

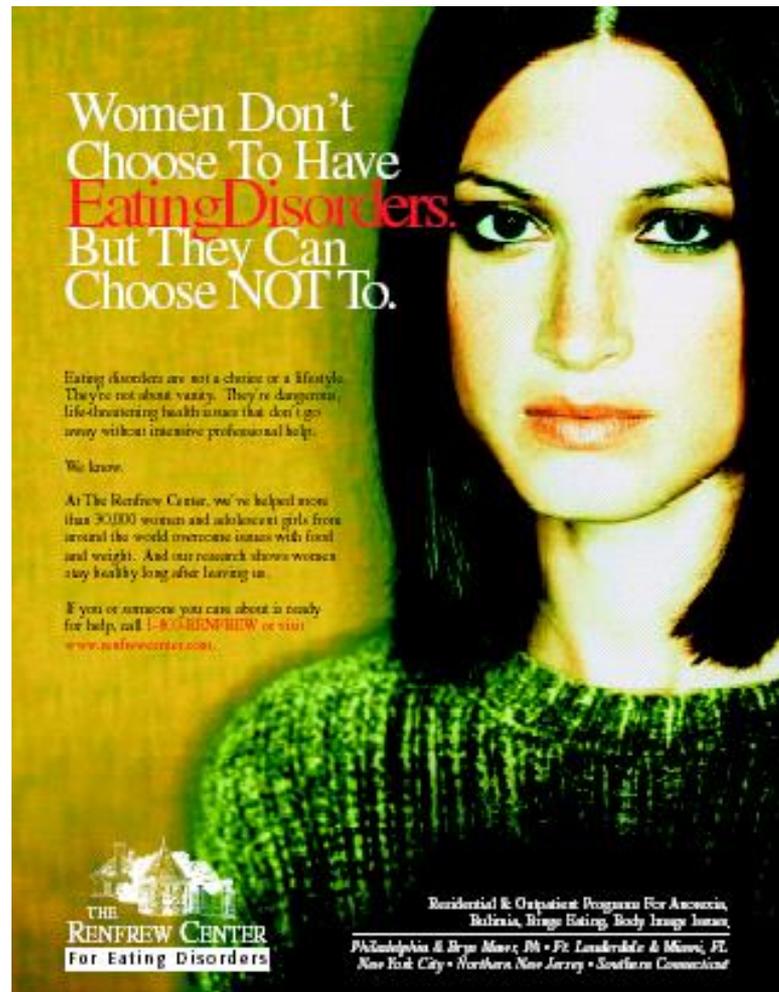
EATING DISORDER ESSENTIALS

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EATING DISORDERS ARE...

illnesses
not
choices



Women Don't
Choose To Have
Eating Disorders.
But They Can
Choose NOT To.

Eating disorders are not a choice or a lifestyle. They're not about vanity. They're dangerous, life-threatening health issues that don't go away without intensive professional help.

We know.

At The Renfrew Center, we've helped more than 30,000 women and adolescent girls from around the world overcome issues with food and weight. And our research shows women stay healthy long after leaving us.

If you or someone you care about is ready for help, call 1-800-RENFREW or visit www.renfrewcenter.com.


THE
RENFREW CENTER
For Eating Disorders

Residential & Outpatient Programs For Anorexia,
Bulimia, Binge Eating, Body Image Issues,
Philadelphia & Bryn Mawr, PA • Ft. Lauderdale & Miami, FL
New York City • Northern New Jersey • Southern Connecticut



THE DANGEROUS REALITY

There is a lingering perception that eating disorders are not really serious diseases.

What we know is that:

- They are associated with an elevated risk of premature death
- The diseases can last a long time
- Extensive treatment is the norm
- Many patients will require hospitalization at some time
- Treatment is expensive and difficult to access due to insurance limitations
- These disorders can wreck lives, relationships, and futures



CHANGES IN THE CLINICAL POPULATION

- Younger and older ages
- Lower ideal body weights
- Ethnic Diversity
- Increase in co-morbidity



EATING DISORDER CLASSIFICATION

**Anorexia
Nervosa**

**Bulimia
Nervosa**

**Binge Eating
Disorder**

Eating
Disorder NOS



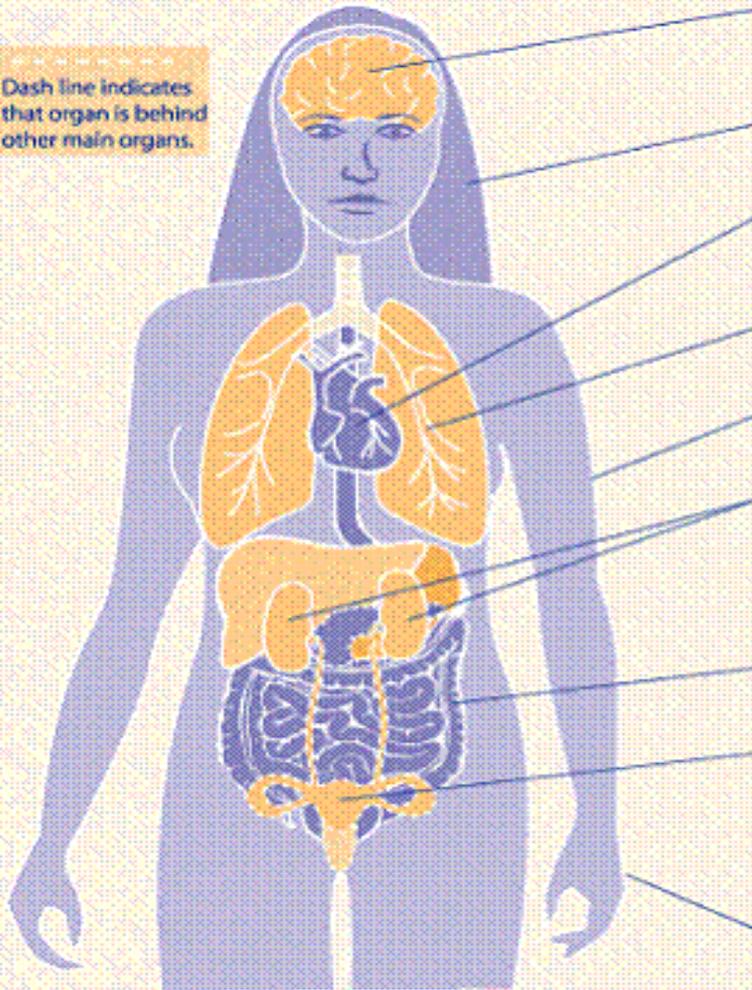
Anorexia Nervosa



Anorexia Nervosa

Anorexia affects your whole body

Dash line indicates that organ is behind other main organs.



Brain and Nerves

can't think right, fear of gaining weight, sad, moody, irritable, bad memory, fainting, changes in brain chemistry

Hair

hair thins and gets brittle

Heart

low blood pressure, slow heart rate, fluttering of the heart (palpitations), heart failure

Blood

anemia and other blood problems

Muscles and Joints

weak muscles, swollen joints, fractures, osteoporosis

Kidneys

kidney stones, kidney failure

Body Fluids

low potassium, magnesium, and sodium

Intestines

constipation, bloating

Hormones

periods stop, bone loss, problems growing, trouble getting pregnant. If pregnant, higher risk for miscarriage, having a C-section, baby with low birthweight, and post partum depression.

Skin

bruise easily, dry skin, growth of fine hair all over body, get cold easily, yellow skin, nails get brittle

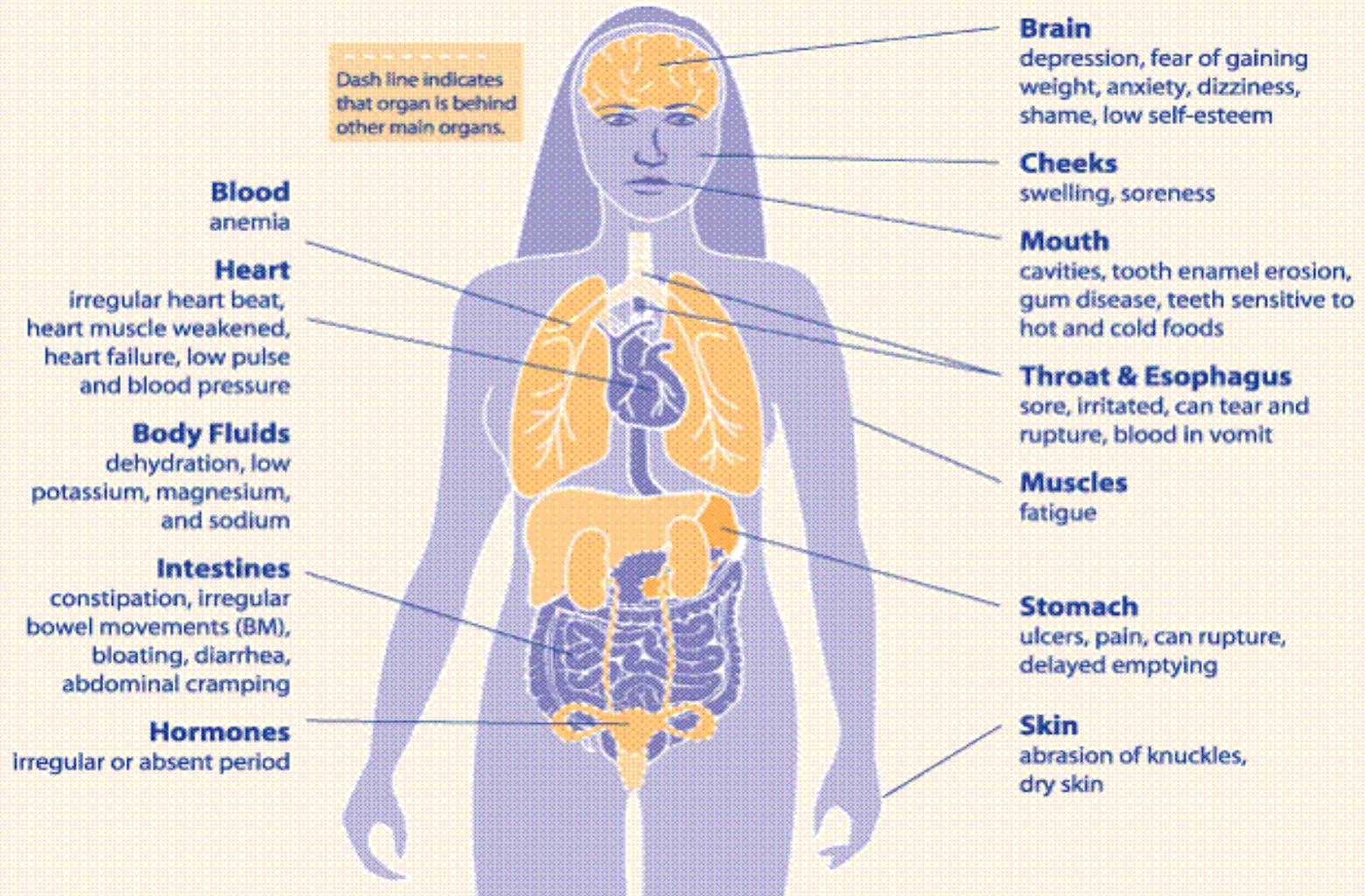
Bulimia Nervosa



Bulimia Nervosa

How bulimia affects your body

Dash line indicates that organ is behind other main organs.



Binge Eating Disorder



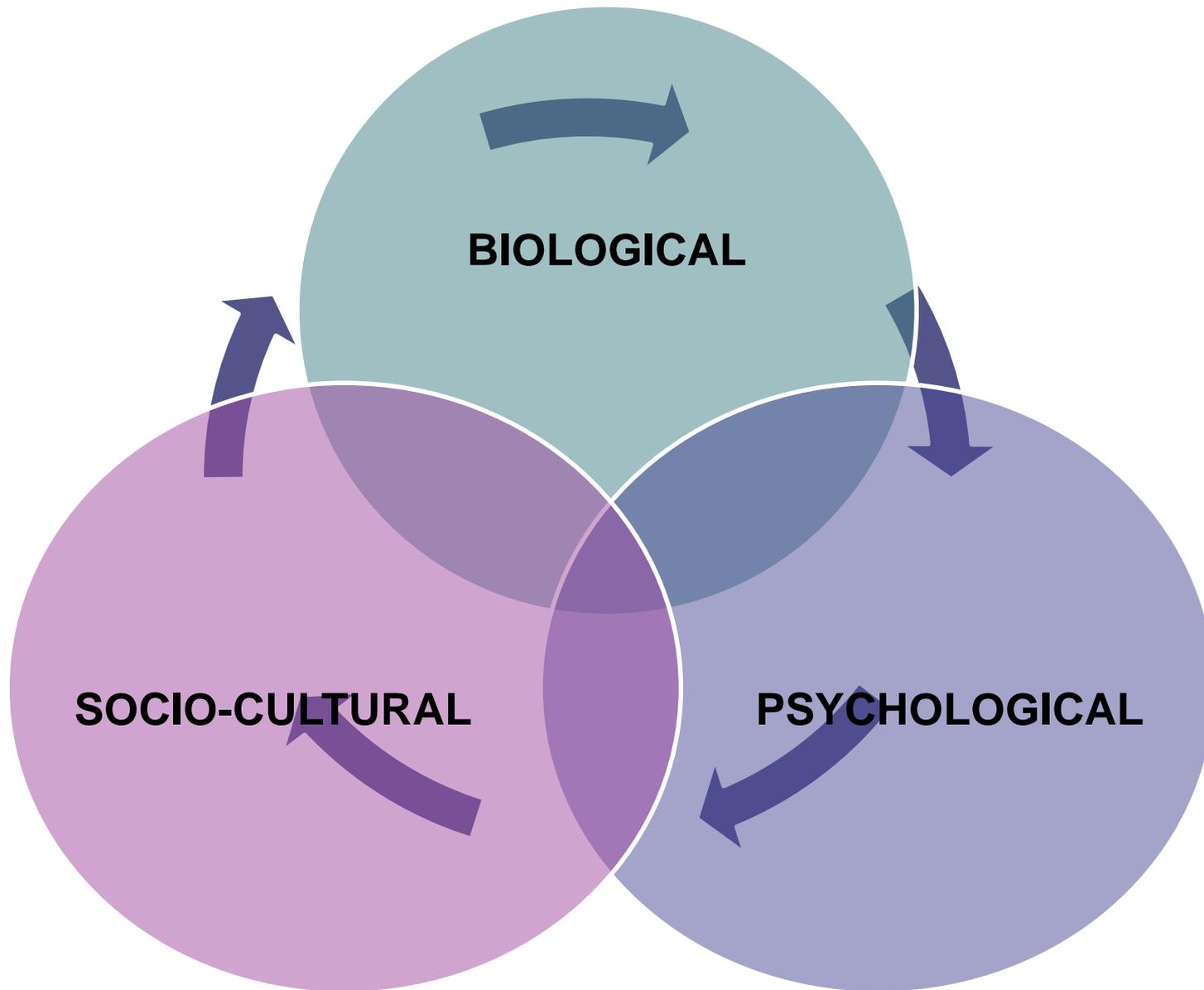
BINGE EATING DISORDER: SIGNS & SYMPTOMS

- Most common Eating Disorder
- Episodes of uncontrolled eating or binge eating followed by periods of guilt and depression
- Consumption of large quantities of food
- Continued eating after becoming uncomfortably full





**Eating Disorders
are not just about
food and weight**



BIOLOGICAL AND GENETIC FACTORS

- Imbalance of chemicals in the brain that control sense of well being, hunger, appetite and digestion.
- Dieting, bingeing, purging and excessive exercise alters neurochemistry. (Increases Serotonin, Endorphins and decreases hormone levels)
- Alterations in neurochemistry potentially results in physiological addiction (self medication)
- Family history of eating disorders, mood disorders, anxiety disorders
- Temperament



TEMPERAMENT



TRAITS AND TEMPERAMENT

Anorexia Nervosa

- anxious/fearful
- cautious
- shy
- rejection sensitive
- harm avoidant
- concrete
- preference for ritual
- orderly
- perfectionistic
- sensitive to separation

Bulimia Nervosa

- dramatic/erratic
- impulsive
- chaotic
- variable moods
- novelty seeking
- extroverted
- seeks complexity but easily overwhelmed



PSYCHOLOGICAL FEATURES

There are common psychological features associated with eating disorders. Many of them may be intensified by the effects of abnormal eating.

- Low self-esteem
- Strong feelings of inferiority
- Fear of maturity
- Depression, anxiety, anger or loneliness
- Perfectionism
- Impulsivity, mood dysregulation
- Body image distortion



Do You See What I See?



OTHER EMOTIONAL CHALLENGES

Eating disorders rarely travel alone. Most patients with eating disorders have other psychiatric diagnoses as well

These can include:

- Depression
- Obsessive Compulsive Disorder
- Trauma and PTSD
- Substance Abuse
- Learning Disorders/ADD
- Personality Disorders
 - Impulsivity and variable moods
 - Rigid perfectionism
 - Potent forms of low self esteem



NEGATIVE IMPACT OF PERFECTIONISM

Perfectionism is a very common trait in people with eating disorders. Softening perfectionism can help patients recover.

- Perfectionism is a risk factor for depression
- Patients with higher levels of perfectionism have more negative treatment outcomes
- Patients with high perfectionism may generate more stressful life events



SELF ESTEEM

- Longstanding low self esteem w/o significant environmental explanations
- Failed social contract: Life success and feelings about self are incongruent
- Moral issue: Bad Self

Johnson, 2005

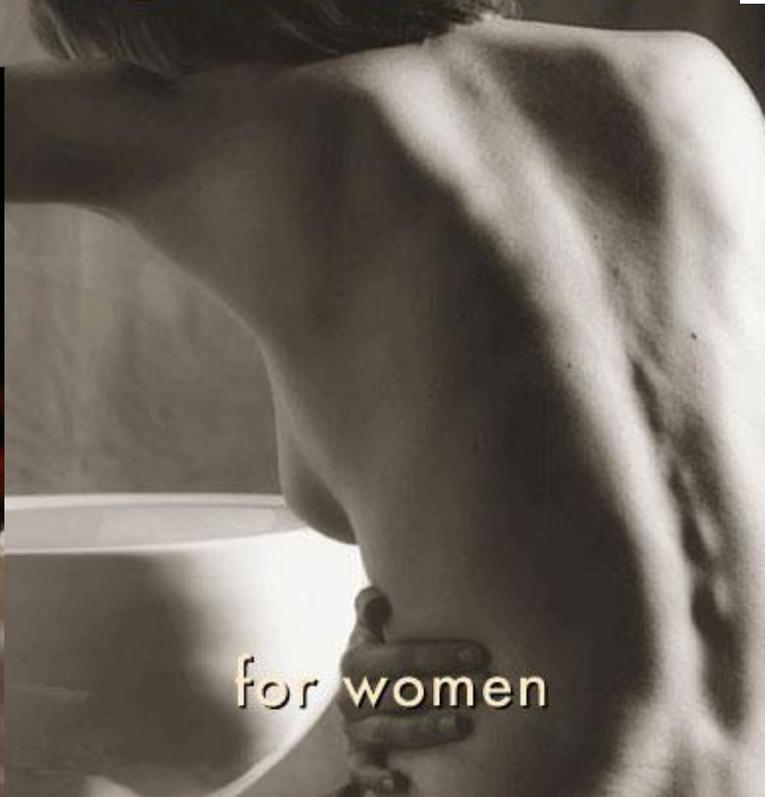
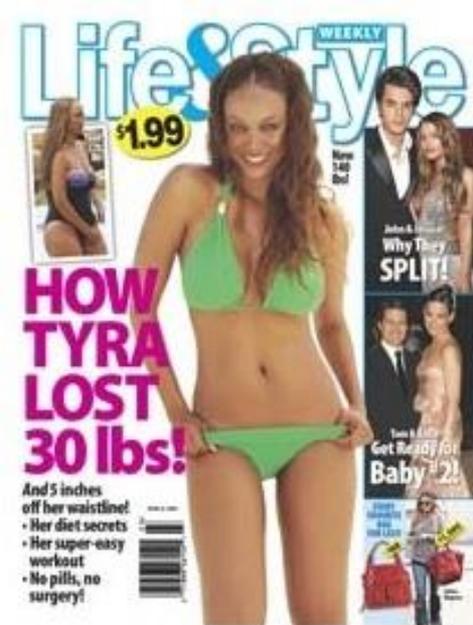


SOCIO-CULTURAL FACTORS

It is difficult to recover from an eating disorder in a culture that glorifies thinness. Recovery often requires efforts to modify this “toxic recovery environment.”

- Environments that glorify & emphasize thinness/muscularity.
- Narrow definitions of beauty & strength that include specific body weights & shapes.
- Norms that value people on the basis of physical appearance rather than inner qualities.
- Belief that dieting enhances well-being





The Real Truth

CLICK HERE TO SEE WHAT HAS BEEN CHANGED.

- COVER PHOTO
- 1 EYES
- 2 TEETH
- 3 LIPS
- 4 NOSE
- 5 FACIAL CROOKS
- 6 JAWLINE
- 7 CHEEK SHADOWS
- 8 HAIR
- 9 SHIRT COLLAR
- 10 BREASTS
- 11 WAIST
- 12 SKIN TONE

Bear in mind that many photos claiming to show reality don't do so. Be critical and do not compare yourself to someone who has gone through twenty hours of retouching.

WHY DO WE DO THIS? →

TELL A FRIEND →

69 clicks from **SEX BOMBHELL** for normal

MY NEW BREASTS

200% BODY

Everything you can do with your appearance

UNDRESS ME! retouching

Unveil the fraud
CLICK HERE!

Photo special
HOW I BECAME PERFECT

Look like the stars in **HOLLYWOOD**

Guilty? LARGE IMPERFECTIONS THAT CAN EASILY BE RETOUCED

WHAT IS REAL AND WHAT IS NOT? CLICK TO SEE.

Girlpower



BOSTON--May 17, 1999

“A dramatic increase in disordered eating among teenage girls in the Pacific island nation of Fiji may be linked to the recent introduction of TV”. (Harvard Medical School researchers report)

INTERPERSONAL FACTORS

Certain experiences seem to be common in people who develop eating disorders although it is unlikely that any of them, on their own, cause eating disorders.

- Difficulty expressing emotions and feelings
- Peer groups with unhealthy behaviors
- History of being teased or ridiculed based on size or weight
- Life stressors



OTHER STRESSORS

- Situational pursuits (Ballet, wrestling)
- Illness (Type I Diabetes)
- Family issues



WHAT DOES AN EATING DISORDER DO?

PATIENTS WITH EATING DISORDERS OFTEN HAVE MIXED FEELINGS ABOUT GIVING UP THEIR ILLNESS. WHY WOULD ANYONE WANT TO “HOLD ON TO” THEIR EATING DISORDER?

- Stability
- Avoidance/Distraction
- Mental Strength
- Self-confidence
- Identity
- Disappearance/Death
- A “holding pattern.”
- A coping strategy
- Self-protective by intent
- Self-destructive by consequence



EATING DISORDERS TREATMENT

- Early detection and intervention necessary
- Treatment must be as complex as the illness
- Varied levels of care



LONG TERM GOALS

- **Complete recovery is the goal.**
 - **The majority of well-treated patients get better.**
- **Initial intensity of treatment helps.**
- **Experienced specialists improve outcome.**
- **Results should begin quickly but complete recovery sometimes takes years.**



THANK YOU!

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