
EVERYONE



BALANCE

Model the balanced wellness and food choices that you are hoping to share with your loved one.

EDUCATE

Educate yourself about the many 'faces of diet culture', beyond weight loss ads and diet talk.

AWARENESS

It's important to be aware of our own beliefs, values and thoughts, because we are communicating these ideas all the time, to everyone around us.

MEDIA

Be aware of the media's influence - it isn't the only issue, but it can be an issue.



TAKING A CRITICAL LOOK AT DIET CULTURE



EATING DISORDERS AND OTHER ILLNESSES

EATING DISORDERS ARE HIGHLY COMORBID



- Research suggests that 56%-95% of individuals diagnosed with an eating disorder also receive a diagnosis for at least one other psychiatric disorder
- Eating disorders can occur with other disorders and concerns and they can also arise out of other disorders/concerns

COMMON CO-MORBIDITIES

DEPRESSION

OBSESSIVE
COMPULSIVE
DISORDER

ANXIETY

PERSONALITY
DISORDERS (OBSESSIVE
COMPULSIVE
PERSONALITY
DISORDER; BORDERLINE
PERSONALITY
DISORDER)

SUICIDAL IDEATION

SUBSTANCE USE AND ABUSE

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SUBSTANCE USE AND ABUSE – THE WHY

- A multi-faceted issue – there are genetic, biological, and environmental risk factors, many of which overlap with factors that increase the likelihood of developing an eating disorder.



FOOD INSECURITY AND EATING DISORDERS



- Limited food intake—for any reason—and fluctuating food availability are known to increase eating disorder pathology. As food intake decreases during periods of scarcity (or other periods of restriction or starvation), it is likely to increase drastically during periods of abundance or availability. Restriction often leads to overeating.

EATING DISORDERS IN DIVERSE GROUPS



- Research is limited and inconsistent for many groups - stats are still a problem
- Still under treated
- Stereotypes still exist re: who is affected
- 2006 study of eating behaviour found medical professionals may miss issues
- Over-emphasis on weight loss
- Lack of representation in recovery
- Literature is improving.. but there is still a long way to go!

If we aren't intersectional, some of us, the most vulnerable, are going to fall through the cracks.”

-Kimberle Crenshaw,
Civil Rights Attorney





WARNING SIGNS

GENERAL WARNING SIGNS

- Losing a significant amount of weight and/or losing weight rapidly
- Exercising despite injury or illness
- Experiencing difficulties concentrating or remembering
- Avoiding the consumption of food or liquids around other people
- Dietary changes
- Wearing multiple layers of clothing
- Eating a large amount of food in a short time
- Self-isolating
- Physiological changes





PIECES TO CONSIDER

EFFECTS OF
BELIEFS
AND
BIASES

EFFECTS OF
CO-
OCCURRING
DISORDERS

ROLE OF
DIET
CULTURE

OTHER
TREATMENT
AND SUPPORT
OPTIONS
AVAILABLE



APPROACH

- Tone is super important!
- Be calm, professional, compassionate
- Focus on your observations and be clear
- Express concern first, not judgement; reiterate that fact



ASSESS

- In a private conversation, ask open ended questions
- Listen 2X as much as you talk
- Don't diagnose unless able to (per regulation)



REFER

- Get consent and keep checking in
- Offer them suggestions (if you feel comfortable)
- Send them our way!
- Be careful not to place blame and try to avoid causing any shame

GENERAL LANGUAGE THAT HELPS IN RECOVERY

- VALIDATE! VALIDATE!
VALIDATE!
- Coach with empathy
- Provide positive feedback
- Refer to plans from the
treatment team
- Share struggles but also
successes



LANGUAGE TO AVOID



- NEVER say "but you don't look sick"
- Don't dismiss what they are feeling
- Avoid accusatory statements like "why are you doing this to yourself"
- Don't talk about weight or appearance (even if you perceive it as a compliment)
- Try not to say "why don't you just ..."

EXPECT A VARIETY OF REACTIONS

These can include:

- Guilt/shame
- Denial
- Frustration
- Anger/hesitation
- Dismissiveness/defectiveness
- Acceptance, relief, understanding, gratitude, appreciation



WHAT TO DO IF YOU SEE RELAPSE HAPPENING

Relapse is common among eating disorders.

- Have a conversation with the person you're concerned about and use those "I" statements again.
- Bring your concerns to their treatment team and let them know what you have been noticing
- Ask what you can do to be supportive!
- Remind the client of all of the gains that they've made. No one is perfect, and experiencing relapse doesn't mean that you've lost everything you worked so hard to achieve.
- Everyone's journey is different.
- Remind your client that there's no shame in admitting you struggle with an eating disorder or other mental health issue.





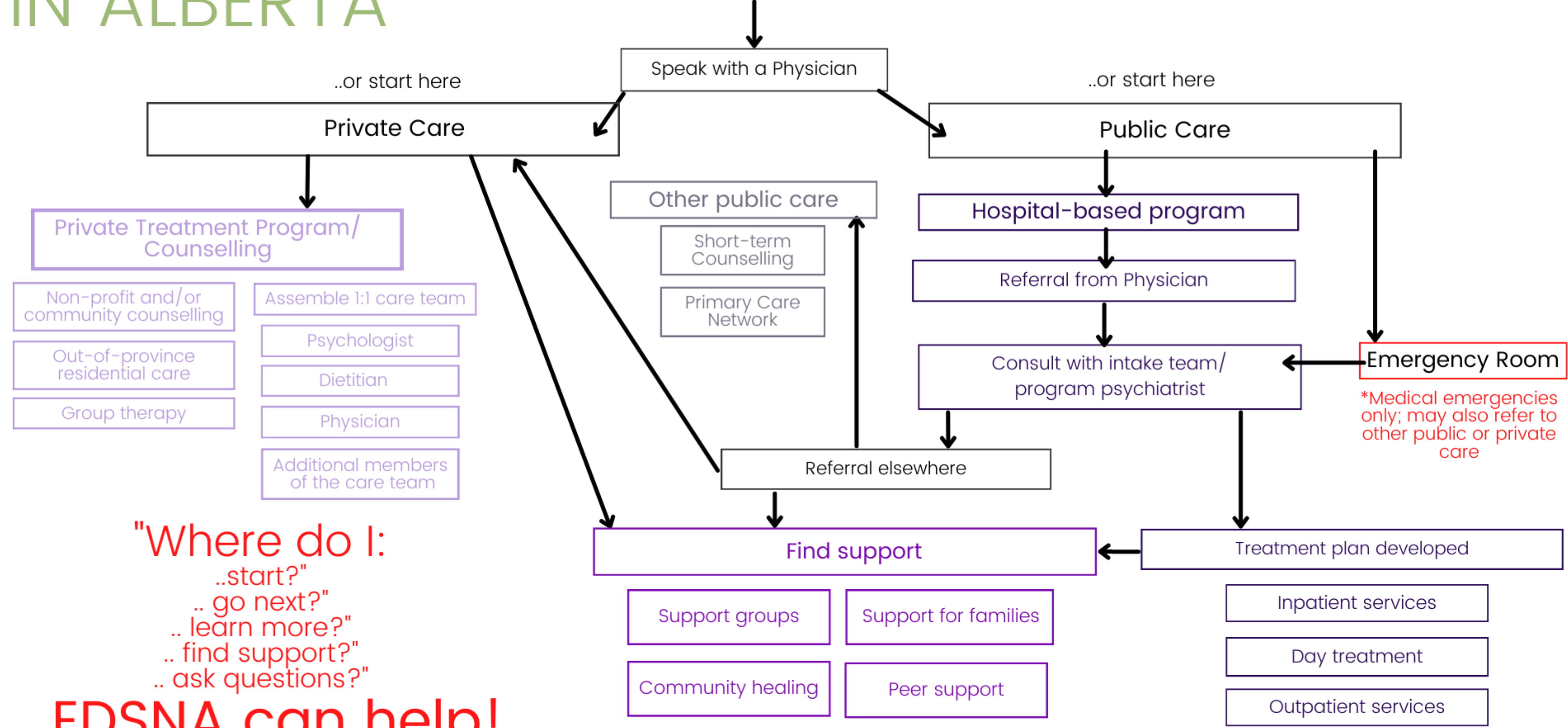
IT'S NOT
YOUR JOB TO
FIX THEM, IT'S
YOUR JOB TO
SHOW
CONCERN



RESOURCES IN THE COMMUNITY

PATHWAYS IN ALBERTA

Disordered Eating/
Eating Disorder



"Where do I:
..start?"
.. go next?"
.. learn more?"
.. find support?"
.. ask questions?"

EDSNA can help!

PRIVATE CARE: QUESTIONS TO ASK

- There are a few different options for private care in Alberta:
 - The Alberta Wellness Centre for Eating Disorders
 - Private psychologists and dietitians
 - List of providers through Theravive and Psychology Today
- There are a few questions you are going to want to ask!





OTHER COMMON BARRIERS

THE
QUESTION
OF AM I
"SICK
ENOUGH?"

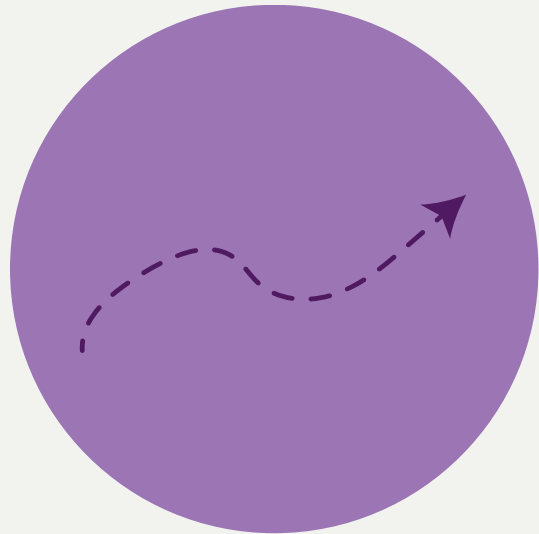
THE
INFLUENCE
OF PARENTS
AND PEERS

BEING
READY FOR
HELP

AVAILABILITY
OF
TREATMENT
PROGRAMS



There is no "sick
enough"



RECOVERY ISN'T
LINEAR



ADVOCATE FOR
YOUR CLIENT,
REMINDE THEM TO
ADVOCATE FOR
THEMSELVES

REMINDERS



SUPPORT OFFERED BY EDSNA

SUPPORT AND RESOURCES OFFERED BY EDSNA

- Programming
 - Clients register on the website
 - Low/no cost
- Web Resources
 - Book lists, web-based resources, one pagers and worksheets





SUPPORT
OFFERED BY
EDSNA

EDSNA'S PROGRAMMING

EDSNA offers support groups virtually.

- Offered in multiweek or drop-in formats (group specific); scheduled quarterly
- Professionally facilitated; have background in eating disorders/disordered eating
- Virtual currently; add in-person or hybrid eventually
- Nominal fee to attend; can waive fees for those with financial concerns
- Small group size (approx 10-13 people)
- Feedback is reviewed on an ongoing basis; informs programming and workshop decisions

We also offer special/specific workshops throughout the year and during EDAW



GROUPS FOR CLIENTS

- Support groups are offered for..
 - People with eating disorders/disordered eating
 - People who experience binge eating
 - Women over 40
- Facilitator
- Single professional
- Psychologist + Dietitian
- Two Dietitians
- Mix of support and skill-building
 - *skills might include self-compassion, boundary setting, managing relationships, recognizing triggers, meal support tips



GROUPS FOR CLIENTS

- "Group is for the group"
- Pro-recovery
- Anti-diet
- NO specifics
- No diagnosis - or proof of diagnosis - required
- Support, not treatment



GROUPS FOR CAREGIVERS

- Support + psychoeducation
- Biweekly drop-in (currently)
- Topics might include:
 - Understanding eating disorders
 - Shame and stigma
 - Relationships & boundaries
 - Language to approach someone
 - Language that supports recovery
 - Tips when newly supporting a loved one
 - Support for longtime caregivers





TREATMENT

- Medical intervention to address specific health concerns, overseen by a qualified medical professional



THERAPY

- Professional, confidential, medically-oriented process to achieve psychological health



SUPPORT

- Non-clinical; validating group experience where participants are able to connect and share safely, ask questions, vent, explore answers for themselves, and learn new skills

WORKSHOPS

- Workshops for people with eating disorders/ disordered eating
- The Recovery Journey - Extended
- Workshops for professionals
- Have run workshops for psychologists, dietitians, dental hygiene students, addictions counsellors, mental health practitioners, fitness professionals, and teachers - will run more!





EFFICACY OF PROGRAMMING

EFFICACY OF PROGRAMMING

- 4 Pillars:
 - Increase feelings of hope and optimism
 - Increase knowledge & sense of empowerment
 - Foster connection
 - Decrease shame and stigma
- Collect feedback from all participants
- Client groups - basic scale, body image, and motivation, some demographic information
- Caregiver groups - treatment accessed by loved one, needs, some demographic information

Ongoing review
Quarterly summary
Yearly evaluation





WEBSITE

Welcome to our new website, we hope you enjoy the updated look.

We are here to help, no one should face an Eating Disorder alone.

[REGISTER NOW](#)

The Eating Disorder Support Network of Alberta

EDSNA offers professionally-facilitated support groups to people over the age of 18. Groups serve those affected by eating disorders/disordered eating, and caregivers (parents, partners, and loved ones). We also maintain lists of resources, public- and private-healthcare providers, and other tools that might be helpful as you navigate -or help someone navigate- eating disorder recovery.

Send us an email if you can't find what you're looking for: info@edsna.ca



WHAT DOES IT OFFER?

- Sign up for programming!
- Meet our facilitators
- Everything EDAW!
- Resource sheets - How to talk to your doctor
- Resources for different demographics (fitness professionals, parents and loved ones, professionals and educators)



WHAT DOES IT OFFER?

- Treatment options from different modalities (both publicly and privately funded)
- Facts and statistics
- Connects you to resources outside of EDSNA - books, podcasts, articles, videos
- Eatingdisorders.info - A great place to start



OTHER COMMUNITY ORGANIZATIONS

- Calgary Silver Linings Foundation
- National Eating Disorder Information Centre (NEDIC)
- The Looking Glass Foundation (BC)
- Eating Disorders Nova Scotia (EDNS)
- Bulimia Anorexia Nervosa Association (BANA)
- BodyBrave
- NIED
- ANAD



- Who is EDSNA?
- Myths & Facts
- DSM-5 Introduction
- Disordered Eating Spectrum
- Risk Factors
- Dieting & Diet Culture
- Diet Culture in Social Media
- Eating Disorders in Diverse Groups
- Warning Signs
- Language & Connection
- Community Resources & Private Care
- EDSNA Programming

RECCAP

CONTACT INFORMATION

WEBSITE: EDSNA.CA
EMAIL: INFO@EDSNA.CA



@EATINGDSNA



@EATINGDSNA



EATING DISORDER
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@EATINGDSNA

Q&A