Eating disorders (ED), such as anorexia, bulimia and binge eating, are caused by a number of different biological, genetic and environmental factors. These are chronic, and often life-threatening mental illnesses. They are not a lifestyle preference. ED’s have the highest mortality rate of all psychiatric illnesses. Although ED’s are most prevalent among female teenagers, they are now becoming more common among older women, children and men.

Because of their progressive nature, early ED recognition is critical. Unfortunately, the signs are often subtle, making diagnosis difficult (and sometimes delaying it for years). Further, treatment is expensive and hard to obtain, as there are not enough specialized clinics. That is why education and early detection can help diminish the suffering ED’s can cause.

Prevention programs aim to reduce the risk factors of people who express significant dissatisfaction with their bodies -- or who base their self-esteem on appearance -- by promoting self-esteem based on talent, accomplishments and character. They promote healthy eating instead of dieting, and discourage the idea that a particular body size leads to happiness and success.

How can I know if a person is at risk for an Eating Disorder?

Early detection and prompt treatment of an ED are associated with a better prognosis. For this reason, it is important to know what to look for. Some ED symptoms are well known, such as an obsession with body weight, restrictive eating or a compulsion to count calories. Other signs are subtler, like sensitivity to cold.

Some signs that may indicate an Eating Disorder

The following signs and symptoms may indicate that a person is developing, or is at risk of developing, an Eating Disorder. (Keep in mind, a true diagnosis can only be made by specially-trained health professionals.)

**Physical signs:**
- Dramatic weight loss, constant weight fluctuation or obesity
- Hair loss, the appearance of fine body hair and dry skin
- Damage to tooth enamel, swollen cheeks
- Constant vomiting
- Lethargy, fatigue, fainting or dizziness

**Psychological signs:**
- Low self esteem, depression, anxiety, irritability
- Increased preoccupation with appearance, weight and body shape
- Fear of of losing control of eating and gaining weight
- Anxiety around meals

**Behavioral signs:**
- Constant dieting or counting calories, skipping meals
- Rituals around eating (cutting food into tiny morsels or arranging food in certain patterns). These rituals can be an attempt to disguise eating less.
- Deceptive eating behaviors (secretly eating, secretly throwing food away, lying about the amount of food consumed)
- Binge eating, constantly seeking food for comfort
- Frequent trips to the restroom after meals; use of laxatives or excessive exercise
- Change in clothing style to hide weight loss or weight gain

If you identify some or several of these signs in a friend or relative, please consider talking with them, kindly and compassionately. You may want to suggest he or she seek professional help. If you are that person, please do not be afraid to seek assistance. You deserve to be healthy and safe.

Family and friends are the biggest support for patients with ED. As such an ally, it is necessary to be mindful and compassionate. Judgmental speech can only add to their suffering.

**References:**
- DSM-V
- National Eating Disorders Association
- Academy for Eating Disorders

Dr. Vega is a pediatrician, Mindfulness Based-Nutritionist and Psychotherapist, specializing in disordered eating and weight issues with children and adolescents and their families. She serves on the TCME board. She leads Mindful Eating workshops and retreats for children, teenagers and adults. Her website is: www.nutrintegra.com
We invited our members to share their experiences of supporting eating disorder clients’ recovery with mindful eating.

Do you recall a mindful eating moment when you were able to shift from negative thoughts or judgments to a more spacious, kind, or neutral perspective?

“It was 1993, and Ellyn Satter [an RD] was a keynote speaker at the Washington State Dietetic Association. I was totally flabbergasted when she stated “people should not diet.” Basically, all the RD’s in the audience were also shocked that she would suggest such heresy. Fast forward about ten years, and I arrived at the same conclusion. The shift was slow, but sure.” ~ Ainhoa Campo, Psychologist, Pamplona, Spain

“I was criticizing myself for some of my food decisions during a meal. I took a moment to pause and I remembered I did not need to be judgmental about my food choices. My food choices at that moment were based on what I needed at that moment.” ~ Julie Drzewieck, MS, RD, CDE, Huntsville, AL USA

“This happened for me in the 1980’s while working with the Women’s Therapy Centre Institute in New York. I stopped fighting my body and my appetite, and I worked to accept both.” ~ Cara Goubault, Psychologist, Lorient, France

How do you know when a client with an eating disorder is ready to benefit from mindful eating?

“When patients state they are sick and tired of dieting and are not sure if they are eating enough or too much.” ~ Pam McGovern, Certified Health Coach, Effingham, NH USA

“They stop focusing on just the food and are able to identify how they feel.” ~ Janet Milner, RDN, LDN, Wilkes Barre, PA USA

“When I tell them: On this path you might laugh and you might cry; it can take time and I cannot promise that you will lose weight. However, if after x number of sessions you feel more balanced and in control of your life, would that be enough? If they say yes, then we go ahead. I got this idea from Char Wilkins and I found that it really works.” ~ Karen Koenig, LCSW, M.Ed. Sarasota, FL USA

“When it feels like taking away the restrictive framework for eating is something that can be explored in therapy. Anorexic patients often can’t recognize hunger and satiety easily, and bulimic patients can be very frightened.” ~ Cara Goubault, French Psychologist, Lorient, France

What are some ways that you help your clients practice mindful awareness so that they are able to more skillfully respond (instead of react) to difficult thoughts and emotions?

“[By keeping] an emotional food journal; logging not only what they ate, but when, the circumstances/surroundings and how they felt before and after. In the moment, the client may not understand what drives the decisions they make and end up feeling negatively towards themselves for not making the best decision. Looking back at the journal can frame the external circumstances which led to their behavior. It can help them craft a plan to deal with those circumstances.” ~ Pam McGovern, Certified Health Coach, Effingham, NH USA

“Visualization of self in an anticipated setting, such a home meal with family members, work environments, and so on.” ~ Janet Milner, RDN, LDN, Wilkes Barre, PA USA

“Breathwork, journaling, mantras and affirmations.” ~ Meg Ramstad, MSN, ARNP, Port Orange, FL

“I use a train analogy. If you’re waiting in a train station to go somewhere, you don’t get on every train that passes by, only the one that will take you to your destination. Equally, if a thought is judgmental, you don’t want to attach to it because it’s not taking you where you want to go emotionally or mentally.” ~ Karen Koenig, LCSW, M.Ed. Sarasota, FL USA

“We practice purposefully observing the thoughts without judging a few times a day. Even set the alarm on the phone, if it is difficult to remember. We also practice not going harshly against ourselves when we do something we consider wrong, like overeating.” ~ Ainhoa Campo, Psychologist, Pamplona, Spain