

Eating Disorder Fact Sheet



Minnesota Association for
Children's Mental Health

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Symptoms/Behaviors

- Controlled emotional expression
- Inflexible thinking
- Impaired concentration
- Withdrawn
- Concerned about eating in public
- Depressed mood or mood swings
- Self-deprecating statements
- Irritability
- Lethargy
- Fainting spells, dizziness, fatigue, and overall weakness
- Headaches
- Hiding food
- Avoiding snacks or activities that include food
- Frequent trips to the bathroom
- Refusing to eat or lying about how much was eaten
- Throwing up after meals
- Increased anxiety about weight
- Feeling cold all the time
- A need to control environment
- Over exercising

Resources: See macmh.org/edguidelink for more eating disorder specific resources.

About the Disorder

Nearly all of us worry about our weight at some time in our lives. However, some individuals become so obsessed with their weight and the need to be thin that they develop an eating disorder. The two most common eating disorders are anorexia nervosa and bulimia nervosa.

Once seen mostly in adolescents and young adults, the beginnings of eating disorders are increasingly found in younger children. Children as young as four and five years of age are expressing the need to diet. The Agency for Healthcare Research and Quality reported that hospitalizations for eating disorders for children under the age of 12 increased by 119% between 1999 and 2006. Eating disorders are not limited to girls and young women. The National Institute of Health (NIH) reports that between 5 and 15 percent of adolescents with eating disorders are boys. Possible causes include a combination of biology, psychological problems, and environment. A report from the National Institute on Mental Health (NIMH) states that individuals may carry certain genes that make them vulnerable to developing eating disorders and psychological factors, such as low self-esteem, perfectionism, and impulsive behavior, also play a role. The environment is considered a contributing factor as well. For example, the media emphasizes that to be popular or successful one must be thin.

Students with anorexia fail to maintain normal body weight. They engage in abnormal eating behavior and have excessive concerns about food. They are intensely afraid of even the slightest weight gain, and their perception of their body shape and size is significantly distorted. Many individuals with anorexia are compulsive and excessive about exercise. Students with this disorder tend to be perfectionists and overachievers. In teenage girls with anorexia, menstruation may cease, leading to the same kind of bone loss suffered by menopausal women. Anorexia can cause serious physical problems and potentially life-threatening conditions.

Students with bulimia go on eating binges during which they compulsively consume abnormally large amounts of food within a short period of time. To avoid weight gain, they engage in inappropriate compensatory behavior including fasting, self-induced vomiting, excessive exercise, and the use of laxatives, diuretics, and enemas. Bulimia can have serious effects on health including tooth decay, heart problems, pancreatitis, ruptured esophagus, and chronic constipation.

Athletes such as wrestlers, dancers, or gymnasts may fall into disordered eating patterns in an attempt to stay thin or make their weight. This can lead to a full-blown eating disorder.

Students who have eating disorders are obsessed with food. Their lives revolve around thoughts and worry about their weight and their eating. Students with an eating disorder are at risk for alcohol and drug use as well as depression. There is also an elevated risk of suicide for students with anorexia or bulimia.

The earlier a student seeks treatment for eating disorders, the greater the likelihood of recovery.

Educational Implications

Students with eating disorders may look like model students, often leading the class and being very self-demanding. Others may show poor academic performance. When students with eating disorders are preoccupied with body image and controlling their food intake, they may have short attention spans and poor concentration. These symptoms may also be due to a lack of nutrients from fasting and/or vomiting. These students often lack the energy and drive necessary to complete assignments or homework.

Instructional Strategies and Classroom Accommodations

- Stress acceptance in your classroom; successful people come in all sizes and shapes.
- Watch what you say. Comments like “You look terrible,” “What have you eaten today?” or “I wish I had that problem” are often hurtful and discouraging.
- Stress progress, not perfection.
- Avoid pushing students to excel beyond their capabilities.
- Avoid high levels of competition.
- Reduce stress where possible by reducing assignments or extending deadlines.
- Assist student in developing a strong sense of identity based on their strengths and abilities rather than appearance.
- Use I statements like, “I’m concerned about you because you refuse to eat breakfast or lunch.”
- Express continued support.

*For additional suggestions on classroom strategies and modifications, see *An Educator’s Guide to Children’s Mental Health* chapter on *Meeting the Needs of All Students*.*