Adolescents and children with eating disorders undertake unhealthy eating habits in order to lose weight and stay slim. An eating disorder affects women and men, but it is predominant in women. The onset of an eating disorder usually starts in early ages of adolescents, and it can hinder their physical and mental growth and development. It is also accompanied by emotional disturbances such as depression, low self-esteem, and perfectionist behavior.

An Eating Disorder is a psychological condition that manifests itself in unhealthy eating habits. There are four diagnoses which are characterized by specific behaviors exhibited by the individual. The behaviors most often seen are:

- **Binging**: is the consumption of a large amount of food in a short period of time.
- **Purging**: often refers to self-induced vomiting; misuse of laxative, diet pills, or water pills are also considered purging.

Bulimia Nervosa is the most common of the four diagnoses. It is characterized by a preoccupation with food and weight, binging, and a compensation for binging by purging, excessive exercise or fasting. This pattern is accompanied by shame and secrecy.

Anorexia Nervosa is characterized by a refusal to maintain a normal weight for one’s height, body type, age, and activity level; intense fear of becoming “fat” or gaining weight (extreme concern over one’s weight); body image misperception; and loss of menstrual periods in females.

Binge Eating Disorder is characterized by binging, feelings of shame and self-hatred associated with binging, but no compensatory behavior such as purging.

Eating Disorders Not Otherwise Specified covers all maladaptive eating behaviors that do not fit into the above diagnoses, examples include; restricting food intake, meeting some but not all of the requirements for the above diagnoses, chewing food and spitting it out, or binging and purging irregularly.

Why we do we care?

- Of the currently more than 10 million Americans afflicted with eating disorders, 90 percent are children and adolescents.
- The average age of eating disorders onset has dropped from 13-17 to 9-12.
- The number of males with eating disorders has doubled during the past decade.
• Students with eating disorders may suffer from series of digestive system complications such as abdominal pain, and bloating or a general lack of wellness which cause them to frequently miss school.
• Students with eating disorders may lack concentration and focus in the classroom due to not obtaining sufficient nutrition.
• Students with eating disorders are more prone to depression which can affect their performance in school.
• Students with eating disorders may have conflicts with their family and friends as a result of their eating habit.

What can we do about it?

• **Design healthy and nutritious diet course as part of your school’s curriculum.** Preventing eating disorders is easier than treating them. Teaching students to eat healthy and to make wise choices when it comes to diet will be a crucial step to assist students.
• **Offer healthy and nutritious food in schools.** Cafeteria and vending machines in schools should be supplied with healthy choices of food and snacks to encourage a healthy eating habit. Discuss concerns such as these with school administrators and offer students a more healthy choice in school meals and snacks.
• **Serve as a good role model.** Refrain from making comments about physical appearance (whether positive or negative) and correct others that do. Avoid dieting and maintain healthy eating habits and exercise.
• **Educate yourself.** Seek out information regarding eating disorders and watch for potential warning signs, early detection increases the likelihood of recovery.
• **Supply necessary information regarding eating disorders to students.** Inform students of eating disorders and the adverse consequences to their health, physical growth, and mental well-being.
• **Encourage students to seek help.** Form support groups for students with eating disorders. Help students and their families find the right physician and program to assist them in treating their disorders by being familiar with various referral resources.
• **When choosing groups for activities in the classroom, ensure diversity in each group.** Allowing children to pick their own teams can damage self-esteem and make some feel left out.

**Key Resources & Links**

Academy for Eating Disorders. About Eating Disorders/diagnoses and more specifically, eating disorder diagnoses:  
[http://www.aedweb.org/eating_disorders/diagnoses.cfm](http://www.aedweb.org/eating_disorders/diagnoses.cfm)

American Psychiatric Association. Let’s Talk Facts about Eating Disorders  
*Dying to be Thin* investigates the causes, complexities, and treatments for the eating disorders anorexia nervosa and bulimia nervosa. PBS also provides a teacher’s guide to the film and activities to do in the classroom. This film is accessible at: [http://www.pbs.org/wgbh/nova/thin/](http://www.pbs.org/wgbh/nova/thin/)


Information Sheet for Teachers: Eating Disorders: This is a great resource for teachers. Highlights include: keeping schools safe, how and when to take action, what types of information are appropriate based on age, and combating stereotypes. [www.girlpower.gov/AdultsWhoCare/resources/Pubs/teachers.pdf](http://www.girlpower.gov/AdultsWhoCare/resources/Pubs/teachers.pdf)

*When Food Becomes a Problem* is a structured lesson plan that educates students about the dangers of eating disorders; it takes approximately 2 or 3 class periods to complete. All materials are accessible at: [http://pbskids.org/itsmylife/parents/lesson_plans/when_food_is_a_problem.html](http://pbskids.org/itsmylife/parents/lesson_plans/when_food_is_a_problem.html)

*Developed by the Center for School Mental Health ([http://csmh.umd.edu](http://csmh.umd.edu)) in collaboration with the Maryland School Mental Health Alliance.*