Introduction to Eating Disorders
What is an eating disorder?, mythology debunked, anorexia, bulimia, binge eating disorder, eating disorder continuum, treatment, eating disorders don’t discriminate, boys get eating disorders too, how you can help

Life with an Eating Disorder
Why do people suffer from eating disorders?, preoccupation with food, ‘Thinspiration’, pro-ana and pro-mia websites, ‘the voice’, increasing isolation, unwilling to change, physical effects, at school

Risk Factors and Warning Signs
Early detection, risk factors including personality, home life, extra-curricular activities, weight loss and peers, be vigilant, warning signs for three main eating disorders, weight changes, diet or disorder?, stats and figures

Encouraging Pupils to Share Concerns
Why pupils don’t confide, overcoming six barriers – privacy, confusion, trust, parents, knowledge and anonymity, action plan

Talking it Through
When should you say something?, setting the scene, what to say, ten tips for effective listening, denial, stay calm, positive response checklist, what they’re thinking, confidentiality, be prepared, ending the meeting, action points, informing other staff

Next Steps
Where do you now stand?, the recovery team, working with parents, peer support, external support, helping the pupil, team logistics, goals, academic expectations, inpatients

Practical Support
Guidelines for informing staff, academic failure, what to say and do, support for staff and peers, sharing with peers, five support strategies: peer support, free pass, bolt hole, trusted adult and zero tolerance of bullying, mealtimes, setbacks

Keeping on Track
Reintegration, monitoring progress, meetings, what could go wrong?, the rough patch, relapses, success stories
What is an eating disorder?

First things first – what is an eating disorder?

The thing that all eating disorders have in common is the use of food and weight as a coping mechanism. This can play out in many different ways including over-eating, over-dieting or using methods such as vomiting to remove food from the body.

Young people with eating disorders typically have very low self-esteem and place huge importance on their weight and body shape.

Whilst eating disorders are readily dismissed by some as a teenage fad, the truth is that they are a serious mental health disorder affecting up to 5% of school pupils. These young people need our help and support to overcome their illness. With this support, alongside medical help (see page 17) they have every chance of returning to full health.
Eating disorder mythology debunked

There are lots of commonly held misconceptions about eating disorders. Before we go any further, let’s set the record straight on a few things:

**Talking about eating disorders will start an epidemic.**

*FALSE!* Eating disorders are complex and won’t suddenly occur. Talking about them may raise awareness and help you recognise cases but that’s a GOOD thing.

**Eating disorders are just a passing phase.**

*FALSE!* Very few eating disorders will be cured without support. The delay in support caused by watching and waiting for them to pass can be very damaging.

**It’s normal – all teenagers diet.**

*FALSE!* Many teens diet, but eating disorders are not normal. We’ll discuss how to spot the difference between a diet and an eating disorder later. (Page 49)

**He can’t be that ill, his school work is fine.**

*FALSE!* Pupils with eating disorders often have obsessive, perfectionist personalities. It is not unknown for them to forfeit sleep entirely to gain an A grade. This is not healthy.
What is anorexia?

Anorexia is the most high profile of the major eating disorders and the one you are likely to have heard most about. (Shocking images always attract media attention and pictures of people who have severely restricted their food intake fit that bill.) Anorexics will have some or all of these symptoms:

- Underweight
- Trying hard to lose more weight
- Believe they’re fat when they’re not
- Terrified of gaining weight
- Obsessively count calories
- Periods stop
- Exercise hard to aid weight loss
- Completely controlled by the disease

Diagnostic criteria* for anorexia include intense fear of gaining weight, a refusal to maintain body weight above 85% of the expected weight for a given age and height, and – for females – three consecutive missed periods. In addition, there will be either refusal to admit the seriousness of the weight loss, an undue influence of shape or weight on self-image, or a disturbance in how one's shape or weight is experienced.

'I first started losing weight because I liked the feeling of control it gave me, but now I can understand that the anorexia was actually controlling me.

The anorexic voice inside my head wouldn’t let me eat, or even drink, some days and it made me stay awake at night, exercising to lose more weight.

Everyone said I was fading away but the thinner I got, the fatter I felt. I would look in the mirror and cry as I saw this ugly whale looking back at me.

I always had a target weight, and every time I made it I’d realise I was still fat so I’d aim for a new, lower target.'
What is bulimia?

Bulimia is characterised by the **binge-purge cycle**. Sufferers eat a large amount of food and then remove this food from their bodies, usually by vomiting or using laxatives.

Many bulimics try hard to diet, but end up bingeing if they slip up on their diet or have to face a difficult situation in their life. This results in feelings of guilt and the need to purge, followed by a promise to diet harder, better and longer next time. The cycle is similar for many sufferers, though the length of time between binges varies from a few hours to several days. Bulimia can go undetected for years as sufferers tend to have a roughly normal weight.

Diagnostic criteria for bulimia*: repetitive episodes of binge eating compensated for by excessive or inappropriate measures to avoid gaining weight. Self-evaluation unduly influenced by shape and weight.

Understanding bulimia

‘More than anything in the world, I wanted to be anorexic. I tried really hard to starve myself but it would only last a few hours, then the cravings would get too much and instead of eating a normal meal, I’d find myself bingeing.

I ate so much. It was disgusting. I was meant to be saving for my gap year, but I was secretly spending all my money on chocolate bars. I could eat up to twenty at a time. Then of course I’d suddenly realise what I’d done and I’d panic about how to get it all back out.

Often, I spent longer throwing up than eating. Every time I’d promise myself I’d stick to my diet this time, but I just couldn’t do it.’

As many as 8% of women experience some bulimic symptoms at some point in their lives. (NHS, 2011)
About the author

Pooky Knightsmith

Pooky Knightsmith is a specialist in working with school staff to prevent and manage eating disorders. She is currently researching a PhD on this topic at the Institute of Psychiatry. During the course of this research Pooky has worked directly with over 800 teachers and 500 pupils from a wide range of school settings.

Since graduating from Oxford, where she studied experimental psychology, Pooky has been working in the education sector, first with Creative Education Ltd as Director of Training and latterly with the Times Educational Supplement as Social Media Manager, engaging with a network of over 2 million educators.

Pooky is a seasoned school governor, having worked hands-on with three schools with a particular involvement in child protection issues. She has recently been invited to become a trustee for Beat – the world’s leading eating disorders charity – to enhance their work in the education sector.

You can find further support and advice on Pooky’s blog: www.eatingdisordersadvice.co.uk which is regularly updated with eating disorders advice for parents and teachers.