Pocket Book of Eating Disorder Awareness

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Funded and published with the support of the Nova Scotia Public Interest Research Group

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This booklet was based on first hand information gained from interview participants as well as scholarly re-search.



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SECTION SEVEN

Nova Scotia Based Resources

Eating Disorders Nova Scotia

- 902-229-8436
- shaleen@eatingdisordersns.ca

Nova Scotia Health- Eating Disorder Program

- 902-473-6288

Provincial Mental Health and Addictions Crisis Line

- 1-888-429-8167

Nova Scotia Mental Health and Addictions Intake Service

- 1-855-922-1122

Student Health and Wellness Centre Walk-In Counselling

- 902-494-2171
- Second Floor, LeMarchant Clinic- 1246 LeMarchant Street

Eating Disorders Drop-in wGroup

- Tuesdays 5-6:30 pm

SECTION ONE

Undergraduate Students, Eating Disorders, and Covid-19

There is growing concern and research attention towards the relationship between pandemic circumstances and eating disorders (ED). Undergraduate students have been identified as a particularly at risk population for the development of ED. In January 2021, the National Eating Disorders Association reported a 41% increase in messages to phone and online help lines since January 2020.

Many pandemic circumstances can be connected to this rise in reports. The stressors of stay-at-home orders have been found to aggravate ED-triggers and present an environment that is particularly challenging for individuals with anorexia nervosa (AN), bulimia nervosa (BN) and binge eating disorder (BED). Food shortages in grocery stores were found to cause strain or restricted eating through limiting access to foods that felt safe for some people and causing feelings of guilt around being able to eat during food shortages. Time spent at home with consistent access to food was shown to create a space where binge eating temptations or fear of binge eating could become ever present. Decreased access to social supports and healthcare workers in combination with consistent access to social media promoting diets and exercises to avoid “the quarantine 15” created an environment that could encourage an unhealthy relationship with food.

Daily news content with infection and death numbers incurring ‘headline stress’, the media focus on grocery shopping, food shortages, food safety, and the focus on avoiding overeating to look ‘webcam ready’ are just a few of the pandemic specific factors that can trigger ED responses and stress. The statistics demonstrate that time spent online has increased since widespread news coverage of the pandemic began in February 2020, and this is a particular reality for undergraduate students doing coursework almost exclusively online throughout the pandemic.

This booklet was created in an effort to raise awareness surrounding eating disorders and provide a guide for community care during Covid-19 and always. The goal is that readers will recognize eating disorders as a population health concern which effects everyone in different ways, as well as an indiviudal mental health concern. This book was created through the guidance of people with personal lived experiences of eating disorders.



5. **Do not suggest simplistic solutions**

6. **Accept Emotional Reactions...** make sure you have the capacity when entering the conversation to validate and hear an emotional response when checking in on someones emotional and physical health.



SECTION SIX

Eating Disorder Awareness and Sensitivity

Health, bodies, and eating disorders are complex and mean different things for different people. An important part of encouraging a culture which prioritizes health and nourishment for all is being aware of the language we use, and the ways in which we offer support. Reaching out to a friend who may be suffering an ED or struggling with eating should be centered around expressing concern and support rather than treated llike an intervention or as counselling.

Checking in on a loved one/friend

1. **Learn**... Learn as much as possible about eating disorders from reputable sources.
2. **Set a private time/place to talk**...Think about what you are going to say ahead of time.
3. **Use "I" Statements**...Discuss what you have observed and how it is causing you concern. This discussion should be non-judgmental, non-directional and non-interventionist. Avoid offering advice or commenting on the way they look.
4. **Remove Stigma**...This conversation is no place for stereotypes or rigid expectations of what someone suffering an ED may behave/look like.

SECTION TWO

What are Eating Disorders?

The American Psychiatric Association (APA) defines eating disorders as "behavioral conditions characterized by severe and persistent disturbance in eating behaviors and associated distressing thoughts and emotions". 'Eating disorder' is an umbrella term for a category of specific disorders with symptoms characterizing an eating disturbance.

In Canada, trained medical professionals use the DSM-5 to identify an eating disorder based on an individual's symptom patterns and behaviour. Treatments for ED are structured around addressing social, psychological and biological factors which influence the experience of the illness. Four main clinical ED's are most often referenced, with variations of these four composing other less commonly reported ED's. The most common formally diagnosed eating disorders are anorexia nervosa (AN), bulimia nervosa (BN), avoidant/restrictive food intake disorder and binge eating disorder (NEDIC).

Anorexia Nervosa (AN): An eating disorder characterized by excessive restriction of energy intake in proportion to energy requirements leading to significant weight loss.

Restricting Type: Within the last 3 months has not engaged in binge-eating or purging.

Binge Eating/Purging Type: Within the last 3 months has engaged in binge-eating and/or purging.

Symptoms: Distorted body imagee, pathological fear of becoming fat, persistent beehaviour that interferes with weight gain, self worth influenced by body weight

Bulimia Nervosa (BN): An eating disorder characterized by recurrent episodes of binge eating (see terminology) followed by inappropriate behaviours to prevent weight gain. Severity is determined from mild to extreme by how often the binging and compensatory behaviours occur.

Symptoms: Recurrent episodes of binge-eating, recurrent inappropriate behaviours to avoid weight gain e.g. self induced vomiting, misuse of laxatives, diuretics or other medications, fasting and excessive exercise.

Avoidant and Restrictive Food Intake Disorder (ARFID): An eating disorder characterized by eating disturbances which lead to the individual being unable to meet eating requirements, unassociated with distress surrounding body image present in anorexia (AN) (APA).

Symptoms: Significant weight loss, significant nutritional deficiency, dependence on sustenance from substances other than food (i.e. supplements), marked interference with psychosocial functioning.

Binge Eating Disorder (BED): An eating disorder characterized by recurrent episodes of binge-eating (see terminology) which causes distress and is not accompanied by the compensatory behaviours associated with bulimia (BN).

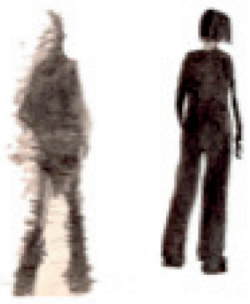
Orthorexia Nervosa (ON): Unofficial diagnosis that references eating habits which exemplify an unhealthy obsession with ‘healthful’ eating.

Remission: A diminution of the seriousness or intensity of disease or pain; a temporary recovery.

Weight Bias: Negative weight-related attitudes and beliefs.

Diabulimia: An eating disorder that only affects people with Type 1 diabetes. It’s when someone reduces or stops taking their insulin to lose weight.

Drunkorexia: Non-medical term to reference the restriction of calories from food to consume more calories from alcohol and avoid gaining weight.



SECTION FIVE

Terminology and Language

Eating Disturbance: Referencing the interruption of stable and healthy eating patterns.

Energy Requirements: the amount of food energy needed to balance energy expenditure in order to maintain body size, body composition and a level of necessary and desirable physical activity consistent with long-term good health.

Binging/Binge-Eating: Is both 1) Eating in a discrete period of time (e.g. within any 2 hour period) an amount of food that is definitely larger than what most individuals would eat in a similar period of time under similar circumstances; 2) A sense of lack of control over eating during the episodes (e.g. a feeling that one cannot stop eating or control what or how much one is eating.

Purging: the use of self-induced vomiting, laxatives and diuretics after eating in order to prevent weight gain and relieve anxiety

Pica: an eating disorder that involves eating items that are not typically thought of as food and that do not contain significant nutritional value, such as hair, dirt, and paint chips.

Rumination Disorder: involves the regular regurgitation of food that occurs for at least one month. Regurgitated food may be re-chewed, re-swallowed, or spit out. Typically, when someone regurgitates their food, they do not appear to be making an effort, nor do they appear to be stressed, upset, or disgusted.

Symptoms: Recurrent episodes of binge-eating accompanied by eating rapidly, eating until uncomfortably full, eating large quantities of food when not physically hungry, eating alone due to embarassment over eating habits, feelings of depression, disgust and or guilt following eating periods.



SECTION THREE

Social Determinants of Health

Social determinants of health are social circumstances which have a direct impact on health circumstances and life outcomes. Economic position, physical environment, education, gender, culture, race and ability are just a few of the social circumstances that effect physical health circumsntances. Social determinants of health are important to think about in terms of eating disorders because for many, internalized cultural and social standards of health or physical attractiveness is an important factor in the development of disordered eating behaviour patterns. When we identify specific aspects of culture and society that normalize disordered eating behaviours, we can talk about a culture that reinforces and perpetuates eating disorders.



SECTION FOUR

Substance Use and Eating Disorders

The use of nicotine, alcohol, and other substances among undergraduate students may play a role in the prevalence of ED. Many types of substances such as diuretics or laxatives are used by individuals with ED to assist in weight loss, however more common substances used in party settings may also impact eating behaviours.

Nicotine can act as an appetite suppressant, and can contribute to disordered eating habits. A cultural association has been built between consuming nicotine and weight loss, which is harmful to overall health. Though someone's decision to use nicotine is their own, it is helpful to be aware of its role in a culture that supports eating disorders.

Research has established a connection between harmful drinking and multiple eating disorders, as well as disordered eating patterns. Alcohol is the most commonly used drug on university campuses, and it's misuse is associated with a wide variety of health risks. Enforcing a positive, safe, and moderate drinking culture builds healthier and safer communities.

