How to Help Someone With an Eating Disorder
Worried about a friend?

Does he/she:

- Obsess about dieting?
- Talk about calories, fat and carbs constantly?
- Get anxious around food?
- Panic if unable to work out?
- Skip meals regularly?

Don’t be afraid to help!

To learn more about how to help your friend and for information about FREE support groups, treatment centers and therapists in your area, call or email us: 630.577.1330 or anadhelp@anad.org
Dear Friend,

An estimated 11 percent of all college students are suffering from an eating disorder, and an ANAD study found that 86 percent reported onset of their illness by the age of twenty. Early detection has the potential to make an immense difference in the success of treatment. Informed students at schools can play a pivotal role in the early detection of eating disorders and in urging friends to seek treatment.

It is easy for students to slip through the cracks at college. Even very caring and attentive administration, professors and staff are often not around students enough to pick up the warning signs. Friends frequently take on the role of family in looking out for each other. This is why it is so vital that we educate students on how to recognize the signs of eating disorders and give them the tools to help a friend.

Included in this packet is a wonderful collection of materials geared toward helping college students concerned about a friend’s eating behaviors, including:

- General information about eating disorders
- Signs and symptoms of eating disorders
- Strategies for planning an intervention
- Easy to follow “confront” plan
- Do’s and Don’ts for interacting with your friend
- Suggested reading list

The purpose of these materials is to raise awareness and understanding about eating disorders on your campus. This packet is a valuable resource for students and we hope that you will make copies available in dorms, counseling centers, health centers, R.A. training programs, workout facilities, or wherever else you think will offer easy access for students.

We hope that you will make use of these materials and find them helpful. Eating disorders are not going away any time soon and the worst thing to do is ignore the problem. Please contact us if we can help in any way.
**Information on Eating Disorders**

Eating is controlled by many factors, including appetite, food availability, family, peer, cultural practices, and attempts at voluntary control. Dieting to a body weight leaner than needed for health is highly promoted by current fashion trends, sales campaigns for special foods, and in some activities and professions. Eating disorders involve serious disturbances in eating behavior, such as extreme and unhealthy reduction of food intake or severe overeating, as well as feelings of distress or extreme concern about body shape or weight. Researchers are investigating how and why initially voluntary behaviors, such as eating smaller or larger amounts of food than usual, at some point move beyond control in some people and develop into an eating disorder. Studies on the basic biology of appetite control and its alteration by prolonged overeating or starvation have uncovered enormous complexity, but in the long run have the potential to lead to new pharmacologic treatments for eating disorders.

Eating disorders are not due to a failure of will or behavior; rather, they are real, treatable medical illnesses in which certain maladaptive patterns of eating take on a life of their own. The main types of eating disorders are anorexia nervosa and bulimia nervosa.\(^1\) A third type, binge-eating disorder, has been suggested but has not yet been approved as a formal psychiatric diagnosis.\(^2\) Eating disorders frequently develop during adolescence or early adulthood, but some reports indicate their onset can occur during childhood or later in adulthood.\(^3\)

Eating disorders frequently co-occur with other psychiatric disorders such as depression, substance abuse, and anxiety disorders.\(^4\) In addition, people who suffer from eating disorders can experience a wide range of physical health complications, including serious heart conditions and kidney failure which may lead to death. Recognition of eating disorders as real and treatable diseases, therefore, is critically important.

Females are much more likely than males to develop an eating disorder; however, men are affected by eating disorders as well. An estimated 5 to 15

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percent of people with anorexia or bulimia\textsuperscript{5} and an estimated 35 percent of those with binge-eating disorder\textsuperscript{6} are male.

**Anorexia Nervosa**

An estimated 0.5 to 3.7 percent of females suffer from anorexia nervosa in their lifetime.\textsuperscript{7} The ratio of female to male sufferers is seven to one; however we suspect that anorexia nervosa is underreported in males. Symptoms of anorexia nervosa include:

- Resistance to maintaining body weight at or above a minimally normal weight for age and height
- 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
- Infrequent or absent menstrual periods (in females who have reached puberty)

People with this disorder see themselves as overweight even if they are dangerously thin. The process of eating becomes an obsession. Unusual eating habits develop, such as avoiding food and meals, picking out a few foods and eating them in small quantities, or carefully weighing and portioning food. People with anorexia may repeatedly check their body weight and many engage in other techniques to control their weight, such as intense and compulsive exercise, or purging by means of vomiting and abuse of laxatives, enemas, and diuretics. Girls with anorexia often experience a delayed onset of their first menstrual period.

The course and outcome of anorexia nervosa vary across individuals: some fully recover after a single episode; some have a fluctuating pattern of weight gain and relapse; and others experience a chronically deteriorating course of illness over many years. The mortality rate among people with anorexia has been estimated at approximately 5.6 percent per decade, which is about 12 times higher than the

annual death rate due to all causes of death among females 15-24 years old. The most common causes of death are complications of the disorder, such as cardiac arrest or electrolyte imbalance, and suicide.

**Bulimia Nervosa**

An estimated 1.1 percent to 4.2 percent of females have bulimia nervosa in their lifetime. As with anorexia, bulimia nervosa is underreported in males. Symptoms of bulimia nervosa include:

- Recurrent episodes of binge eating, characterized by eating an excessive amount of food within a discrete period of time and by a sense of lack of control over eating during the episode
- Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting or misuse of laxatives, diuretics, enemas, or other medications (purging); fasting; or excessive exercise
- The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for 3 months
- Self-evaluation is unduly influenced by body shape and weight

Because purging or other compensatory behavior follows the binge-eating episodes, people with bulimia usually weigh within the normal range for their age and height. However, like individuals with anorexia, they may fear gaining weight, desire to lose weight, and feel intensely dissatisfied with their bodies. People with bulimia often perform the behaviors in secrecy, feeling disgusted and ashamed when they binge, yet relieved once they purge.

**Binge-Eating Disorder**

Community surveys have estimated that between 2 percent and 5 percent of Americans experience binge-eating disorder in a 6-month period. Symptoms of binge-eating disorder include:

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Recurrent episodes of binge eating, characterized by eating an excessive amount of food within a discrete period of time and by a sense of lack of control over eating during the episode.

The binge-eating episodes are associated with at least 3 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 being embarrassed by how much one is eating; feeling disgusted with oneself, depressed, or very guilty after overeating.

Marked distress about the binge-eating behavior.

The binge eating occurs, on average, at least 2 days a week for 6 months.

The binge eating is not associated with the regular use of inappropriate compensatory behaviors (e.g., purging, fasting, excessive exercise).

People with binge-eating disorder experience frequent episodes of out-of-control eating, with the same binge-eating symptoms as those with bulimia. The main difference is that individuals with binge-eating disorder do not purge their bodies of excess calories. Therefore, many with the disorder are overweight with this illness for their age and height. Feelings of self-disgust and shame associated with this illness can lead to bingeing again, creating a cycle of binge eating.

**Treatment Strategies**

Eating disorders can be treated and a healthy weight restored. The sooner these disorders are diagnosed and treated, the better the outcomes are likely to be. Because of their complexity, eating disorders require a comprehensive treatment plan involving medical care and monitoring, psychosocial interventions, nutritional counseling and, when appropriate, medication management. At the time of diagnosis, the clinician must determine whether the person is in immediate danger and requires hospitalization.

Treatment of anorexia calls for a specific program that involves three main phases:

1. Restoring weight lost to severe dieting and purging
2. Treating psychological disturbances such as distortion of body image, low self-esteem, and interpersonal conflicts
3. Achieving long-term remission and rehabilitation, or full recovery. Early diagnosis and treatment increases the treatment success rate.
Use of psychotropic medication in people with anorexia should be considered only after weight gain has been established. Certain selective serotonin reuptake inhibitors (SSRIs) have been shown to be helpful for weight maintenance and for resolving mood and anxiety symptoms associated with anorexia.

The acute management of severe weight loss is usually provided in an inpatient hospital setting, where feeding plans address the person’s medical and nutritional needs. In some cases, intravenous feeding is recommended. Once malnutrition has been corrected and weight gain has begun, psychotherapy (often cognitive-behavioral or interpersonal psychotherapy) can help people with anorexia overcome low self-esteem and address distorted thought and behavior patterns. Families are sometimes included in the therapeutic process.

The primary goal of treatment for bulimia is to reduce or eliminate binge-eating and purging behavior. To this end, nutritional rehabilitation, psychosocial intervention, and medication management strategies are often employed. Establishment of a pattern of regular, non-binge meals, improvement of attitudes related to the eating disorder, encouragement of healthy but not excessive exercise, and resolution of co-occurring conditions such as mood or anxiety disorders are among the specific aims of these strategies. Individual psychotherapy (especially cognitive-behavioral or interpersonal psychotherapy), group psychotherapy that uses a cognitive-behavioral approach, and family or marital therapy have been reported to be effective.

Psychotropic medications, primarily antidepressants such as the selective serotonin reuptake inhibitors (SSRIs), have been found helpful for people with bulimia, particularly those with significant symptoms of depression or anxiety, or those who have not responded adequately to psychosocial treatment alone. These medications also may help prevent relapse. The treatment goals and strategies for binge-eating disorder are similar to those for bulimia, and studies are currently evaluating the effectiveness of various interventions.

People with eating disorders often do not recognize or admit that they are ill. As a result, they may strongly resist getting and staying in treatment. Family members or other trusted individuals can be helpful in ensuring that the person with an eating disorder receives needed care and rehabilitation. For some people, treatment may be long term.

(National Institute of Mental Health)
Step-by-Step Plan for an Intervention

1.) Pick the intervention team
   - The team should consist of meaningful people in his/her life. (Friends, parents, boyfriend/girlfriend/partner, coaches, professors, Deans, advisors, siblings)
   - Try and narrow it down to 3-5 people. Too many can cause confusion and weaken the intervention.
   - Contact the people and find out if they are willing to participate.

2.) Prepare
   - Each person should make a list of specific behaviors/incidents that concern them
     - Keep them honest, explicit, and straightforward.
     - Try not to make them sound accusatory:
       - “I worry that you aren’t getting enough to eat when I see you picking at your lunch and dinner.”
       - “Last Wednesday you were in the bathroom for a long time right after dinner and when you came out I noticed that your eyes seemed all red and puffy.”
       - “Three times last week you spent over three hours at the gym. You seem to be spending more and more time there.”
   - Look into treatment options and have the information ready for the person.
     - Find out what the counseling center offers on your campus and get the number they should call for an appointment.
     - Call ANAD at 630-577-1330 (www.anad.org) for information on therapists, treatment centers, and free support groups near you.

3.) Practice
   - Choose a leader who can be counted on to maintain order and keep the intervention moving along smoothly.
   - Each person should go through what they have prepared to say.
   - Determine the order group members will speak in and write it down.
   - You may have the group members take turns playing the role of the person with the eating disorder.
• Decide on responses for possible excuses, refutation, and denials the sufferer may offer.
  - **Don’t make ultimatums or threats such as:**
    - “If you don’t stop this, I won’t be your friend anymore!”
    - “I’m not talking to you until you start eating again!”
  - **Don’t offer simple solutions:**
    - “Just eat!”
    - “Stop hurting yourself!”

4.) Plan the actual intervention
• When: choose a time and date that is convenient for everyone.
• Where: select a location that is private and non-threatening to the person with the eating disorder.
• Who: designate someone to remind the group of the time and place and someone to make sure the person with the eating disorder will be there.

5.) Help yourself
• Remember that you are ultimately not responsible for the recovery of the person with the eating disorder. They have to be ready to get better.
  - Even if the person does not accept treatment, an intervention is a great force in breaking through denial and urging the person to seek help.
  - When planned carefully and executed correctly, there is no such thing as failed intervention. It is a first step.
• Know your own limits and respect them.
  - Don’t overextend yourself or you risk burn out and rendering yourself incapable of offering long term support for the person.
  - Don’t let the person with the eating disorder manipulate you.
• Find support for yourself.
  - You may wish to see a counselor or therapist yourself to help sort through the emotions you’re feeling toward your friend.
  - ANAD (630/577-1330) can put you in contact with resource people who have either had an eating disorder themselves or have experience through a loved one and are willing to talk about it.
- You may find it helpful to read books for friends and family of persons with eating disorders.

Adapted from:

**Intervention Q&A’s**

**Why intervene now?**

The sooner the eating disorder is recognized, the easier it is to treat. In addition, the person with an eating disorder is frequently in a lot of emotional and sometimes physical distress. An intervention is the first step in getting him/her on the road to recovery.

**Why should I be the one to do it?**

Because you care. If you are reading this, then there is someone in your life for whose wellbeing you are concerned. You don’t have to be a parent or relative to intervene; friends often play an important role in recovery.

**Why intervene?**

Intervention is important because it breaks down the walls of *denial and secrecy* surrounding the eating disorder and allows the person to accept help. Eating disorders are not about the food. There are underlying issues. The eating disorder is the symptom, not the problem itself.

**What if the person gets mad at me for meddling with their personal life?**

It is quite likely that the person will respond with anger and/or denial. Expect this sort of reaction, but don’t let it deter you. The person’s health is at stake, and this is ultimately more important than he/she being upset with you. *Underneath it all they are probably relieved to have it out in the open.*

**Why does the intervention need to be secretive?**

The goal of the intervention is to break down the defenses and denial of the person suffering from the eating disorder. Ideally, the surprise will help you penetrate the
defensive wall with your factual examples, so that they must face reality and cannot come up with excuses. This may sound harsh and unfair, but your concern is for the person’s long-term wellbeing.

**What if it doesn’t work?**

Don’t give up. No intervention is a failure. At the very least you have planted the seed in the person’s mind. He or she knows that others are aware of his/her problem and want to help. Also, those concerned about the person know that they are not the only one worrying. Recovery ultimately depends on whether or not the victim is ready to get better. Intervention is one of the best ways to urge them along.

**The Serious Physical Consequences of Eating Disorders**

Death rates: Young women with anorexia nervosa are 12 times more likely to die prematurely than all other women of the same age. Eating disorders have the highest mortality rate of all mental illnesses.
“CONFRONT”
The plan for confronting someone you feel has an eating disorder

When confronting a person with an eating disorder, it is important to have a plan. A confrontation can be difficult due to denial seen in those with the problem. However, if a person does deny the problem, the initial seed has been planted. At some point in the future, the problem will be recognized and admitted. The following scheme is helpful to use when doing a confrontation.

CONCERN
The reason you are doing the confronting. You care about the mental, physical, and nutritional needs of the person.

ORGANIZE
Decide WHO is involved, WHAT everyone is going to say, WHERE to confront, WHY concerned, HOW to talk, WHEN is a convenient time?

NEEDS
What will he/she need after the confrontation? Locate several options in the way of professional help and/or support groups and have the information ready. On college campuses, find the number for the counseling center.

FACE
The actual confrontation. Be empathetic but direct and offer specific examples of the behavior that concerns you. Expect denial and possibly anger, but do not back down. Don’t get angry at them. Stick with “I” statements rather than “you” statements which can come off as accusatory. Above all, keep stressing that you are coming from a place of love and compassion.

RESPOND
By listening carefully.

OFFER
Help, suggestions, support. Find information on where he/she can go for professional help and even ask if they would like you to accompany them. You may want to encourage them to contact you when he/she needs someone to talk to, but don’t play therapist. Remember, there is only so much that you can do.

NEGOTIATE
Another time to talk and a time span to seek professional help. Follow up and be gentle but firm.

TIME
Recovery takes time and patience, from both you and him/her. Remind him/her how much he/she has to gain by that process, and also, how much he/she stands to lose if he/she chooses to remain in these behaviors.

REMEMBER: If at any time you think he/she is in immediate danger, contact help immediately
How to Help a Friend with an Eating Disorder

**DO**

- Talk openly and honestly about concerns
- Be gentle but firm
- Try to make yourself available when he/she needs someone
- Be honest about your own fears, struggles, and frustration
- Take time to listen, even though the talk may seem trivial or insignificant to you
- Express your love and support
- Remember than an eating disorder is not about the food
- Understand that he/she is terrified of gaining weight and being fat (regardless of how he/she actually looks to you)
- Focus on personality and positive character qualities
- Encourage him/her to accept support and express her feelings
- Keep in mind that he/she is separate from his/her eating disorder
- Avoid conflicts and battles of will
- Be patient; recovery can be a long process
- Know your limits and respect them
- Gently encourage him/her to eat properly
- Realize that while he/she needs help in recovery, he/she has to want it for him/herself

**DON’T**

- Try to be his/her therapist; enlist professional help
- Be afraid to upset them; communicate
- Ignore him/her; they need support
- Be taken in by his/her lies and excuses
- Offer simple solutions (“why don’t you just eat?!”)
- Comment on their weight (if you say “you look too thin”, he/she may take it as a compliment; if you say “you look healthy” he/she may take it as an insult)
- Let him/her feel like he/she is the only one with a problem
- Blame him/her, make him/her feel ashamed or guilty for having an eating disorder
- Threaten (“if you don’t eat…”)
- **Gossip about him/her**
- Use “you” statements; they sound accusatory
- Expect an instant recovery
- Try to force him/her to eat or stop exercising
- Focus on food, weight, or appearance
- Pretend it will just go away

A wonderful resource for many books specifically about eating disorders:

[www.gurze.com](http://www.gurze.com)