



Eating Disorders

Spotting the Signs & what to do

With Martha Williams, Clinical Advice
Coordinator at Beat

Agenda

- What to look out for (signs and symptoms of an eating disorder, including overtraining signs)
- As a club, what support can you offer if you suspect a member has an ED? Signposting and resources. What to do or not to do.
- When would this require a safeguarding referral? What if the person is under 18 or vulnerable? What to do.



The UK's Eating Disorder Charity

Beat exists to end the pain, suffering and loss of life among people affected by eating disorders.

- **We make sure those suffering understand their illness, are supported into early treatment and empowered towards recovery.**
- **We help families to support their loved ones through and out of treatment.**
- **We ensure key individuals can spot early signs of eating disorders and know how to encourage those affected into treatment.**
- **We campaign for better services, based on the experience of our beneficiaries and the expertise of clinicians.**

Beat's work is only made possible by the generosity of our donors, community fundraisers and partners that support us.

The Facts

We don't know the scale of the problem. We estimate **1.25m** people in the UK suffer from an eating disorder but we don't know how many people haven't come forward or recognised their illness.

Estimated **five million** are impacted by eating disorders when family, friends, colleagues and others are taken into account.

It's a serious mental illness. Anorexia has the **highest mortality rate** of any mental illness.

Eating Disorders are **non-discriminatory** – anyone can develop an eating disorder regardless of age, race, gender, ethnicity & social class.

What is an Eating Disorder?

Eating Disorders are serious, complex and potentially life-threatening mental illnesses

The individual is using food, their weight or shape;

- to **block out** or **control** difficult **thoughts**.
- as a means of **cop**ing with, or **expressing emotion**.
- Eating disorders often co-occur with other psychiatric disorders such as **mood/anxiety disorders** and obsessive-compulsive disorder (**OCD**).

*... Anorexia, terrible and life threatening though it is, it's often not the core problem but it's a symptom of other deep-rooted issues. It's the sufferer's way of trying to handle those other, underlying issues; feelings of worthlessness, depression and negativity.**

Beat
Eating disorders

**Dear Michael, Love Dad, Iain Maitland, 2016*

Eating disorders are not a 'female illness'

- Men also suffer from eating disorders – studies suggest that up to a quarter of those diagnosed with eating disorders are male.
- Men may face more stigma when seeking help for their eating disorder, meaning they are less likely to seek help. This means it is hard for us to know exactly how many men are struggling with an eating disorder.
- Eating disorders are not a sign of weakness or the fault of the person suffering, and anyone who is ill deserves support, whether male or female. The good news is that you can get treatment for an eating disorder, and full recovery is possible.

Causes & Risk factors

Genetics



Personality
Traits

Biological

Social
Cultural

No Single Cause

There are many complex reasons why someone may develop an eating disorder. Researchers are still investigating these factors.

3 Major Eating Disorders

Anorexia Nervosa

Bulimia Nervosa

Binge Eating Disorder

Other less common eating disorders include: OSFED, ARFID,
Orthorexia, Pica, Rumination Disorder

Anorexia Nervosa

Highest mortality rate of all mental health conditions – physical and physiological damage, suicide

Use food and weight to evaluate themselves and their worth

INTENSE fear of weight gain

- Restrict food intake (can include fluids)
- Obsessively count calories
- Food rituals e.g. cutting into small pieces, certain order
- Compulsive exercise
- May constantly weigh themselves/their food
- Avoid social situations
- Keep busy, overwork, intense study. Perfectionist.
- Believe they're fat when they are very thin
- Constantly compare themselves to others

Bulimia Nervosa

Frequent episodes of binge eating followed by compensatory behaviours (purging) to avoid weight gain

Often manage to maintain a 'healthy weight' – harder to recognise

Typically Cyclical

- **Trigger** – difficult situation/defaulted from restrictive diet
- **Binge** - large quantity of food is rapidly consumed to block out difficult emotions and thoughts
- **Purge** - compensatory behaviours; 'get rid of' the calories, avoid weight gain, manage triggered feelings - guilt, anger, shame, fear
 - Self induced vomiting
 - Abuse/misuse of laxatives or diuretics
 - Compulsive excessive exercise
 - Restriction

Binge Eating Disorder

On a regular basis;

Experiences a lack of control, eats large quantities of food over a short period of time in an attempt to manage difficult emotions and thoughts.

The binge eating episodes is associated with 3 (or more) of the following;

- Eating much more **rapidly**
- Eating until feeling **uncomfortably full**
- Eating large amounts when **not physically hungry**
- Eating alone; **feeling embarrassed** by how much
- Feeling **disgusted with self; depressed, or very guilty afterwards**

Spotting the Warning Signs



Lips

Are they obsessive about food?



Flips

Is their behaviour changing?



Hips

Do they have distorted beliefs about their body size?



Kips

Are they often tired or struggling to concentrate?



Nips

Do they disappear to the toilet after meals?



Skips

Have they started exercising excessively?

How to Approach – What to say/not to say

Approach?

I'll take it slowly, build trust/ rapport.

I can provide resources.

YES

I'll just ask...
How are things?
Are you ok?

I'll approach it like any other sensitive issue. I know how to do that!

Early intervention is key!

They'll have someone to talk to.

I won't ask directly.
I'll talk about the changes we've seen.

We can think about how to support.

If they're not ready...they'll know I'm here.

They'll be less isolated.

I can make a referral if needed.



What if I say the wrong thing?

IT'S OKAY TO MAKE A MISTAKE! It triggers discussion and role models the fact that you can survive making a mistake...

SOME OF THE BEST TOOLS YOU HAVE: to listen

IT'S OKAY TO UPSET THEM... better that than leave your concerns unspoken and allow their eating disorder to become more entrenched.

THEY MAY DENY THERE BEING ANY ISSUE... you have opened the door, showed them you care, and may help them to start thinking about whether they have a problem...let them know they can come back to you at any time.



What to say...



How are you?

What are you thinking, feeling, fearing?

I will support you...

Are you okay?

Let's think about options together...

I might not completely understand, but I'm here for you

How can I help?
What support do you think you need?

Recovery IS possible for everyone

It's ok to take a rest day...to look after yourself

Try not to say...



This is the problem and I have the solution.

Avoid conversations about your own weight, dietary habits

You just need to eat...everything will then be fine.

IT'S OKAY TO MAKE A MISTAKE! It triggers discussion and role models the fact that you can survive making a mistake.

You're not ill enough for treatment.

Try some exercise to help with your anxiety/ depression.

You are looking well...

This is what WE have decided is going to happen...

How to Approach?

Ask to speak to them alone, 'find an opportunity'

'How are things?'

Open ended questions

Let them know you're available if they're not ready to talk

Sensitivity when discussing weight/shape.

Guidance to access support

Avoid 'reassurance trap'

Listen more than you talk...let them feel heard

Take it slowly if possible, build trust, engage them

Initially, avoid using the term 'Eating Disorder'

SAME as you would for any SENSITIVE matter

Ideas for how to support...

Build a therapeutic relationship

Listen...provide a space

Be available when you said...be consistent, reliable...build trust

If they have a food plan...encourage them to stick to it, not to make changes... it is SAFE

Physical health is regularly monitored by allocated professionals

Help to set and work towards realistic goals

Support to incorporate rest/self care into their routines

Anger and Anxiety Management

Assertion Techniques

Think together about distraction activities / how to access support before and after meals...to delay binges

Encourage them to write their thoughts and feelings down...before and after food

Access Beat

LOOK AFTER YOURSELF!
Access support, work as part of a team, hold boundaries

Eating Disorders & Athletics

In a study of Division 1 NCAA athletes, over one-third of female athletes reported attitudes and symptoms placing them at risk for anorexia nervosa. Though most athletes with eating disorders are female, male athletes are also at risk—especially those competing in sports that tend to place an emphasis on the athlete's diet, appearance, size, and weight requirements

Risk Factors for Athletes

- Sports that emphasize appearance, weight requirements, or muscularity
- Endurance sports such as track and field, running, swimming.
- Overvalued belief that lower body weight will improve performance.
- Low self-esteem; family dysfunction (including parents who live through the success of their child in sport)
- Coaches who focus primarily on success and performance rather than on the athlete as a whole person

How can we change this?

- Positive, person-oriented coaching style rather than negative, performance-oriented coaching style.
- Social influence and support from teammates with healthy attitudes towards size and shape.
- Coaches who emphasize factors that contribute to personal success such as motivation and enthusiasm rather than body weight or shape.
- Coaches and parents who educate, talk about, and support the changing female body
- Do not pass derogatory remarks concerning weight or body composition of individuals
- Be sensitive to the feelings of athletes and how they may feel about their body

Overtraining risks – RED-S (Relative Energy Deficiency in Sport)

RED-S is a shortage of energy available to keep up with the demands of exercise, on top of essential daily functions. When the delicate balance between energy intake and expenditure is tipped in the direction of low energy availability over a period of time, it can negatively affect almost every system in the body.

This incredibly common issue among male and female exercisers can carry serious health and performance consequences. **Women** can experience **amenorrhea** as a result.

For men, intense exercise has been shown to decrease libido. Possibly due to physical fatigue and lower testosterone levels.

Signs of overtraining

There can be a misconception that weakness or poor performance signals the need for even harder training so may continue to push themselves however this can sometimes be part of the problem

- **Decreased performance** – this can be a sign that your body is being pushed too hard
- **Drop in energy** – you may constantly feel physically and mentally tired
- **Poor mental health** – if your body is being pushed too far this places an enormous amount of stress on the body which can cause irritability, anger and mood swings
- **Sleeplessness** – too much exercise can cause you to become restless and disrupt your sleep
- **Aches and pains** – if you don't give your muscles enough time to recover then you can be more prone to injuries
- **High resting heart rate** - When your heart is under too much stress, the rate at which it beats rises leading to an increased resting heart rate. Any increase from your normal rate could mean that your body is overworked.
- **Increased occurrence of illness**

How to avoid overtraining

- **Listen to your body.** Work closely with your coach and let them know how you're feeling.
- **Keep a training log.** Record your feelings of well-being as well as how much you're exercising.
- **Balance training with time for recovery.** Adequate rest is not a sign of weakness. **Acknowledge when you're overdoing it — and talk to someone about it.** If you find yourself becoming obsessed with training, exercising despite injury or pain, or feeling guilty if you go a day without vigorous exercise, talk with someone about your feelings. You want to have a healthy relationship with exercise.
- **Make sure you're getting enough calories and nutrients.** Your calorie intake should cover what your body needs for training and muscle repair
- **Do what you can to reduce your stress.** Everyone deals with stress differently. When your stress levels exceed your ability to cope, your body will begin to break down.
- **Consider getting help from a mental health professional** to work through issues related to your training.

Safeguarding

Your Role Is Not to Diagnose...

Your role **is** to have an understanding so that you're able to:

- **Raise awareness**
- **Spot signs** early and **approach**
- **Support and listen**
- **Guide**
- **Make appropriate referrals** such as to your welfare officer in affiliated clubs – this is who you should raise any concerns with in the first instance
- **Signpost**

- **CAMHS** stands for Child and Adolescent Mental Health Services. CAMHS help children and young people up to the age of 18 years old.
- If you notice someone Under 18 is struggling or displaying signs of an eating disorder, then after first noting these concerns, you should have a conversation with them and let them know that you need to inform their parent/carer that this is a concern. If they agree, then you can support them to receive help. If they are resistant, then the carer would need to ensure that they get help. If the carer is resistant, then this would become a more serious safeguarding concern and would raise concerns around neglect etc. but this is rare.
- **Always encourage the individual to seek help from their GP in the first instance as they can make the referral to a specialist eating disorder clinic.**

What Beat do?

'Exists to end the pain and suffering caused by eating disorders'

DIRECT SUPPORT

Helpline

Online Support Groups

Email Support

Social Media

Message Boards

Web chat

Website

Information & Resources



www.beatingeatingdisorders.org.uk

RAISING AWARENESS

Events

Ambassador Scheme

Training

Conferences

WORKING FOR POSITIVE CHANGE

Campaigning

Media

Beat
Eating disorders

Beat Helpline

Beat provides Helplines for people of all ages, offering support and information about eating disorders no matter where you are in your journey. These Helplines are free to call from all phones.

Our Helplines are open 365 days a year from 9am–midnight during the week, and 4pm–midnight on weekends and bank holidays. You can reach the helpline on **0808 801 0677**

We also offer email support and one-to-one web chat support

Email support for England:

help@beateatingdisorders.org.uk

Link to our webchat - <https://www.beateatingdisorders.org.uk/get-information-and-support/get-help-for-myself/i-need-support-now/one-to-one-web-chat/>

Resources:

<https://www.beateatingdisorders.org.uk/get-information-and-support/about-eating-disorders/>

<https://www.beateatingdisorders.org.uk/get-information-and-support/get-help-for-myself/downloads-resources/>

Online support groups -

<https://www.beateatingdisorders.org.uk/get-information-and-support/get-help-for-myself/i-need-support-now/online-support-groups/>