



**Did you know that 27% of those diagnosed with substance use disorder also struggle with anorexia; 36.8% with bulimia and 35% with binge eating disorder?**

# Eating Disorder Behaviors in the Substance Use Disorder Population

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Eating Recovery Center

**MARCH 2018**



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## The power of our approach is matched only by the dedication to our patients.

**Discover what more than 20,000 patients already know – lasting recovery is possible and worth it.**

One person dies from an eating disorder nearly every hour\*. To tackle that statistic, Eating Recovery Center is working on multiple fronts. In addition to the hands-on care every patient deserves, we also support families, conduct research and educate the public about this often fatal mental illness – all to achieve positive outcomes and lasting recovery. If you think someone under your care is suffering from an eating disorder, don't let another hour tick by.

**For a free confidential assessment by a Masters-level clinician, call 1-877-700-1925 or visit [www.eatingrecovery.com](http://www.eatingrecovery.com).**

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\*Eating Disorders Coalition, [Facts About Eating Disorders: What The Research Shows](#)

Eating Recovery Center, a national healthcare system providing full spectrum eating disorder treatment to adults, adolescents, children and families, is grateful to all substance use professionals who provide support and treatment to patients struggling with co-occurring substance use disorder (SUD) and eating disorders.

This guide outlines the importance of providing eating disorder treatment simultaneously or immediately after substance use disorder treatment, as well as referral procedures.



## WHO IS AFFECTED BY EATING DISORDERS?

- More than 30 million people of all ages and genders suffer from an eating disorder within the USA.<sup>i</sup>
- Lifetime rates of substance use disorder in the various eating disorder subgroups are as follows:<sup>ii</sup>
  - Anorexia Nervosa (AN): 27.0%
  - Bulimia Nervosa (BN): 36.8%
  - Binge Eating Disorder (BED): 35%
- Other specified feeding and eating disorders (OSFED) (but not AN or BN) are significantly more common in people with SUD than without SUD.<sup>iii</sup>
- People who suffer from substance abuse are 10 times more likely to have an eating disorder than the general population.<sup>iv</sup>
- Eating disorders have the highest mortality rate out of any mental illness.<sup>v</sup>
- SUD increases the suicide rate in AN and BN.<sup>vi</sup>

To help support dedicated providers like you, we have outlined how to recognize, screen and provide treatment options to individuals presenting with co-occurring eating disorders in a substance use disorder treatment care.

# Start the conversation

## Medical Signs



### Anorexia Nervosa

**Brain and Nerves**  
anxious/obsessive thoughts, cognitive dulling, fear of gaining weight, sad, moody, fainting, changes in brain chemistry

**Hair**  
hair thins, falls out

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

**Blood**

anemia and other blood cell problems

**Muscles, Joints and Bones**  
weak muscles, fractures, osteoporosis

**Body Electrolytes**

low glucose, phosphorus and sodium, prealbumin

**Kidneys**

kidney stones, kidney failure

**Intestines**  
constipation, bloating, liver failure, slowed mobility, obstruction

**Hormones**

periods stop, problems growing, pregnant, higher risk for miscarriage, baby with low birthweight, and post partum depression, lower sex hormones

**Skin**

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

### Bulimia Nervosa

**Brain**  
depression, anxiety, dizziness, shame, low self-esteem

**Cheek, Face**  
swelling, soreness, nosebleeds

**Mouth**  
cavities, tooth enamel erosion, gum disease, teeth sensitive to hot and cold foods

**Throat & Esophagus**  
sore, irritated, can tear and rupture, blood in vomit, heartburn

**Heart**  
irregular heart beat, heart failure, palpitations

**Muscles**

fatigue

**Body Electrolytes**

low glucose, phosphorus and sodium, magnesium and sodium

**Kidneys**

kidney failure

**Intestines**  
constipation, irregular bowel movements (BMs), diarrhea, bloating, Cramping, acid prodlapse, poor diabetes control

**Hormone**

irregular periods

**Skin**

abrasion of knuckles, dry skin

### Binge Eating Disorder

**Brain**  
increased risk for depression, anxiety

**Breath**

shortness of breath, obstructive sleep apnea

**Heart**  
high blood pressure, high cholesterol, heart disease

**Joints**

decreased mobility, due to joint degeneration

**Metabolism**

metabolic syndrome, Diabetes Type II

**Liver**

non-alcoholic fatty liver, gallbladder disease

**Intestines**  
acid reflux, diarrhea

**Weight**

often associated with obesity

Dash line indicates that organ is behind other main organs.

# Signs and symptoms of eating disorders

## Behavioral Signs

Many patients who suffer from substance use disorders exhibit eating disorder behaviors that often remain undetected by their treatment team. Initially, substance use may mask eating disorder behaviors, or be a part of the eating disorder pattern. However, as individuals with addictions and/or compulsive tendencies enter into abstinence, they may reach toward other numbing mechanisms such as eating disorder behaviors to help them cope with the re-emerging emotions.



### HERE'S WHAT TO LOOK FOR:

- Consistently leaving the table within ten minutes after eating a meal
- Exercising more than 1.5 hours a day more than 4 days per week
- Stirring or playing with food rather than eating
- Restricting foods or food groups
- Skipping meals consistently
- Talking about particular foods as “good” or “bad”
- Skipping a meal then over-eating at another meal
- Expressing concerns about being or becoming fat
- Consistent fatigue
- Gaining weight in treatment
- Consistently setting and communicating goals about getting physically “healthy”
- Inordinate amounts of conversation about food, weight, the body, and calorie intake
- Exercising despite physical injuries
- Rigid eating patterns

## A Word about Males and Eating Disorders

- Men with eating disorders are under-diagnosed, undertreated, and often misunderstood. The female-to-male ratio of people with eating disorders is currently 3-to-1 (This assumes that we are accurately recognizing EDs in males and that males are coming forward at similar rates to females).<sup>vi</sup>
- Eating disorders are at least five times more prevalent among gay and bisexual men than heterosexual men.<sup>vii</sup>



### ADDITIONAL BEHAVIORS IN THE MALE POPULATION:

In some cases, the pursuit of muscularity can be characterized by rule-driven eating behaviors such as:

- Very high levels of protein consumption
- Severe restriction of non-protein related dietary components
- Interrupting important activities to accommodate frequent eating
- Continued food consumption despite feeling full
- Eating very frequently (every 2 to 3 hours)
- Liquefying or blending food for easier intake
- Consuming a large proportion of calories in liquid form
- Compensatory restriction of carbohydrates or fats due to deviation from a training regime
- Use of appearance enhancing drugs such as steroids, “testosterone boosters” and growth hormones
- A focus on over-exercising to gain size rather than reducing





## The Screening Process

There are many screening tools for eating disorders. The **SCOFF**<sup>viii</sup> tool is a fast, accurate and easy-to-use tool and has been validated in primary care practices.



### THE SCOFF TOOL

- Do you make yourself **S**ick because you feel uncomfortably full?
- Do you worry that you have lost **C**ontrol over how much you eat?
- Have you recently lost more than **O**ne stone (14 lb) in a 3-month period?
- Do you believe yourself to be **F**at when others say you are too thin?
- Would you say that **F**ood dominates your life?

**If your client responds yes to any of these questions, please contact us for a free, confidential assessment with a Masters-level clinician.**



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## What to Do

Patients suffering from substance use disorder and eating disorders may benefit from completing treatment for each condition in immediate succession or simultaneously. A comprehensive treatment plan that encompasses both conditions helps patients achieve greater long-term recovery. If you observe any of the behaviors above, consult an eating disorder treatment professional to assess the patient. If the patient is diagnosed with an eating disorder and is medically stable, the patient should ideally undergo a full detox and complete his or her substance use disorder program before entering eating disorder treatment. If the patient is not currently medically stable, consult with an eating disorder treatment professional to determine the best course of action that complements the patient's substance use disorder treatment plan.

## Specialized Eating Disorder Treatment for Patients Recovering from Substance Use Disorder

We understand the importance of equipping patients with additional tools to prevent addiction relapse. Eating Recovery Center provides specialized therapy programming to individuals who come to us after stepping down from substance use disorder treatment or eating disorder patients presenting with signs or susceptibility of substance use disorder.

### Addiction Recovery Track (ART)

Integrated Services is a substance use disorder track that supports the treatment plan of those who have completed substance use disorder treatment, or those with a primary eating disorder that may be susceptible to developing a substance use disorder. The specialized track offers evidence-based treatment and supports the skills and education patients have gained prior to entering eating disorder treatment. This track addresses the relationship between addiction and eating disorder and how to sustain long-term recovery from both. It includes relapse prevention planning, mindfulness practices, and Dialectical Behavior Therapy (DBT) skills. Integrated Services strengthen and support the patient's addiction recovery by providing specialized individual therapy, weekly addiction groups, access to Twelve Step meetings, and more.

Locations:

Bellevue, WA | Chicago, IL | Dallas, TX | Denver, CO | Seattle, WA

## Mood and Anxiety Program

Depression, anxiety and emotional dysregulation (an emotional response that is poorly modulated) not only occur commonly alongside an eating disorder, but also persist after eating disorder recovery.

Co-occurring mood, anxiety and/or substance abuse issues must be thoroughly explored while you are in treatment so you can truly understand your diagnosis and develop the skills to manage these issues in addition to eating disorder recovery. At Eating Recovery Center, we offer specialized tracks to address these common co-occurring conditions.

For our patients who have a primary diagnosis of a mood or anxiety disorder, they will be referred to a community partner specializing in mood and anxiety treatment or to our **ERC Insight** facility in Chicago that offers Residential, Partial Hospitalization and Intensive Outpatient programs thoughtfully designed to treat mood and anxiety disorders and foster lasting recovery

Locations:

Austin, TX | Chicago, IL | Seattle, WA | The Woodlands, TX

### Mood & Anxiety Disorder Self-Assessment Quiz

If any of the following feelings or behaviors in this self-assessment quiz apply, ERC Insight can help.

- Do you feel sad, unhappy or cry for no apparent reason?
- Do you feel numb or apathetic?
- Do you have trouble concentrating or focusing?
- Do former hobbies and interest no longer give you pleasure?
- Do you feel tired, lethargic or like you have no energy?
- Have your sleeping and eating patterns changed?  
(ie. sleep too much or too little, eat less or more than usual)
- Do you feel tense, anxious or like you can't sit still?
- Do you feel worried or anxious?
- Do you feel you must repeat certain tasks or rituals? (ie. counting or checking/re-checking things)

## Binge Eating Treatment and Recovery Program

Eating Recovery Center offers a unique eating disorder treatment program for people who suffer from binge eating disorder, compulsive overeating, night eating, emotional eating, and/or “food addiction”.

Patients with loss of control eating often “diet” and then blame themselves for their “failure” to manage their behavior. We help patients normalize eating patterns, treat binge eating related medical problems, manage stress, improve health-related quality of life issues, and establish deeper connections with others.

Our program provides intensive multidisciplinary treatment for adults. We offer a dedicated team that includes obesity medicine specialists, exercise physiologists, therapists and psychiatrists who specialize in eating disorders. We also offer three levels of care based on the severity of a patient’s eating disorder.

Our program will help patients:

- Interrupt or eliminate eating disordered behaviors
- Better manage stress
- Address co-morbid mood, anxiety, and substance use disorders that frequently co-occur with eating disorders
- Address medical and functional impairments
- Address body image disturbance
- Learn and practice healthy lifestyle and functional movement
- Improve quality and quantity of sleep
- Decrease co-morbid compulsive behaviors (i.e., process addictions)
- Learn cutting-edge skills to address eating disordered behaviors including Cognitive Behavioral Therapy, Acceptance & Commitment Therapy, and Exposure & Response Prevention

Locations:

Bellevue, WA | Chicago, IL | Cincinnati, OH | Greenville, SC | Houston, TX  
Sacramento, CA | San Antonio, TX



## Who is the ideal candidate for our binge eating disorder program?

Patients who answer “YES” to any of the following questions may find this program helpful.

- I feel out of control around food.
- I sometimes eat until I feel sick or uncomfortable.
- I am worried about my weight and body size.
- I eat 25% of my total daily calories after dinner and before bed, and/or eat in the middle of the night.
- I use food as comfort.
- I have gained more than 15 pounds in the last 12 months.
- I feel addicted to food.
- I am vomiting and/or using laxatives, diuretics, or other over the counter or prescription medications to try to lose weight or reduce my calories.
- I eat mindlessly throughout the day or during the night.
- I have medical issues (diabetes, hypertension, heart disease, sleep apnea, etc.).
- A medical or health professional has advised me I must manage my eating behaviors.
- I am struggling with eating disorder behaviors after having bariatric surgery.
- I am always worried or think a lot about my weight and/or shape.
- I have mood and/or anxiety symptoms and/or substance use behaviors.

**For a free, confidential assessment by a Masters-level clinician,  
call 1-877-700-1925 or visit [www.eatingrecovery.com](http://www.eatingrecovery.com).**



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## Intensive Treatment Unit

Eating Recovery Center has opened an Intensive Treatment unit for our more medically psychiatrically compromised patients. The Intensive Treatment unit provides a higher level of support and containment for patients dealing with very severe eating disorder symptoms and are not ready or able to engage in the programming on our main Inpatient unit.

The Intensive Treatment unit is for those patients suffering from an eating disorder that are unable to self-regulate. The intensive treatment allows patients an additional level of care by offering highly structured skills-based groups.

The Intensive Treatment unit includes medical and psychiatric criteria such as:

- Isolation required for contagious illness
- All IVs and Central Lines
- Unstable or difficult-to-manage diabetes
- Very frail patients
- Need for low stimulation and/or smaller groups for anxiety containment
- Need for increased supervision and support to manage emotional or physical needs
- Need for supported dining
- Substance abuse withdrawal

Locations:

Denver, CO



## Concierge Services

Eating Recover Center is pleased to provide robust concierge services to help alleviate the stress of arranging logistics for your patient before and during treatment with us. ERC's Concierge Services Representative is happy to help ERC's families arrange the following:

- Coordination of admission schedules.
- Travel arrangements.
- Hotel reservations & Extended Stay facilities.
- Changes to existing travel itineraries.
- Ground transportation – including shuttles, limo services & car rentals.
- Restaurant recommendations/ reservations.
- Business referral service.
- Personal services – Salon Day Spa, massages, hair stylists.
- Referrals & directions to local parks, businesses, theaters & movies.
- Arrange child care services.
- Arrange pet care services.

Locations: All

## Insight Behavioral Health Centers

Insight Behavioral Health Centers offers best-in-class mood and anxiety recovery programs in the Chicago and Austin areas. Insight is part of Eating Recovery Center's national, vertically integrated healthcare system dedicated to the treatment of eating disorders and related conditions.

Locations: Austin, TX | Chicago, IL | Seattle, WA | The Woodlands, TX

## Admissions Process

We are committed to making the transition to treatment for your client and their loved ones as seamless as possible.

When considering if Eating Recovery Center provides the appropriate level of care for your client's individual needs, our masters-level clinicians will review the following:

- **Psychiatric stability:** Are they experiencing suicidal ideation, active homicidal ideology or active psychosis?
- **Substance use:** Do they require detox from any substance?
- **Medical stability.**

## Insurance Information

Researching, verifying and leveraging financial resources to access the appropriate level of eating disorders care is an important aspect of the pre-admission process. To support increased access to this important and life-saving care, Eating Recovery Center is in network with all major insurance providers, and accepts most insurance plans.

**Please note:** Eating Recovery Center is unable to accept government funded insurance plans.

Frequently asked question: “If a client has started out in substance use disorder treatment and an eating disorder has been detected, how would the insurance benefits typically work if they had completed 30-days of residential treatment for substance use disorder and now wished to come to our PHP program?”

*“Both substance use disorder and eating disorder treatment are mental health benefits and with most policies now (due to ACA and Federal parity) treatment for mental illness is not subject to a time limit, but is subject to medical necessity. So regardless of the time and/or diagnosis, if the care meets the carrier’s medical necessity guidelines then one could assume the insurance would be supportive of additional care post substance use disorder treatment. I do not believe that insurances have a separate benefit related to substance use disorder diagnoses and treatment.”*  
– Cyndi Eddington, Chief Business Services Officer

For more insurance information visit: [www.eatingrecovery.com](http://www.eatingrecovery.com)





## MyERC Professional Portal

**Manage referrals and access professional development in one convenient location.** As a member of MyERC, you will have access to practically all the tools and resources you need to refer patients, download educational materials and further your education through online professional development courses and continuing education events. You are able to connect with colleagues, keep up on the latest research and advances in eating disorder treatment, plus much more.

### Quick Admit

Expedite the referral, assessment and admission process for your patient through submitting necessary background information in a HIPAA compliant and secure portal.

### Continuing Education Portal

Online courses, eLearning webinars and live event opportunities to earn continuing education credit hours. Fulfill professional development licensure requirements quickly and easily, on your own schedule.

### Professional Listservs

Free email communications forum for providers of care, with specialized niche areas of focus such as professionals working with the college student population or providers treating substance use disorder. Participants must follow Listserv guidelines prohibiting marketing, advertising and soliciting.

### Eating Disorders Information Gateway

Patients, family members and providers have access to the Eating Recovery Foundation's eating disorder research database and MyERC members receive exclusive access to concierge research searches provided by a master's level medical librarian.

### National Referral Network

Online resource for connecting patients, families and other professionals with qualified providers across the country specializing in eating, mood and related disorders. Log into MyERC to complete the application to join today.

**Visit [eatingrecoverycenter.com/professional](http://eatingrecoverycenter.com/professional) and click "MyERC"**



*"Drinking alcohol often took the place of my disordered eating in times when my food was 'under control.' It became what I went to when overwhelming emotions occurred. To support a long term fulfilling recovery, I said 'no' to alcohol, too." –Robyn Cruze, MA*

## About Robyn Cruze, MA

Born and raised in Australia, Robyn Cruze's first profession was as a successful film, TV and theater actor. With a master's degree in Solo Performance (Acting) from the Royal Conservatoire of Scotland, today, Robyn utilizes her performance skills across the United States to break down the walls of stigma surrounding mental illness, most notably eating disorder, substance abuse and body/food issues. Robyn is the Binge Eating and Substance Use Recovery Advocate for Eating Recovery Center (ERC.) She is the co-author of **Making Peace with Your Plate**, and the author of a children's affirmation book **Lovely Dreams**. Robyn is a popular keynote speaker and educator, covering topics of; cultural issues surrounding body image, The Body Conversation: building a healthy relationship with your body and the food we put in it and eating disorder recovery (including comorbidity of substance use.)



## About Eating Recovery Center

Eating Recovery Center (ERC) is the only national, vertically integrated, health care system dedicated to the treatment of serious eating and related disorders at any stage of the illness. ERC offers best-in-class treatment programs for all patients, no matter their age or gender, struggling from: anorexia, bulimia, binge eating disorder, eating and weight disorder, unspecified eating disorders, as well as comorbid, co-occurring and dual diagnoses. Led by the world's leading experts in eating disorder treatment, ERC provides a full spectrum of eating disorder recovery services through an unmatched network of multiple locations across seven states.

**For more information on our full continuum of care for children, adolescents and adults, please call 877-700-1925 or visit: [www.eatingrecovery.com](http://www.eatingrecovery.com).**

# Locations

## WESTERN REGION



### Washington

- ERC Washington provides comprehensive treatment to adults, children and adolescents suffering from anorexia, bulimia, binge eating disorder and other unspecified eating disorders. In partnership with Insight Behavioral Health Centers, ERC also provides treatment for those struggling with mood and anxiety disorders in Seattle.
- Collaborative programs provide a full spectrum of services including inpatient, residential, partial hospitalization and intensive outpatient levels of care.

#### Bellevue

1231 116th Ave. NE, Suite 800  
Bellevue, WA 98004

#### Seattle

901 Boren Ave., 18th floor  
Seattle, WA 98104



### California

- ERC California provides comprehensive treatment to adults, children and adolescents suffering from anorexia, bulimia, binge eating disorder and other unspecified eating disorders.
- A multi-disciplinary team of professionals oversees outpatient levels of care, including partial hospitalization programs and intensive outpatient programs.

#### Sacramento

3610 American River Drive, Suite 140  
Sacramento, CA 95864

## MOUNTAIN/EASTERN REGION



### Denver, Colorado

- ERC Denver provides comprehensive treatment to adults, children and adolescents suffering from anorexia, bulimia, binge eating disorder and other unspecified eating disorders.
- Collaborative programs provide a full spectrum of services including inpatient (IP), residential (RES), partial hospitalization (PHP) and intensive outpatient (IOP) levels of care.

#### IP/RES for Adults

1830 Franklin St., Suite 405  
Denver, CO 80218

#### PHP/IOP (BETR) for Adults

8190 E. 1st Ave., Suite 105  
Denver, CO 80230

#### IOP for Adults

7900 E. 1st Ave., Suite 200  
Denver, CO 80230

#### Outpatient Medical Clinic

8190 E. 1st Ave.,  
Denver, CO 80230

#### IP/RES/PHP for Adults

98 Spruce St.  
Denver, CO 80230

#### PHP for Children & Adolescents

100 Spruce St., Suite 200  
Denver, CO 80230

#### IP/RES for Children and Adolescents

8140 E. 5th Ave.  
Denver, CO 80230



### The Carolinas

- ERC, The Carolinas, provides comprehensive treatment to adults, children and adolescents suffering from anorexia, bulimia, binge eating disorder and other unspecified eating disorders.
- A multi-disciplinary team of professionals oversees outpatient levels of care, including partial hospitalization programs and intensive outpatient programs.

#### Greenville

12 Maple Tree Court, Suite 101  
Greenville, SC 29615

## TEXAS REGION



### Texas

- ERC Texas, provides comprehensive treatment to adults, children and adolescents suffering from anorexia, bulimia, binge eating disorder and other unspecified eating disorders. In partnership with Insight Behavioral Health Centers, ERC also provides treatment for those struggling with mood and anxiety disorders.
- Collaborative programs provide a full spectrum of services including inpatient (IP), residential (RES), partial hospitalization (PHP) and intensive outpatient (IOP) levels of care.

**Dallas (IP/RES for Adults, Children and Adolescents)**  
4708 Alliance Blvd., Suite 300  
Plano, TX 75093

**Dallas PHP/IOP for Adults and IP/RES/PHP/IOP for Children and Adolescents**  
4716 Alliance Blvd., Suite 400  
Plano, TX 75093

**Austin PHP/IOP for Adults, Children and Adolescents**  
12221 Renfert Way, Suite 250  
Austin, TX 78758

**San Antonio PHP/IOP for Adults and IP/RES/PHP/IOP for Children and Adolescents**  
250 E. Basse Rd., Suite 206  
San Antonio, TX 78209

**The Woodlands PHP for Adults and IOP for Adults and Adolescents**  
17350 St. Luke's Way, Suite 220  
The Woodlands, TX 77384

**Round Rock Insight Behavioral Health Centers PHP/IOP for Adults, Children and Adolescents**  
1 Chisholm Trail, Suite 5100  
Round Rock, TX 78761

**Houston PHP/IOP for Adults and Adolescents**  
7515 Main St., Suite 400  
Houston, TX 77030

## MIDWEST REGION



### Illinois

- ERC Illinois provides comprehensive treatment to adults, children and adolescents suffering from anorexia, bulimia, binge eating disorder and other unspecified eating disorders. In partnership with Insight Behavioral Health Centers, ERC also provides treatment for those struggling with mood and anxiety disorders.
- Collaborative programs provide a full spectrum of services including inpatient, residential, partial hospitalization and intensive outpatient levels of care.

**Downtown Chicago**  
333 N. Michigan Ave., Suite 1900  
Chicago, IL 60601

**Evanston**  
500 Davis St., Suite 1003  
Evanston, IL 60201

**Northbrook**  
1535 Lake Cook Rd., Suite 303  
Northbrook, IL 60062

**Oak Brook**  
1010 Jorie Blvd., Suite 1300  
Oak Brook, IL 60523

**Streetsville-Huron**  
150 E. Huron St., Suite 400  
Chicago, IL 60611

**Streetsville-Ohio**  
200 E. Ohio St.  
Chicago, IL 60611

**BETR Residential**  
1 E. Erie St.  
Chicago, IL 60611



### Ohio

- ERC Ohio provides comprehensive treatment to adults, children and adolescents suffering from anorexia, bulimia, binge eating disorder and other unspecified eating disorders.
- A multi-disciplinary team of professionals oversees outpatient levels of care, including partial hospitalization programs and intensive outpatient programs.

**Cincinnati**  
3805 Edwards Rd., Suite 400  
Cincinnati, OH 45209



## References

- <sup>i</sup> Eating Disorders Coalition. Facts About Eating Disorders: What The Research Shows
- <sup>ii</sup> National Comorbidity Survey Replication (Hudson, Hiripi, Pope, & Kessler, 2007)
- <sup>iii</sup> Grilo, Carlos M., Rajita Sinha, and Stephanie S. O Malley. "Eating disorders and alcohol use disorders." *Alcohol Research and Health* 26.2 (2002): 151-157.
- <sup>iv</sup> National Center on Addiction and Substance Abuse at Columbia University. (2003). Food for thought: substance abuse and eating disorders
- <sup>v</sup> Arcelus, Jon, et al. "Mortality rates in patients with anorexia nervosa and other eating disorders: a meta-analysis of 36 studies." *Archives of general psychiatry* 68.7 (2011): 724-731.
- <sup>vi</sup> Franko, D. L., Keel, P. K., Dorer, D. J., Blais, M. A., Delinsky, S. S., Eddy, K. T., . . . Herzog, D. B. (2004). What predicts suicide attempts in women with eating disorders? *Psychological Medicine*, 34(5), 843-853.
- <sup>vii</sup> Diemer, E. W., Grant, J. D., Munn-Chernoff, M. A., Patterson, D., & Duncan, A. E. (2015). Gender identity, sexual orientation, and eating-related pathology in a national sample of college students. *Journal of Adolescent Health*, 57(2), 144-149.
- <sup>viii</sup> Morgan, J. F., Reid, F., & Lacey, J. H. (2000). The SCOFF questionnaire: a new screening tool for eating disorders. *Western Journal of Medicine*, 172(3), 164-165.



### **Eating Recovery Center's mission**

is to provide the very best care to patients, families and providers of care in the treatment of, and recovery from, eating disorders and related conditions.



**877-700-1925**

**[www.eatingrecovery.com](http://www.eatingrecovery.com)**

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