



Trends is published regularly throughout the school year by **Cornerstone Day School** as a service to New Jersey school professionals. Each issue highlights one important topic with practical applications for those working with students with emotional problems.

# TRENDS

## HEALTHY EATING

To identify unhealthy eating, school providers should first be aware of and educate students about healthy eating. Healthy eating includes: a mixed and balanced diet with sufficient calories, positive attitudes about food (without labelling as 'good' or 'bad'), is related to health but also appropriate social behavior, is flexible in response to hunger, schedule, feelings, and proximity to food, and is pleasurable. Thinking about food and meal planning to the extent that is not excessive/does not dominate thinking about other activities. Other guidance for students includes: eat when you are hungry and stop when you are full; don't eat because you are bored or emotional; Understand that all bodies are different.

### Spotting eating disorders

- Most eating disorders occur between 13-17 years.
- Athletes are particularly likely to develop eating disorders (3x greater risk), especially those in which success is perceived to be related to thinness, the sport is scored on aesthetics, or the sport requires a certain body type, e.g. swimming, gymnastics, and ballet. This is made more tricky by behaviors of an athlete being similar to those of an individual with an eating disorder: e.g. paying close attention to food and exercising.
- LGBTQ kids are at greater risk of developing eating disorders.
- In younger kids, males and females are equally affected and experience a more rapid weight loss.
- In general, school providers should pay attention sudden changes in child's behavior such as unwillingness to eat or slow eating, hiding and hoarding food, obsession with weight loss, and social withdrawal.
- Change in academic achievement should also be attended to. Eating disorders can significantly impact school performance due to mental and nutritional issues. Students may show new issues with concentration, memory, and information processing. They may develop fatigue a poor immune system due to poor nutrition and consequently have poor school attendance. In addition, intense preoccupation

with food (70-90% of time spent thinking about food and weight) makes it difficult to pay attention in class (or otherwise).

### Anorexia nervosa:

- **Symptoms:** intense fear of weight gain or becoming fat; restricting eating; weight loss; disturbances in viewing body's weight or shape. May or may not include purging, e.g. laxative use or self-induced vomiting. Purge behaviors are less common in younger kids.
- **Signs:** Becomes progressively thinner; diets even though not overweight; hair thinning, excessively talking about food, gets cold easily; frequent dizziness/headache; absent/irregular menstrual periods; soft fine hair covering face and body; fatigue and weakness; ritualized eating such as obsessive weighing and measuring food, cutting it into small pieces, and eating only at specified times; refusal to eat "unhealthy" foods; excuses to avoid eating food at meal times (e.g. "I feel sick", "I'm not hungry"); compulsive, inflexible or excessive exercise routines, even when tired or ill; avoids cafeteria;
- **change in attitude and performance.**
- **Comorbid disorders:** Co-occurs with depression or an anxiety disorder (especially obsessive-compulsive disorder), with anxiety often preceding the onset of anorexia,

### Bulimia nervosa:

- **Symptoms:** Recurrent episodes of binge eating with a sense of being out of control of eating. Compensatory purging behavior prevent weight gain Self-evaluation that's excessively influenced by body shape and weight. The person's shape or weight excessively influences the way they see themselves. People with bulimia nervosa usually normal weight or overweight.

- **Signs:** binge and emotional eating, uses bathroom after meals, weight fluctuations, depressed mood, erosion of dental enamel, abdominal bloating, callused hands, lethargy, mouth ulcers, laxative wrappers in the bathroom, hiding food.

### Binge-eating disorder:

- **Symptoms:** Episodes of binge eating larger amounts of food that others would eat in a similar context 1+ times a week for 3 months. Eating more rapidly than usual, eating alone, feeling disgusted after bingeing, eating when not hungry.
- **Signs to look out for:** Uses food to cope with feelings, severe abdominal pain or discomfort, depression and withdrawal, shame and guilt after eating, high blood pressure.

**When you notice any of these signs or have concerns,** report concerns to the proper school staff (e.g., a social worker or school medical professional). Early diagnosis and connecting with the right providers are key for eating disorders. This is because eating disorders have the highest mortality rate of any mental disorder (1 in 10 cases resulting in death). Given the level of contact they have with students, educators, school nurses, and other school staff have an essential role in identifying early signs of these disorders and making early referral for treatment, reducing fatalities.

### Additional resources:

- <https://www.nationaleatingdisorders.org/school-community>
- [https://emilyprogram.com/wp-content/uploads/What-to-do-when-you-think-someone-may-have-an-eating-disorder\\_22.1.pdf](https://emilyprogram.com/wp-content/uploads/What-to-do-when-you-think-someone-may-have-an-eating-disorder_22.1.pdf)



*"Integrating state of the art psychiatric treatment and outstanding academics within a dynamic school environment."*