In order to raise awareness and increase access to resources, the following information about eating disorders (EDs) and how to help is provided.

There are several types of EDs, but what they all have in common is a preoccupation with food and/or weight. EDs can cause significant distress and serious health complications, and can even result in death. Despite the focus on food and weight, EDs are often manifestations of emotional pain, just like depression and anxiety. They require proper treatment in order to help prevent serious long-term physical and psychological complications; the sooner you get help, the better.

**There are three main categories of EDs:**

- **Anorexia nervosa**: those struggling will primarily restrict their food intake, resulting in significantly low weight. A fear of food and/or gaining weight is usually present.
- **Bulimia nervosa**: those struggling will mainly have episodes of binge eating followed by some method of compensation (like exercising or purging). A binge means eating in a way that feels out of control.
- **Binge-eating disorder**: those struggling will experience episodes of binge eating, but unlike bulimia nervosa, the binges are not associated with compensatory behaviours.

**How to spot an ED**

EDs can affect anyone, but they are most common in teenage girls and university-aged women (American Psychiatric Association, 2013). You cannot tell whether someone has an eating disorder based on their appearance alone - individuals with an ED come in all shapes and sizes. Some warning signs are listed in the box on the right.

You may notice the warning signs in yourself or another person. Or you may feel like you worry excessively about food/image without some of these symptoms. You don’t have to have an ED before seeking help. In fact, getting help early might prevent the development of an ED.

**Some warning signs to look for:**

- Rapid weight loss/weight changes
- Signs of depression or anxiety
- Withdrawing from friends and family (especially avoiding outings that involve food)
- Skipping meals and/or food going missing
- Binging (eating to the point of being uncomfortably full; feeling out of control)
- Frequent bathroom breaks after meals
- Secretive behaviours around food
- Spending excessive amounts of time working out

(NEDIC, 2016)
Ways you can help

Remember to watch your language

- Avoid making comments (even compliments) related to someone’s weight, appearance, or eating
- Make “fat” the new F-word and take it out of your vocabulary completely
- Don’t engage in body-hating talk about yourself or with friends

Reach out

Individuals with an ED are not likely to seek help themselves. If you think someone may be suffering, direct them towards resources (see below) and encourage them to get help.

Be a good listener.

Be there to listen without judgment.

Lead by Example.

Create a good example by avoiding dieting and modeling positive body image. Be confident and encourage others to focus on non-body related achievements.

Resources

- Hopewell Eating Disorder Support: [www.hopewell.ca](http://www.hopewell.ca); 613-241-3428
- The Regional Centre for the Treatment of Eating Disorders @ The Ottawa Hospital: 613-737-8042
- National Eating Disorder Information Center: [http://nedic.ca/](http://nedic.ca/)

Good Reads (Self-Help)

- Intuitive Eating (Elyse Resch, Evelyn Tribole)
- Mindful Eating (Susan Albers)
- Overcoming Overeating (Geneen Roth)
- Overcoming Binge Eating (Christopher Fairburn)
- Body Image Workbook (Thomas Cash)
- Health at Every Size (Linda Bacon)

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