WARNING SIGNS: WHAT TO WATCH FOR AND INQUIRE ABOUT

DO’S & DON'T’S FOR HELPING STUDENTS:

DO LEARN AS MUCH AS YOU CAN ABOUT EDS & CAMPUS RESOURCES

DON'T DIAGNOSE; EXPRESS CONCERN FOR STUDENT’S WELL BEING

DO CONTACT A CAMPUS RESOURCE FOR ADVICE

DON'T ARGUE; LISTEN & TALK IN A CARING WAY ABOUT YOUR CONCERNS

DON'T GOSSIP; TALK DIRECTLY TO STUDENT OF CONCERN

DON'T TRY TO BE A HERO OR RESCUER; EDS REQUIRE PROFESSIONAL HELP. REFER.

DO CHECK BACK IN; LET STUDENT KNOW YOU'RE AVAILABLE FOR FUTURE CONVERSATION

DO OFFER TO ATTEND INITIAL APPOINTMENT WITH THE STUDENT (OR HELP THEM MAKE APPOINTMENT)

DON'T ASSUME YOU HAVE ALL THE ANSWERS; ASK STUDENT HOW YOU CAN BE SUPPORTIVE

DON'T GET IMPATIENT; EATING ISSUES OFTEN TAKE TIME TO RESOLVE

DO BE A GOOD ROLE MODEL AROUND FOOD, EXERCISE & WEIGHT ISSUES.

WHAT TO SAY (THE “IMAD” APPROACH) DON'T JUST FOCUS ON EATING AND WEIGHT

- Preoccupation with weight, food, calories, and dieting, to the extent that it consistently intrudes on conversations and interferes with other activities.
- Excessive, rigid, exercise regimen – despite weather, fatigue, illness, or injury. The need to “burn off” calories taken in.
- Withdrawal from, or avoidance of, numerous activities because of weight and shape concerns.
- Dramatic weight loss or gain.
- Expressions of anxiety about being fat or gaining weight, which do not diminish when weight is lost.
- Evidence of self-induced (often secretive) vomiting, such as:
  - Bathroom smells or messes
  - Rushing to the bathroom immediately after a meal and returning with blood shot eyes
  - Swollen glands yielding a “chipmunk” look around the jaw
- Evidence (e.g., wrappers, advertisements, coupons) of use of laxatives, diet pills, diuretics, enemas
- Evidence of binge-eating including hoarding and/or stealing food, or consumption of large amounts of food inconsistent with the person’s weight.
- Alternating periods of severely restrictive dieting and overeating; these fluctuations may be accompanied by dramatic weight fluctuation of 10 pounds or more.
- Extreme concern about appearance as a defining feature of self-esteem, often accompanied by dichotomous, perfectionist thinking (e.g., either I am “thin and good” or “gross and bad”)
- Paleness and complaints of lightheadedness, weakness, fatigue or disequilibrium not accounted for by other medical problems.
- Refusal to eat certain foods, progressing to restrictions against whole categories of food (i.e., no carbohydrates, etc.).

Inefficiency in the fulfillment of academic, familial, occupational, and other responsibilities

Misery in the form of food and weight obsession, anxiety about control, guilt, helplessness, hopelessness, and extreme mood swings

Alienation in the form of social anxiety, social withdrawal, secrecy, mistrust of others, and self-absorption

Disturbance of self and others through loss of control over dieting, body image, eating, emotions, and decisions.

- Set a time to talk (allows for private, respectful meeting)
- Use “I” talk rather than accusatory “You” statements.
- Talk openly and freely and ask direct questions.
- Listen to what is said and treat it seriously. Do not add to the person’s guilt by nagging about eating/not eating or gossiping about the person among your friends.
- Avoid arguments or a battle of the wills. Restate your concerns and leave yourself open as a supportive listener.
- REFER! Ask student to consult with TWC to explore these concerns.
“Eating disorders” refers to a variety of disturbed eating behaviors, all associated with using food for emotional reasons. They range along a continuum from chronic dieting to compulsive overeating to cycles of binging and purging to self-starvation. While the frequency and severity of the problems differ, they all have in common turning to food as a way to cope with problems. Often, there is an underlying belief that being thinner would be a solution to troubles and demonstrate proof of control in one’s life.

Eating disorders are common among the college age population. The majority of individuals with eating disorders are women (about 90%) although men can also have eating disorders. Women are especially vulnerable to eating disorders because of the societal emphasis placed on appearance, external approval, and thinness as an ideal.

The most frequent problem is chronic dieting (normative behavior among college women), followed by compulsive overeating, bulimia, and anorexia. The following descriptions of EDs focus on these last three types, but keep in mind that not everyone fits a “type.”

### What Are Eating Disorders?

Men and women with Binge Eating Disorder periodically go on large binges, consuming an unusually large quantity of food in a short period of time (< 2 hours), uncontrollably eating until they are uncomfortably full. Unlike with Bulimia, they do not purge following a binge episode. Many binge eaters are overweight and some may be obese. However, not all obese people are binge eaters.

### Types of Eating Disorders:

**Bulimia** is characterized by binge eating and purging. Binge eating is the consumption of large amounts of food. During a binge, the person feels that she or he has no control over eating. Binges may last from a few minutes to several hours. Purging is getting rid of the food eaten by methods such as self-induced vomiting, laxatives, fasting, severe diets, vigorous exercise, and diuretics.

**Anorexia** is characterized by self-imposed starvation and extreme fear of fatness. Anorectics restrict their eating even though they may be thin, weak, hungry, and unhealthy. In addition to drastic dieting, they may vomit, take laxatives and diuretics, and exercise compulsively to burn off calories. Rigid and bizarre food rituals often develop and the person with anorexia feels panic or hostility if the rituals are thwarted.

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### Health Consequences of Eating Disorders:

**Bulimia:**
- Electrolyte imbalance (loss of potassium & sodium from purging) leading to irregular heartbeat, heart failure, or death
- Gastric rupture, inflammation/rupture of esophagus
- Tooth decay from frequent vomiting
- Chronic irregular bowel movements/constipation from laxative abuse
- Peptic ulcers, pancreatitis

**Anorexia:**
- Abnormally slow heart rate & blood pressure—risk for heart failure
- Reduced bone density (osteoporosis), brittle bones
- Muscle loss/weakness
- Dehydration—can lead to kidney failure
- Fainting, fatigue, weakness
- Dry hair or skin, hair loss
- Growth of downy hair (called lanugo) to keep body warm

**Binge Eating:**
- High blood pressure
- High cholesterol levels
- Heart disease
- Secondary diabetes
- Gallbladder disease

### Web-based Resources Re: ED, Body Image & Media

- www.nationaleatingdisorders.org
- www.edreferral.com
- www.something-fishy.org
- www.mirror-mirror.org/eatdis.htm
- www.bodypositive.com
- www.about-face.org
- www.medialiteracy.net/
- www.bulimia.com

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Don’t believe that bulimia, because it is often associated with “normal weight,” is somehow less serious than anorexia.