Recognizing Eating Disorders on College Campuses

Nicole Matros, Psy.D.
Staff Psychologist
Coordinator of the Eating Disorders Consultation Team
University of South Carolina Student Health Services
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Learning Objectives

1. The participant should be able to recognize signs and symptoms of an eating disorder.

2. The participant will be able to understand language that is consistent with a health at any size model.

3. The participant will be aware of campus resources and programs that are consistent with intuitive eating and a health at any size model.
Eating Disorders on College Campuses: Prevalence

• Eating disorders typically begin between ages 18 and 21 (Hudson, 2007).

• 1 in 5 college students suspected that they have suffered from an eating disorder at some point in their life (NEDA, 2006).

• Data from one college showed an increase in eating disorder prevalence from 23% to 32% for females and 7.9% to 25% for males over a 13 year period (White, Reynolds-Malear, & Cordero, 2011).

• 13.5% of college women and 3.6% of college men screened positively for eating disorders in a study of 2,822 undergraduates utilizing the SCOFF questionnaire. Only one in five had received mental health care in the past year (Eisenberg, Nicklett, Roeder, Kirz, 2011).
Eating Disorders on College Campuses: Stats

• A new study with 9713 participants from 12 universities found objective binge eating in 49% of women and 30% of men and compensatory behaviors in 31% of women and 29% of men. They also found a greater risk in overweight men and women for eating disorders, binge eating, and use of compensatory behaviors. (Lipson & Sonneville, 2017)

• 91% of women surveyed on a college campus had attempted to control their weight through dieting. 22% dieted “often” or “always” (Shisslak, Crago, & Estes, 1995).

• In a survey of 185 female students on a college campus, 58% felt pressure to be a certain weight, and of the 83% that dieted for weight loss, 44% were of normal weight (Malinauskaset al., 2006).

• 35% of “normal dieters” progress to pathological dieting. Of those, 20-25% progress to partial or full-syndrome eating disorders (NEDA)

• Over one-half of teenage girls and nearly one-third of teenage boys use unhealthy weight control behaviors such as skipping meals, fasting, smoking cigarettes, vomiting, and taking laxatives (Neumark-Sztainer, 2005).
Eating Disorders on College Campuses: Stats

• Fear of the “Freshman 15”: In a systematic review of health research and popular literature, half depicted a freshman weight gain of 15 lbs despite research indicating only a 5 lb weight gain. (Brown, 2008)

• A study of 327 college students majoring mostly in psychology and dietetics found that over 68% of female students and over 43% of male students met criteria for orthorexia. (Brytek-Matera, Donini, Krupa, Poggiogalle, & Hay, 2015)
Eating Disorders on College Campuses: Diversity

• Compared with heterosexuals, gay and bisexual men seem to have high prevalence of body image dissatisfaction, eating disorder symptoms, and eating disorders (Feldman & Meyer, 2010).

• Gay and questioning students evidenced the highest rates of eating concerns while lesbians had the lowest mean scores of eating concerns (Maloch, Bieschke., McAleavey, & Locke, 2013).

• Members of the transgender community are at a higher risk for developing eating disorders or engaging in disordered eating for a variety of reasons, including: societal norms, body image, identity issues, perceived control, to regain control, feeling undeserving of nourishment, a desire to suppress or accentuate gender, and as a result of positive or negative change (Algars, 2012).
Eating Disorders on College Campuses: Diversity

- Minority women who meet criteria for eating disorders diagnoses are less likely to seek treatment. (Nicdao, Hong, & Takeuchi, 2007; Cachelin, Rebeck, Veisel, & Striegel-Moore, 2001; Cachelin, Veisel, Barzegarnazari, & Striegel-Moore, 2000).

- In those with a lifetime history of any eating disorder, ethnic minority groups had a lower rate of mental health service utilization than non-Latino Caucasians. (Marques et.al, 2010)

- From 1999 to 2009, the number of men hospitalized for an eating disorder-related cause increased by 53%. (Zhao & Encinosa, 2011).
Eating Disorders on College Campuses: Stats

• An estimated 90-95% of college students diagnosed with an eating disorder also belong to a fitness facility.

• Though most athletes with eating disorders are female, male athletes are also at risk—especially those competing in sports that tend to emphasize diet, appearance, size and weight. In weight-class sports (wrestling, rowing, horseracing) and aesthetic sports (bodybuilding, gymnastics, swimming, diving) about 33% of male athletes are affected. In female athletes in weight class and aesthetic sports, disordered eating occurs at estimates of up to 62%. (Bonci, 2009).

• Among female college athletes surveyed, 25.5% had subclinical eating disorder symptoms. (Greenleaf et. al., 2009).
Eating Disorders on College Campuses: Stats

Mortality:
• A review of nearly fifty years of research confirms that anorexia nervosa has the highest mortality rate of any psychiatric disorder (Arcelus, Mitchell, Wales, & Nielsen, 2011).

• Nearly one person dies from an eating disorder every hour (Eating Disorders Coalition, 2014).

Treatment:
• Multidisciplinary campus-based eating disorders treatment teams lead to students with eating disorders staying in therapy longer and leaving therapy with planned terminations (Mitchell et al., 2015).

• Help-seeking decreases significantly when people are not aware of the options available to them (Ben-Porath, 2002; Friedman, 2009; Nolen-Hoeksema, 2006; Gould, 2007).
Eating Disorders and Transition to College

ENVIRONMENT

Major transition
• A new, stressful environment
• Increased independence and responsibility
• Pressure to perform
• Increased focus on body image as meeting new people
• Exposure to new things

FUNCTION

Feeling of structure during period of change
• Feeling of success/productivity when following ED-based rules
• Decrease anxiety/stress
• Change body shape
• Cope with difficult experiences through experiential avoidance
Factors that Contribute to Eating Disorders

Risk Factors:
- Body dissatisfaction, negative affect, thin-ideal internalization, dieting, family social support deficits

Correlates:
- Genetics, Neurobiology, Microbiome
- Psychological: Low self-esteem; feelings of inadequacy or lack of control in life; depression, anxiety, anger, stress or loneliness
- Interpersonal: Troubled personal relationships; difficulty expressing emotions and feelings; history of being teased or ridiculed based on size or weight; history of physical or sexual abuse
- Social: Cultural pressures that glorify “thinness” or muscularity, narrow definitions of beauty, cultural norms that value people on the basis of physical appearance, stress related to racial, ethnic, size/weight-related or other forms of discrimination or prejudice
DSM-5: A Brief Overview

Anorexia Nervosa

1. Persistent restriction leading to low body weight
2. Intense fear of gaining weight/becoming fat, or engaging in behaviors that interfere with weight gain
3. Disturbance in how body weight/shape is experienced, undue influence of weight/shape on self-evaluation, and lack of recognition of seriousness of low body weight
   • Restricting Type
   • Binge/purge Type
DSM-5: A Brief Overview

Bulimia Nervosa

1. Recurrent episodes of binge eating
   Amount larger than most & lack of control

2. Recurrent inappropriate compensatory behaviors
   (e.g. vomiting, fasting, exercise, laxatives, etc.)

3. Binge/purge behaviors occur, on average, at least once a week for 3 months

4. Self-evaluation unduly influenced by body weight/shape
DSM-5: A Brief Overview

Binge Eating Disorder

1. Recurrent episodes of binge eating
   Amount larger than most & lack of control

2. Binge eating episode associated with 3 or more:
   - 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 afterward

3. Marked distress around binge eating

4. Occurs, on average, at least once a week for 3 months
Other Specified Feeding or Eating Disorder (OSFED)

Examples include:

1. Atypical Anorexia Nervosa
2. Binge Eating Disorder of low frequency and/or limited duration
3. Bulimia Nervosa of low frequency and/or limited duration
4. Purging Disorder
5. Night Eating Syndrome
Orthorexia: Proposed Diagnostic Criteria (Dunn & Bratman, 2016)

Criterion A

Obsessive focus on “healthy” eating, as defined by a dietary theory or set of beliefs whose specific details may vary; marked by exaggerated emotional distress in relationship to food choices perceived as unhealthy; weight loss may ensue as a result of dietary choices, but this is not the primary goal. As evidenced by the following:

1. Compulsive behavior and/or mental preoccupation regarding affirmative and restrictive dietary practices believed by the individual to promote optimum health.

2. Violation of self-imposed dietary rules causes exaggerated fear of disease, sense of personal impurity and/or negative physical sensations, accompanied by anxiety and shame.

3. Dietary restrictions escalate over time, and may come to include elimination of entire food groups and involve progressively more frequent and/or severe “cleanses” regarded as purifying or detoxifying. This escalation commonly leads to weight loss, but the desire to lose weight is absent, hidden, or subordinated to ideation about healthy eating.
Orthorexia: Proposed Diagnostic Criteria (Dunn & Bratman, 2016)

Criterion B

The compulsive behavior and mental preoccupation becomes clinically impairing by any of the following:

1. **Malnutrition**, severe weight loss or other medical complications from restricted diet.

2. **Intrapersonal distress** or impairment of social, academic or vocational functioning secondary to beliefs or behaviors about healthy diet.

3. Positive body image, self-worth, identity and/or satisfaction excessively dependent on compliance with self-defined “healthy” behavior.
Warning Signs of Eating Disorders

• Preoccupation with weight, food, calories or rigid eating patterns; refusal to eat certain foods
  “I only eat ‘clean’ foods.”

• New food practices, elimination of foods or entire food groups, obsession with maintaining the perfect diet, obsessive/excessive use of supplements
  “I’m becoming a vegetarian so I can lose weight.”

• Noticeable fluctuations in weight, both up and down

*Eating disorders can be present in any BMI
Warning Signs of Eating Disorders

• Exercising despite fatigue, injury, or illness, and/or exercise regimen conflicts with daily functioning/obligations
  
  “The only way I know how to cope is with exercise.”
  
  “I am going to skip the meeting so I can go the gym instead”

• Increased exercise or eating vigilance to atone for slip-ups, Indication of wanting to rid body of calories/food consumed
  
  “I had to go to the gym since I ate too much the night before.”

• Physical symptoms like fatigue, GI issues, gastroparesis, syncope, menstrual irregularities, cold intolerance
Warning Signs of Eating Disorders

• References to mood or anxiety impacting eating
  “I just can’t eat when I feel this overwhelmed.”
  “I forget to eat because I am so busy.”
  “I get so anxious that I vomit all the time.”

• Isolating from social supports due to engagements that involve food, discomfort eating in front of others, eating in secret

• Body image issues, constantly comparing self to others, excessive focus on weight loss/dieting sites or social media
Potential Triggers

• Calorie counts in the dining halls
• Messages to take the stairs to burn calories
• Fitness center messages promoting weight loss/burning off food
• Fitness instructors focusing on weight loss/looking thin
Creating a Safe/Supportive Space

• Be aware of materials posted or in waiting rooms
• Monitor social media
• Ensure displays depict people of all shapes/sizes
• Post body positive messages
• Provide information and resources
• Identify other indicators of health besides weight
• Partner with Counseling Center and Health Promotions to post flyers and signs reflecting resources and information.

• Have brochures and signs posted prominently.

• Select media carefully.
Patients with eating disorders often interpret well-meaning comments as indications that they are “fat” or out of control.

“You look so much healthier” = “I look fat”

“You’re making great progress” = “I’m gaining a lot of weight”

Healthcare providers can have a positive or negative impact on recovery based on the language/words chosen when interacting with patients.
Language to use

• Movement or physical activity vs exercise
• Thoughtful or Mindful eating vs healthy* eating
• Eating habits vs diet
• Overweight or excess weight vs fat or obese

*Healthy vs unhealthy eating has become good vs bad eating
An example of a validated screening tool for eating disorders: The SCOFF*

S  Do you make yourself Sick because you feel uncomfortably full?
C  Do you worry you have lost Control over how much you eat?
O  Have you recently lost more than One stone (6.35 kg or 14 lb) in a three-month period?
F  Do you believe yourself to be Fat when others say you are too thin?
F  Would you say Food dominates your life?

*Two or more positive responses on the SCOFF indicates a possible ED and should prompt referral for further evaluation.
EAT-26

*The EAT-26 has been reproduced with permission. Garner et al. (1982). The Eating Attitudes Test: Psychometric features and clinical correlates. Psychological Medicine, 12, 871-878

Assesses eating disorder risk
Does not provide a diagnosis of an eating disorder
Takes about 5-10 minutes to complete

Three subscales
  Dieting
  Bulimia and Food Preoccupation
  Oral control

Further evaluation is recommended for scores above 20 or if a positive response to any of the behavioral questions is endorsed
College Campus Resources

• Counseling Center
  • Does your campus have a treatment team?
  • Disordered eating specific groups

• Nutritional Services
  • Cooking demos
  • Basic nutrition groups

• Student Wellness Centers
  • The Body Project

https://www.bodyprojectcollaborative.com/
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Leadership and Service Center
Student Health Center
Carolina Food Co.

University of South Carolina
Outreach Events

• Eating Disorder Awareness Week
• NEDA Walk
• Scale Smash
• Eating Disorder Screenings
• Invite a speaker
• Present to classrooms (target high risk groups)
QUESTIONS??
Thank you!

Nicole Matros, Psy.D.

matrosn@mailbox.sc.edu