

Getting Educated About Eating Disorders

An Education Pack Designed to be Printed and Used Alongside the CCI Workbook, Break free from ED



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What are Eating Disorders?

An eating disorder is a serious mental illness characterised by extreme concerns about weight, shape, eating and/or body image. These concerns lead to disordered and unhealthy patterns of behaviour, including restricting food intake, fasting, counting calories, vomiting, misuse of laxative use, and excessive or driven exercise. These behaviours can greatly affect a person's physical, psychological and social functioning.

Approximately 9% of the Australian population suffer from an eating disorder according to the NEDC. Eating disorders affect men and women of all ages, of all socio-economic backgrounds, and of all shapes and sizes.

Eating disorders are not lifestyle choices, or a “diet gone too far”. They are a serious mental illness that has the highest mortality rate (from medical complications and suicide) of any psychiatric disorder. They can also lead to serious physical and emotional consequences. (See our handouts titled *Eating Disorders: What Are The Risks?* and *Starvation Syndrome*). They are not “phases” that people snap out of and recovery requires treatment and support. With early appropriate treatment, dedication and hard work, recovery is possible. The sooner you get help, the greater the chance of a full recovery.



Five of the more common types of eating disorders recognised by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) are Bulimia Nervosa, Anorexia Nervosa, Other Specified Feeding and Eating Disorder (OSFED), Binge Eating Disorder and Avoidant/Restrictive Food Intake Disorder (ARFID).

Bulimia Nervosa

Bulimia Nervosa is characterised by recurrent episodes of binge eating, followed by compensatory behaviours.

- **Binge eating** involves eating a very large amount of food within a short period of time, and feeling out of control or unable to stop.
- **Compensatory behaviours** are ways of attempting to control weight or shape. This includes vomiting, misusing laxatives or diuretics, fasting, excessive exercise, or misusing over the counter or prescription medications for the purpose of weight control.

Because of the large amount of food consumed in a binge, and the relative ineffectiveness of most compensatory behaviours, weight may fluctuate, but many people with bulimia nervosa remain within the healthy weight range or may even gain weight. People who suffer from Bulimia Nervosa often get caught up in an out of control cycle of binge eating and attempting to compensate. This can lead to feelings of guilt, shame and embarrassment, as well as preoccupation with eating, body image and fear of weight gain. For this reason, individuals often keep their eating and compensatory behaviours very secretive, and therefore the disorder can go undetected by friends and family.

Anorexia Nervosa

Anorexia Nervosa is characterised by **persistent restricted intake leading to significantly low body weight**. This is accompanied by an intense fear of weight gain, or, persistent behaviour that interferes with necessary weight gain.

For a person with Anorexia Nervosa, self-worth is often very much caught up with weight, shape or control over eating. Individuals also often experience a distorted view of their body, believing that they are overweight when in fact they are dangerously underweight.

There are two subtypes of Anorexia Nervosa.

- **Restricting subtype** refers to individuals who severely restrict the amount and type of food they eat. They may also engage in other weight control behaviours such as excessive exercise.
- **Binge/purge subtype** also involves extreme restriction, but this is accompanied by episodes of binge eating and compensatory purging.

OSFED

A person with OSFED presents with some of the symptoms of other eating disorders (Anorexia Nervosa, Bulimia Nervosa or Binge Eating Disorder), but does not quite meet the full criteria. OSFED is no less serious than other eating disorders and is the most commonly diagnosed eating disorder amongst adolescents and adults.



Binge Eating Disorder

Binge eating disorder is characterised by regular episodes of binge eating. Unlike Bulimia Nervosa, someone suffering from Binge Eating Disorder will not engage in compensatory behaviours (such as vomiting, laxatives, fasting etc.). Individuals with Binge Eating Disorder will often eat alone or in secret because of feelings of shame and guilt about their eating behaviours. Many people with binge eating disorder are overweight or obese.

ARFID

An ARFID diagnosis describes a disorder where an individual struggles to obtain adequate nutrition, in the absence of the fear of weight gain &/or preoccupation with weight and shape that characterises AN, BN or OSFED. Feeding or eating disturbances such as lack of interest in food or lack of appetite, aversion to certain textures, or feared consequences of eating (not weight/shape based) lead to weight loss and difficulty maintaining a healthy weight.

If you, or someone close to you has signs of an eating disorder, it is important to see your GP and discuss seeking help immediately.

Eating Disorders: What are the risks?

Eating disorders are serious mental illness that are associated with poor physical and psychological health and reduced quality of life. When eating disorders go untreated, they can be associated with serious, even life-threatening health complications. It is important that any individual with an eating disorder remains aware of the potential health risks. We strongly recommend that all individuals with an eating disorder regularly consult with a medical practitioner, to monitor and manage potential health risks and avoid more serious and irreversible changes.



Heart Health

One very concerning medical risk of having an eating disorder is heart problems. Heart problems may cause a person to: tire easily, feel light-headed and faint, be sensitive to the cold, have an irregular heart beat, or experience chest pains. These heart problems are very serious and in extreme cases may lead to sudden death.

When a person rapidly loses weight, the size and strength of their heart substantially decreases. As a result, their heart is not able to pump blood around their body as efficiently as it should. This can lead to feeling light-headed and dizzy when standing up suddenly from a sitting or lying position. It is only with gradual renourishment that a person's heart can return to its normal size and strength and therefore begin to pump more efficiently. Nevertheless, given the seriousness of these heart problems, it is essential that your heart functioning is monitored regularly by your GP.

Electrolytes, or salts in the body such as potassium and sodium, help our muscles work properly. Since your heart is a muscle, electrolytes maintain its regular beat. Frequent vomiting or the use of laxatives or diuretics can cause fluid loss, which may lead to fluctuations in the body's electrolytes, and as a result cause an irregular heart beat and possible heart attack. To reduce the likelihood of problems

associated with an imbalance of electrolytes, it is important that you have the levels of electrolytes in your blood checked by your GP regularly. Your GP may prescribe you with potassium or other supplements to help maintain a stable level of electrolytes.

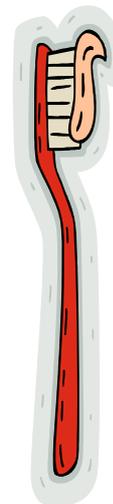


Bone Health

Research shows that loss of bone density and bone mineral deficiencies are common in individuals with eating disorders (especially anorexia nervosa), and that damage can occur early in the course of an eating disorder. If damage or insufficient growth occurs during adolescence, an individual may not achieve their optimal bone density, increasing risk of osteoporosis. The main cause of osteoporosis is malnutrition and low weight. Many hormonal changes occur when a body has insufficient reserves of fat and muscles. These include changes to sex hormones (testosterone and oestrogen) as well as high levels of cortisol, low levels of IGF-1 and Leptin. Changes in these hormones can slow bone development and even cause bone loss. If osteoporosis develops, bones become fragile and are likely to break from the slightest injury or fall. Bone fractures, chronic pain, disability, and loss of stature may also occur.

Although we cannot reverse damage to bone health, the only way to prevent further bone damage is by treating eating disorders early and reversing malnutrition. A well-balanced diet rich in calcium and vitamin D and vitamin K is important for building and maintaining bone strength. A person would also need to work towards maintaining a healthy body weight and normalising body composition (particularly fat) to maintain bone health. Excessive exercise will deplete calcium resources.

*For more information see our handout, *Calcium and Bone Health*





Eating Disorders & Neurobiology



Science and Eating Disorders

Eating disorders are severe mental illnesses with the potential for serious medical consequences. Our current knowledge, thanks to a growing body of scientific evidence, is helping us to better understand the neurobiology of these disorders: how they develop and how we can best support people to recover.

People with eating disorders and their loved ones may wonder how the disorder developed or blame themselves. Science can help dispel harmful myths and improve our understanding of the complexity of eating disorders. Through research we have come to understand that there is no single cause of eating disorders—for example, you don't have to have other psychological problems or trauma. However, it is common for eating disorders to develop after a period of caloric restriction or inadequate nutritional intake (intentionally or through stress/illness).

The Role of Genetics in Eating Disorders

Mood, personality, anxiety and impulse regulation, as well as appetite, body weight and metabolism have a strong genetic basis (i.e., are heritable). On average, about half the risk of developing an eating disorder comes from genetic influence, but this risk differs from person to person. People with higher heritability need only a slightly toxic environment for an eating disorder to manifest itself, while in a protected environment, may not go on to develop an eating disorder.

Consider an orchid and a dandelion - an orchid needs an optimal environment to flourish, whereas a dandelion survives in spite of environmental challenges. Similarly, people with a genetic vulnerability to developing an eating disorder can thrive in positive environments but are more vulnerable to harmful environments, such as those that might trigger weight loss or stress.

“Epigenetics” is the study of biological mechanisms that cause our underlying genetic predispositions to be “switched on” or “switched off”. In certain environments, especially where there is a lot of stress and/or inadequate nutrition, the risk is higher — the genes might get “switched on”. As international eating disorders expert Professor Cynthia Bulik explains: “Genes load the gun, environment pulls the trigger”.

The Gene-Environment Interaction

Western culture places a high value on thinness and muscularity and many people engage in dieting or excessive exercise to become thinner or more muscular. For some, these behaviours are only minimally harmful. For those who carry the genetic risk, these environmental influences can trigger their genes to “switch on” and result in an eating disorder. In another scenario, two individuals might get ill with a stomach bug resulting in modest weight loss. One person may naturally regain the lost weight with no long-term consequences, while in the other, the development of an eating disorder may be triggered. Thus, inadequate nutrition serves as the catalyst for the expression of an underlying genetic vulnerability.

How Eating Disorders Affect the Brain

Some people worry that eating disorders are caused by a chemical imbalance in the brain, but there is no evidence for this. However, research has shown that brain activity can be affected by even modest dieting, and a young person's developing brain is particularly vulnerable. When a person is malnourished, their brain is not adequately fueled, and this may mean they struggle to make decisions, solve problems and regulate their emotions. (See our handout on *Starvation Syndrome*). They may also experience perceptual disturbances in the way they see themselves; for example, looking in the mirror and see themselves as much larger than they actually are. Also, although eating disorders aren't caused by a chemical imbalance in the brain, restricted eating, malnourishment, and excessive weight loss can result in problematic changes to our brain chemistry. For example, the brain produces less serotonin, which results in increased symptoms of depression.



What Does All This Mean For Recovery?

The good news is that the effects of starvation can be reversed with adequate re-nourishment. Brain-imaging studies show that brain activity in people with eating disorders can change. The brain, like a muscle, is constantly changing and adapting as a result of our environment and how it is used, or “exercised”. It can be “exercised” through learning and practicing new ways of thinking and interacting with others. With practice, people with improved eating disorders show brain activity that looks more like that of people who had never had an eating disorder.

However the brain needs to be adequately nourished in order to make these challenging changes. A starved brain won't function optimally so the first priority in treatment is nutritional rehabilitation. This can be challenging, as increasing food intake can be scary for someone with an eating disorder. Also the brain tends to “lag behind” the body in terms of recovery and it can take time for people recovering from an eating disorder for their brain to “catch up”, when they regain their capacity for abstract reasoning and rational thinking.

A particular challenge we face is that our society remains a potentially triggering environment, with images of unachievable bodies and inaccurate and conflicting messages about diets and exercise ever present. Therapy not only needs to address the person's genetic vulnerabilities, but also to help them develop skills to manage environmental influences (e.g., managing stress and avoiding dieting).

Recovery from an eating disorder *is* possible. With adequate re-nourishment and learning, the brain and body can return to healthy functioning. Adequate nutritional intake and supportive environments will promote thriving across all life domains.





Family Based Therapy: Information for Consumers, Carers, and Professionals

What is Family Based Therapy (FBT)?

FBT is an intensive outpatient treatment for children and adolescents with recent onset (less than 3 years) anorexia nervosa (AN). FBT places parents at the centre of the young person's recovery by charging them with the task of "renourishing their starving child". The family is supported by an FBT clinician along with a medical practitioner, who monitors the young person's physical health. When treating eating disorders, families are a professional's greatest ally.

The Evidence for FBT

Evidence has accumulated for 30 years that the most effective treatment for adolescents is FBT, where the focus is on renourishment and the impact of AN on the family.* Research has shown FBT (sometimes known as "Maudsley Method") is more effective over short- and long-term follow-up than individual or inpatient treatment.

The Urgency of FBT

AN is a life-threatening illness with the highest morbidity of any mental health problem; it requires urgent, expert treatment. To reverse the effects of starvation, parents will need to insist their child does things they find highly distressing (such as eating more and regaining weight). Only 10-15% of adults with AN achieve full remission in the long term so it is essential to respond tenaciously in young people with AN to prevent a chronic illness.

What Happens in FBT?

FBT supports parents to renourish their starving child, before helping their child to regain age-appropriate control over their eating, and get 'back on track' developmentally. The whole family (young person, parents, siblings) attends each session (initially 1-2 per week). The young person is also seen individually and weighed at each session.

The Phases of Treatment

FBT has three phases (about 20 treatment sessions) which are delivered over a 12 month period.

Phase 1: The first phase focusses on empowering parents to work together to renourish the young person. Due to the physical impact of starvation on the brain, the young person is not able to make healthy and appropriate decisions regarding their eating at this time. All meals are prepared and supervised by a parent and physical exercise is limited. This is necessary because the eating disorder

will make it difficult for a young person to willingly eat. Parents foster a compassionate, persistent and firm expectation that the adolescent eat a sufficient (often large) amount of food, in order to reverse the state of starvation.

The FBT clinician works with the family to discuss the impact of the illness, to provide education about eating disorders, and to understand and manage the young person's fear and distress during meal times. Siblings provide a crucial role in supporting the young person - this can be as simple as offering a hug or watching TV together. Sibling relationships have often been disrupted by the illness and require some repair. Phase 1 is typically the most challenging phase of treatment for the family.

Phase 2: Once the young person is eating adequately and with minimal parental prompting, and has regained sufficient weight, we will encourage parents to gradually return responsibility for eating, food, and exercise choices to the young person.

Phase 3: When the young person is maintaining a stable, healthy weight, and eating normally, the focus of treatment shifts to other issues that have been disrupted by AN. Phase 3 aims to ensure the young person is 'back on track' developmentally, and engaging in normal, adolescent activities. Relapse prevention and ending treatment are also discussed.

What FBT is not...

- FBT does not focus on how AN developed but on addressing current life-threatening behaviours
- FBT does not blame anyone for the development of AN. AN is seen as separate from the young person, and guilt and blame within the family are explicitly addressed.
- FBT is not about being unnecessarily harsh or restrictive. The clinician works with parents to manage the distress of the young person and hand back responsibility for eating as soon as possible.
- FBT does not damage family relationships. Most families report better relationships when AN is no longer in the family.
- FBT is not incongruent with the young person's stage of development in the long-term. Parental responsibility for renourishment is temporary and young people often reflect in retrospect that they feel grateful their parents were able to fight the illness for them so they can return to a full life.

*<https://www.ranzcp.org/Files/Resources/Publications/CPG/Clinician/Eating-Disorders-CPG.aspx>

**For more information, visit maudslayoutparents.org/videos

What is Starvation Syndrome?

Starvation Syndrome

When starved of energy, the human body responds in a way known as “Starvation Syndrome”.

Starvation syndrome (or semi-starvation) refers to the physiological and psychological effects of prolonged dietary restriction. The effects of starvation syndrome are commonly observed in individuals with eating disorders, who often severely restrict their energy intake, eat irregularly, and engage in compensatory behaviours (e.g., purging), which reduce energy absorption. Many of the symptoms once thought to be primary symptoms of eating disorders are actually symptoms of starvation.



The Minnesota Starvation Experiment

The Minnesota Starvation Experiment is the best example of the wide-ranging physical, cognitive, social and behavioural effects of starvation. Between 1944 and 1945, the University of Minnesota studied the effects of dietary restriction and the effectiveness of dietary rehabilitation strategies. The study recruited 32 fit, young male volunteers, who were conscientious objectors to the military service. The study had three phases:

- 3-month control: participants ate normally
- 6-month semi-starvation period: caloric intake of each participant was reduced by 50%
- 3-month recovery: participants were re-nourished

During the semi-starvation period, men lost on average 25% of their baseline body weight. Unexpectedly, semi-starvation also had a dramatic impact on the physiological, psychological, cognitive, and social functioning of the men.

Physical Changes

- Heart muscle mass reduced by 25%
- Heart rate and blood pressure decreased
- Basal metabolic rate slowed down

- Feeling cold all the time
- Fluid retention (edema)
- Dizziness and blackouts
- Loss of strength, high fatigue
- Hair loss, dry skin
- Decreased hormone levels, causing lack of sexual desire and other changes

Emotional Changes

- Depression
- Anxiety
- Irritability
- Loss of interest in life

Changes in Thinking

- Impaired concentration, judgement and decision-making
- Impaired comprehension
- Increased rigidity and obsessional thinking
- Reduced alertness

Social Changes

- Withdrawal and isolation
- Loss of sense of humour
- Feelings of social inadequacy
- Neglect of personal hygiene
- Strained relationship



Attitudes and Behaviour Relating to Eating

- Thinking about food all the time
- Meticulous planning of meals
- Eating very fast or very slowly
- Increased hunger, binge-eating
- Tendency to hoard (e.g. collecting recipes)
- Increased use of condiments (e.g., spices) for flavour

Symptoms of starvation syndrome are observed in any individual who has prolonged restricted access to food, no matter what the reason (e.g., prisoners of war or effects of an eating disorder). **Physical re-nourishment and weight restoration is therefore essential to reverse these symptoms.**

What is Starvation Syndrome?

How is Starvation Syndrome Relevant to Eating Disorders?

The physiological and psychological effects of semi-starvation observed in the Minnesota Experiment mirror the experience of many individuals with eating disorders. Many eating disorder symptoms are actually a direct result of semi-starvation.

You may be thinking:

“This information isn’t relevant to me because I’m in the average or overweight range”

However, research shows that a person does not have to be underweight to experience symptoms of starvation. Starvation syndrome may be observed if a person’s nutritional intake is poor, irregular, or unbalanced, or if they engage in compensatory behaviours that reduce energy absorption, irrespective of their weight. Individuals with anorexia nervosa, bulimia nervosa and binge eating disorder are therefore all vulnerable to experiencing symptoms of semi-starvation.

A crucial distinction between men in the Minnesota Study and individuals with eating disorders is that, in addition to experiencing symptoms of starvation, individuals with eating disorders have significant fears about their shape, weight, appearance and eating. When a person who is starving has the opportunity to eat, they will eat. A person with an eating disorder will continue to restrict what they are eating due to their fears. It is therefore crucial that eating disorder recovery focuses on physical re-nourishment as well as psychological treatment to address anxiety and fear about eating.

Reversing Symptoms of Starvation

Participants in the Minnesota Experiment were re-nourished during a 3-month recovery phase. By normalising their eating through regular rations, the



men recovered from many of the physiological and psychological effects of starvation.

Rate of recovery varied among the men, with some taking longer than others to normalise their eating.

Many also reported persistence of symptoms well into the re-nourishment phase (e.g., feeling ‘out of control’, experiencing low mood, inability to identify hunger/fullness cues, episodes of binge eating). Importantly, these symptoms subsided over time with consistent, adequate nutrition.



Recovery from an Eating Disorder

The good news is that the effects of semi-starvation are reversible. By consuming nutritionally balanced meals regularly throughout the day the body will return to normal physical and psychological functioning.

(*see handout ‘Regular Eating for Recovery’ for more information).



Remember, it takes time, and symptoms of semi-starvation may persist in the short-term during physical re-nourishment.

When the brain is properly nourished, it can carry out vital processes such as perception, problem solving, planning, memory, decision making, and emotion regulation. These processes are essential for a person to engage in psychological treatment for their eating disorder. This is why eating disorder treatment often begins with physical re-nourishment. Once semi-starvation has been corrected, an individual will be in a better position cognitively to address the underlying thoughts and feelings that keep disordered eating behaviours going.

You may need to consult a medical practitioner, psychologist, dietitian or other health professional for support with re-nourishment or to help you manage your anxiety while you are making changes. Remember, the effects of semi-starvation are reversible with consistent, adequate nutrition!

Set Point Theory



What is Set Point?

Many parts of our physical and psychological makeup are determined either in part, or completely, by our genes. For example, height is mostly determined by genetic factors - some environmental factors may influence it a little, but for the most part, it is what it is. Some people are shorter than average while others are taller than average. People generally accept that we can't change our height, it's just the way we were born.

In the long term, the same principle applies to weight. Genetics play a large part in determining the weight that our bodies tend towards, and this depends on our overall build, our bone structure, metabolism, musculature, and much more.



Research suggests that each human body has a weight range that it is genetically predisposed to maintain. This natural weight range is called your "set point". Set point will vary for every individual regardless of other factors such as their height and gender.

Set Point Theory and Body Weight

The human body uses regulatory mechanisms to keep its weight within this natural set point range. For example, if you eat a little more than you need to maintain your body weight, then typically your body temperature will rise and your metabolism speeds up to burn off the extra energy. If on the other hand you do not eat enough to maintain your weight, then your metabolic rate slows down to spare the available calories (see our handout on Metabolism for more info). Another regulatory mechanism is hunger - if the body is not getting enough energy, you will feel more hungry, and/or be more preoccupied with food.

Consider a person who typically eats a balanced diet and exercises moderately. We expect that for much of their adulthood, their weight will tend to fluctuate

within their set point weight range. Their weight may fluctuate up temporarily if, for example, they go on a holiday. However, upon their return home, once they resume their normal pattern of eating and exercise, their weight will naturally fluctuate down again without effort. Conversely, a person's weight may temporarily fluctuate down if they become ill or go through a period of stress. However, once their health has improved, their body will fight to regain the lost weight by increasing hunger levels and slowing their metabolism temporarily.



What if You're Below Your Set Point?

Set point is a particularly important concept to understand if you have an eating disorder. You may be engaging in periods of restricted eating, and if this results in you falling below your body's natural set point weight range, your body will respond by increasing your hunger signals (at least initially) and your mental preoccupation with food, while decreasing your metabolism (see our handout on Starvation Syndrome for more information). These mechanisms are in place to try and get your body back to its natural weight range; they were developed through evolution to protect us from starvation.

Trying to keep your body below its natural set point weight range results in an ever-increasing battle with these mechanisms. Preoccupation with food becomes so overwhelming that it can be hard to concentrate on anything else. Due to increased levels of hunger and increased thoughts about food, constant restricting of food intake makes you vulnerable to episodes of binge eating. This is why dieting is so ineffective (see our handout, *Why Diets Don't Work*).



Eating a well balanced diet and exercising moderately will help you keep your body within its natural weight range, and keep you in control. If you are suffering from food preoccupation due to restricted food intake, the key lesson to learn from set-point theory is this:

To recover from your preoccupation with food, weight, and hunger, your body must be returned to a weight that is within its natural weight range. No amount of psychological treatment will remove your food obsessions unless weight is regained to a healthy, normal range for your body.

Accepting Your Set Point

Perhaps your set point weight range is higher than average, higher than you'd like it to be, or higher than others (your doctor, peers, the media etc.) have suggested it 'should' be...then what? Well, here we can return to the example of height, and remind ourselves of the idea that 'it is what it is'. The most important goal is body acceptance. You cannot change your genetic makeup, or your natural set point weight range. Therefore, achieving full recovery from an eating disorder and healthy body image involves full acceptance our body as it is—height, weight, shape, and all!

A Guide to Self-Monitoring



Self-Monitoring

During treatment, you will be asked to keep a record of your food and fluid intake between each session. It is important that you make an honest and accurate record. This may feel uncomfortable or anxiety-provoking, however it is an essential component of effective therapy. Self-monitoring not only raises your awareness of your thoughts, feelings, and patterns of behaviours 'in the moment', it also allows you and your therapist to step back together during sessions and take a "helicopter view" of your eating disorder and the things that keep it going.



Your self-monitoring will be reviewed at each treatment session in order to help you learn how to overcome your eating disorder.

Research has shown that individuals who consistently complete accurate, real-time self-monitoring from the time they start treatment are most likely to have a good treatment outcome.

How To Complete Your Self Monitoring

Self-monitoring details your patterns of food and fluid intake throughout the day, including what you ate, where you ate, if you considered the event to be a binge episode, and if you engaged in vomiting or laxative use. It also captures information about what you were doing, and your thoughts and feelings.

- **"Real-time" monitoring:** It is important to record as soon as you have finished eating or drinking instead of writing everything down at the end of the day. Making records in the moment will draw your attention to your thoughts and behaviours as they are happening, rather than after the event. This helps increase your awareness and provide opportunity to make helpful changes. We realise that it can be difficult to carry these records with you everywhere you go. You may want to consider taking a notebook or jotting things down in your phone if you are out during the day and then transcribing them later.
- **Be honest:** Sometimes you may feel tempted to omit some aspects of your eating behaviour due to feeling ashamed or embarrassed. Remember, your therapist will not judge you, and can help you best when they have complete, accurate information.

- **Time:** Record the time you began the meal/snack.
- **Food and liquid intake:** Record both food and liquid intake, including water, coffee or tea, or alcohol. Bracket foods together when you consider them to be part of the same meal/snack. Do not record calories.
- **Location:** Be specific about the location of your eating. If you are at home eating on the couch, write 'couch in the living room' rather than just 'home'.
- **Binge:** Place an asterisk (*) in the binge column if you consider the event to be a binge episode.
- **V/L:** If you vomit, record a 'V' in this column. If laxatives are used, record an 'L' in this column and write down how many you took.
- **Situation/thoughts/feelings:** Record here any other relevant information about what was happening, the way you felt about your eating, and the thoughts that pop up throughout the day that are relevant to the eating disorder. You may also include behaviours such as weighing yourself, or checking your body.
- **Exercise:** If you exercise, record when, how much and what type of exercise you engage in.

Here is an example of a self-monitoring record:

Time	Food & liquid intake	Location	* (B)	V / L	Situation/thoughts/feelings
7:30	2 pieces of) toast with) margarine) 1 mug of) coffee)	Home table			7:00am: Weighed myself. 65kgs Less than last night. Pleased.
10:00	1 can of diet Pepsi	At desk			Cake in the staf- room for col- league's birthday. Pleased I didn't eat any.
12:00	Mug of coffee	At desk			
1:30	Mug of coffee	At desk			Only coffee for lunch, trying to make up for break- fast
4:30	Mug of coffee	At desk			
4:40	200gm packet of chips	Home in	*		Sat in front of TV when I got home. Felt bored, tired and hungry. Start- ed eating.
4:45	1 doughnut	front	*		
4:53	1 doughnut	of the	*		
4:59	1 can of diet lemonade	TV	*		
8:30	6 chocolate biscuits			V	5:35pm: Weighed myself. 65.7kgs. Vomited.
	1 packet choc biscuits	Bed- room	*	V	Felt awful, couldn't look in mirror, vomited
Exercise (time and type): None					

Vomiting and Your Health

For many people, vomiting starts as part of an attempt to regain control after breaking dietary rules or eating more than planned. This can often lead to a vicious cycle of eating and vomiting. When vomiting occurs regularly, it can affect health in a number of ways.

Effects of Regular Vomiting



- Gastric acid enters the mouth and erodes tooth enamel, which leaves teeth vulnerable to erosion, brittleness, and thermal sensitivity. Expensive dental work can be needed to repair or replace the damaged tooth.
- Parotid (salivary) glands can swell up and cause the cheeks to look enlarged and puffy.
- Fingers and knuckles can become calloused and burned by gastric acid.
- Ruptures and bleeding can occur in the oesophagus as acid and food pieces are forcefully ejected.
- The digestive system can become dysregulated, so that even a small amount of food in the stomach feels uncomfortable.
- The ability to identify hunger and fullness is impaired.
- Imbalances in electrolytes, such as potassium and sodium, can result in fainting, fever, digestive problems, confusion, blood pressure changes, heart palpitations, seizures, cardiac arrest and even death.
- People sometimes try to hide their vomiting, which can involve actions such as lying or vomiting in odd places. This can impact social relationships as well as functioning at work and other responsibilities.
- People may feel guilt, shame, anxiety or depression - which can add to feeling worthless and out of control - and these feelings can trigger a binge. This can lead to additional vomiting, beginning the vicious cycle over again.

Minimising Dental Damage

While prevention is the best option, there are ways to minimise the damage caused by regular vomiting.

- Gently brush teeth and spit without rinsing the toothpaste away—this leaves fluoride to strengthen the tooth enamel.
- Alternatively, rinsing with a mixture of baking soda and water can help neutralise gastric acid.
- Chew sugar free gum—this promotes saliva production which helps protect against acid.

Challenging Myths About Vomiting

Often, vomiting can become a “safety net” because people think they can compensate for what they’ve eaten. Sometimes, people believe that if they vomit when they eat anything at all, they will lose weight. By challenging beliefs about vomiting, people can reverse the vicious cycle of eating and purging. This along with other strategies, can help minimise the physical and mental effects by vomiting.

Myth 1: Vomiting gets rid of the calories I’ve consumed

FACT: Research has shown that vomiting cannot get rid of all the calories ingested, even when done immediately after eating.

A vomit can only remove up to about half of the calories eaten - which means that, realistically, between half to two thirds of what is eaten is absorbed by the body. This is because absorption begins in the mouth (through the saliva), continues in the oesophagus, and then in the stomach. Even if the entire stomach contents is vomited up, many of the calories will have already been ingested.

This explains why many people with bulimia maintain an average weight, even if they restrict food outside of binges - they still ingest most of the binge.

Myth 2: Vomiting helps prevent weight gain

FACT: Vomiting tends to encourage overeating and weight gain.

Vomiting gives a false sense of security, because believing that it is a safety net can lead to larger and more frequent binges - people can think that if they are going to vomit anyway, they may as well eat more. Believing that vomiting compensates for eating actually makes overeating more likely, and over time, increase the amount eaten during binges and greater calorie intake. The eat and purge cycle also causes metabolic changes that accelerate weight gain. Due to the vomiting process, the body is primed to compensate for the loss of potential nutrients by preserving energy and slowing the metabolic rate. These changes can last a long time, and contribute to increased weight gain over time.



Regular check-ups with a GP and dentist can help monitor and minimise some of the negative effects of vomiting on health. While it can sometimes be difficult to tell people about vomiting, remember that they are there to help and not judge.

Regular Eating for Recovery



What Do We Mean By Regular Eating?

Establishing regular eating habits will form a fundamental part of overcoming your eating disorder. Regular eating is the foundation upon which other positive changes in your eating will be based.

If you have an eating disorder, it's likely that you've been engaging in eating behaviours that are disordered and unhelpful, perhaps for quite some time. One behaviour that is very common amongst people with eating disorders is irregular, infrequent, or delayed eating. For example, you may have a rule that you don't eat before midday, or perhaps you've become accustomed to having a small breakfast and then not eating again until dinner time, or maybe you find yourself snacking and grazing throughout the day without sitting down for a proper meal or snack.

Ideally, humans function best when we eat regularly throughout the day; this means eating every ~3 hours. For many people, regular eating involves eating 3 meals and 2-3 snacks, although sometimes it's helpful to think of it simply in terms of 5-6 eating occasions throughout the 16 or so hours you are awake.

For some people, the timing of their eating and how much they eat at each meal will vary depending on their daily patterns involving sleep, work, exercise, socialising etc. However, when you're first entering treatment for your eating disorder, you may need to pay special attention to when you're eating, and start out by "eating by the clock" in order to stay on track.

When you're first getting started, regular eating may take the following form:

- Breakfast
- Morning tea
- Lunch
- Afternoon tea
- Dinner
- Evening snack/supper



A Word on Water...

It's also important to make sure you are drinking an adequate amount of water—although not so much that you feel overly full and it discourages you to eat your next meal or snack! Water allows the body to absorb nutrients from food and transport them around the body. It also facilitates removal of waste products, and lowers our body temperature in warm weather. The human body uses approximately 4% of its body weight in water each day, and health professionals recommend Australian adults drink about 1.5-2L water daily. Failing to drink enough water can lead to dehydration, which can negatively impact our physical and mental functioning.

Why Eat Regularly?

There are lots of benefits to eating regularly, particularly during treatment for an eating disorder.

Eating regularly:

- Gives structure to your eating habits, so that eating can start to become a regular, normalised part of your life.
- Keeps your blood sugar level steady, which minimises tiredness, irritability, and poor concentration
- Helps to combat delayed or infrequent eating
- Helps to combat unstructured eating, such as grazing or picking (which may increase vulnerability to binge eating)
- Establishes habits that will help prevent binge eating - when eating regularly, you are less likely to become overly hungry and feel out of control of your eating
- Improves metabolic functioning and prevents your body from going into "starvation mode"

(see our handout on Starvation Syndrome).

Changing your eating habits can feel overwhelming, so regular eating is a great place to start! Once the routine of eating every ~3 hours is in place, you can then begin to modify your food choices and portion sizes.



Plan, Prepare, Prioritise!

When establishing your own system of regular eating be sure to remember the 3 Ps—Plan, Prepare, Prioritise! Early on in treatment it pays to plan out and prepare your meals and snacks in advance. You won't have to do this forever, and in future your eating can become more flexible, but for now, thinking several steps ahead will help to keep you on track! Right now, regular eating must be a priority in your life, and may need to take precedence over other activities. This may mean temporarily reshuffling your work day, when you choose to socialise, or other commitments.

Tips for Regular Eating

- Aim not to miss a meal or snack - if you do, be sure to get 'back on track' as soon as you notice!
- Do not leave a gap of more than 4 hours between meals/snacks
- Avoid eating between your meals and snacks. If you consistently experience hunger between meals and snacks this may be a clue that you need to increase the size or density of your meals and snacks
- If you purge (i.e., vomit or use laxatives) the meal or snack doesn't count towards regular eating
- Consider carrying a snack (muesli bar, dried fruit, nuts) with you in the car or your handbag, in case you get caught out of the house/office at mealtimes.

Making Sense of Serving Sizes

During recovery from an eating disorder, sometimes it can be difficult to relearn how to eat in a normal, regular, non-disordered way. One of the challenges is figuring out how much of the different types of food groups is enough, so we've prepared this rough guide to help you on your way.

Six Main Food Groups

There are six main food groups and ideally we should have a little from each of these groups every day. However, some days we might have a little more than the recommended amount, other days a little less. Below are some guidelines that indicate the minimum recommended daily serves of each food group. Remember that the amount each person requires will vary based on their age, gender, level of activity, height, weight, build etc. The amount of food you need will also depend on what's going on with your eating disorder and what stage of treatment you're at. For example, if you are underweight and need to regain weight in order to become physically and mentally healthy, you might need to eat a little more than usual for a while.



Grains

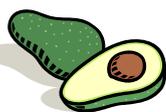
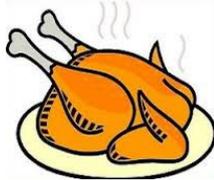
The recommended intake is 5-6 serves per day for women, 6-7 per day for men. Some examples of 1 serve in this food group include:

- 1 slice bread or 1/2 a bread roll
- 1/4 cup of muesli
- 1/2 cup cooked porridge
- 1/2 cup cooked pasta or rice
- 2/3 cup flaky cereal
- 1 medium potato

Protein

The recommended intake is 1-2 serves per day for men and women. Some examples of 1 serve in this food group include:

- A palm sized piece of raw meat or chicken (100g)
- A hand sized piece of raw fish (120g)
- Small can of fish e.g., salmon or tuna
- 2 large eggs
- 1 cup of cooked or canned legumes
- 170g of tofu
- A small handful of nuts or seeds (30g)



Fats

The recommended intake is 1-2 serves per day for men and women. Some examples of 1 serve in this food group include:

- 1 tablespoon of margarine, oil, butter, cream etc.
- 1 teaspoon of mayonnaise
- 1/4 avocado (small)
- 5 small olives

Vegetables

The recommended intake is 5+ serves per day for men and women. Some examples of 1 serve in this food group include:

- 1/2 cup cooked vegetables
- 1/2 cup cooked or canned legumes
- 1/2 corn cob
- 1/2 cup baked beans
- 1 cup leafy greens
- 1 large carrot
- 1 cup broccoli
- 1 small tomato



Fruit

The recommended intake is 2-3 serves per day for women, 3-4 per day for men. Some examples of 1 serve in this food group include:

- 1 medium piece of fresh fruit (e.g., apple, pear, banana)
- 2 small pieces (e.g., apricots, kiwi fruit)
- 1 cup of berries
- 1 cup fruit salad or canned fruit
- 4 dried apricots or 2 tablespoons of sultanas
- 1/2 cup fruit juice



Dairy & Alternatives

The recommended intake is 3 serves per day for women and men. Some examples of 1 serve in this group are:

- 1 cup milk or soy milk (250ml)
- 1 tub (200g) yoghurt
- 1 cup of custard
- 2 slices (40g) of cheese

Fun Foods

Some foods don't fit neatly into any particular food group, but can still be enjoyed as part of a balanced, flexible diet. Remember, eating isn't just to fuel the body, it's also about enjoyment, celebration, and pleasure!

- 1 ice cream on a stick (or 2 small scoops)
- 1 doughnut or 1 slice of cake
- 1 small cup of hot chips
- 1 fun size bag of potato chips
- 5 or 6 lollies
- A row of chocolate (4 squares)



Please remember, this information is general in nature and does not replace individual advice from a dietician. If you're still unsure about what or how much you should be eating each day, we recommend consulting with a dietitian; preferably one who has experience working with eating disorders.

Carbohydrates

Myths & Facts

What Are Carbohydrates?

Carbohydrates are one of our three main sources of energy (sometimes called 'macronutrients'), along with protein and fats. They are broken down during digestion to form glucose so that they can be absorbed, transported around the body, and converted by our cells into energy. Most people think of "carbs" as being breads, pasta, rice etc. but actually, carbohydrates are in most of the foods we eat. There are 3 main types of carbohydrates, that all form an important part of a healthy balanced diet:

- Sugars (as in honey, fruit, lollies)
- Starches (as in bread, pasta, cereal)
- Dietary fibre (as in vegetables, nuts, seeds)

What Does GI Mean?

The glycemic index (GI) tells us how fast or slow a particular type of carbohydrate is digested. Low GI foods are digested more slowly, whilst high GI foods result in more rapid changes in blood sugar and insulin levels. It's most helpful to look at the overall nutritional value of a food and to incorporate all foods in moderation, rather than getting too caught up in specific numbers like grams of carbohydrate, GI rating, or calories (see our handout on Calorie Counting).

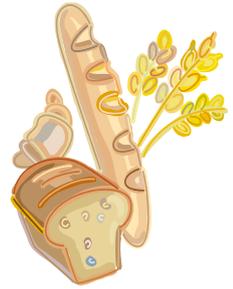
Why Do We Need Carbohydrates?

Fuel for our Body and Brain: Carbohydrates are our body's primary, and most efficient energy source because they are converted more readily into glucose than proteins or fats. Carbohydrates are an essential fuel source for our muscles, central nervous system and brain. Some of our body cells (particularly in our brain) prefer to run on glucose, but our brains can't store a supply of glucose. Therefore we need a regular supply of carbohydrates to ensure our brain runs properly. It is a bit like putting fuel in a car...but unlike filling up your car with petrol every few days or weeks, we need to provide our body with carbohydrates *several times a day* in order to ensure optimal functioning. Not eating enough carbohydrates, or having long gaps in the day without carbohydrates can make it difficult for us to concentrate properly, make decisions, plan ahead, or even regulate our emotions. All that complex brain functioning requires fuel, and that fuel is carbohydrates!



Protection: In addition to providing our body with energy, carbohydrates also have a 'protein-sparing effect'. Having adequate carbohydrate in your diet protects muscle tissue from being broken down and used as energy. It also ensures that any protein you do consume is used for their primary purpose (muscle growth and maintenance) rather than being redirected to perform the function of the carbohydrates. It is important to prevent unnecessary muscle breakdown from occurring as this process releases toxins into the blood, which places pressure on our kidneys. Carbohydrates also support healthy immune function.

Digestion & Hydration: Certain types of carbohydrates encourage the growth of healthy bacteria in the intestines which aids digestion and ensures long term gastrointestinal health. Carbohydrates also help our bodies absorb water more effectively, which helps keep us hydrated.



Mood, Sleep & Appetite: Carbohydrate intake is directly linked to the release of serotonin (a neurotransmitter) in the brain. Serotonin is an important chemical that helps to improve mood and to regulate both our sleep/wake cycle and our appetite. Having enough serotonin is important for preventing low mood/depression, and also helps you to sleep well and feel more alert when you're awake. Serotonin also helps to regulate our hunger and fullness signals, and allows people to experience that 'satisfied' feeling following a meal, which helps to prevent over-eating. Therefore, adequate daily carbohydrate intake is essential to allow us to feel good, sleep well, and receive accurate appetite signals from our bodies.

How Much Do We Need?

Carbohydrates should make up the majority of our food intake each day - about 50-60%. Usually, at least a third of these will come from low GI carbohydrates (or "complex carbohydrates") like bread or rice. For ideas about integrating carbohydrates into healthy, balanced and flexible eating, see our handout *Normal Eating*.

Myths About Carbohydrates

Some people believe carbohydrates make you gain weight, or that "low carb diets" are the key to effective weight loss. These beliefs are usually based on simplistic nutrition theories or pseudoscience lacking a true scientific research basis (see our handout on *Interpreting Dietary Advice*). Reducing carbohydrate intake may initially result in some rapid weight loss due to fluid loss, a reduction in overall energy intake, and the loss of muscle tissue, but research suggests this will not be maintained and can be detrimental for our bodies. There is also no scientific evidence to show that eating carbohydrates in the evening causes weight gain; the body metabolises carbohydrate in the same way regardless of the time of day or night.

The Effect of Low Carbohydrate Intake

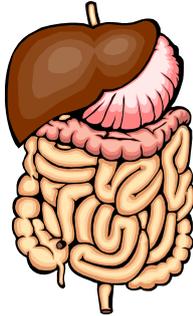
- Constipation due to lack of dietary fiber
- Bad breath due to the release of ketones
- Fatigue, low energy, tiredness
- Mood swings, low/depressed mood, poor concentration
- Poor immune response
- Increased risk of health problems e.g., bowel cancer

Gastrointestinal Problems in Eating Disorders

Gastrointestinal (GI) problems are one of the most common consequences of an eating disorder. Individuals with Anorexia Nervosa, Bulimia Nervosa, and other eating disorders experience a number of GI changes which are believed to be caused by starvation, malnutrition, and the underuse of the GI tract.

GI problems experienced by people with an eating disorder include:

- Bloating
- Constipation
- Diarrhoea
- Flatulence
- Abdominal pain
- Fullness after eating even very small amounts



Why do people with eating disorders suffer from gastrointestinal problems?

Chronic restriction can cause the muscles of the small and large intestine to atrophy, or waste away, due to underuse. This results in food taking longer to travel through our digestive tract, known as delayed gastric emptying, and causes stomach aches, bloating and wind. When the body is in starvation mode, fewer enzymes and hormones required to promote digestion are produced, therefore slowing down the process of digestion further. Normal digestion through a healthy intestinal tract takes around 1.5 hours, however in an undernourished body, this can take up to 5 hours. Frequent vomiting can also interfere with GI functioning and contribute to slow digestion as the rhythm and process of digestion is interrupted by the act of vomiting. Inadequate and irregular food intake also affects bowel functioning. The bowel requires an adequate amount of waste to be in it in order to empty. With limited intake, the bowel does not function effectively or regularly and it may be many days between bowel movements.

GI problems can also be caused by a diet low in the nutrients needed for a healthy intestinal tract, including fibre and water.

A consequence of slow, inefficient digestion and poor bowel functioning is that people recovering from eating disorders experience significant GI distress. Bloating, constipation and pain are often misinterpreted as fullness of the stomach, which discourages them from eating. This makes the process of renourishment even more physically and psychologically challenging.



The misuse of laxatives can also cause GI problems. Laxatives disrupt normal bowel function and can cause symptoms such as: loss of intestinal muscle tone, bloating, gas, colicky pain, appearance of mucus and blood in the stool, incontinence of faeces, and in severe cases, paralysis of the bowel. See our handout titled *Laxative Misuse*. In most people, these symptoms are reversible after stopping laxatives, but some permanent effects may occur. **It is important that you do not self-medicate with laxatives for the relief of constipation.** Continuing to take laxatives to relieve various GI symptoms is in fact maintaining these symptoms as our digestive system does not get the opportunity to build up strength to digest food on its own.

Treating Gastrointestinal Problems

GI problems will improve when food intake and behaviours interfering with digestion are normalised. If you are working towards increasing the frequency, quantity, and/or variety of food you are eating, it is normal to expect some GI discomfort in the short-term. This does not mean you have eaten too much and is a normal part of the recovery journey for many people. Some people find it helpful to alleviate this discomfort by using a hot water bottle or engaging in a distracting activity after eating. It may take some time for the system to recover normal functioning. If you are concerned about GI problems it is important you seek professional medical advice.



The R.E.A.L. Food Pyramid

This information is designed to provide you with a guideline for healthy eating. If you have a special condition or are under medical supervision, you should discuss your eating plan with your doctor.

The Recovery from Eating Disorders for Life Food Pyramid

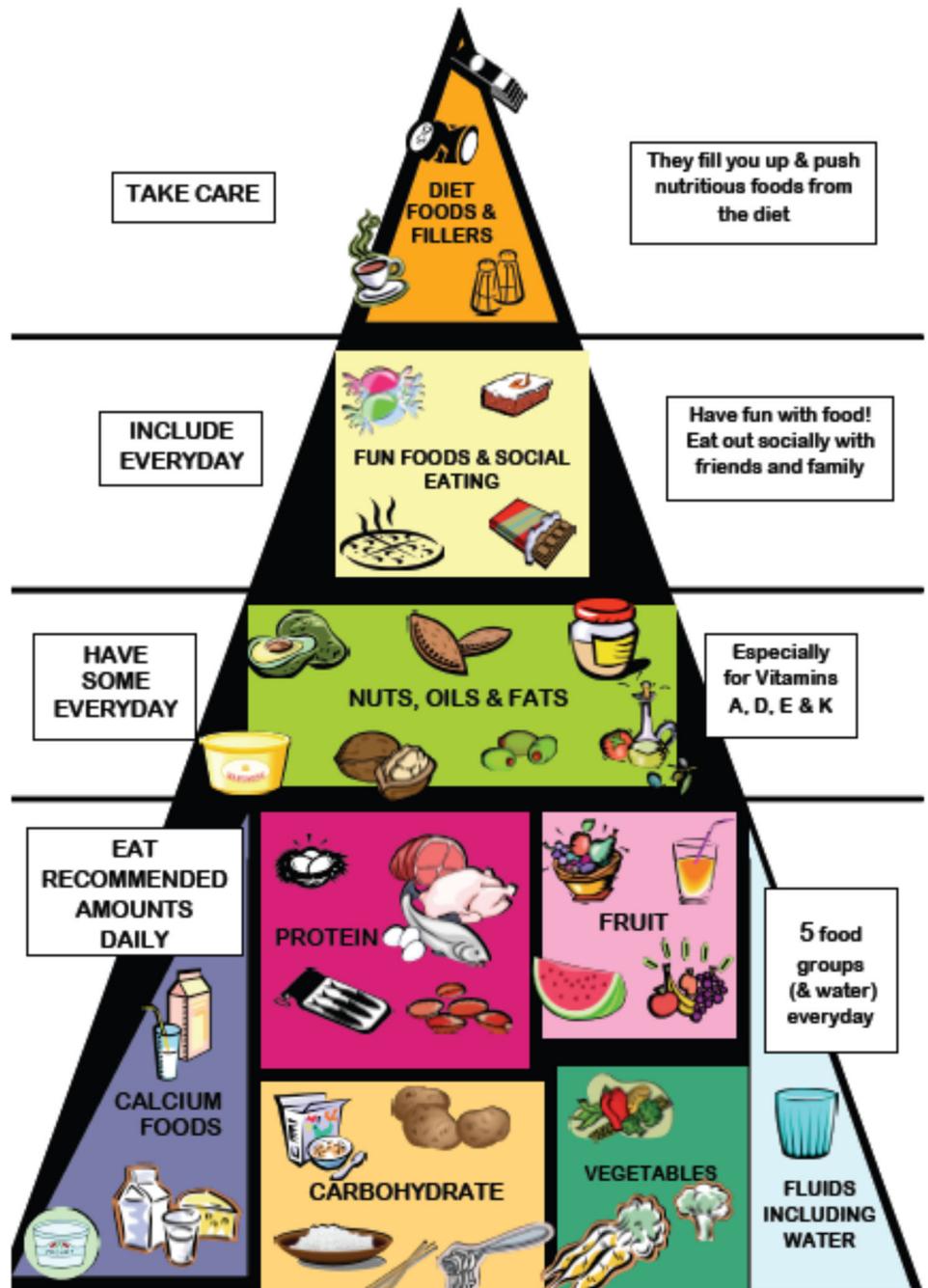
The REAL Food Pyramid has been created as a meal planning guide for individuals with eating disorders. It is ideal if it is used in collaboration with a dietitian, as every person is unique, and there may be foods or amounts that need to be adjusted for you.

Carbohydrates

Choose a variety of whole grains and carbohydrate foods for dietary fibre, thiamine, folate and iodine. Carbohydrate is needed to stabilise your blood glucose level, and provide fuel for your muscles and your brain. Not eating enough carbohydrate can lead to tiredness, fatigue, dizziness, irritability, and low blood glucose levels. It can also precipitate binge eating, particularly at mid-afternoon (around 3-4 pm) when blood glucose levels naturally drop and cravings commonly kick in. Good sources of carbohydrates include: cereals, rice, oats, bread, noodles, potato, quinoa, pasta, cous cous, tortillas.

Protein

Protein rich foods provide iron, zinc, vitamin B12 and omega-3. Protein is needed for growth and repair of body tissues and plays an important role in all functions of your body. If you are vegetarian, it is important to replace animal proteins with iron-rich substitutes. Good sources of protein include: meat, chicken, fish, eggs, cheese, tofu, chickpeas, lentil, baked beans, ham, nuts, kidney beans.



Developed in conjunction with dietitians Susan Hart and Caitlin McMaster

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The Facts on Fat

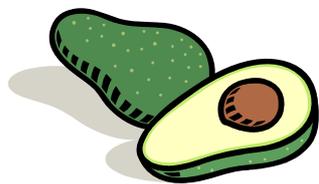
Why Do We Need Fat in Our Diet?

Fat is an essential nutrient needed for good health. It is common for people with an eating disorder to have the belief that “all fat is bad” or “the less fat I have the better”. Research has shown that it is common for eating disorder patients to be deficient in essential fatty acids and vitamin D, a nutrient which fat also contributes.



Fat is important part of a balanced diet because:

- When stored in the body, fat plays an important role as a energy store which the body can use if energy is required.
- It provides 2 essential fatty acids (linoleic acid and alpha-linoleic acid) which our bodies cannot manufacture of their own.
- It provides insulation and protection for internal organs and reproductive organs.
- It provides fat soluble vitamins (vitamins A, D, E and K) and phytochemicals like beta-carotene and lycopene.
- It provides fatty acids required for making hormones, brain cells and healthy skin.
- It is essential for hormones such as peptide YY (PYY) and cholecystokinin (CCK) to be released during digestion. These hormones are responsible for signalling satiety (i.e. telling you when to stop eating).
- It adds flavour and texture to foods.
- It assists in slowing down the rate at which your stomach empties, thus leaving you more satisfied for longer.



- For women, low fat intake and therefore low body fat can cause loss of periods and impact on your reproductive system.

What are the Different Types of Fats

Saturated fats: these fats tend to be solid and are found mainly in animal foods (e.g. butter, cream, meats, cheese, milk) but also include palm oil and coconut oil.

Mono unsaturated fats: these fats are found predominantly in olives, olive oil, canola oil, avocados, peanuts and most other nuts. All oils

contain some monounsaturated fats as do meat, chicken, eggs and fish.

Polyunsaturated fats: these fats are extracted from seeds such as sunflower, safflower, soy beans, sesame and grape seed to make cooking oils.



Omega-3 fats: these fats are a sub-group of polyunsaturated fats with a slightly different structure. Fish (especially oily fish like salmon, tuna and sardines) and seafood contain high levels of 2 omega-3 fats called EPA and DHA.

Trans fats: these fats are structurally the same as unsaturated fats but in the body, behave the same as saturated fats. They occur naturally in butter, milk, beef and lamb.



Cholesterol: cholesterol is a waxy, fat-like compound found in the blood and is different from fat. It is an essential part of cell membranes and is used to create hormones and vitamin D.

Five Tips to Make Sure You're Meeting Your Fat Requirements

1. Add a fat based spread (e.g. butter, margarine, peanut butter, avocado, hummus, mayonnaise) anytime you are having toast/bread/wrap/sandwich.
2. Use a cooking oil such as olive oil, peanut oil or vegetable oil when cooking a meal for lunch or dinner.
3. Include at least 3 serves of non-fat modified calcium-rich foods everyday (e.g. cheese, yoghurt, milk or calcium-fortified soy alternatives of these).
4. Add nuts, seeds and/or olives to your lunch and dinner (e.g. add to a salad, stirfry, pasta dish).
5. Eat a variety of foods—lots of different foods contribute fats to our diet (e.g. dairy, meat, chicken, fish, fun foods) as no food is made up of one nutrient only. Eating a variety of foods assists you in meeting your fat requirements and means you get some of all the different types of fats listed above.



Why Diets Do Not Work



If you enter the word "diet" into internet search engines you will get nearly 200 million results instantly. Diets are often marketed as the answer to people's problems, promising quick weight loss, body acceptance, physical health (e.g., detoxifying) and beauty. But if diets really work, then why do we need so many of them? In reality, the dieting industry is a multi-billion dollar industry that succeeds by making people feel bad about themselves. People quickly become stuck in a vicious cycle of dieting (and the dieting companies make even more money!).

What is a Diet?

Diets typically prescribe that a person follows a rigid pattern of eating for a strict period of time. The time frame may be short (e.g., 8 hours, 1 week) or long (e.g., 6 months). Diets prescribe what to eat, when to eat and how much to eat. But all diets are different! And if we tried to follow all the rules prescribed by available diets you would soon find that there is nothing much left to eat at all! People usually follow diets for the purposes of weight loss, to avoid weight gain, or for the purposes of cleansing their body. However in reality, diets have an extremely low success rate and persistent dieting behaviour can actually contribute to significant weight gain in the long-term.

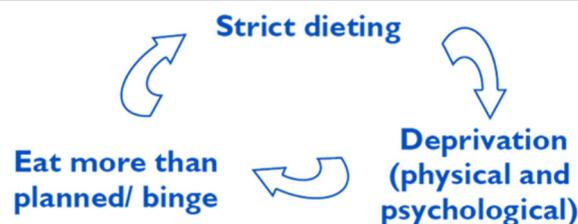


Physical and Psychological Deprivation

Most diets prescribe far too little food. When we do not eat enough from all food groups the body tips into a state of semi-starvation and induces physical deprivation. If we do not respond to this hunger by eating, the physiological pressure to eat builds up until we are driven to eat. Patients with an eating disorder often say that they do not feel hungry, which can be true, because when a person ignores hunger signals for a long period of time, the body stops recognising hunger. Despite this, the body still craves and needs adequate nutrition.

Consequences of Deprivation

When a person is physically and psychologically driven to eat, they often eat more than they had planned, eat foods they had previously tried to avoid, or lose control to the point of binge eating. When this happens, people often worry about how this eating will impact on their weight. Such worries can lead a person to diet more strictly than ever to 'make up' for breaking the rules of their diet, which sets them up for a vicious cycle to overeat or binge again.



Rigid Rules

Diet language often includes words such as "good", "bad", "cheat" and "guilt", which can lead people to develop strict and rigid rules about what to eat, when to eat and how much to eat. Rigid rules are different to guidelines. Having some guidelines about what we eat can help us maintain healthy eating. For example, someone may have the guideline "I try not to eat too many sugary foods". A rigid rule differs in that it is inflexible and 'all or nothing' in nature, for example, "I must never eat sugar at all". The rule is either followed or broken so our actions can only be 'right' or 'wrong'; we perceive ourselves to have 'succeeded' or 'failed'. This is problematic because if we try to follow rigid rules, psychological and physiological pressures to eat will build up until eventually we can't help but "break" these rules in some way.

Consequently, people will then perceive that they have "failed" their diet, which can exacerbate feelings of low mood and low self-esteem. Additionally, after breaking a dietary rule a person may think something like, "I've blown it now, I may as well eat the whole bag" or, "I've ruined today, I'll start again tomorrow", which can lead them to go from a small 'slip' in eating to overeating or a binge eating episode, reinforcing the vicious cycle of dieting once more.

Escaping the Vicious Cycle of Dieting

Dieting behaviour increases the risk of overeating or binge eating from physical and psychological deprivation. To reduce this risk, we need to eat regularly throughout the day and include adequate amounts from all food groups (see our handouts, *Regular Eating for Recovery* and *Normal Eating versus Disordered Eating*). Undereating and eating infrequently can actually slow down a person's metabolism, so that their body burns energy from food more slowly, and will conserve energy by storing it as fat. We also need to move away from any strict or rigid rules about what to eat, when to eat and how much to eat, and towards more flexible eating guidelines. Normal healthy eating involves daily consumption of foods from all food groups, including 'occasional foods' such as ice cream and chocolates. Remember, dieting will only keep the cycle of disordered eating going!

Laxative Misuse

What is a Laxative?

Laxatives are medications used on a short-term basis to relieve constipation. There are several different types, which have different roles depending on the cause of the constipation. Some laxatives are available over the counter from pharmacies, whilst others are available by prescription. Laxatives can take many forms, including pills, in chocolate, or in herbal teas.

Eating Disorders and Laxative Misuse

Many people with eating disorders misuse laxatives. This is often due to the strongly held (but false) belief that laxatives help with weight loss/prevent weight gain by preventing the absorption of food.

In reality, any weight loss and change in body shape observed from laxative misuse is actually due to fluid loss from diarrhoea and the complete emptying of the large intestine. Laxatives have minimal effect on calorie absorption because they work on the lower part of the bowel, whereas food is digested and absorbed higher up the gastro-intestinal (GI) tract in the small intestine.

Many people with eating disorders also believe that laxatives are needed to relieve constipation and feeling bloated. Prolonged constipation and bloating is common in people with eating disorders and occurs because there isn't enough food to move through the gut. Consequently, people with eating disorders often experience delayed gastric emptying (slowness of the stomach in passing food along the intestine).

Laxatives can actually make the problem of constipation and bloating worse because after use, the intestines have emptied and it may not be possible for a normal bowel movement to occur for some days, causing people to get into a vicious cycle of laxative misuse. Additionally, laxatives can increase swelling, pain and gas formation in the stomach, which contributes to feeling bloated.

Consequently, laxative misuse has hardly any effect on true weight loss or ongoing relief of constipation or bloating. Regular misuse of laxatives (regardless of quantity) can however have harmful side-effects on a person's health.



Dangers of Laxative Misuse

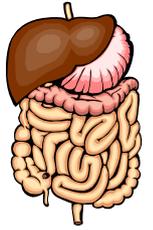
Laxatives disrupt normal bowel function

Symptoms include bloating, gas, colicky pain, appearance of mucus and blood in the stool, and incontinence of faeces. In most people, these symptoms

are reversible after stopping laxatives, but some permanent effects may occur.

****WARNING: If you are taking senna-based laxatives, it is recommended that you immediately change to a non-senna product.**

Laxatives containing senna act as serious irritants to the lower GI tract and have been known to cause sudden loss of intestinal muscle tone causing the bowel to become dependent on these drugs or worse, complete paralysis of the large intestine, which will then need to be removed surgically. Serious damage can be caused without any warning signs.



Laxatives can cause electrolyte imbalance

Laxative misuse leads to large losses of body salts and water, which are vital in regulating electrical/nerve impulses in muscle, especially the heart. Electrolyte imbalance can cause muscle weakness, numbness, paralysis, seizures, irregular heartbeat, and even cardiac arrest.

Additional risks of laxative misuse include kidney failure/problems with kidney function through dehydration, rectal bleeding and urinary tract infections.

Stopping Laxative Use: What to Expect

Depending on the advice of your GP, laxatives can be stopped abruptly, or tapered down. Upon withdrawal, short-term symptoms of constipation and bloating may persist, as it takes time for normal bowel function to return.

The best way to reduce symptoms of constipation and bloating is to normalise your eating (see our handout, *Regular Eating for Recovery*). To help your body return to normal bowel function, make sure you eat a range of foods that contain dietary fibre, such as wholemeal bread, high-fibre breakfast cereals, brown rice, beans, fruit and vegetables, and drink plenty of fluids (1.5-2L water daily).

During laxative withdrawal you may notice temporary weight gain, bloating or swelling of the feet and ankles. Don't panic - this is only temporary water retention whilst your body overcompensates for the dehydration caused by laxatives. Remember, laxatives are not an effective means of weight control!

Giving up laxatives can be very anxiety provoking. If you need further guidance, we recommend consulting with a professional who has experience working with eating disorders.