

EATING DISORDERS

FIRST AID GUIDELINES

What are eating disorders?

A person has an eating disorder when their attitudes to food, weight, body size or shape lead to marked changes in their eating or exercise behaviours, which interfere with their life and relationships. Eating and exercise behaviours that people with eating disorders may engage in include: dieting, fasting, over-exercising, using slimming pills, diuretics, laxatives, vomiting, or binge eating (consumption of an unusually large amount of food accompanied by a sense of loss of control).

Eating disorders are not just about food and weight. They are also not about vanity or will-power. Eating disorders are serious and potentially life threatening mental illnesses, in which a person experiences severe disturbances in eating and exercise behaviours because of distortions in thoughts and emotions, especially those relating to body image or feelings of self-worth. People in all age groups, genders and socio-economic and cultural backgrounds can be affected by eating disorders. A person with an eating disorder can be underweight, within a healthy weight range, or overweight.

There are four different types of eating disorders: anorexia nervosa, bulimia nervosa, binge eating disorder and 'eating disorders not otherwise specified' (EDNOS). If the person you are helping is underweight and using extreme weight-loss strategies, they may have anorexia. If the person is engaging in binge eating followed by extreme weight-loss strategies, they may have bulimia. Although by definition, a person with anorexia is underweight, a person with bulimia can be slightly underweight, within a healthy weight range, or overweight.

If the person regularly eats an unusually large amount of food in a short period of time, accompanied by a sense of loss of control over their eating, but does not use extreme weight-loss strategies to compensate, they may have binge eating disorder. People with binge eating disorder may be within a healthy weight range or overweight.

If the person does not fit the description of anorexia, bulimia or binge eating disorder, but their attitude to food, weight, body size or shape is seriously interfering with their life, they may have EDNOS. Some examples of EDNOS include when the person is using extreme weight-loss strategies but does not have the very low body weight of a person with anorexia, or when the person has infrequent episodes of binge eating or vomiting.

How can I tell if someone has an eating disorder?

You may not be able to tell if the person has an eating disorder based simply on their appearance. So it is important to know the warning signs, which include behavioural, physical and psychological signs.

**The MHFA Training
& Research Program**

Orygen Youth Health
Research Centre
The University of Melbourne
AUSTRALIA

www.mhfa.com.au

Warning signs of a developing eating disorder

Behavioural warning signs

- Dieting behaviours (e.g. fasting, counting calories/kilojoules, avoidance of food groups or types)
- Evidence of binge eating (e.g. disappearance or hoarding of food)
- Evidence of vomiting or laxative use (e.g. taking trips to the bathroom during or immediately after meals)
- Excessive, obsessive or ritualistic exercise patterns (e.g. exercising when injured or in bad weather, feeling compelled to perform a certain number of repetitions of exercises or experiencing distress if unable to exercise)
- Changes in food preferences (e.g. refusing to eat certain 'fatty' or 'bad' foods, cutting out whole food groups such as meat or dairy, claiming to dislike foods previously enjoyed, a sudden concern with 'healthy eating', or replacing meals with fluids)
- Development of rigid patterns around food selection, preparation and eating (e.g. cutting food into small pieces or eating very slowly)
- Avoidance of eating meals, especially when in a social setting (e.g. skipping meals by claiming they have already eaten or have an intolerance/allergy to particular foods)
- Lying about amount or type of food consumed or evading questions about eating and weight
- Behaviours focused on food (e.g. planning, buying, preparing and cooking meals for others but not actually consuming; interest in cookbooks, recipes and nutrition)
- Behaviours focused on body shape and weight (e.g. interest in weight-loss websites, books and magazines, or images of thin people)
- Development of repetitive or obsessive behaviours relating to body shape and weight (e.g. body-checking such as pinching waist or wrists, repeated weighing of self, excessive time spent looking in mirrors)
- Social withdrawal or avoidance of previously enjoyed activities

Physical warning signs

- Weight loss or weight fluctuations
- Sensitivity to the cold or feeling cold most of the time, even in warm temperatures
- Changes in or loss of menstrual patterns
- Swelling around the cheeks or jaw, calluses on knuckles, or damage to teeth from vomiting
- Fainting

Psychological warning signs

- Pre-occupation with food, body shape and weight
- Extreme body dissatisfaction
- Distorted body image (e.g. complaining of being/feeling/looking fat when a healthy weight or underweight)
- Sensitivity to comments or criticism about exercise, food, body shape or weight
- Heightened anxiety around meal times
- Depression, anxiety or irritability
- Low self-esteem (e.g. negative opinions of self, feelings of shame, guilt or self-loathing)
- Rigid 'black and white' thinking (e.g. labelling of food as either 'good' or 'bad')

Some warning signs may be difficult to detect

This is because the person:

- may feel shame, guilt and distress about their eating or exercise behaviours and therefore these will often occur in secret
- may actively conceal their eating and exercise behaviours
- may deny having a problem
- can find it difficult to ask for help from family and friends.

What are the risks associated with eating disorders?

A person with an eating disorder can experience a wide range of physical and mental health problems. Although rapid weight loss or being very underweight are known to bring about these problems, a person does not need to be underweight for these to occur.

Some serious health consequences associated with eating disorders include severe malnutrition, brain dysfunction and heart or kidney failure, which may lead to loss of consciousness or death. Heart failure and death can occur in both anorexia or bulimia.

It is common for a person with an eating disorder to experience another mental illness, such as depression, and to be at risk of becoming suicidal. For more information on assisting someone who is suicidal, please see the other guidelines in this series *Suicidal thoughts and behaviours: first aid guidelines*.

The need for early intervention

Because eating disorders are complex mental illnesses, people experiencing them will benefit from professional help. For most people, the earlier help is sought for their unhealthy eating and exercise behaviours, the easier it will be to overcome the problem. A delay in seeking treatment can lead to serious long-term consequences for the person's physical and mental health. So, the earlier the person gets help, the more likely they are to make a full recovery. Therefore, the sooner you discuss your concerns with the person the better.

Approaching someone who may have an eating disorder

Your aim should be to provide support for the person so that they feel safe and secure enough to seek treatment or to find someone else they can trust to talk to openly, such as a family member, friend, teacher or co-worker.

Before you approach the person, learn as much as you can about eating disorders. Do this by reading books, articles and brochures, or gathering information from a reliable source, such as an eating disorder support organisation or a health professional experienced in treating them.



EATING DISORDERS

FIRST AID GUIDELINES

How should I approach the person?

Make a plan before approaching the person; choose a place to meet that is private, quiet and comfortable. Avoid approaching the person in situations that may lead them to become sensitive or defensive, such as when either you or they are feeling angry, emotional, tired, or frustrated, are drinking, having a meal, or in a place surrounded by food.

It is better to approach the person alone, because having the whole family or a number of people confront the person at the same time could be overwhelming. Be aware that the person may respond negatively no matter how sensitively you approach them.

What if I don't feel comfortable talking to the person?

It is common to feel nervous when approaching a person about their unhealthy eating and exercise behaviours. Do not avoid talking to the person because you fear it might make them angry or upset, or make their problem worse. When you speak to the person, they might feel relief at having someone acknowledge their problems, or they may find it helpful to know that someone cares about them and has noticed that they are not coping.

What should I say?

The way you discuss the person's problem will depend on the age of the person and the degree to which their problem has developed.

Initially, focus on conveying empathy and not on changing the person or their perspective. When talking with them, you need to be non-judgmental, respectful and kind. This means you should not blame the person or their loved ones for the person's problems and avoid speculating about the cause. Be aware that you may find it tough to listen to what they have to say, especially if you do not agree with what they are saying about themselves, food or exercise. It is important that you try to stay calm.

Discuss your concerns with the person in an open and honest way. Try to use 'I' statements that are not accusing, such as "I am worried about you", rather than 'you' statements such as "You are making me worried". Try not to just focus on weight or food. Instead, allow the person to discuss other concerns that are not about food, weight or exercise. Make sure you give the person plenty of time to discuss

their feelings and reassure them that it is safe to be open and honest.

Explain to the person that you think their behaviours may indicate there is a problem that needs professional attention. Offer to assist them in getting the help they need, but be careful not to overwhelm the person with information and suggestions.

Remember that you don't have to know all the answers. There will be times when you don't know what to say. In this instance, just be there for the person by letting them know you care and are committed to supporting them. Reassure the person that they are deserving of your love and concern, and let them know you want them to be healthy and happy.

What if the person reacts negatively?

The person may react negatively because they:

- are not ready to make a change
- do not know how to change without losing their coping strategies
- have difficulty trusting others
- think you are being pushy, nosy, coercive or bullying
- do not see their eating and exercise behaviours as a problem

If the person reacts negatively, it is important not to take their reaction personally. Avoid arguing or being confrontational and do not express disappointment or shock. Resist the temptation to respond angrily, as this may

Things to avoid

In order to be supportive, it is important to avoid doing or saying things that might make the person feel ashamed or guilty. For instance, you should avoid:

- Being critical of the person
- Giving simple solutions to overcoming the person's problems, such as saying things like "all you have to do is eat"
- Making generalisations such as 'never' and 'always' (e.g. "you're always moody" or "you never do anything but exercise")
- Saying or implying that what the person is doing is 'disgusting', 'stupid' or 'self-destructive'
- Making promises to the person that you cannot keep
- Trying to solve the person's problems for them

How will the person react?

The person may react in a variety of different ways. They might react positively, for instance by being receptive to your concerns, admitting that they have a problem, or being relieved that someone has noticed their problem. The person might react negatively, for instance by being defensive, tearful, angry or aggressive, by denying they have a problem or seeking to reassure you that they are fine. It is also possible that the person may want time to absorb your comments and concerns. However the person might react, be aware that you are unlikely to resolve the problem in the first conversation and do not expect that the person will immediately follow your advice, even if they asked for it.

escalate the situation. Do not speak harshly to the person. Instead, be willing to repeat your concerns. Assure the person that even if they don't agree with you, your support is still offered and they can talk with you again in the future if they want to.

Getting professional help

Eating disorders are long-term problems that are not easily overcome. Although there is no quick and easy solution, effective treatments are available. The most effective treatment involves receiving help from a number of different types of professionals.

You should suggest to the person that they may benefit from seeking professional help. It is best to encourage the person to seek help from a professional with specific training in eating disorders. Some general practitioners (GPs) or family doctors may not be able to recognise an eating disorder because they are not formally trained in detecting and



EATING DISORDERS

FIRST AID GUIDELINES

treating them. In some countries, however, a referral from a GP/family doctor is needed to see another trained professional such as a psychiatrist, psychologist, dietician or family therapist.

If the person is very underweight, they may not be able to take responsibility for seeking professional help and may therefore need your assistance to do so. This is because the symptoms of an eating disorder can affect the person's ability to think clearly.

What if the person doesn't want help?

Some people with an eating disorder may refuse professional help. The person may do this for a number of reasons. For instance, they may:

- feel ashamed of their eating and exercise behaviours
- fear gaining weight or losing control over their weight
- be afraid of acknowledging that they are unwell
- do not think that they are unwell
- believe that there are benefits to their eating or exercise behaviours (e.g. controlling their weight may make the person feel better about themselves, or give them a sense of accomplishment).

It is important to know that an adult has a right to refuse treatment, except under specific circumstances described in relevant local legislation (e.g. if the person's life is in danger). Although you may feel frustrated by the person's behaviours, it is important that you do not try to force them to change, or threaten to end your relationship with them. Instead, encourage the person's interests that are unrelated to food or physical appearance. Acknowledge their positive attributes, successes and accomplishments, and try to view them as an individual rather than just someone who has an eating disorder. You cannot force the person to change their attitudes or behaviours, or to seek help, but you can support them until they feel safe and secure enough to seek treatment.

Rather than giving up, continue to be supportive, positive and encouraging, while you are waiting for them to accept their need to change. Continue to suggest the person seek professional help, while being sensitive towards their fears about the process of seeking help. If you would like further support, seek advice from an organisation that specialises in eating disorders.

In an emergency

A person does not have to be underweight to require emergency medical assistance for an eating disorder. Symptoms that indicate a crisis or advanced disorder, for which you should always seek emergency medical help, include when the person:

- has accidentally or deliberately caused themselves a physical injury
- has become suicidal
- has confused thinking and is not making any sense
- has delusions (false beliefs) or hallucinations (experiencing things that aren't there)
- is disoriented; doesn't know what day it is, where they are or who they are
- is vomiting several times a day
- is experiencing fainting spells
- is too weak to walk or collapses
- has painful muscle spasms
- is complaining of chest pain or having trouble breathing
- has blood in their bowel movements, urine or vomit
- has a body mass index (BMI) of less than 16
- has an irregular heart beat or very low heart beat (less than 50 beats per minute)
- has cold or clammy skin indicating a low body temperature or has a body temperature of less than 35 degrees Celsius/95 degrees Fahrenheit

If the person is admitted to hospital for any reason, you should tell the medical staff that you suspect they have an eating disorder.

How can I continue to be supportive?

Offer ongoing support to the person

To help the person feel secure, reassure them that you are not going to take control over their life, but rather will assist them to get help. Explain that even if there are limits to what you can do for them, you are still going to try and help, and you will be there to listen if they want to talk. Suggest that the person surround themselves with people who are supportive.

Give the person hope for recovery

Reassure the person that people with eating disorders can get better and that past unsuccessful attempts do not mean that they cannot get better in the future. Encourage the person to be proud of any positive steps they have taken, such as acknowledging that their eating or exercise behaviours are a problem or agreeing to professional help.

What isn't helpful?

It is especially important that you do not let issues of food dominate your relationship with the person. Try to avoid conflict or arguments over food. Do not give advice about weight loss or exercise and avoid reinforcing the idea that physical appearance is critically important to happiness or success. Also, do not comment positively or negatively on the person's weight or

appearance, for instance by saying "you're too thin", "you look well" or "good, you have gained weight."

If you become aware that the person is visiting pro-ana or pro-mia websites (websites that promote eating disorder behaviour) you should discourage further visits, as the websites can encourage destructive behaviour. However, do not mention these sites if the person is not already aware of them.

Eating disorders in children and young people

If you suspect that a child or young person is developing an eating disorder, you should follow the advice above, but also consider the following additional guidelines.

The negative consequences of eating disorders on physical health are much stronger in children than in adults because the eating and exercise behaviours can disrupt normal physical development. A child does not need to have all the symptoms of an eating disorder to suffer from long-term negative effects.

It is important not to accept any symptoms of eating disorders as 'normal adolescent behaviour'. Even if you think that the child's problem is not serious, you should not delay taking action. If left untreated, these behaviours can quickly develop into serious disorders that are difficult to overcome.



EATING DISORDERS

FIRST AID GUIDELINES

If you are a parent concerned about your child

If you are worried that your child may be developing an eating disorder, you should observe their behaviour for any warning signs. If concerned about intruding on your child's privacy, remember that it is your right to ensure that they are safe and healthy.

Seek advice from a professional or organisation specialising in eating disorders. Do not let the child's refusal, tears or tantrums stop you from getting help. Be prepared to take responsibility for getting professional help for your child. If they are underage, you can legally make them attend an appointment with a GP or family doctor, psychiatrist or other appropriate professional.

When initiating discussion about professional help with your child, it is important to stress how much they are loved and that your concerns for them stem from that love. Maintain a caring and supportive home environment. This means expressing your love and support for your child no matter how upsetting their behaviour is.

Understand that any resistance to eating, seeking treatment or gaining weight is motivated by fear and anxiety rather than

a desire to be difficult. Always be clear and honest with your child about what to expect from any professional treatment you seek for them.

Do not let empathy for your child inadvertently lead you to support their disorder. For instance, you should not let your child always be the one to decide when, what and where the family will eat, as this may make their problem worse. Also, if your child's behaviour becomes harmful to themselves or others, you must be prepared to move them to a safe environment, such as a hospital.

If you attend an appointment and are worried that the professional is ignoring your child's condition, or has not correctly diagnosed the eating disorder, then you should seek a second opinion.

If you are an adult concerned about a child

If you are an adult who suspects that a child is developing or experiencing an eating disorder, you should first approach the parents, a family member or loved one of the child, before approaching the child directly.

If you are a young person concerned about a friend

If you are a young person who thinks a friend might be developing an eating disorder, there are some things you can do to help. If your friend is hiding their behaviours from their family or loved ones, you should encourage your friend to tell them, or to find a responsible adult they can trust and talk to about what's going on. The adult could be a parent, teacher, coach, pastor, school nurse, school counsellor, GP/family doctor, psychologist or nutritionist.

If your friend refuses to tell, you should then tell a responsible and trusted adult yourself, even if your friend does not want you to. Remember that, because eating disorders are serious illnesses, they should not be kept secret.

Although telling an adult may make your friend angry, it may also save their life. If you feel worried about talking to an adult who is close to your friend, ask your own parents or loved ones for help.

If you or your friend has told an adult about the eating and exercise behaviours, and the adult has not helped your friend, try talking to another responsible and trusted adult, or a professional who is trained in assessing and treating eating disorders.

Purpose of these Guidelines

These guidelines are designed to help members of the public to provide first aid to someone who is developing or experiencing an eating disorder. The role of the first aider is to assist the person until appropriate professional help is received.

Development of these Guidelines

The following guidelines are based on the expert opinions of a panel of mental health consumers, carers and clinicians from Australia, New Zealand, the UK, the USA and Canada about how to help someone who is developing or experiencing an eating disorder. Details of the methodology can be found in: Hart, Jorm, Paxton, Kelly & Kitchener. First Aid for Eating Disorders. *Eating Disorders: The Journal of Treatment & Prevention*. 2009;17(5):357 - 84.

How to use these Guidelines

These guidelines are a general set of recommendations about how you can help someone who is developing or experiencing an eating disorder. Each individual is unique and it is important to tailor your support to that person's needs. These recommendations therefore may not be appropriate for every person who is developing or experiencing an eating disorder.

Also, the guidelines are designed to be suitable for providing first aid in developed English speaking countries. They may not be suitable for other cultural groups or for countries with different health systems.

Although these guidelines are copyright, they can be freely reproduced for non-profit purposes provided the source is acknowledged.

Please cite these guidelines as follows:

Mental Health First Aid Training and Research Program. *Eating disorders: first aid guidelines*. Melbourne: Orygen Youth Health Research Centre, University of Melbourne; 2008.

Enquiries should be sent to:

Professor Tony Jorm, Orygen Youth Health Research Centre

Locked Bag 10, Parkville VIC 3052 Australia

email: ajorm@unimelb.edu.au