



EATING
Recovery CENTER
Real People, Lasting Recovery

Journalist's Guide to Eating Disorders

Journalist's Guide to Eating Disorders

More than 11 million men and women in the United States struggle with an eating disorder. To raise awareness and understanding of these devastating diseases, Eating Recovery Center, a behavioral hospital focused on comprehensive treatment and sustainable recovery for eating disorders, has developed this **Journalist's Guide to Eating Disorders**. This guide offers information and resources to support your stories about America's deadliest mental illness.

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Official Eating Disorder Diagnoses

Anorexia Nervosa: A serious, potentially life-threatening eating disorder characterized by self-starvation and excessive weight loss. Anorexia nervosa is divided into two diagnostic categories, restrictive anorexia and binge/purge anorexia.

- Approximately 9 percent of anorexia nervosa sufferers are boys and men.
- In the United States, eating disorders are more common than Alzheimer's.
- Anorexia nervosa is one of the most common psychiatric diagnoses in young women.
- Between 5-20 percent of individuals struggling with anorexia nervosa will die from the disorder. The probability of death increases within that range depending on the duration of the disease.
- Anorexia nervosa has one of the highest death rates of any mental health condition.
- Anorexia nervosa typically appears in early to mid-adolescence.

Bulimia Nervosa: A serious, potentially life-threatening eating disorder characterized by a cycle of bingeing and compensatory behaviors, such as self-induced vomiting, designed to undo or compensate for the effects of binge eating.

- Bulimia nervosa affects 1-2 percent of adolescent and young adult women.
- Approximately 20 percent of bulimia nervosa patients are male.
- People struggling with bulimia nervosa will often appear to be of average body weight.
- Many people struggling with bulimia nervosa recognize that their behaviors are unusual and perhaps dangerous to their health.
- Bulimia nervosa is frequently associated with symptoms of depression and changes in social adjustment.

Eating Disorder Not Otherwise Specified (EDNOS):

Eating disorder not otherwise specified (EDNOS) refers to abnormal eating without all the symptoms needed to be diagnosed with anorexia, bulimia or binge eating. For example, a person with EDNOS may purge after eating, but will do so with less frequency or intensity than someone with bulimia nervosa.

Provisional Diagnoses

Binge Eating Disorder: A type of eating disorder characterized by recurrent binge eating without the regular use of compensatory measures to counter the binge eating.

- The prevalence of BED is estimated to be approximately 1-5 percent of the general population.
- Binge eating disorder affects women slightly more often than men—estimates indicate that about 60 percent of people struggling with binge eating disorder are female, 40 percent are male.
- People who struggle with binge eating disorder can be of normal or heavier than average weight.
- BED is often associated with symptoms of depression.
- People struggling with BED often express distress, shame and guilt over their eating behaviors.

Eating Disorder Trends

The following terms are not official medical diagnoses, but have been used to describe eating disorder trends that have made an appearance in recent years.

Orthorexia: Orthorexia is popular terminology for an eating disorder characterized by excessive focus on eating healthy foods. Orthorexia takes form as an unhealthy obsession with what the individual considers to be healthy eating. An individual with Orthorexia will avoid certain foods, such as those containing animal products, fats, preservatives or other ingredients they consider to be unhealthy. These severe dietary restrictions may turn into an extreme fixation leading to severe malnutrition or even death.

Pregorexia: Pregorexia is popular terminology for a form of anorexia whereby a woman who is pregnant restricts calories and/or over-exercises in an effort to maintain or lose weight while pregnant. Calorie restriction can cause growth retardation and birth defects in the baby and vitamin deficiencies in the mother and baby.

Diabulimia: Diabulimia is popular terminology for an eating disorder in which individuals with Type 1 diabetes deliberately give themselves less insulin than they need, for the purpose of weight loss. Lack of insulin places the body in a starvation state, making the body unable to process sugars, so that any sugars consumed are excreted rather than used by the body for energy or stored as fat. This typically results in significant weight loss but also places the patient at risk of a life-threatening condition known as diabetic ketoacidosis. Without treatment, diabetic ketoacidosis can result in death within a very short span of time.

Drunkorexia: Drunkorexia is a slang term that describes the practice of restricting food intake in order to drink more alcohol. Statistics suggest that 30 percent of 18- to 24-year-olds skip food in order to drink more. In recent years, binge-drinking patterns among young women have grown to match that of men. In order to maintain weight, many young women will go without meals if anticipating a drinking session at a later time.

Exercise Bulimia: Exercise bulimia is a subset of bulimia in which a person is compelled to exercise in an effort aimed at burning calories and fat reserves to an excessive level that negatively affects their health.

Desperate Housewives Syndrome: The so-called 'Desperate Housewives' Syndrome has been apparent for several years as an increasing number of older women seek treatment for eating disorders. In the show, many of the actresses are middle-aged and very thin. The show's popularity may lead some women to feel unhealthy social pressure to maintain such a body type. According to a recent study, a majority of older women with eating disorders spent so many years focused on food obsessions because of their disorder that they failed to develop the coping skills they needed as adults.

(Source: National Eating Disorders Association, 2009)



Shocking Statistics

- In the United States, as many as 10 million women and one million men have an eating disorder such as anorexia or bulimia. Millions more struggle with binge eating disorder and EDNOS.
- Four out of 10 Americans either suffered or have known someone who has suffered from an eating disorder.
- 90 percent of young women who develop an eating disorder do so between the ages of 12 and 25.
- One-half of 4th grade girls are on a diet.
- In one study, three out of four women stated that they were overweight although only one out of four actually was.
- Two out of five women and one out of five men would trade three to five years of their lives to achieve their weight goals.

History of Eating Disorders

Various forms of eating disorders have existed throughout history. During the 12th and 13th centuries, self-starvation was a predominantly religious phenomenon with “miracle maidens,” where women in Western Europe would starve themselves to show their devotion to God. One well-known example of a fasting woman was Catherine of Siena, who in the 14th century was regarded as a saint.

In 1689, English physician Richard Morton first described two cases of a “wasting” disease, which is considered to be the first clear medical description of anorexia nervosa. Clinical cases of wasting disease continued to be described by physicians throughout the 18th and 19th centuries. Anorexia nervosa was first named by English physician Sir William Gull, in his text, *Anorexia Hysterica*, where he both coined the term anorexia nervosa and concluded that anorexia nervosa was a psychological disorder.

In the late 20th century, eating disorders appeared in their modern sense. The sudden peak of eating disorders in the 1970s and 1980s is multifaceted, but many point to changing fashion trends, changing bust-to-waist ratios of female models, the interplay of biological and socioeconomic factors, the prevalence of dieting behaviors, increasing pressures to compete and perform and increased rates of depression and obsessive-compulsive disorder (OCD).

Bulimia, as it exists today, is a modern phenomenon. However, evidence pointing to ancient instances of bingeing and purging does exist. Periodic vomiting was recommended by ancient Egyptian physicians as a health practice. Wealthy families in the Middle Ages would overeat and then vomit during meals, as consumption of large amounts of food was seen as a sign of wealth.

Though modern bulimia first appeared in the early 20th century, like anorexia, the number of cases increased exponentially in the 1970s in the U.S. and Europe. The first detailed description of bulimia was given in the 1970s.

Today, research centers on the biological origins of eating disorders. Anorexia and bulimia were previously thought to be diseases caused primarily by social or cultural influences. However, new evidence has shown that these diseases are hereditary and that individuals with certain temperaments may be predisposed to developing

symptoms of anorexia or bulimia.

(Source: http://www.randomhistory.com/2008/08/08_eating.html)





The Path to Recovery

Eating disorders are complicated diseases. Specialized training is needed to effectively engage recovery.

This guide will walk you through the stages of eating disorder recognition and recovery, offering facts and tips for your stories, as well as ideas for stories that can focus on each area of interest.

1. Genes Load the Gun; Life Pulls the Trigger

Eating disorders have a strong genetic link. Life situations trigger the behaviors.

2. The Warning Signs

How can someone tell if their loved one has an eating disorder?

3. The Deadliest Mental Illness

More people die from eating disorders than any other mental illness.

4. Financial Implications

Healthcare costs can be a concern for anyone seeking medical treatment, but for people with eating disorders, the ability to afford adequate treatment can be a life or death consideration.

5. New Views on Eating Disorder Treatment

Eating disorders were once seen as a choice. How has treatment changed now that this disease is recognized as a biologically based mental illness?

6. When Someone has an Eating Disorder, the Entire Family Reacts

Family involvement has a significant impact on the ability of a person in treatment to recover.

7. Lifestyle Choices that Prevent or Promote Healing

Whether recovering from an eating disorder or not, certain practices can help anyone have a healthy view of exercise, food and body image.



Genes Load the Gun; Life Pulls the Trigger

Eating Disorders Are Genetic

From a biological perspective, anorexia nervosa is as inheritable as schizophrenia and bipolar disorder:

- 40-50 percent of the risk of developing the disorder is genetic.
- 50-60 percent is psychosocial.
- A woman with a sister or mother who has anorexia nervosa is 12 times more likely to develop anorexia nervosa and four times more likely to develop bulimia nervosa.
- Feeding behavior is similar among mammals, and many animals – including mice and pigs – display behaviors that resemble those of human eating disorders.

Predisposing Factors and Common Precipitants

| Predisposing Factors: Biological | Predisposing Factors: Environmental | Common Precipitants |
|--|--|---|
| <ul style="list-style-type: none"> • Family history of eating disorders or chemical dependency • Mood disorder, anxiety or depression • Traits/Temperament • Increased body mass index prior to onset • Early onset puberty • Cognitive lags | <ul style="list-style-type: none"> • Go fast, highly competitive academic or social environment • Dieting culture • High risk sports/industry • Family history of severe dieting/exercise • Enmeshed or disengaged family | <p>The immediate precipitating factors are almost always an internal or external experience of being out of control.</p> <ul style="list-style-type: none"> • Onset of puberty between the ages of 11-14 (during these four years the average young women gains 40 pounds with a disproportionate fat ratio) • Major life transitions • Traumatic events • Family difficulty • Onset of co-morbid illness such as anxiety or depression • Innocent weight loss—increased exercise/performance enhancement |

Story Ideas:

- 1. Genes Load the Gun; Life Pulls the Trigger:** An individual with an anorexic mother or sister is 12 times more likely to develop anorexia nervosa and four times more likely to develop bulimia nervosa. These diseases are not disorders of choice. Studies show that they have a strong genetic link.
- 2. Teens Should Never Diet. The Risk is Too High:** Most people will walk away from a diet unscathed. But they say that for the one of every 100 dieting teens who is genetically predisposed to an eating disorder, dieting can be deadly. For teens with a genetic predisposition, dieting can trigger an eating disorder – a disease with the highest mortality rate of any mental illness.
- 3. The Anorexia-Asperger’s Tie:** As many as 20 percent of anorexia patients meet the diagnosis of Asperger’s syndrome. Asperger’s syndrome is a milder variant of autistic disorder in which individuals are most often characterized by social isolation and eccentric behavior in childhood.



The Warning Signs

Many people with eating disorders keep them a secret, and for that reason conditions may be difficult to notice. With anorexia nervosa, extreme weight loss offers an easy way to spot the disease. However, individuals with bulimia nervosa may be more difficult to identify. Individuals with eating disorders may exhibit the following warning signs:

Warning Signs of Anorexia Nervosa

- Dramatic weight loss.
- Preoccupation with weight, food, calories, fat grams and dieting.
- Refusal to eat certain foods, progressing to restrictions against whole categories of food (e.g. no carbohydrates, etc.).
- Frequent comments about feeling “fat” or overweight despite weight loss.
- Anxiety about gaining weight or being “fat.”
- Denial of hunger.
- Development of food rituals (e.g. eating foods in certain orders, excessive chewing, rearranging food on a plate).
- Consistent excuses to avoid mealtimes or situations involving food.
- Excessive, rigid exercise regimen – despite weather, fatigue, illness or injury – the need to “burn off” calories taken in.
- Withdrawal from usual friends and activities.
- In general, behaviors and attitudes indicating that weight loss, dieting and control of food are becoming primary concerns.

Most Frequent Causes of Death from Eating Disorders:

Suicide – 32% (1/2 of which were violent suicide)

Anorexia – 19%

Cancer – 11%

Average age at death: 34

Warning Signs of Bulimia Nervosa

- Evidence of binge-eating, including disappearance of large amounts of food in short periods of time or the existence of wrappers and containers indicating the consumption of large amounts of food.
- Evidence of purging behaviors, including frequent trips to the bathroom after meals, signs and/or smells of vomiting, presence of wrappers or packages of laxatives or diuretics.
- Excessive, rigid exercise regimen – despite weather, fatigue, illness or injury – the need to “burn off” calories taken in.
- Unusual swelling of the cheeks or jaw area.
- Calluses on the back of the hands and knuckles from self-induced vomiting.
- Discoloration or staining of the teeth.
- Creation of complex lifestyle schedules or rituals to make time for binge-and-purge sessions.
- Withdrawal from usual friends and activities.
- In general, behaviors and attitudes indicating that weight loss, dieting and control of food are becoming primary concerns.

Top Three Professions of Fathers of Daughters with Eating Disorders in the State of Colorado:

1. Doctors

2. Engineers

3. Lawyers

Story Ideas:

- 1. Eating Disorders Don't Discriminate:** These aren't just a teenage girls' disease. Nearly one million of the 11 million Americans with an eating disorder are men. One-half of 4th grade girls are on a diet.
- 2. New Trends in Eating Disorders:** Orthorexia, pregorexia, drunkorexia, exercise bulimia and diabulimia. These new eating disorder trends are not as easy to spot as anorexia or bulimia. How can they be recognized and why are they dangerous?
- 3. When “You Look Great!” is a Negative Comment:** The line between positive feedback from ‘getting healthy’ (read: losing weight) and comments that can drive disordered eating. When does perceived positive reinforcement turn negative, or in some cases, deadly?
- 4. The Obesity Epidemic and Eating Disorders:** There already is evidence that the national panic about obesity is contributing to eating disorders. Instead of helping people make rational choices, this ramped-up fear is increasing our obsession with weight, as well as our tendency to look for a quick fix.



The Deadliest Mental Illness

Eating disorders carry complexities unmatched by almost any other disease. Not simply biological or psychological in nature, anorexia and bulimia are bio/psycho/social diseases rooted in genetics, societal norms and values and personal belief systems. To effectively treat an eating disorder, each of these elements must be addressed.

How Anorexia Affects Your Body

- **Brain & Nerves:** can't think right, fear of weight gain, sad, moody, irritable, bad memory, fainting, changes in brain chemistry
- **Hair:** hair thins & gets brittle
- **Blood:** anemia
- **Heart:** low blood pressure, slow heart rate, heart flutter (palpitations), heart failure
- **Muscles & Joints:** weak muscles, swollen joints, fractures, osteoporosis
- **Kidneys:** kidney stones, kidney failure
- **Intestines:** constipation & bloating
- **Hormones:** periods stop, bone loss, problems growing, trouble getting pregnant; if pregnant, higher risk for miscarriage, having a C-section, low birth weight & post partum depression
- **Skin:** bruise easily, dry skin, growth of fine hair all over body, get cold easily, yellow skin, nails get brittle
- **Body Fluids:** low potassium, magnesium & sodium

- **Misdiagnosis Can Kill:** Eating disorders can slow a resting heart rate and lower a “normal” body temperature range, making misdiagnoses of the medical complications a common – and deadly – occurrence.
- **Poor Nutrition Impacts Brain Functioning:** Poor nutrition affects brain chemicals and functionality. Extremely low weight patients have difficulty responding to therapy without weight restoration. Medically supervised weight restoration is necessary before psychotherapy and/or medication can have a therapeutic effect.
- **Eating Disorders are the Deadliest Mental Illness:** Eating disorders have the highest mortality rate of all mental illnesses, at approximately 18 percent in 20-year studies and 20 percent in 30-year studies. Age adjusted, a woman with anorexia nervosa is 5.6 times more likely to die than another woman of her same age.

Real People, Lasting Recovery

Toni Saiber Recovers from Life-Threatening Anorexia to Found The Eating Disorder Foundation

Toni Saiber, co-founder of The Eating Disorder Foundation in Denver, was told she was going to die when a life-threatening infection at the height of her anorexia wasn't recognized by an ICU physician. Enter eating disorder specialists, Eating Recovery Center's Kenneth L. Weiner, MD, CEDS, and Philip S. Mehler, MD/FACEP, CEDS, chief medical officer of Denver Health Medical Center. Their specialized knowledge of the behavioral and medical complications of eating disorders saved her life. With their help, she was able to recover from anorexia. Today, she returns the favor and helps others as head of The Eating Disorder Foundation.



How Bulimia Affects Your Body

- **Brain:** depression, fear of gaining weight, anxiety, dizziness, shame, low self-esteem
- **Cheeks:** swelling, soreness
- **Mouth:** cavities, tooth enamel erosion, gum disease, teeth sensitive to hot & cold foods
- **Throat & Esophagus:** sore, irritated, can tear & rupture, blood in vomit
- **Blood:** anemia
- **Heart:** irregular heart beat, heart muscle weakened, heart failure, low pulse & blood pressure
- **Muscles:** fatigue
- **Stomach:** ulcers, pain, can rupture, delayed emptying
- **Intestines:** constipation, irregular bowel movements (BM), bloating, diarrhea, abdominal cramping
- **Hormones:** irregular or absent period
- **Skin:** abrasion of knuckles, dry skin
- **Body Fluids:** dehydration, low potassium, magnesium & sodium

Story Ideas:

1. **Delaying Eating Disorder Treatment Can Be a Fatal Decision:** Recent anecdotal evidence has shown that people with eating disorders are waiting longer to enter treatment, and are entering significantly sicker.
2. **98.6 Degrees Can Be Dangerous When You Have an Eating Disorder:** Eating disorder patients need specialized treatment. ER and hospital physicians don't often see eating disorder cases; and therefore, have very limited knowledge and training when it comes to treating eating disorder patients. This can often result in misdiagnosis because eating disorders can slow a resting heart rate and lower a “normal” body temperature range.



Financial Implications

Healthcare costs can be a concern for anyone seeking medical treatment, but for people with eating disorders, ability to afford adequate treatment can be a life or death consideration. It's important for patients to educate themselves on insurance options and how they best fit with individual treatment needs. State and national parity laws can provide assistance to eating disorder patients allowing insurance companies to provide comparable care to those suffering from mental illnesses.

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The Patients Who Suffer and the Doctors Who Fight for Their Treatment

Dr. Kenneth L. Weiner, CEDS, is the co-founder and chief executive officer of Eating Recovery Center, a behavioral hospital focused on comprehensive treatment and sustainable recovery for eating disorders. Dr. Weiner is a renowned patient advocate, known for working with insurers and patients to develop treatment agreements. He was instrumental in the passing of Colorado's parity law (which requires most group insurance plans to provide coverage for the treatment of biologically based mental illnesses that is comparable to what they provide for physical illnesses).

Story Ideas:

- 1. A Medical Insurance Provider Can Be a Valuable Partner in Eating Disorder Recovery:** The key to building this partnership lies in doing your homework before you enter treatment. This means gaining a thorough understanding of your insurance plan and choosing a facility and course of treatment that best align with your benefit structure. By doing this important research, you'll minimize stress, avoid the unexpected and maintain an upfront understanding of your treatment throughout the recovery process.
- 2. What to Look for in Insurance Benefits:** Today, most insurance providers cover mental health, though specific offerings and limitations vary among insurance plans. When it comes to eating disorder treatment, individuals should look for the following:
 - Does your insurance company cover mental health treatment?
 - Do you have different benefits for inpatient versus outpatient courses of treatment?
 - Are there limitations on the number of days you can stay in treatment or the level of care you can receive?
 - What are your deductibles, co-pays and expected out-of-pocket costs?
 - Will your plan waive limitations on mental health treatment for a serious mental illness, biologically based illness or parity diagnoses? Many plans will waive limitations for serious mental illnesses such as eating disorders.
- 3. Gaining an Understanding of the Course of Treatment is Vital in Preparing for Medical Expenses:** Length of stay and level of care are significantly different from facility to facility. It's important to gain an understanding of what your course of treatment will look like and see how it matches up with your benefits structure before you enter treatment.
- 4. How to Negotiate a Single-Case Agreement:** A single-case agreement is a contract between an individual patient's insurance company and treatment provider, which allows that patient to be treated as though he or she has in-network benefits. Insurance providers who offer single-case contracts will review potential agreements on a patient-by-patient basis. Oftentimes, the treatment facility will facilitate this process on the patient's behalf. Before entering treatment, ask the center if this is something they are willing and able to do. It's important to note that the agreement is specific to the current episode of care and does not apply to care outside of this treatment episode.
- 5. Mental Health Parity Law:** Mental health parity refers to providing the same insurance coverage for biologically based mental health disorders that require treatment as is offered for medical conditions. This means that benefits for conditions such as eating disorders must be the same as benefits for other physical conditions. This includes co-payments, deductibles, limits on number of outpatient visits and limits on hospital days.



New Views on Eating Disorder Treatment

In the past, eating disorders were viewed as “disorders of choice.” Today, clinicians’ understanding of the disorders’ genetic links has significantly impacted the way eating disorders are treated.

In treatment centers across the country, the biological, psychological, social and emotional/spiritual causes of the disorders are treated through a comprehensive, integrated treatment regimen. When successful, this regimen restores the individual to a healthy weight and arms him or her with the skills and resources needed to maintain a sustainable recovery.

The biological dimensions of the diseases are treated with specialized medical care, while the psychological, social and emotional/spiritual aspects of eating disorders are treated through an integrated therapeutic approach that can include, but is not limited to, the teaching and practice of mindfulness, motivation, meaning, mood management and mastery of healthy eating habits and other skills. In general, patients are taught a variety of disease management skills, process those skills through therapy and/or group interaction and then ultimately practice the skill in a supportive therapeutic environment.

Story Ideas:

- 1. A New Approach to Eating Disorder Treatment:** Eating disorders carry complexities unmatched by almost any other disease. Not simply biological or psychological in nature, anorexia and bulimia are bio/psycho/social/spiritual diseases rooted in genetics, personality, societal norms and values and personal belief systems. To truly treat an eating disorder, each of these elements must be addressed. Eating Recovery Center has developed an innovative approach that addresses and integrates each of these factors into treatment.
- 2. What Maintains an Eating Disorder is Different Than What Caused it:** Therapeutic methods of the past, which focuses on what caused an eating disorder, didn’t address what kept it going. Dr. Emmett R. Bishop, CEDS, co-founder and medical director of Eating Recovery Center, provides more impactful therapy focused on identifying the personality traits, values and fears that prolong an eating disorder and developing tools to manage them.
- 3. Cognitive Differences in Anorexics:** Anorexic patients take longer to learn new behaviors and to unlearn old ones.
- 4. Recovery Professionals Active in Treatment:** Does experience with a disease make you more qualified to treat it? A significant percentage of clinicians and support staff in the eating disorders field have suffered from anorexia or bulimia. Similarly, many people with disabilities (brain/spine injury) do physical therapy for people with the same issues and many individuals who have rebounded from life-threatening diseases train to treat that same disease.
- 5. Mind-Stretching:** Anorexics, by nature, are not flexible people. New therapeutic methods focus on “mind-stretching,” or building flexibility by flipping a coin, doing activities in a different order or asking for surprises.
- 6. How Values Impact Recovery:** When patients identify what they truly value in life, it gives them the power – and ability – to determine whether behaviors or thoughts drive them toward – or away from – their values.
- 7. Probability of Recovery Increases with Maturity:** At age 16, the probability that someone with anorexia will fully recover is extremely low. The probability grows to about 80 percent once that same person is in their mid-twenties.

Top Three Chronic Illnesses in Adolescent Girls:

- 1. Asthma**
- 2. Obesity**
- 3. Anorexia**

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Top New Orleans Chef Heads up Kitchen at Eating Disorder Hospital

Classically trained chef, Victor Agena, once developed elegant dishes in a top New Orleans restaurant. Today, as head chef of Eating Recovery Center, he focuses on helping people with eating disorders learn how to cook – and eat – healthfully.



When Someone has an Eating Disorder, the Entire Family Reacts

Eating disorders don't just impact the person who has one; they affect the entire family unit. The National Eating Disorders Association offers the following recommendations for families when approaching their loved one with an eating disorder.

- **Set a time to talk.** Set aside a time for a private, respectful meeting with your loved one to discuss your concerns openly and honestly in a caring, supportive way. Find a place away from distractions.
- **Communicate your concerns.** Share your memories of specific times when you felt concerned about your friend or loved one's eating or exercise behaviors. Explain that you think these things may indicate that there could be a problem that needs professional attention.
- **Ask your loved one to explore these concerns** with a counselor, doctor, nutritionist or other health professional who is knowledgeable about eating issues. If you feel comfortable doing so, offer to help your loved one make an appointment or accompany your friend on their first visit.
- **Avoid conflicts or a battle of the wills with your loved one.** If your friend refuses to acknowledge that there is a problem or any reason for you to be concerned, restate your feelings and the reasons for them and leave yourself open and available as a supportive listener.
- **Avoid placing shame, blame or guilt** on your friend regarding their actions or attitudes. Do not use accusatory "you" statements like, "You just need to eat." Or, "You are acting irresponsibly." Instead, use "I" statements. For example: "I'm concerned about you because you refuse to eat breakfast or lunch." Or, "It makes me afraid to hear you vomiting."
- **Avoid giving simple solutions.** For example, "If you'd just stop, then everything would be fine!"
- **Express your continued support.** Remind your loved one that you care and want your friend to be healthy and happy.



"Good understanding equals good treatment. When families educate themselves about eating disorders, they are able to work from knowledge, rather than emotions or fear, when supporting their loved one through eating recovery."

- *Enola Gorham*
MSW, LSW, program
director of Eating
Recovery Center

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Raising Healthy Kids After Your Eating Disorder

If you've had an eating disorder, how do you keep your kids from developing one? Julie Holland, MHS, CEDS, chief marketing officer of Eating Recovery Center, Director of Certification for the International Association of Eating Disorders Professionals and single mom, can share the tools she's used to keep her daughter on a healthy track while in recovery from her eating disorder.

Story Ideas:

1. **Family Situations Can Pull the Trigger:** A family history of depression, alcohol or drug abuse, or eating disorders can contribute to the development of a disorder in children.
2. **Raising Kids with a Healthy Body Image:** Do not stereotype foods as "good" or "bad"; do not make food the focus of a relationship; do not make love and/or acceptance conditional on a certain body size or weight.
3. **The Impact of Family Therapy on Recovery:** Eating disorders impact the entire family. Family therapy can teach parents, spouses and children of people with eating disorders how to support their loved one through recovery.
4. **Education is Key:** When families understand why their loved one with an eating disorder "just can't eat," they are much better equipped to support recovery.
5. **Preparing a Child for Healthy Life Transitions:** Starting high school and college are confusing, stressful and emotional times for parents and teens. Help prepare your soon-to-be highschooler or college-bound student for the stresses and peer pressures of a new school experience.
6. **Strict Parents Aren't the Problem; They're the Solution:** The strict parents that are blamed for driving eating disorders actually may be the solution; structure is what helps people recover.



Lifestyle Choices that Prevent or Promote Healing

For a recovering anorexic or bulimic, lifestyle choices can significantly impact the ability to heal. Recovery does not exist upon weight restoration. Lifestyle choices and behaviors after initial treatment play a vital role in sustainable recovery. The following story ideas focus on lifestyle choices that people can make to return from an eating disorder to wellness or to prevent disordered eating from the beginning.

Eating Disorder Myths Debunked

1 Eating disorders are a disorder of choice.

Eating disorders are a mental illness, not an elective behavior. People suffering from eating disorders cannot ‘snap out of it’. Recovery from the diseases is far more complex than simply making healthy choices.

2 Eating disorders are not life-threatening.

Eating disorders are the most deadly psychiatric illness, with mortality rates reaching 20 percent from the disorder.

3 Eating disorders are about food.

While eating disorders may begin with preoccupations with food and weight, they generally stem from issues beyond food.

4 Eating disorders are not genetic.

Current research suggests that there are significant genetic contributions to eating disorders and that the diseases often run in families.

5 Eating disorders are an illness of the affluent.

Eating disorders affect people from all social classes and ethnicities.

6 Eating disorders only affect women.

More than one million men in the United States suffer from an eating disorder, accounting for nearly 10 percent of all eating disorders.

7 Eating disorders are a passing state.

The recovery period for an eating disorder can require up to 10 years of treatment, and in some cases many more.

Story Ideas:

- 1. Touch and Movement as Therapy:** Often, eating disorder patients are “cut off at the neck,” and don’t have a connection with their body. Massage, Tai Chi and yoga help these patients connect with their bodies and learn to live in their bodies rather than in their heads.
- 2. The Rise of Body Image Groups:** Poor body image is the most common cause of eating disorder relapse. A recent Temple University study showed that female smokers who received body image counseling were more likely to quit smoking. Led by psychologists, counselors, dietitians and the like, body image groups are popping up in counseling centers, college campuses and behavioral health facilities across the country to help women learn how to identify the root causes of their negative body image and develop strategies to combat their unhealthy beliefs and behaviors. These groups provide professional medical and psychological guidance and at the same time offer emotional support and accountability among participants.
- 3. Recovered Over-Exercisers Should Not Exercise:** Consistent findings underline the fact that patients with histories of excessive exercise should not return to exercise, as it significantly raises the risk of relapse.
- 4. Making Friends with Food:** Recovering alcoholics can avoid alcohol; recovering drug addicts can stay away from drugs; but a recovering anorexic can’t stay away from food. How do recovering anorexics learn how to banish food fears?
- 5. Maintaining an Environment that Promotes Sustainable Recovery:** Tools and practices that anorexics and bulimics bring into their lives to help them maintain their recovery.

Real People, Lasting Recovery



The Impact of Art on Mental Wellbeing

Journaling, mask-making, drawing and painting can be just as impactful and therapeutic as psychotherapy.

Pictured: Lisa Talucci, LPC, ATR, primary and art therapist at Eating Recovery Center



Seasonal Stories

January-March

- For individuals genetically predisposed to an eating disorder, a New Year's resolution diet can quickly spiral out of control.
- National Eating Disorder Awareness Week occurs during the month of February.
- March is National Nutrition Month. Even as we face a childhood obesity epidemic, health experts warn that children are starving themselves more often – and younger – than ever.

April-May

- Mental Health Awareness Month, Mother's Day and National Women's Health Week fall in May; eating disorders impact more than 10 million American women.

June-July

- In the summertime, outdoor activities abound! How to know and what to do if a loved one's exercise exceeds healthy levels.

August-September: Back to School!

- Educating college-bound kids about the dangers of drunkorexia; why replacing food calories with alcohol calories is a deadly cocktail.
- Danger signs to watch for in student athletes; when performance preparation goes too far.

October-December

- November is American Diabetes Month - Did you know that insulin restriction is a form of eating disorder? Learn more about diabulimia.
- Food-focused celebrations and family stress can be significant triggers for disordered eating.

Resources for Reporters

Eating Recovery Center can provide a number of experts to support your stories about eating disorders, including renowned eating disorder experts Drs. Kenneth Weiner and Emmett Bishop, dietitians, therapists and other mental health professionals.

• **Kenneth L. Weiner, MD, CEDS**

Founding Partner and Chief Executive Officer, Eating Recovery Center

Dr. Weiner has been active in the treatment of anorexia, bulimia and EDNOS in Denver for more than 25 years. Recognized as a national expert in the treatment of eating disorders, he lectures extensively throughout the United States. Prior to founding Eating Recovery Center, he created and directed eating disorder programs at Columbine Psychiatric Center, Bethesda Hospital and the Eating Disorder Center of Denver. Additionally, Dr. Weiner is a Fellow of the Academy for Eating Disorders and the American Psychiatric Association.

• **Emmett R. Bishop, Jr., MD, CEDS**

Founding Partner and Medical Director, Eating Recovery Center

Dr. Bishop has more than 30 years of experience in the treatment of eating disorders. Dr. Bishop designed the multilevel Clarke Center Eating Disorder Program and has completed systematic research in the field. He served as the past president and current board member for the International Association of Eating Disorders Professionals. Dr. Bishop is also an Approved IAEDP Supervisor and sits on the editorial board of *Eating Disorders: The Journal of Treatment and Prevention*. Additionally, he is a Fellow of the Academy for Eating Disorders.

• **Julie Holland, MHS, CEDS**

Chief Marketing Officer, Eating Recovery Center

Ms. Holland is recognized in the industry as both a clinician and public speaker. A Certified Eating Disorders Specialist, she has directed marketing and customer relationship management programs at several leading eating disorder treatment programs across the country. Ms. Holland has specialized in the treatment of self-esteem, eating and body image issues for adults and adolescents for more than 23 years. She is Director of Certification for the International Association of Eating Disorders Professionals, as well as an Approved IAEDP Supervisor.

• **Carolyn Jones, RN, LPC**

Director of Nursing, Eating Recovery Center

Ms. Jones holds a BS in nursing and a MS in counselor education and has specialized in eating disorders and body image for 17 years. She has worked as an Emergency Department nurse manager and clinical educator, as well as a psychotherapist at the Bethesda Eating Disorders Program, the Eating Disorder Center of Denver, and she has co-developed an outpatient eating disorders program.

• **Enola Gorham, MSW, LSW**

Program Director, Eating Recovery Center

Ms. Gorham is a master's level therapist with more than 20 years experience working in the mental health field. Specializing in working with families, she has worked with eating disorders since the mid-1990s. Ms. Gorham is trained in the Family Based Therapy, sometimes known as the Maudsley Approach, and studied at the National Center for Eating Disorders in London, England.

• **Marla C. Scanzello, MS, RD**

Director of Dietary Services, Eating Recovery Center

Ms. Scanzello is a registered dietitian and a member of the American Dietetic Association. She earned her bachelor's degree in nutritional science from the University of Arizona and her master's degree in nutrition from Tufts University. A previous dietitian at the Cambridge Eating Disorders Center and clinical dietitian specialist at Klarman Eating Disorders Center, Ms. Scanzello has worked extensively with patients and families, implementing nutrition plans for patients suffering from anorexia, bulimia and EDNOS.

• **Andrew L. Braun, MBA**

Executive Director, Eating Recovery Center

Over the past 30 years, Mr. Braun has served as chief executive of several healthcare organizations including specialty hospitals and medical and mental health group practices. He has additionally served as chief executive of a managed behavioral health company, an alternative health provider network, a multi-state provider of behavioral health services in nursing homes and assisted living facilities, a child and adolescent mental health and mental retardation residential treatment center and a freestanding psychiatric hospital. He also has consulted with medical professionals and healthcare organizations around business development, strategic partnering, total quality management and business process redesign.

• **Patients and their families**

To arrange an interview, please contact:

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This guide has been brought to you by Eating Recovery Center:

About Eating Recovery Center: Eating Recovery Center, situated at the foot of the Rockies in beautiful downtown Denver, Colorado, provides individuals 17 and older sustainable recovery from eating disorders in a warm, nurturing environment. Our comprehensive program offers patients from across the country a continuum of care that includes inpatient, residential, partial hospitalization, intensive outpatient and outpatient services in a licensed and Joint Commission accredited behavioral hospital setting. Our compassionate team of professionals collaborates with treating professionals and loved ones to cultivate lasting behavioral change. For more information, please call 877-218-1344, e-mail info@EatingRecoveryCenter.com or chat with us confidentially at www.EatingRecoveryCenter.com.