Information Brief

Eating Disorders Among Youth
Eating Disorders Among Youth

UNDERSTANDING EATING DISORDERS

Eating disorders are defined as negative emotions, attitudes and behaviors that result from issues with weight and food. Many male and female youth display maladaptive eating patterns that have the potential to develop into an eating disorder. For example, more than 50 percent of adolescent girls and a third of adolescent boys try to control their weight in unhealthy ways by skipping meals, vomiting, taking laxatives or fasting. Given the large number of adolescents who struggle with establishing healthy eating behaviors, along with the fact that 95 percent of people with eating disorders are between 12 and 25.8 years old, it is critical for school personnel to understand eating disorders and learn how to effectively intervene to help students.

This brief focuses on the impact of two eating disorder on youth: bulimia nervosa and anorexia nervosa.

Bulimia nervosa is characterized by the eating of large amounts of food in short periods of time (i.e. binge eating) followed by compensatory behaviors to prevent gaining weight. It also involves feeling out of control during binges and self-esteem is overly dependent on body image. Common, easily identified, warning signs of bulimia nervosa are listed in the depiction below:

Anorexia nervosa is characterized by inadequate food intake and a low body weight, which can lead to starvation, excessive weight loss, and in extreme cases, death. Common warning signs are depicted in the graphic below:

RISK AND PROTECTIVE FACTORS

Factors influencing whether or not adolescents develop eating disorders are multifaceted. Thus, one approach to understanding eating disorder development is a risk and protective factors analysis. Risks factors increase the likelihood of the development of an eating disorder, whereas protective factors decrease one’s risk of developing an eating disorder. Key risk and protective factors are outlined below:

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>•Hormonal imbalances that control hunger, digestion, and appetite</td>
<td>•High self-esteem</td>
</tr>
<tr>
<td>•Genetic Influence</td>
<td>•Positive body image</td>
</tr>
<tr>
<td></td>
<td>•Academic success</td>
</tr>
<tr>
<td></td>
<td>•Good social and coping skills</td>
</tr>
<tr>
<td>•Low self-esteem</td>
<td>•Consistently eating together</td>
</tr>
<tr>
<td>•Depression</td>
<td>•Little emphasis on physical attractiveness and weight in the family</td>
</tr>
<tr>
<td>•Anxiety</td>
<td>•Surrounded by a culture where all body shapes and sizes are accepted</td>
</tr>
<tr>
<td>•Stress</td>
<td></td>
</tr>
</tbody>
</table>
HOW SCHOOLS CAN HELP

Preventing or reducing eating disorders among youth can be approached from multiple levels. Below are some suggestions for how school-based professionals can help prevent, identify and provide support to students about eating disorders:

**Administrators and/or Mental Health Professionals:**
- Outline a referral system for teachers to follow should they suspect that a student has an eating disorder.\(^4\)
- Provide school staff with information about eating disorders and explain procedures regarding how to properly handle eating disorder issues.\(^2,4,8\)
- Create a referral list of local counselors and medical practitioners who are familiar with eating disorders.\(^1,4\)
- Develop school anti-harassment and anti-discrimination policies that include weight-related issues and consequences for eating disorder-related bullying behaviors.\(^4,8\)
- Consider implementing eating disorder programs that have been specifically developed for schools. (See [http://nedc.com.au/for-schools](http://nedc.com.au/for-schools) for a list of some programs that were sourced from The National Eating Disorders Collaboration Resources Review).\(^1\)

**Teachers:**
- If a student confides in you, create a supportive environment and assure the student that you would like to help.\(^2,4\)
- Contact the student’s parents or guardians and explain to the student why contact is necessary.\(^2,4\)
- Refer the student and his/her family to an appropriate medical professional.\(^4\)
- Provide eating disorder information to the students’ peers in a generic way that ensures the student’s confidentiality is protected.\(^2,4\)
- Encourage body positivity in your classroom by modeling healthy behavior and focusing on inner character.\(^2,4\)

**Communicating with Parents:** School personnel must reach out to parents to discuss the severity of the student’s condition, identify potential school-based supports and communicate about issues, such as absences treatment or appointments. When having conversations with parents, it is important to:
- Consider the timing of potentially stressful conversations.\(^4\)
- Inform the parent that you are an advocate for the student.\(^4,9\)
- Consider the student’s developmental, cognitive and treatment needs when determining the student’s workload.\(^4,9\)
- Suggest alternatives to activities that may trigger disordered eating (i.e., weigh-ins, co-education swim class, etc.).\(^1,4\)
- Show empathy and support for the student and the family.\(^4,9\)
- Be clear about the resources and supports that are available at the school.\(^4\)
- Focus on the general well-being of the student, not the eating disorder, as this may be a sensitive subject for the family.\(^4,9\)
REFERENCES


This brief was developed [in part] under grant number CFDA 93.243 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

We also would like to acknowledge the Ohio Department of Education for their support of this work.

Prepared by Anthony G. James, Lark E. Weber, Julia L. Kaesberg, Katelyn Palmer, & Amity Noltemeyer, Miami University