

ADDITIONAL RESOURCES*

National Eating Disorders Association (NEDA)
www.nationaleatingdisorders.org
800.931.2237

The Academy for Eating Disorders (AED)
www.aedweb.org
847.498.4274

Eating Disorders Coalition (EDC)
www.eatingdisorderscoalition.org

Binge Eating Disorders Association (BEDA)
www.bedaonline.com

International Association of Eating Disorders Professionals (IAEDP)
www.iaedp.com

SUGGESTED READING*

8 Keys to Recovery from an Eating Disorder
Carolyn Costin, MA, Med, MFT

Crave: Why You Binge Eat and How to Stop
Cynthia M. Bulik, Ph.D.

Eating in the Light of the Moon
Anita Johnston, Ph.D.

Goodbye ED, Hello Me!
Jenni Schaefer

Life Beyond Your Eating Disorder
Johanna S. Kandel

DID YOU KNOW...

- Eating disorders can affect anyone. People of all ages, genders, socioeconomic statuses, sexual orientations, races and ethnicities can suffer from an eating disorder.
- Over 30 million Americans experience a clinically significant eating disorder during their lifetime.
- Eating disorders have the highest mortality rate of any mental illness, with nearly 1 person dying every hour as a direct result of their eating disorder.
- 13% of women over the age of 50 have symptoms of an eating disorder.
- 30-50% of individuals with Anorexia Nervosa, nearly half of those with Bulimia Nervosa, and nearly half of those with BED have a comorbid mood disorder.
- Nearly 1 in 10 BED patients have a comorbid substance abuse disorder.
- 30% of higher weight patients attempting to lose weight in clinical settings meet diagnostic criteria for Binge Eating Disorder and/or Bulimia Nervosa.
- Only about one third of people ever receive treatment for their eating disorder.
- Full recovery from an eating disorder is possible. Early detection and intervention are important.
- Help is available and recovery is possible.

FOR MORE INFORMATION

The Alliance for Eating Disorders Awareness
Phone: (866) 662-1235
Fax: (561) 653-0043
www.allianceforeatingdisorders.com
www.findedhelp.com

The Alliance for Eating Disorders Awareness

your path to recovery..

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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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, races and ethnicities. Eating disorders include Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, Other Specified Feeding or Eating Disorder, and Avoidant/Restrictive Food Intake Disorder.

Eating Disorders are complex biopsychosocial illnesses that have serious emotional and physical consequences. While 60% of the contributing factors stem from a genetic component, genes alone do not predict who will develop an eating disorder.

ANOREXIA NERVOSA

Anorexia Nervosa is characterized by an obsessive fear of weight gain, refusal to maintain a healthy body weight, and distorted body image. Individuals with Anorexia Nervosa may restrict caloric intake or purge calories through self-induced vomiting, compulsive exercise, or laxative/diuretic abuse. Restriction of energy intake, relative to an individual's requirements, leads to a significantly low body weight that can cause severe medical complications. Anorexia Nervosa has the highest mortality rate among all psychiatric illnesses, with 1 in 5 deaths resulting from suicide.

BULIMIA NERVOSA

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, diuretic 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

Binge Eating Disorder is characterized by recurrent episodes of overeating in a rapid manner, when not hungry, and often until extreme fullness. The bingeing episodes are marked by distress and lack of control followed by feelings of shame, guilt, and depression. It occurs, on average, at least once a week over three months. Eight percent of American adults suffer from Binge Eating Disorder in their lifetime and approximately half of the risk for developing BED is genetic.

OTHER SPECIFIED FEEDING OR EATING DISORDERS (OSFED)

Other Specified Feeding or Eating Disorders (OSFED) are characterized as disturbances in eating behavior 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. They may include, but are not limited to Atypical Anorexia Nervosa, Purging Disorder, and Night Eating Syndrome. OSFED affects up to six percent of the population and causes clinically significant distress or impairment of daily functioning.

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 concern about adverse consequences of eating unrelated to body image or weight concerns. Symptoms also include nutritional deficient weight loss and interference with psychosocial functioning due to nutrient restriction.

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
- Don't engage in a power struggle
- Don't attempt to solve or "fix" their problems
- Don't comment on calorie/food intake, weight, appearance, etc.
- Don't expect recovery to be perfect
- Don't blame yourself or your loved ones
- 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. Eating disorders are a serious mental illness but full and lasting recovery is possible with specialized treatment.

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

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SUGGESTED READING*

Binge Control
Cynthia Bulik, Ph.D.

Break Free From Emotional Eating
Geneen Roth

Crave: Why You Binge Eat and How to Stop
Cynthia M. Bulik, Ph.D.

End Emotional Eating
Jennifer Taitz, PSYD

Food: The Good Girl's Drug
Sunny Sea Gold

Intuitive Eating
Evelyn Tribole, RD & Elyse Resch, RD

Life Beyond Your Eating Disorder
Johanna S. Kandel

ABOUT THE ALLIANCE

The Alliance for Eating Disorders Awareness is a non-profit organization dedicated to providing programs and activities aimed at outreach, education, early intervention, and advocacy for all eating disorders.

Founded in October 2000, The Alliance has worked tirelessly to raise awareness; eliminate secrecy and stigma; promote access to care; and support those susceptible to, currently struggling with, and recovered from eating disorders. We create a bridge for those needing and seeking help by connecting people with resources to assist them in recovery.

The Alliance offers comprehensive services, including: educational presentations to schools, healthcare providers, hospitals, treatment centers, and community agencies; free, clinician-led weekly support groups for those struggling and for their loved ones; support and referrals through both our free help-line and comprehensive referral website, www.findEDhelp.com; and advocacy for eating disorders and mental health legislation. In August 2017, The Alliance opened Psychological Services, which offers direct, low-cost, life-saving treatment to underinsured and uninsured adults in our community. Since its inception, The Alliance has offered presentations on eating disorders, positive body image, and self-esteem to more than 290,000 individuals nationwide.

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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 feeling guilt and shame afterward.

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WHAT IS BINGE EATING DISORDER?

Binge Eating Disorder (BED) is characterized by recurrent episodes of overeating in a rapid manner, when not hungry and often until extreme fullness. There is a sense of lack of control over eating during an episode, where the individual feels that they cannot stop eating or control what or how much they are eating. Binge eating episodes are marked by significant distress followed by feelings of shame, guilt, and depression. It occurs, on average, at least once a week for three months. Individuals with BED do not typically use inappropriate or unhealthy weight control behaviors such as fasting or purging to counteract the binges.

An estimated 3.5% of women, 2% of men, and 30% to 40% of those seeking weight loss treatments can be clinically diagnosed with Binge Eating Disorder. BED is the most common eating disorder among U.S. adults and affects three times the number of those diagnosed with Anorexia Nervosa and Bulimia Nervosa combined.

DID YOU KNOW...

- Although 70% of those who suffer from BED are obese, not everyone who has BED is obese.
- Approximately half of the risk for BED is genetic.
- An estimated 3.5% of women, 2% of men, and 30% to 40% of those seeking weight loss treatments can be clinically diagnosed with Binge Eating Disorder.
- Nearly half of BED patients have a comorbid mood disorder.
- More than half of BED patients have comorbid anxiety disorders.
- Full recovery from an eating disorder is possible. Early detection and intervention are important.

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)

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

DSM-5 DIAGNOSTIC CRITERIA

1. Recurrent episodes of binge eating: An episode of binge eating is characterized by BOTH of the following:
 - Eating, in a discrete period of time (for example, within any 2-hour period), 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 (for example, a feeling that one cannot stop eating or control what or how much one is eating)
2. 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
3. Marked distress regarding binge eating is present.
4. The binge eating occurs, on average, at least once a week for three months.
5. 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.

GETTING HELP

If you think you or someone you know may be experiencing Binge Eating Disorder, please seek specialized, professional help as soon as possible. Eating disorders are a serious mental illness but full and lasting recovery is possible with specialized treatment.

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SUGGESTED READING*

Bulimia: A Guide for Family and Friends
Roberta Sherman, Ph.D. & Ron Thompson, Ph.D.

Life Beyond Your Eating Disorder
Johanna S. Kandel

Life Without ED
Jenni Schaefer

Overcoming Bulimia Workbook
Randi McCabe, Ph.D., Traci McFarlane, Ph.D. & Marion Olmsted, Ph.D.

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ABOUT THE ALLIANCE

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The Alliance offers comprehensive services, including: educational presentations to schools, healthcare providers, hospitals, treatment centers, and community agencies; free, clinician-led weekly support groups for those struggling and for their loved ones; support and referrals through both our free help-line and comprehensive referral website, www.findEDhelp.com; and advocacy for eating disorders and mental health legislation. In August 2017, The Alliance opened Psychological Services, which offers direct, low-cost, life-saving treatment to underinsured and uninsured adults in our community. Since its inception, The Alliance has offered presentations on eating disorders, positive body image, and self-esteem to more than 290,000 individuals nationwide.

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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.

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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.

Symptoms often include eating beyond the point of fullness, feeling out of control during a binge, frequent dieting, and inappropriate compensatory behaviors following a binge. 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.

DSM-5 DIAGNOSTIC CRITERIA

1. 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.
2. Recurrent inappropriate compensatory behavior in order to prevent weight gain (purging).
3. The binge eating and compensatory behaviors both occur, on average, at least once a week for three months.
4. Self-evaluation is unduly influenced by body shape and weight.
5. The disturbance does not occur exclusively during episodes of Anorexia Nervosa.

HEALTH COMPLICATIONS (MAY INCLUDE)

- Fatigue and lack of energy
- Anemia
- Irregular menstruation or Amenorrhea
- Low blood pressure
- Dizziness
- Edema (swelling of hands and feet)
- Dehydration
- Gastric rupture
- Inflammation and possible rupture of the esophagus
- Development of peptic ulcers
- Pancreatitis (inflammation of the pancreas)
- Stomach pain and bloating
- Constipation and diarrhea
- Cathartic colon (caused from laxative abuse)
- Hemorrhoids
- Tooth decay/gum disease
- Kidney and liver damage
- Electrolyte imbalances that can lead to irregular heartbeat and seizures
- Cardiac arrest

WARNING SIGNS (MAY INCLUDE)

- Bingeing and purging
- Lack of control over eating
- Secretive eating and/or missing food
- Visits to the bathroom after meals
- Preoccupation with food
- Weight fluctuations
- Self-injury
- 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
- Calluses on the back of the hands/knuckles
- Sore throat
- Heartburn/acid reflux
- Self-criticism and feelings of shame and guilt
- High levels of anxiety and/or depression

DID YOU KNOW...

- 5 percent of American women suffer from Bulimia Nervosa in their lifetime.
- 25% of individuals experiencing Anorexia Nervosa and Bulimia Nervosa are male.
- Nearly half of Bulimia Nervosa patients have a comorbid mood disorder.
- More than half of Bulimia Nervosa patients have comorbid anxiety disorders.
- Four out of ten individuals have either personally experienced an eating disorder or know someone who has.
- Full recovery from an eating disorder is possible. Early detection and intervention are important.

GETTING HELP

If you think you or someone you know may be experiencing an Bulimia Nervosa, please seek specialized, professional help as soon as possible. Eating disorders are a serious mental illness but full and lasting recovery is possible with specialized treatment.

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SUGGESTED READING*

Decoding Anorexia
Carrie Arnold

Eating with Your Anorexic
Laura Collins

Life Beyond Your Eating Disorder
Johanna S. Kandel

Life Without ED
Jenni Schaefer

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WHAT IS ANOREXIA NERVOSA?

Anorexia Nervosa is an eating disorder characterized by an obsessive fear of weight gain, refusal to maintain a healthy body weight, and distorted body image.

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WHAT IS ANOREXIA NERVOSA?

Anorexia Nervosa is an eating disorder characterized by an obsessive fear of weight gain, refusal to maintain a healthy body weight, and distorted body image.

According to Dr. Thomas Insel, former Director of National Institute of Mental Health, “Research tells us that Anorexia Nervosa is a brain disease with severe metabolic effects on the entire body.” Eating disorders do not discriminate between gender, socioeconomic status, sexual orientation, race, body shape and size, or ethnicity — no one is immune.

Two subtypes of Anorexia Nervosa exist: the restricting subtype and the binge-eating/purging subtype.

Individuals with the restricting subtype maintain their low body weight by significantly limiting their food intake. In the binge-eating/purging subtype, individuals restrict their food intake and routinely engage in binge-eating and/or purging behaviors. These behaviors may include self-induced vomiting, compulsive exercise, and abuse of laxatives, diuretics, or enemas. Restriction of energy intake, relative to an individual’s requirements, leads to a significantly low body weight that can cause severe medical complications.

DID YOU KNOW...

- Anorexia Nervosa has one of the highest overall mortality rates and the highest suicide rate of any psychiatric disorder.
- The mortality rate for Anorexia Nervosa is three times higher than in depression, schizophrenia or alcoholism and 12 times higher than in the general population.
- Up to 10% of women with Anorexia Nervosa may die due to anorexia-related causes.
- 33-50% of individuals with Anorexia Nervosa have a comorbid diagnosis.
- Full recovery from an eating disorder is possible. Early detection and intervention are important.

DSM-5 DIAGNOSTIC CRITERIA

1. 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.
2. Intense fear of gaining weight or becoming fat, even though underweight.
3. 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)

- Significant weight loss/low body weight
- Distorted body image
- Fear of, or behavior interfering with, weight gain
- Preoccupation with weight, calories, food, etc.
- Feelings of guilt after eating
- Denial of severity of low weight
- High levels of anxiety and/or depression
- Low self-esteem
- Self-injury
- Social isolation
- Excuses for not eating/denial of hunger
- Food rituals
- Intense, dramatic mood swings
- Pale appearance/yellowish skin-tone
- Thin, dull, and dry hair, skin, and nails
- Cold intolerance/hypothermia
- Fatigue/dizziness/fainting
- Abuse of laxatives, diet pills, or diuretics
- Excessive and compulsive exercise
- Control issues
- Sleep difficulties

HEALTH COMPLICATIONS (MAY INCLUDE)

- Low blood pressure
- Anemia (iron deficiency)
- Poor circulation in extremities
- Gastrointestinal problems: constipation and/or bloating
- Muscle loss and weakness
- Abnormally slow and/or irregular heartbeat
- Irregular menstruation or Amenorrhea
- Heart damage
- Weak or brittle bones/osteoporosis
- Dehydration/kidney failure
- Edema (swelling)
- Memory loss/disorientation
- Growth of fine, downy hair (lanugo)
- Decreased growth hormone which may lead to delayed physical maturation
- Decreased estrogen/testosterone/thyroid hormone
- Infertility
- Electrolyte imbalance
- Seizures

GETTING HELP

If you think you or someone you know may be experiencing an Anorexia Nervosa, please seek specialized, professional help as soon as possible. Eating disorders are a serious mental illness but full and lasting recovery is possible with specialized treatment.

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

IF YOUR LOVED ONE IS IN RECOVERY

1. Validation and compassion are key! Validate their fears and struggles without judgment.
2. Be willing to adapt to changes in a recovery plan.
3. Have the ability to incorporate love and fun into the recovery process—recovery free time.
4. Focus on the person, not the eating disorder. They are not their eating disorder.
5. Remind your loved one that they are not alone— be inclusive not exclusive.
6. You don't need to fully understand the disease, but be there and be present—what your loved one is going through is real!
7. Understand that the eating disorder did not happen overnight, nor will recovery. Progress, not perfection, is key.
8. There is no “perfect” recovery—people recover to life, not utopia.
9. Don't tip-toe around your loved one—be real and honest but not pushy.
10. Slips and falls will happen—acknowledge them but don't catastrophize them. Every time they pick themselves up they will get stronger.
11. Triggering people, places, and things will emerge— be there for support.
12. Ask your loved one what they need from you— be their ally on their journey to recovery.
13. YOU are an asset to your loved one's recovery process. You are an expert when it comes to them; don't be afraid to utilize those intuitions.
14. Take care of yourself so you can truly take care of your loved one— breathe, and keep going.

TEACHING HEALTHY RELATIONSHIPS WITH FOOD & BODY

1. Avoid statements about weight, body shape, and size.
2. There are no “good” or “bad” foods. All foods are fine in moderation.
3. Model and encourage healthy eating (i.e. not dieting).
4. Avoid using food as a reward or a positive reinforcement.
5. Focus on the functions of the body, not size or appearance.
6. Encourage physical activities for fun and join in them.
7. Compliment loved ones on their talents, accomplishments, intelligence, and values.
8. Teach your loved one to listen to their own hunger. Encourage eating when they are hungry and stopping when they are full.
9. Talk about unrealistic media images and messages.
10. Encourage an open line of communication between you and your loved one.

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TIPS FOR YOUR LOVED ONES

Eating disorders affect not only the individual who is suffering, but also those around them. Loved ones desperately want to help their friend/family member, but often anything they say will be met with anger, frustration, denial, or avoidance. It can be difficult to believe a loved one is capable of hurting themselves by means of an eating disorder. 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, the family and friends of someone going through an eating disorder, get help and support for yourselves. 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.

SUGGESTED READING*

Brave Girl Eating
Harriet Brown

Eating with Your Anorexic
Laura Collins

Just Tell Her to Stop
Becky Henry

Life Beyond Your Eating Disorder
Johanna S. Kandel

Surviving an Eating Disorder
Michelle Siegel, PhD, Judith Brisman, PhD & Margot Weinshel, PhD

Why She Feels Fat
Johanna McShane, PhD & Tony Paulson, PhD



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PLEASE REMEMBER CPR

C

- You didn't CAUSE it.
- You can't CONTROL it.
- You can't CURE it.
- You can learn how NOT to CONTRIBUTE to it.
- You need to learn how to COPE with it.
- Take CARE of yourself.

P

- Avoid PANIC. It prohibits clear thinking and calm reactions.
- Recovery is a PROCESS. Two steps forward and one backwards.
- PROGRESS, not PERFECTION, is the goal.
- PATIENCE is critical.

R

- RESPOND instead of REACT.
- REMEMBER to listen.
- REFLECT and REASON before you speak.
- RECOVERY is a journey, a long ROAD that may include RELAPSE.
- REACH out to others for love and support.

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
- Don't engage in a power struggle
- Don't attempt to solve or "fix" their problems
- Don't comment on calorie/food intake, weight, appearance, etc.
- Don't expect recovery to be perfect
- Don't blame yourself or your loved ones
- Don't promise to keep it a secret

DID YOU KNOW...

- Eating Disorders are complex biopsychosocial illnesses.
- Over 30 million Americans experience a clinically significant eating disorder during their lifetime.
- Full recovery from an eating disorder is possible. Early detection and intervention are important.
- Help is available and recovery is possible.