

Anorexia: What Educators Need to Know

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This booklet is intended to help educators know more about the eating disorder, anorexia. Many educators feel helpless or do not know what to say or do when discovering a student may have an eating disorder. I hope this booklet will give teachers knowledge, tips and further references for this very serious mental health matter.

Definition

Anorexia nervosa is an eating disorder that is characterized by the inability to stay at a minimum healthy body weight for a person's age and height. Persons with this disorder may have an intense fear of weight gain, even when they are underweight. They may use extreme dieting, excessive exercise, or other methods to lose weight. (7)

- Women are much more likely than men to develop an eating disorder. They are three times as likely to experience anorexia (0.9 percent of women vs. 0.3 percent of men). (4)
- The mortality rate among people with anorexia has been estimated at 0.56 percent per year, or approximately 5.6 percent per decade, which is about 12 times higher than the annual death rate due to all causes of death among females ages 15-24 in the general population. (4)

Diagnosing Anorexia Nervosa (5)

Diagnosis criteria are based off the Diagnostic and Statistical Manual of Mental Disorders IV, also known as DSM IV. Diagnosis is made possible through identification of the symptoms listed below.

- A. Refusal to maintain body weight at or above a minimally normal weight for age and height (e.g., weight loss leading to maintenance of body weight less than 85% of that expected; or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected).
- B. Intense fear of gaining weight or becoming fat, even though underweight.
- C. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.
- D. In postmenarcheal females, there is a presence of amenorrhea, i.e., the absence of at least three consecutive menstrual cycles. (A woman is considered to have amenorrhea if her periods occur only following hormone treatment, e.g., estrogen, and administration).

DSM IV also illustrates two specific types in diagnosing Anorexia Nervosa:

- Restricting Type: during the current episode of Anorexia Nervosa, the person has not regularly engaged in binge eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas)
- Binge-Eating/Purging Type: during the current episode of Anorexia Nervosa, the person has regularly engaged in binge eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas).

Signs and Symptoms of Anorexia (6)

It is very important for you as an educator to be aware of the changes in your students' behavior. When you notice the following signs and symptoms you should help the student as early as you can.

Eating and food behavior signs and symptoms

- Dieting despite being thin
- Obsession with calories, fat grams, and nutrition
- Pretending to eat or lying about eating
- Preoccupation with food
- Strange or secretive food rituals

Appearance and body image signs and symptoms

- Dramatic weight
- Feeling fat, despite being underweight
- Fixation on body image
- Harshly critical of appearance
- Denies being too thin

Purging signs and symptoms

- Using diet pills, laxatives, or diuretics.
- Throwing up after eating.
- Compulsive exercising.

Long Term Effects of Anorexia

Long term effects of anorexia stem from severe calorie restriction, which has horrible physical effects. When the body doesn't get enough energy to function normally, it goes into starvation. In this phase the body starts to preserve energy and begins to consume itself in order to get the food and nutrients the body needs. As this self-starvation continues and more body fat is lost, medical complications become apparent.

The first physical signs and effects of anorexia are:

- Loss of menstrual periods
- Lack of energy and weakness
- Feeling cold all the time
- Dry, yellowish skin
- Constipation and abdominal pain
- Restlessness and insomnia
- Dizziness, fainting, and headaches
- Growth of fine hair all over the body and face

If starvation continues, the health problems get worse. Over time, anorexia causes hair loss, infertility, stunted growth, osteoporosis, heart problems, kidney failure, and death. Other effects of anorexia include tooth decay and gum damage from malnutrition and vomiting, and damage to the esophagus and larynx from acid reflux. Anorexia can also lead to depression, severe mood swings, and thoughts of suicide. There is no exact period of time for these

complications to occur; developing medical complications depend on the individual's body and length of time without treatment. (6)

Diet or Anorexia?

<i>Healthy Dieting</i>	<i>Anorexia</i>
Weight loss is viewed as a way to improve health and appearance.	Weight loss is viewed as a way to achieve happiness.
Self-esteem is based on more than just weight and body image.	Self-esteem is based entirely on how much you weigh and how thin you are.
Is an attempt to control weight	Is an attempt to control your life and emotions
The goal is to lose weight in a healthy way.	Becoming thin is all that matters; health is not a concern.

Source: Anorexia nervosa. (2010). Retrieved November 30, 2010 from http://helpguide.org/mental/anorexia_signs_symptoms_causes_treatment.htm

Treating Anorexia Nervosa

Treating Anorexia Nervosa involves three components. These include:

1. Restoring the person to a healthy weight;
2. Treating the psychological issues related to the eating disorder; and
3. Reducing or eliminating behaviors or thoughts that lead to disordered eating, and preventing relapse. (6)

Counseling and Therapy for Anorexia

Treatment is very crucial; the goal of therapy is to replace all the negative attitudes toward weight with healthier ones. All sessions should be attended and the treatment should be

followed very closely. If anorexia nervosa goes untreated it will lead to drastic physical and mental health complications. Below are a few of the available therapeutic responses, along with more scientific definitions and useful links for further research.

Family Therapy

Family therapy has a long-term efficacy in adolescent anorexia nervosa and those who respond well to family therapy generally stay healthy. There are two methods of treatment; conjoint family therapy (CFT) and separated family therapy (SFT). While the long-term goals of these methods are the same, the process through which these outcomes are achieved varies between methods. For example, CFT is less effective in families with high levels of expressed emotion. Therefore, it is inadvisable to use conjoint family meetings, at least early on in treatment, when raised levels of parental criticism are evident. Once the family is well engaged, conjoint meetings may have a useful role to play even with a group of families. (3)

Health Promoting Schools Framework

Within this framework, the goal is to establish preventive strategies in school-based programs. These strategies would address issues with body image and provide effective tools to combat these issues. Experts Maloney and O'Dea are staunch supporters of the program arguing, "The Health Promoting Schools Framework offers a suitable approach because it encompasses a range of influences internal and external to the school environment. The holistic focus of the Framework targets numerous aspects of eating and body image problems, including school curricula, policies, and attitudes as well as the local environment and community." (O'Dea, J. Maloney, p 20. 2000)

Cognitive Therapy

This treatment "Explores the critical and unhealthy thoughts underlying anorexia. The focus is on increasing self-awareness, challenging distorted beliefs, and improving self-esteem and sense of control. Cognitive therapy also involves education about anorexia." [For more information on Cognitive Therapy, click here.](#)

Behavior Therapy

This treatment “Promotes healthy eating behaviors through the use of rewards, reinforcements, self-monitoring, and goal setting. Teaches the patient to recognize anorexia triggers and deal with them using relaxation techniques and coping strategies.” [More information on anorexia nervosa and treatment methods can be found here.](#)

Strategies For Educators

When you have a student with an eating disorder, you do not have to feel powerless. You can help; try these strategies with caring and empathy:

- Prevent eating disturbances and body image problems among children and adolescents using school-based programs.
- Use self-esteem building strategies.
- Provide activities like; peer or parental involvement, focus on sport activities, and address feminist issues such as cultural stereotypes and empowerment of women.
- Identify adolescents at highest risk for eating problems, such as ballet students, athletes and overweight students, by implementing screening programs for them.
- Teach students to analyze and deconstruct social body image ideals and media messages. (2)
- Be very aware of confidentiality issues. If you know a student has an eating disorder, it is never appropriate to share or discuss the issue with peers of the student.

Case Study

Nikki was a seventh-grade girl; she was a good student and a daughter from a loving family. In Nikki's view, she had only one problem: she was too fat. Never mind that she had shed 30 pounds in recent months from her already thin frame. What she saw in the mirror was an imperfect body. She feared getting fatter; consequently, she was reluctant to eat. Nikki was

then admitted to the education and treatment school at Menninger's Southard School, where she was diagnosed with anorexia nervosa.

At Menninger, her doctor, Dr. Sokol, set down the rules for Nikki. She was initially given the conventional treatment applied to most patients. Her treatment was centered on improving Nikki's eating habits. This would include telling her how important eating was. They would use language such as "we know it's hard", but at the same time being very structured and setting limits. Nikki eventually gained 20 pounds, despite holding firm to her radical ideas about eating. She remained horrified about gaining weight

When her parents were asked when the eating disorder began, their answers were very specific. They gave dates concerning the onset of the disorder that were only days apart. The key symptom of Nikki's anorexia, her parents remembered, was the sudden onset of her worry over food. Not just the remarkable onset of worry, but the dramatic change in Nikki's appreciation of food. This attitude seemed to have appeared in an instant.

Like other young girls in our society she would say, "Oh, I'd like to lose a few pounds, I want to be thin, I want to look like the models," but nothing unusual. And then, suddenly, she became very afraid of eating. She thought if she ate too much she would become extremely fat, on top of the fact she already considered her thin frame to be fat.

Before arriving at Menninger, Nikki's poor eating habits had put her in the hospital several times for dehydration. Pediatricians fed her fluids intravenously and treated her without picking up on her eating disorder. As a result, Nikki would return home and relapse. Eventually, Nikki's parents put her in the psychiatric unit of a hospital.

Then the parents mentioned a part of the story they hadn't previously disclosed. Three to 4 weeks prior to the onset of Nikki's eating disorder, everyone in her family had suffered sore throats. The flu-like symptoms kept everyone home. At the time, no one in the family received medical attention. Dr. Sokol performed lab tests. Nikki's physical condition was consistent with strep.

When Dr. Sokol and her treatment team detected the proximity in time between the illness in Nikki and her family with the onset of Nikki's psychiatric symptoms, antibiotics were prescribed. She didn't appear to have an acute infection, but just by taking the antibiotics she

started getting better. Within 2 weeks, her thinking cleared up. As Nikki improved physically and mentally, she began to benefit from intensive individual psychotherapy.

After her discharge from Menninger, Nikki eventually went off antibiotics. Months later, she again came down with strep, and the same thoughts of anorexia nervosa returned. Fortunately, she didn't stop eating. In fact, she was so worried about a relapse that she overate to compensate for her troubling thoughts. After consulting with Dr. Sokol, who prescribed antibiotics to Nikki and reassurance to her family, the strep cleared up, and so did Nikki's fears.

(1)

If you or a loved one has anorexia, **call the National Eating Disorders Association's toll-free hotline at 1-800-931-2237** or visit it online for free referrals, information, and advice. (6)

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