DID YOU KNOW...

- 28.8 million Americans will experience an eating disorder in their lifetime.
- Eating disorders are not choices, but serious biologically-influenced illnesses with a genetic component.
- It is estimated that between 28-74% of the risk for developing an eating disorder is through genetic heritability.
- Social and environmental factors such as bullying, social media, trauma, or onset of other mental illnesses can impact eating disorder development.
- Eating disorders affect people of all genders, ages, races, ethnicities, body shapes and weights, physical and neurological abilities, sexual orientations, and socioeconomic statuses.
- Less than 6% of people with eating disorders are medically diagnosed as "underweight."
- Eating disorders carry an increased risk for both suicide and medical complications. Every 52 minutes someone dies as a direct result of an eating disorder.
- Families can be the patients' and providers' best allies in treatment.
- Full recovery from an eating disorder is possible. Early detection, intervention, and access to treatment are important.

FOR MORE INFORMATION

National Alliance for Eating Disorders
Phone: (866) 662-1235
www.allianceforeatingdisorders.com
www.findEDhelp.com

ABOUT THE ALLIANCE

The National Alliance for Eating Disorders (formerly The Alliance for Eating Disorders Awareness) is the leading national non-profit organization providing education, referrals, and support for all individuals (and their loved ones) experiencing eating disorders. Founded in October 2000, The Alliance has worked tirelessly to support eating disorder awareness and education, promote and provide access to care, offer comprehensive services such as support groups and outpatient care, and eliminate the shame and stigma associated with eating disorders.

The Alliance's services include:

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- Unique and empowering scale smashing events and SmashTALK panel discussions aimed at college and university students.
- Advocacy for eating disorders and mental health legislation.

The Alliance understands that eating disorders are often impacted by a number of social, economic, and environmental factors. Using a Health at Every Size® framework, The Alliance aims to create an inclusive, culturally competent, and supportive space that acknowledges the multitude of factors that contribute to eating disorders.

NATIONAL ALLIANCE
for Eating Disorders

WHAT ARE EATING DISORDERS?

Eating disorders involve serious disturbances in eating behaviors, such as extreme and unhealthy reduction of food intake or severe overeating, as well as feelings of extreme concern about body shape or weight.

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(866) 622-1235

WHAT ARE EATING DISORDERS?

Eating disorders involve serious disturbances in eating behaviors, such as extreme and unhealthy reduction of food intake or severe overeating, as well as feelings of extreme concern about body shape or weight. Eating disorders do not discriminate between ages, genders, socioeconomic statuses, sexual orientations, abilities, neurodiversities, body shapes/sizes, races, and ethnicities. Eating disorders are complex biopsychosocial illnesses that have serious emotional and physical consequences. It is important to note that there are negative health consequences of equal severity across all eating disorder categories.

ANOREXIA NERVOSA (AN)

Anorexia Nervosa is characterized by a restriction of energy intake relative to energy requirements, body image disturbances, and an intense fear of food or gaining weight. Individuals with Anorexia Nervosa may restrict calorie intake and/or purge calories through self-induced vomiting, compulsive exercise, or laxative/diuretic abuse. Restriction of energy intake relative to energy requirements may lead to significantly lower body weight and severe medical complications. Anorexia Nervosa has one of the highest mortality rates of all psychiatric conditions, with 1 and 5 deaths from suicide.

BULIMIA NERVOSA (BN)

Bulimia Nervosa is characterized by episodes of bingeing (consuming a large amount of food in a short period of time) and purging (eliminating calorie consumption) at least once a week for three months. Methods of purging may include self-induced vomiting, compulsive exercise, laxative use, diruetic use, insulin misuse, and/or diet pill use. Behaviors are typically accompanied by negative body image related to size, weight, and shape.

BINGE EATING DISORDER (BED)

Binge Eating Disorder is rooted in restriction, and characterized by recurrent episodes of rapid overeating when not hungry, and often until extreme fullness. The bingeing episodes are marked by distress and a sense of lack of control, followed by feelings of shame, guilt, and depression. It occurs, on average, at least once a week over three months. While around 8% of American adults will suffer from Binge Eating Disorder in their lifetime, this rate is much higher (30%) among Black women in larger bodies. Furthermore, around 50% of the risk of developing Binge Eating Disorder is genetic.

OTHER SPECIFIED FEEDING OR EATING DISORDERS (OSFED)

Other Specified Feeding or Eating Disorders (OSFED) are characterized as disturbances in eating behaviors that do not meet full criteria for Anorexia Nervosa, Bulimia Nervosa, or Binge Eating Disorder, but involve maladaptive thoughts and behaviors related to food, eating, and body image.

OSFED may include, but are not limited to:

- "Atypical" Anorexia Nervosa
- Purging Disorder
- Night Eating Syndrome

"Atypical" Anorexia Nervosa is characterized by meeting all the criteria for Anorexia Nervosa except for a medically underweight BMI. Individuals with "Atypical" Anorexia Nervosa experience equally severe medical consequences as those with other eating disorder diagnoses. As such, "Atypical" Anorexia Nervosa demonstrates weight bias within the diagnostic criteria.

AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER (ARFID)

Avoidant/Restrictive Food Intake Disorder (ARFID) is a clinically significant eating or feeding disturbance characterized by a failure to meet appropriate nutritional needs. Individuals with ARFID exhibit a general lack of interest in eating or food, food avoidance based on sensory characteristics, or concerns about adverse consequences of eating, unrelated to body image or weight concerns. Symptoms can include nutritional deficiency, weight loss, and interference with psychosocial functioning.

HOW TO HELP

- Learn about eating disorders.
- Find an appropriate time and place to privately talk. Don't let being scared keep you from having the conversation.
- Use "I" statements when communicating your concerns.
- Don't comment on calorie/food intake, weight, appearance, etc.
- Express your support and emphasize the importance of professional and specialized help.
- Validate your loved one's feelings and struggles.
- Don't play the blame game and take care of your own mental, physical, and emotional health.
- Don't promise to keep it a secret.

GETTING HELP

If you think you or someone you know may be experiencing an eating disorder, please seek specialized, professional help as soon as possible.

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DID YOU KNOW...

- Eating disorders are not choices, but serious biologically-influenced illnesses with a genetic component.
- It is estimated that between 28-74% of the risk for developing an eating disorder is through genetic heritability.
- Social and environmental factors such as bullying, social media, trauma, or onset of other mental illnesses can impact eating disorder development.
- Eating disorders affect people of all genders, ages, races, ethnicities, body shapes and weights, physical and neurological abilities, sexual orientations, and socioeconomic statuses.
- 28.8 million Americans will experience an eating disorder in their lifetime.
- Less than 6% of people with eating disorders are medically diagnosed as "underweight."
- Families can be the patients' and providers' best allies in treatment.
- Anorexia Nervosa has one of the highest overall mortality rates and the highest suicide rate of any psychiatric disorder.
- Full recovery from an eating disorder is possible. Early detection, intervention, and access to treatment are important.

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NATIONAL ALLIANCE
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WHAT IS ANOREXIA NERVOSA?

Anorexia Nervosa is an eating disorder characterized by the restriction of energy requirements, body image disturbances, and an intense fear of food or gaining weight.

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WHAT IS ANOREXIA NERVOSA?

Anorexia Nervosa is an eating disorder characterized by the restriction of energy requirements, body image disturbances, and an intense fear of food or gaining weight. The two subtypes of Anorexia Nervosa are the restricting subtype (limited food intake) and the binge-eating/purging subtype (restricted food intake followed by binge-eating and/or purging behaviors). Binge behaviors are self-percieved and characterzied by feeling out of control. Purging behaviors may include self-induced vomiting, compulsive exercise, and abuse of laxatives, diuretics, or enemas. It is important to note that there are negative health consequences of equal severity across all eating disorder categories.

DSM-5 DIAGNOSTIC CRITERIA

- Restriction of energy intake relative to requirements leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health.
- Intense fear of gaining weight or becoming fat, even though underweight.
- Disturbance in the way in which one's body weight. or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.

WARNING SIGNS
(MAY INCLUDE)

- Weight loss and distorted body image
- Fear of weight gain
- Preoccupation with weight, calories, and food
- Feelings of guilt after eating
- High levels of anxiety and/or depression
- Low self-esteem and/or self-injury
- Social isolation
- Excuses for not eating/denial of hunger
- Food rituals
- Intense, dramatic mood swings
- Cold intolerance, fatigue, dizziness, or fainting
- Excessive and compulsive exercise
- Control issues
- Sleep difficulties

HEALTH COMPLICATIONS
(MAY INCLUDE)

- Low blood pressure and poor circulation
- Anemia (iron deficiency)
- Muscle loss and weakness
- Irregular menstruation, Amenorrhea, infertility
- Weak or brittle bones/osteoporosis
- Dehydration/kidney failure
- Edema (swelling)
- Memory loss/disorientation
- Growth of fine, downy hair on body (lanugo)
- Hormone disturbances which may lead to delayed physical maturation
- Electrolyte imbalance
- Seizures

TREATMENT

Eating disorder treatment is essential and cannot be a luxury. However, only 1/3 of all individuals experiencing an eating disorder will receive treatment. The Alliance is dedicated to advocating and providing access to care for all individuals experiencing all types of eating disorders.

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DID YOU KNOW...

- Eating disorders are not choices, but serious biologically-influenced illnesses with a genetic component.
- It is estimated that between 28-74% of the risk for developing an eating disorder is through genetic heritability.
- Social and environmental factors such as bullying, social media, trauma, or onset of other mental illnesses can impact eating disorder development.
- Eating disorders affect people of all genders, ages, races, ethnicities, body shapes and weights, physical and neurological abilities, sexual orientations, and socioeconomic statuses.
- 28.8 million Americans will experience an eating disorder in their lifetime.
- At least half of individuals with Bulimia Nervosa have a comorbid mood disorder and/or anxiety disorder.
- Less than 6% of people with eating disorders are medically diagnosed as "underweight."
- Families can be the patients' and providers' best allies in treatment.
- Full recovery from an eating disorder is possible. Early detection, intervention, and access to treatment are important.

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NATIONAL ALLIANCE
for Eating Disorders

WHAT IS BULIMIA NERVOSA?

Bulimia Nervosa is an eating disorder characterized by repeated episodes of binge eating and purging at least once a week for three months

www.allianceforeatingdisorders.com
(866) 662-1235

WHAT IS BULIMIA NERVOSA?

Bulimia Nervosa is an eating disorder characterized by repeated episodes of binge eating (consuming a large amount of food in a short period of time) and purging (eliminating calorie consumption) at least once a week for three months. Methods of purging may include self-induced vomiting, compulsive exercise, laxative use, diuretic use, insulin misuse, and/or diet pill use. Behaviors are typically accompanied by negative body image related to size, weight, and shape. Many individuals experiencing Bulimia Nervosa may also struggle with co-occurring conditions such as self-injury, substance abuse, and impulsivity. It is important to note that there are negative health consequences of equal severity across all eating disorder categories.

DSM-5 DIAGNOSTIC CRITERIA

Recurrent episodes of binge eating characterized by BOTH of the following:

- Eating in a discrete amount of time (within a 2 hour period) large amounts of food.
- Sense of lack of control over eating during an episode.

Recurrent inappropriate compensatory behavior in order to prevent weight gain (purging).

The binge eating and compensatory behaviors both occur, on average, at least once a week for three months.

WARNING SIGNS
(MAY INCLUDE)

- Lack of control over eating
- Secretive eating and/or missing food
- Visits to the bathroom after meals
- Preoccupation with food
- Weight fluctuations
- Excessive and compulsive exercise regimes
- Abuse of laxatives, diet pills, and/or diuretics
- Swollen glands in cheeks and neck
- Discoloration and/or staining of the teeth
- Broken blood vessels in eyes and/or face
- Sore throat, heartburn, or acid reflux
- Self-criticism and feelings of shame and guilt
- High levels of anxiety and/or depression

HEALTH COMPLICATIONS
(MAY INCLUDE)

- Anemia, fatigue, and lack of energy
- Irregular menstruation or Amenorrhea
- Dizziness and low blood pressure
- Edema (swelling)
- Dehydration
- Gastric rupture and possible esophagus rupture
- Peptic ulcers
- Pancreatitis (inflammation of the pancreas)
- Hemorrhoids
- Tooth decay/gum disease
- Kidney and liver damage
- Electrolyte imbalances that can lead to irregular heartbeat and seizures

TREATMENT

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DID YOU KNOW...

- 28.8 million Americans will experience an eating disorder in their lifetime.
- Eating disorders are not choices, but serious biologically-influenced illnesses with a genetic component. 39-45% of the risk of developing Binge Eating Disorder is through genetic heritability.
- Social and environmental factors such as bullying, social media, trauma, or onset of other mental illnesses can impact eating disorder development.
- Eating disorders affect people of all genders, ages, races, ethnicities, body shapes and weights, physical and neurological abilities, sexual orientations, and socioeconomic statuses.
- BED is the most common eating disorder among U.S. adults and affects 3x the number of those diagnosed with Anorexia Nervosa and Bulimia Nervosa combined.
- Families can be the patients' and providers' best allies in treatment.
- Less than 6% of people with eating disorders are medically diagnosed as "underweight."
- Full recovery from an eating disorder is possible. Early detection, intervention, and access to treatment are important.

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NATIONAL ALLIANCE
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WHAT IS BINGE EATING DISORDER?

Binge Eating Disorder is characterized by recurring episodes of binge eating, feeling out of control while bingeing, and feelings of guilt and shame

www.allianceforeatingdisorders.com
(866) 662-1235

WHAT IS BINGE EATING DISORDER?

Binge Eating Disorder (BED) is rooted in restriction and characterized by recurrent episodes of overeating in a rapid manner, when not hungry, and often until extreme fullness. Binge eating episodes are marked by significant distress followed by feelings of shame, guilt, and depression. Individuals with BED do not typically use behaviors, such as fasting or purging, to counteract the binges. It is important to note that there are negative health consequences of equal severity across all eating disorder categories.

DSM-5 DIAGNOSTIC CRITERIA

An episode of binge eating is characterized by BOTH of the following:

- Eating, in a discrete period of time, an amount of food that is definitely larger than most people would eat in a similar period of time under similar circumstances.
- A sense of lack of control over eating during the episode.

The binge-eating episodes are associated with three (or more) of the following:

- Eating much more rapidly than normal.
- Eating until feeling uncomfortably full.
- Eating large amounts of food when not feeling physically hungry.
- Eating alone because of feeling embarrassed by how much one is eating.
- Feeling disgusted with oneself, depressed, or very guilty afterwards.

The binge eating occurs, on average, at least once a week for three months.

WARNING SIGNS

(MAY INCLUDE)

- Eating large quantities of food
- Sense of lack of control over eating
- Eating until uncomfortably/painfully full
- Weight gain/fluctuations
- Feelings of shame, guilt, embarrassment, and disgust
- Self-medicating with food
- Eating alone, secretive eating, hiding food
- High levels of anxiety and/or depression
- Low self-esteem
- Social isolation
- Lack of compensatory behaviors

HEALTH COMPLICATIONS

(MAY INCLUDE)

- Osteoarthritis
- Lipid abnormalities
- Increased blood pressure
- PCOS (Polycystic Ovary Syndrome)
- Chronic kidney problems
- Gastrointestinal problems
- Heart disease
- Certain cancers
- Gallbladder disease
- Joint and muscle pain
- Sleep apnea

The binge eating is not associated with the recurrent use of inappropriate compensatory behavior (for example, purging) and does not occur exclusively during the course of Anorexia Nervosa, Bulimia Nervosa, or Avoidant/Restrictive Food Intake Disorder.

TREATMENT

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DID YOU KNOW...

- 28.8 million Americans will experience an eating disorder in their lifetime.
- Eating disorders are not choices, but serious biologically-influenced illnesses with a genetic component.
- Individuals on the autism spectrum, with ADHD, or that have intellectual disabilities are much more likely to develop ARFID.
- ARFID affects as many as 5% of children and is more commonly diagnosed among boys.
- Social and environmental factors such as bullying, social media, trauma, or onset of other mental illnesses can impact eating disorder development.
- Eating disorders affect people of all genders, ages, races, ethnicities, body shapes and weights, physical and neurological abilities, sexual orientations, and socioeconomic statuses.
- Every 52 minutes someone dies as a direct result of an eating disorder.
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WHAT IS ARFID?

Avoidant/Restrictive Food Intake Disorder (ARFID) is an eating or feeding disturbance characterized by highly selective eating habits, disturbed feeding patterns, or both.

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(866) 662-1235

WHAT IS ARFID?

Avoidant/Restrictive Food Intake Disorder (ARFID) is characterized by clinically significant struggles with eating and/or food. ARFID typically presents in childhood or early adolescence but may persist into adulthood. There are 5 sub-types of ARFID:

- **Avoidant:** Food refusal related to an adverse or fear-based experience (i.e., trauma, choking).
- **Aversive:** Limited diet in relation to sensory factors or sensory sensitivity.
- **Restrictive:** Little interest in feeding or eating.
- **Mixed:** Features of AFRID co-exist at time of diagnosis but may not be present at onset.
- **ARFID "Plus":** An individual with avoidant, aversive, or restrictive types that develop features of Anorexia Nervosa.

It is important to note that there are negative health consequences of equal severity across all eating disorder categories.

DSM-5 DIAGNOSTIC CRITERIA

An eating or feeding disturbance (e.g., apparent lack of interest in eating or food; avoidance based on the sensory characteristics of food; concern about aversive consequences of eating) as manifested by persistent failure to meet appropriate nutritional and/or energy needs associated with one (or more) of the following:

- Significant weight loss (or failure to achieve expected weight gain or faltering growth in children).
- Significant nutritional deficiency.
- Dependence on enteral feeding or oral nutritional supplements.
- Marked interference with psychosocial functioning.

WARNING SIGNS
(MAY INCLUDE)

- Avoidance of particular foods, based on texture, color, taste, smell, food groups, etc.
- Frequent vomiting or gagging after exposure to certain foods
- Inflexible eating behaviors
- Fear-based food restriction
- Lack of interest in food/Lack of appetite
- Limiting food intake
- Difficulty chewing food
- Trouble digesting specific types of foods
- Consumption of extremely small portions
- Dependence on external feeding tubes or nutritional supplements
- No body image disturbance or fear of weight gain

HEALTH COMPLICATIONS
(MAY INCLUDE)

- Malnutrition
- Failure to gain weight (children)
- Gastrointestinal complications, such as bloating or constipation
- Fatigue or weakness
- Brittle nails, dry hair, or hair loss
- Difficulty concentrating
- Reduction in bone density or osteoporosis
- Cardiac complications
- Kidney and liver failure
- Anemia
- Electrolyte imbalances
- Low blood sugar

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- Social and environmental factors such as bullying, social media, trauma, or onset of other mental illnesses can impact eating disorder development.
- Eating disorders affect people of all genders, ages, races, ethnicities, body shapes and weights, physical and neurological abilities, sexual orientations, and socioeconomic statuses.
- Less than 6% of people with eating disorders are medically diagnosed as "underweight."
- Eating disorders carry an increased risk for both suicide and medical complications. Every 52 minutes someone dies as a direct result of an eating disorder.
- Families can be the patients' and providers' best allies in treatment.
- Full recovery from an eating disorder is possible. Early detection, intervention, and access to treatment are important.

FOR MORE INFORMATION

National Alliance for Eating Disorders
Phone: (866) 662-1235
www.allianceforeatingdisorders.com
www.findEDhelp.com

ABOUT THE ALLIANCE

The National Alliance for Eating Disorders (formerly The Alliance for Eating Disorders Awareness) is the leading national non-profit organization providing education, referrals, and support for all individuals (and their loved ones) experiencing eating disorders. Founded in October 2000, The Alliance has worked tirelessly to support eating disorder awareness and education, promote and provide access to care, offer comprehensive services such as support groups and outpatient care, and eliminate the shame and stigma associated with eating disorders.

The Alliance's services include:

- Referrals through a therapist-staffed helpline and comprehensive referral website/app, findEDhelp.com.
- Free, weekly, therapist-led support groups offered nationwide both virtually and in-person.
- Educational presentations to schools, communities, and agencies.
- Continuing education to healthcare providers and hospitals.
- Low-cost, life-saving, outpatient treatment to adults living in South Florida who are uninsured or underinsured.
- Unique and empowering scale smashing events and SmashTALK panel discussions aimed at college and university students.
- Advocacy for eating disorders and mental health legislation.

The Alliance understands that eating disorders are often impacted by a number of social, economic, and environmental factors. Using a Health at Every Size® framework, The Alliance aims to create an inclusive, culturally competent, and supportive space that acknowledges the multitude of factors that contribute to eating disorders.

NATIONAL ALLIANCE
for Eating Disorders

FOR LOVED ONES

If your loved one is experiencing an eating disorder, know that full recovery is possible. Early detection, intervention, and access to treatment are important.

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TIPS FOR LOVED ONES

Eating disorders affect not only the individual who is suffering, but also those around them. You may want to help a loved one, but are met with anger, frustration, denial, or avoidance. If your loved one displays signs and symptoms of an eating disorder, seek help immediately. Early intervention greatly increases the likelihood of recovery.

It is also important that you get help and support for yourself. Please consider attending family therapy and/or a family and friends support group. It is crucial that you maintain your physical and emotional health so you can help your loved one when they need you.

HOW TO HELP A LOVED ONE

DO

- Learn about eating disorders.
- Find an appropriate time and place to talk to the individual in private.
- Communicate your concerns using "I" statements.
- Stress the importance of professional and specialized help.
- Take care of your own mental, physical, and emotional health.
- Validate your loved one's feelings, struggles, and accomplishments and express your support.

DON'T

- Don't be scared to have a hard conversation.
- Don't engage in a power struggle.
- Don't attempt to solve or "fix" their problems.
- Don't promise to keep it a secret.

IF YOUR LOVED ONE IS IN RECOVERY

1. Validation and compassion are key! Validate their fears and struggles without judgment.
2. Have the ability to incorporate love and fun into the recovery process. Spend "recovery free" time with your loved one.
3. Focus on the person, not the eating disorder. They are not their eating disorder.
4. Remind your loved one that they are not alone—be inclusive, not exclusive.
5. Understand that the eating disorder did not happen overnight, nor will recovery. Progress, not perfection, is key.
6. There is no "perfect" recovery. Recovery is a process and may be two steps forward, one step back. Be adaptable.
7. Don't tip-toe around your loved one—be real and honest, but not pushy. Remember to listen.
8. Slips and falls will happen—acknowledge them but don't catastrophize them. Every time they pick themselves up they will get stronger.
9. Triggering people, places, and things will emerge—be there for support.
10. Ask your loved one what they need from you—be their ally on their journey to recovery.
11. You are an asset to your loved one's recovery. You know them well; don't be afraid to utilize your intuition.
12. Take care of yourself so you can take care of your loved one.

REMEMBER...

- Your loved one didn't choose to develop an eating disorder - it's a biologically-based mental health disorder.
- Model a healthful relationship with food and body. Avoid dieting or using food as a reward or a positive reinforcement. There are no "good"or "bad" foods.
- Avoid statements about weight, body shape, and size. Focus on the functions of the body, not size or appearance.
- Teach your loved one to listen to their own hunger.
- Compliment loved ones on their talents, accomplishments, and values.
- You didn't cause it and you can learn not to contribute to it. You can't control it. You can't cure it. But you can be a support.
- Recovery is a process that isn't linear.
- Focus on responding instead of reacting. Take time to reflect if you need to or reach out to others for love and support.
- You don't need to fully understand the disease, but you can be there and be present.

GETTING HELP

If you think you or someone you know may be experiencing an eating disorder, please seek specialized, professional help as soon as possible.

For more information on how to receive help, please visit findEDhelp.com, allianceforeatingdisorders.com, or call us at 866-662-1235.