Eating Disorders

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Eating Disorders

What are eating disorders?

Anorexia Nervosa

Anorexia Nervosa is characterized by the refusal to eat. It can affect anyone of any gender or age but disproportionately affects young women in their late teens and early twenties.

According to the most current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) there are four criteria that must be present to achieve a diagnosis of Anorexia Nervosa.

Diagnosis

- Refusal to maintain body weight at or above minimum for age and height
- Intense fear of weight gain and becoming fat
- Denying seriousness of low body weight and having a distorted perception of appearance and shape
- Amenorrhea: the absence of a period for at least three consecutive menstrual cycles when otherwise expected

Bulimia Nervosa

Bulimia Nervosa is characterized by cyclical bingeing and purging episodes. Bingeing is defined as the consumption of more food than most other people would eat in a similar circumstance over a discrete period of time accompanied by a sense of lack of control over the food consumption. When the behaviors are not exclusively those of Anorexia Nervosa, and when self-evaluation is unduly influenced by body shape or weight. Those with Bulimia are often very concerned about gaining weight and intensely fear getting fat.

Diagnosis

- recurring incidents of eating significant amounts of food in a short time
- feeling lack of control
- eat quickly even when not hungry
- occurs at least twice weekly for three months
- rapid consumption until painfully full
- overcompensating to maintain weight
    - inducing vomiting
    - excessive use of laxatives

- enemas
- excessive exercising
- etc.

Bulimic bingeing and purging cycles are often conducted in secret because of the shame and disgust associated with the process.

Binge Eating

Binge Eating Disorder (BED) is newly-recognized and is characterized by recurrent episodes of binge eating that occur twice weekly or more for a period of at least six months. During bingeing, a larger than normal amount of food is consumed in a short time frame and the person engaging in the bingeing behavior feels a lack of control over the eating.

In BED, bingeing episodes are associated with at least three characteristics such as eating until uncomfortable, eating when not physically hungry, eating rapidly, eating alone for fear of being embarrassed by how much food is being consumed, or feeling disgusted, depressed or guilty after the episode of overeating. These negative feelings may in turn trigger more bingeing behavior. In addition, although BED behaviors may cause distress by those affected, it is not associated with inappropriate compensatory behaviors such as those found in Bulimia Nervosa or Anorexia Nervosa. Therefore, people with BED often present as either overweight or obese because they consume so many extra calories.

Anorexia Athletica

Anorexia Athletica is a constellation of disordered behaviors on the eating disorders spectrum that is distinct from Anorexia Nervosa or Bulimia Nervosa. Although not recognized formally by the standard mental health diagnostic manuals, the term Anorexia Athletica is commonly used in mental health literature to denote a disorder characterized by excessive, obsessive exercise. Also known as Compulsive Exercising , Sports Anorexia, and Hypergymnasia, Anorexia Athletica is most commonly found in pre-professional and elite athletes, though it can exist in the general population as well.

People suffering from Anorexia Athletica may engage in both excessive workouts and exercising as well as calorie restriction. This puts them at risk for malnutrition and in younger athletes could result in endocrine and metabolic derangements such as decreased bone density or delayed menarche.

Advanced cases of Anorexia Athletica may result in physical, psychological, and social consequences as sufferers deny that their excessive exercising patterns are a problem.

Symptoms

- over-exercising
- obsession with calories, fat, and weight, especially as compared to elite athletes,
- self-worth being determined by physical performance
- lack of pleasure from exercising.

Over Exercise

"Over exercise" is a general term referring to exercising to the point of exhaustion. Over exercise can occur once in a while as when someone overdoes it on a single work-out, or it can be a habitual behavior. When over exercising becomes the norm, this may be an indication that a person is actually suffering from what is called Obligatory Exercising, Compulsive Exercising, or Anorexia Athletica. When someone over exercises to the point where it is a problem, he or she may experience physical, psychological and social consequences.

Overeating

Overeating is not a specific diagnosis of any sort but may rather refer to a discrete incident of eating too much such as during holidays, celebrations, or while on vacation, or it may refer to habitual excessive eating.

Overeating tends to be done when not hungry. Those who overeat may eat alone due to embarrassment of the portions of food they are consuming. They may also spend much time fantasizing about their next meal. Another sign that overeating has become a problem is if excessive amounts of money are wasted on food. Generally, people who overeat are overweight or obese though people with normal body weights may overeat occasionally as well.

Overeating becomes problematic when it manifests as a compulsive or obsessive relationship with food. At this point it may be treated with behavior modification therapy or as a food addiction. One program available that supports people in recovering habitual, problematic overeating using the context of an addiction is Overeaters Anonymous (OA). OA is set up similarly to Alcoholics Anonymous (AA) and is a 12-step program in which members acknowledge that they are powerless over food. OA is open to anyone who has an unhealthy relationship with food and who wishes to stop. (http://www.oa.org/)

Night Eating

Night Eating Syndrome (NES) is an emerging condition that is gaining increased recognition among medical professionals. Its clinical importance is in relation to obesity as many people who suffer from NES are overweight or obese and being overweight or obese comes with many negative health risks. Although not classified as one of the types of eating disorders, as a syndrome, NES is considered a constellation of symptoms of disordered eating characterized most prominently by a delayed circadian timing of food intake.

People with NES tend to not eat in the morning and consume very little during the first half of the day. The majority of their calories are then consumed in the evening hours, so much so that sleep may be disturbed so that a person can eat. People with NES may be unable to get back to sleep after eating or may experience frequent awakenings throughout the night for feedings. However, people with NES are fully awake and aware of their eating episodes.

It is distinct from bingeing disorders in that the portions consumed are generally those of snacks rather than huge meals. In addition, it differs from Bulimia Nervosa since there are no compensatory or purging behaviors present to offset increased calorie intake.

Orthorexia

Orthorexia Nervosa (also known as "orthoexia") is a term coined by physician Steven Bratman in an article he wrote for Yoga Journal in 1997. It is not a traditionally recognized type of eating disorder but it does share some characteristics with both Anorexia Nervosa and Bulimia, most specifically obsession with food.

Orthorexia refers to a fixation on eating "pure" or "right" or "proper" food rather than on the quantity of food consumed.

Having Orthorexia Nervosa is like suffering from Workaholism or Exercise Addiction in which something that is normally considered good or healthy is done in excess and to the point that a person becomes obsessed with the activity. Like other obsessive disorders people with Orthorexia Nervosa experience cyclical extremes, changes in mood, and isolate themselves. Most of their life is spent planning and preparing meals and resisting temptation to the exclusion of other activities. They may even go to the extreme of avoiding certain people who do not share in their dietary beliefs or carry their own supply of food wherever they go.

Like other eating disorders, Orthorexia Nervosa may result in negative consequences. Social isolation, physical deterioration, and a failure to enjoy life can occur. There have even been a

few deaths related to Orthorexia Nervosa when a person becomes so low in body weight due to restrictive eating or fasting that the heart fails.

EDNOS – Eating Disorder Not Otherwise Specified

According to the Diagnostic and Statistical Manual, 4th Edition there exists a category of eating disorders that do not meet the specific criteria for the two defined disorders, Anorexia Nervosa and Bulimia. When people exhibit behaviors in the spectrum of disordered eating but do not meet all the criteria for Anorexia Nervosa or Bulimia, they are given a diagnosis of an Eating Disorder Not Otherwise Specified (EDNOS). Over one-half to two-thirds of people diagnosed with eating disorders fall into the category of EDNOS. More people are diagnosed with EDNOS than Anorexia Nervosa and Bulimia combined.

Binge Eating Disorder (BED) is the only type of eating disorder under the category of EDNOS. A person meets the definition of having EDNOS if they have exhibit all the criteria for Anorexia Nervosa but have regular menstruation or a normal body weight, or if they exhibit all the criteria for Bulimia but purge less than two times per week or for a duration shorter than three months, or if only small amounts of food are purged, or if a person spits out food rather than swallowing it.

People diagnosed with EDNOS can experience the same negative psychological, social, and physical consequences as a person diagnosed with Anorexia Nervosa or Bulimia. The seriousness of their condition is no different than that for people diagnosed with specific disorders. The only difference is that the person may experience a spectrum of disordered eating behaviors and these behaviors may change over time.

Although BED is the only one of the types of eating disorders categorized under EDNOS, people who are considered to have Sub Therapeutic Anorexia Nervosa or Sub Therapeutic Bulimia are also given a diagnosis of EDNOS. To have Sub Therapeutic Anorexia Nervosa or Bulimia means that a person displays some but not all of the criteria for the full-blown condition.

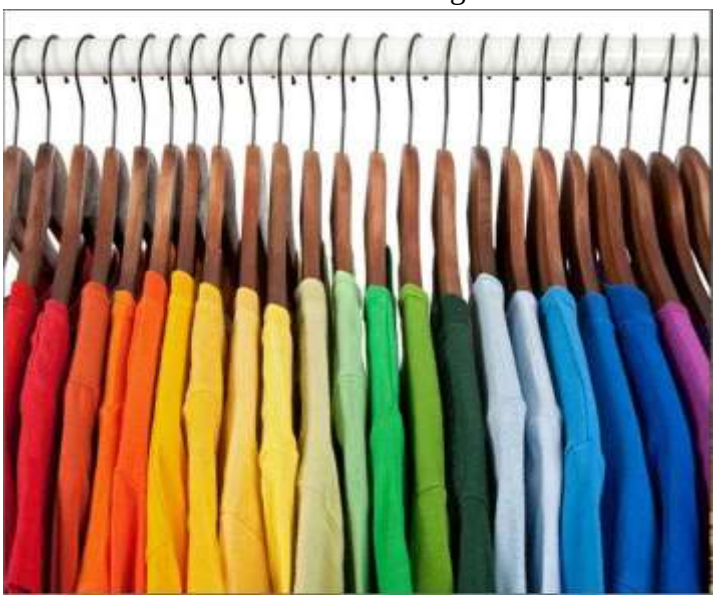
What causes eating disorders?

The causes of eating disorders are multifaceted and usually include a combination of psychological, familial, sociocultural, and biological or genetic factors rather than a sole determinant of the disorder. Furthermore, not all individuals who possess a genetic predisposition or certain biological factors will develop clinical eating disorders. On the other hand, other individuals who have no family history of anorexia, bulimia nervosa, or substance abuse can still suffer from disordered eating or clinical eating disorders. Given the difficulties of identifying causal factors at the epidemiological or individual level, some researchers have suggested that identifying the cause may not be nearly as important as identifying the

maintaining factors of an eating disorder. One researcher noted that "what starts a disorder may not be what maintains it, and the latter may be of greater practical importance." If the maintaining factors replace the causal factors, the treatment of an eating disorder must focus on what keeps the eating disorder behaviors going. What follows is a brief summary of various factors thought to contribute to the development of eating disorders.

Psychological Factors

Individual factors thought to contribute to the development of an eating disorder can be categorized in terms of cognitive factors, interpersonal experiences, emotions, and degree of body dissatisfaction. With respect to cognitive factors, research findings consistently point to cognitive patterns that are often associated with eating disorders. These patterns can include having obsessive thoughts (a comorbid diagnosis of obsessive-compulsive disorder with anorexia nervosa is not uncommon with lifetime prevalence rates ranging from 9.5% to 62%) about which most clients report feeling frustrated; they also report having attempted to decrease the obsessive thinking. Some clients, however, report a strong identification with these thought patterns and are therefore not invested in making them diminish or disappear. Cognitive patterns associated with eating disorders can also involve perfectionistic thinking which will drive perfectionistic behaviors (e.g., behaviors related to the eating disorder itself or other pursuits such as academics or sport). Some studies have demonstrated that despite being weight restored, individuals with anorexia nervosa will continue to score high on measures of perfectionism. This finding has led some to conclude that perfectionism should be considered as an antecedent of anorexia nervosa and therefore is a causative factor.



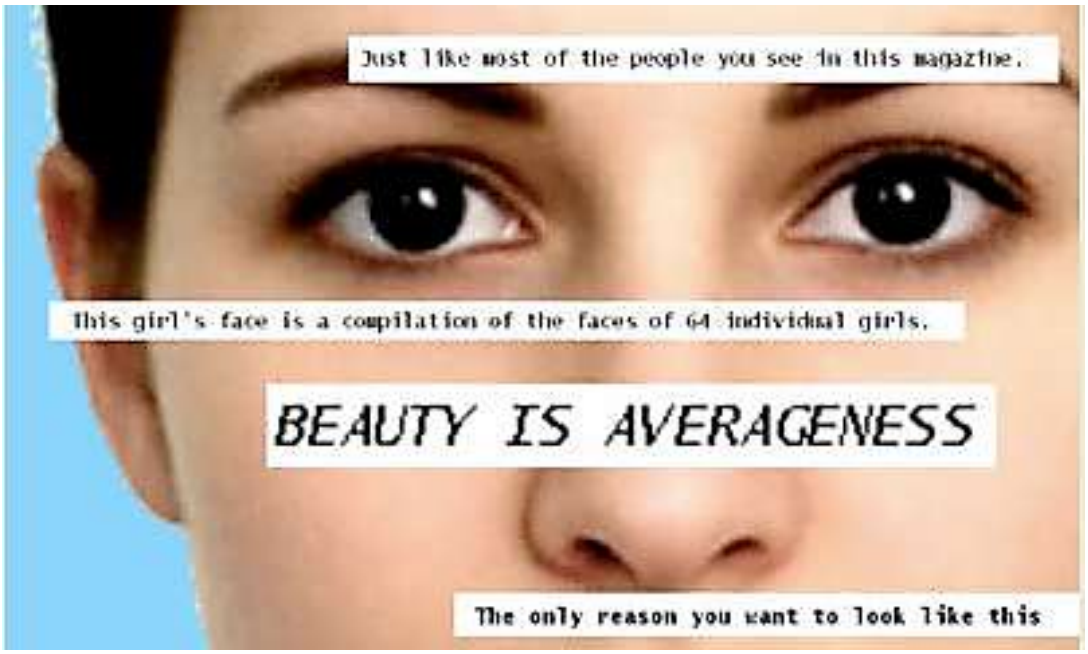
Interpersonal experiences that have been consistently linked to eating disorders include trauma, abuse, and teasing. Typically, in the context of eating disorders, the teasing that some individuals experience is focused on weight, and body shape and size. Thus, in an effort to end the teasing, the individual may engage in behaviors intended to change one's weight, body shape, or size, which for some may mean that they engage in eating disorder related behaviors. Some professionals have suggested that the presence of sexual abuse or other forms of abuse and trauma is overestimated in the eating disorder population. However, there is evidence to suggest that the presence of trauma and abuse is associated with eating disorders. The connection between emotions and eating disorders typically involves the regulation of emotions. Eating disorder related behaviors are often linked to the individual being aware of an unpleasant

emotional experience, becoming overwhelmed by his or her feelings, and using eating disorder behaviors as a way to cope with the uncomfortable feelings. Eating disorders can serve as a way to cope with overwhelming emotional experiences (e.g., restricting) and to feel numb to those feelings. Finally, body dissatisfaction has been strongly linked to eating disorder behaviors and it is included in the diagnostic classification of eating disorders. Some have suggested that body dissatisfaction can be linked to nearly all other potential causative factors. For example, if an individual is teased about her body weight/ shape/size and she is dissatisfied with her body an eating disorder may develop. Additionally, an individual who is dissatisfied with his or her body may be more detrimentally affected by media images illustrating the perfect body for his or her sex. Some researchers have also suggested that body dissatisfaction is directly tied to one's sense of self or one's identity. If an individual is dissatisfied with who she is as a person and she remains unclear about how to become more satisfied with herself, she may very well focus her efforts (cognitive, behavioral, interpersonal) on manipulating how she looks if she also has a high degree of body dissatisfaction. Engaging in eating disorder related behaviors, therefore, can be seen as an unhealthy solution to a problem concerning one's identity. If the dissatisfied person can become the one with self-control, or the skinny one or the muscular one, then he or she is likely to experience a sense of purpose and ultimately a sense of self. This identity, of course, is tenuous at best.

Sociocultural Factors

There are a multitude of sociocultural factors that have been linked to eating disorders. One such factor involves living in a culture where food resources are abundant. In such cultures there is a corresponding valuation of thinness as the preferred physique for females, whereas in cultures where food is scarce, a larger female body type tends to be idealized. This idealization of a specific physique is often discussed in terms of the "thin ideal" for females; however, recently there has been recognition that the "muscular ideal" is the standard to which males in abundant cultures are typically held. Regardless of the particular standard, many studies have pointed to the importance of Western cultures as being contributing factors to the development of eating disorders.

Another sociocultural factor involves media influences. Numerous studies have been conducted to examine the effect of various media on self-esteem and self-worth, cognitions around the desire to achieve the ideal standard, etc. Typically, media images often portray unrealistic images of both males and females. Those individuals portrayed often represent a statistical minority or are engaged in extraordinary (and potentially harmful) behaviors to achieve this ideal body type.



The above findings are tempered by a recent meta-analysis of studies examining the influence of cultural factors on the development of eating disorders. The findings from this study suggested that eating disorders may be culture-bound syndromes. This depends in part on which eating disorder is being considered and how an eating disorder is defined (not all researchers faithfully follow DSM diagnostic criteria or apply the criteria in the same way). Therefore, while culture may have the types of influences noted above, it is best and probably more accurate to take into account the myriad other potential factors that will be briefly discussed below in this section and the sections that follow. The effect of one's peers on various maladaptive behaviors has been studied widely and has included eating disorders. Researchers indicate that individuals with eating disorders can learn or perfect their pathogenic eating-related behaviors from peers. Additionally, they may share similar attitudes and beliefs with respect to a desire to achieve a specific body type which will probably result in the entrenching of these attitudes and beliefs. While changing peer groups will not necessarily prevent an eating disorder from developing, the evidence does suggest that the peers with whom one associates can be potentially harmful. Although the sociocultural factors discussed above demonstrate converging evidence for their impact on the development and maintenance of eating disorders, Polivy and Herman (2002) remind us that these influences are "so broad and pervasive that [they] ought to cause more pathology than actually occurs." The fact remains that eating disorders only exist in a small

minority of individuals exposed to these factors. Therefore if these factors were causative in the way that many believe they are, we would see a much higher incidence of eating disorders.

Familial Factors

Historically, familial factors were blamed for causing eating disorders. To date, there are numerous studies documenting familial influences on eating disorders, including the encouragement of eating disorder related behavior by family members. For example, family members may reinforce efforts to lose weight or express envy about the individual's slimness or ability to exhibit self-control. Additionally, other studies have pointed to certain family dynamics (e.g., being highly critical, intrusive, hostile, emotionally dismissive) as breeding grounds for eating disorders. Evidence has also been reported that daughters of mothers with eating disorders can be particularly negatively influenced by their mothers' own struggles with these disorders and as a result can develop their own eating disorder. Few research studies examining the impact of the family on the development of eating disorders are experimental in nature, which means that the findings reported above are correlational. Thus, the dysfunctional family dynamics often reported when a family member has an eating disorder may mean that the presence of the eating disorder itself may be a causal factor in the dysfunction and not the other way round. Moreover, individuals with eating disorders can also be found in families where dysfunctional family dynamics do not exist. Thus, many have declared that it is no longer appropriate to consider families as causal agents of eating disorders. In fact, the Academy for Eating Disorders (AED) has published a position statement asserting "whereas family factors can play a role in the genesis and maintenance of eating disorders, current knowledge refutes the idea that they are either the exclusive or even the primary mechanisms that underlie risk." AED continued by stating that the organization "condemns generalizing statements that imply families are to blame for their child's illness." Therefore, as is the case with sociocultural factors, to the extent that families have any impact on the development of eating disorders it is clear that the emergence of an eating disorder is dependent on factors apart from familial factors.

Genetic Factors

Genetic studies (i.e., studies on factors that are inherited from one's biological relatives) usually involve investigating families and twins of individuals with eating disorders. Historically, reports of eating disorders running in families have relied on imprecise data collection methods and definitions of the disorders, anecdotal reports, and other nonrigorous methods. Contemporary studies of family transmission processes are well designed and have the benefit of a diagnostic classification system that can help make identifying individuals with various forms of eating disorders more accurate. Thus, these studies have revealed that eating disorders are much more common in famili es that have biological relatives with eating disorders in comparison to the population at large. This in part supports the notion that genetics plays a role in the presence of an eating disorder. Twin studies help to parcel out the question of whether or not the findings revealed in family studies reflect the intergenerational transmission of genetic material or

environmental influences. Studies examining monozygotic and dizygotic twins indicate that monozygotic twins are more likely to show both individuals of the twin dyad with an eating disorder than dizygotic twins. This finding provides additional evidence for the genetic transmission of eating disorders. Genetic researchers caution, however, that it is important to consider all possible causes for the development of eating disorders. It has been suggested that "[t]he search for etiological processes must, however, retain its broad perspective, because the pathways to symptom formation are multiple and interactive."

Summary

In conclusion, there is no single factor identified as the primary causative agent in the development of eating disorders. Rather there are a multitude of factors involving the individual himself or herself, the environment in which he or she exists, and physiological and genetic processes. When these combine in the right way for a particular individual then an eating disorder can emerge; however, predicting what the right conditions are for any one person is probably an impossibility.

What treatment is available?

The severity of the eating disorder and any co-occurring disorders will determine the initial treatment level you or your loved one should pursue, though it is typical to begin with the outpatient level. Health professionals seen in the outpatient level of care can determine if a higher level of care is needed and refer as necessary. The following are the common levels and types of eating disorder treatment:

Level 1:Outpatient Eating Disorders Treatment

This type of treatment is the least restrictive level of care. Men and women participating in outpatient programs may see a nutritionist, therapist and other recovery professionals approximately 2-3 times per week. This level of care can be helpful to those who need to continue to work or attend school. Outpatient treatment is also desirable for those who do not have the insurance to cover higher levels of care but are looking for assistance to stay in recovery.

Level 2: Intensive Outpatient (IOP) Eating Disorders Treatment

This level of treatment is designed for men and women who do need more support than outpatient treatment but still have some flexibility to remain in school or work. Programs at this level usually meet at individualized times for the participant, ranging from 2-5 days a week. Treatment options typically include individualized therapy, personalized nutrition consultation, topic focused groups, and/or family support groups.

Level 3: Partial Hospitalization

Level 4: Residential Eating Disorders Treatment

At this level of care, individuals are provided with 24 hour care at a live-in facility. Constant medical supervision is placed over every participant, which makes it effective in monitoring health conditions. These treatment programs are usually very structured, offering a type of setting that allows a man or woman to focus solely on physical and psychological healing. Everything needed is provided in one central location.

Level 5: Inpatient / Hospital Treatment Eating Disorder Treatment

This level of treatment offers continuum of care 24 hours a day in a hospital setting. The primary focus of this level of care if medical stabilization and interruption of weight loss, with typical stays less than 3 weeks. Once the individual is considered to be medically stable, they are usually discharged to a residential treatment center for ongoing care.
Find the right eating disorder treatments center in our directory.

Continuing Care

After discharge from residential and/or inpatient programs, men or women have the option of continuing care. This would allow them to continue having periodic sessions with their primary therapist and nutritionist for ongoing support in recovery. Frequency of sessions are typically determined or recommended by the overall treatment team at the higher level of care and prior to discharge.

Additional Treatment Resources

Further treatment resources that are available to men or women with eating disorders include eating disorder support groups or self-help options. Support groups that meet on a weekly or bi-monthly basis are great ways to stay connected to other individuals who are able to empathize and help with accountability. Self-help tools include journal-keeping, meal plan templates, or online recovery support.

What are the TR implications?

Cognitive Behavioral Therapy (CBT)

Cognitive Behavioral Therapy (CBT) is a form of psychotherapy that focuses on negative patterns of thinking as well as beliefs that contribute to these thought patterns. CBT teaches participants skills that allow them to identify problematic beliefs as well as healthy ways to cope

with emotions. CBT has been shown to effectively help those who may be struggling with eating disorders or mood disorders and decrease destructive behaviors. In relation to eating disorders, CBT may include educational components and the development of a meal plan, as well as addressing various facets, such as familial, psychological, and societal factors.Learn more about using CBT to treat eating disorders.

Medical Nutrition Therapy

Medical Nutrition Therapy (MNT) is a holistic method for treatment various medical conditions and their associated symptoms. This is achieved by the use of customized meal plans that are usually formulated by a Registered Dietitian. Components of MNT include assessment, dietary modification, and patient education. MNT is used in the recovery of those who suffer with eating disorders to help establish normal eating behaviors and improve one's relationship with food and body. Learn more about using nutrition therapy to treat eating disorders.

Dialectical Behavioral Therapy (DBT)

Dialectical Behavioral Therapy (DBT) is a form of psychotherapy that connects cognitive and behavioral methods as an approach to coping with painful emotions. The focus of this therapy is usually on individuals who react to emotional circumstances with extreme behaviors. Components of DBT include the practice of mindfulness as well as emotional regulation. Although DBT was originally designed for those that suffer with Borderline Personality Disorder, it has become an effective treatment therapy for men and women who deal with emotional instability. DBT techniques can be beneficial for eating disorder treatment in that they allow individuals to better deal with conflict and stress while gaining increased control over negative thoughts and emotions. Learn more about using DBT to treat eating disorders.

Acceptance and Commitment Therapy (ACT)

Acceptance and Commitment Therapy is used to help men and women concentrate on ways to become aware of and accept their emotions and experiences. This therapy is beneficial in eating disorder recovery as it helps individuals develop a healthier relationship with their emotions and intellect. ACT can also help sufferers with eating disorders to recognize thoughts and urges that are tied to the illness, assisting them in understanding these impulses. ACT is also effective in treating co-occurring disorders such as depression or anxiety. Learn more about using ACT to treat eating disorders.

Art Therapy

This is a form of psychotherapy that uses art media as its main form of communication and therapeutic healing. Men or women who utilize art therapy in treatment are often guided by a professional in illustrating personal stories, thoughts, and/or feelings. Types of art therapy that might be included are painting, clay making, sculpting, and drawing. Art therapy can be an

important part of treatment for those that suffer with eating disorders as it allows a creative outlet for expression and healing. Art therapy can also be useful for treating co-occurring disorders, such as substance abuse or mood disorders. Learn more about using art therapy to treat eating disorders.

Dance Movement Therapy

Dance therapy is a therapeutic form of healing that allows participants to become involved in an alternate way of coping and expressing emotion. Dance therapy also can play a part in achieving a health balance as well as an approach to self-expression. Movement is the main way in which dance therapists will observe, evaluate, and apply various interventions. Dance therapy has been proven an effective form of psychotherapy for various disorders, including learning disabilities and mood disorders. In regards to eating disorders, dance therapy can be influential in healing through guided movements and expressions. Learn more about using dance movement therapy to treat eating disorders.

Equine Therapy

Equine therapy is a form of psychotherapy that uses horses as a tool for emotional growth. Equine therapy is based on the premise that the bond that can grow between humans and animals will allow for emotional healing to occur. Activities that might be involved are care for and grooming of the animal and basic exercises guided by a horse specialist. Men or women who use equine therapy during treatment might have increased self-esteem and body image, particularly as the care for an animal has been shown to be an empowering experience. Learn more about using equine therapy to treat eating disorders.

Exposure and Response Prevention Therapy (ERP)

Exposure and Response Prevention Therapy (ERP) is essential is helping individuals overcome fears and anxiety. This is accomplished by gradually exposing a man or woman to the feared object or circumstance with the goal desensitizing fears. Additionally, ERP also focuses on assisting participants in resisting the use of compulsive behaviors that might typically be used to cope with feelings of fear or anxiety. The primary goal is for individuals to remain connected to the trigger without the use of their ritualistic behaviors. ERP can be effective in the treatment of eating disorders as it helps participants overcome fears of forbidden foods and decrease urges to binge/purge. Learn more about using ERP to treat eating disorders.

Family Therapy

Family therapy is an important part of treatment in that is involves and works with families and couples. The goal of family therapy is to promote nurturing change and maturation, and sessions are overseen by a family therapist. Family therapy should be considered when a malfunction is observed within a family, contributing to problems that concern the overall ability of the family

to function. This form of therapy is crucial to those suffering with eating disorders in that in promotes healing for the entire family and can be helpful in eliminating life-threatening situations. Learn more about using family therapy to treat eating disorders.

Interpersonal Psychotherapy (IPT)

Interpersonal Psychotherapy (IPT) is a form of therapy that focuses on managing interpersonal problem areas, such as unresolved grief, role disputes, role transitions, and interpersonal deficits. Men or women who participate in this form of psychotherapy address underlying personal issues and learn how to better cope with anxiety under the guidance of a therapist. IN the treatment for eating disorders, IPT has been shown to be beneficial in that is increases self-esteem and body image. IPT is also useful in addressing other disorders, such as substance abuse and bi-polar disorder. Learn more about using IPT to treat eating disorders.

Therapeutic Recreation

Therapeutic recreation as part of eating disorder treatment is especially important given that in many cases eating disordered individuals are no longer able to experience leisure activities without feeling strong emotions. For example, eating disordered individuals have often abandoned leisure physical activity (e.g., climbing) for enjoyments sake for activities (e.g., running) that are more cardiovascular in nature and burn more calories. Furthermore, individuals with eating disorders have difficulty sitting with their emotions and handling stress. Recreational therapists can teach stress management techniques using group activities such as deep breathing, muscle relaxation, and meditation. In order to help eating disorder clients develop social skills and enjoy the natural environment, recreational therapists may bring groups of eating disordered clients hiking, canoeing, fishing, and gardening. Metaphors can be used to refl ect the healing process and recovery while individuals are engaging in outdoor activities. Some recreational therapy activities may involve using crafts, arts, and games to help clients gain personal satisfaction and achievement. An outing, such as going to a park or a museum, can be a useful tool to promote group cohesiveness among clients and staff as well as to provide a real world experience.

The Maudsley Method

This family based treatment focuses on incorporating parents as an active role in their child's recovery process from eating disorders. This would include guiding parents in helping their child eat balanced, healthy meals and prevent use of eating disorder behaviors, such as purging or over-exercising. The Maudsley Method typically involves three stages and can be a crucial part of long-term recovery for adolescents with eating disorders. Learn more about using the Maudsley Method to treat eating disorders.

What are some local resources?

Utah Addiction Center
Mirasol
The Ranch
Center for Change
Avalon Hills
Kolob Canyon Residential
New Haven
Discovery Ranch

What are some articles?

7 Things You Shouldn't Say to Someone Who's Had an Eating Disorder

(http://abcnews.go.com/Health/things-shouldnt-whos-eating-disorder/story?id=29452597)

By CAROLYN CAKIR
Mar 8, 2015, 3:22 AM ET

Here's a sobering fact: 30 million people in the U.S. will suffer from a diagnosable eating disorder during their lifetime, while many more cases go unreported. It's likely that you have a friend, family member, or colleague who's suffered from anorexia, bulimia, binge eating disorder, or EDNOS (eating disorder not otherwise specified). But since there's stigma surrounding mental illness in America, many choose to keep their struggle (and recovery process) under wraps.

If someone is open enough to tell you about their food issues, you don't want to risk hurting them or triggering problematic thoughts by saying something inappropriate. Judith Mosesso, LMSW, primary therapist at the Renfrew Center in Old Greenwich, Connecticut, emphasizes that every patient is different—what makes one person uncomfortable may not bother another. But, as a rule of thumb, here are some topics and phrases to avoid.

Why don't you just eat healthy and exercise?

This is similar to telling a person with depression to "snap out of it"—it's not that easy for those with an eating disorder to start eating "normally." This question treats anorexia or bulimia like a diet plan chosen by the sufferer to help them lose weight, and it also discounts the depths of these diseases. As Mosesso points out, "these are mental illnesses. There is something going on in the chemistry of the brain that makes them behave like that."

Sufferers often have deep-rooted anxieties surrounding certain foods or meals. The goal of treatment is to get over their fears and compulsions but recovery is a slow process. “Telling someone to just ‘get over it’ minimizes their feelings and can make the person feel weak,” she says. This often comes from lack of education about eating disorders. “People don’t realize that someone can get really sick from it,” Mosesso says. “They are shocked to find out someone could be hospitalized for anorexia.”

I wish I had your willpower

“They see this person as being very disciplined for their ability to restrict food,” she says. In reality, the person doesn’t want to have an eating disorder but is compelled to restrict or binge and purge. “An E.D. patient uses their behaviors around food as a way to control their emotions,” Mosesso says. The kind of language in the above phrase can reinforce disordered eating by giving them power, says Mosesso. When everything around them may feel chaotic or they feel they can’t do anything right, someone with an eating disorder can point to their restrictions, which are often “the only place where they are seeing success in their lives.”

You don’t look that skinny

Throw out the antiquated idea that a “typical” eating disorder patient is an emaciated young woman. People of all shapes and sizes can have eating disorders; just because someone hasn’t dropped below a certain weight doesn’t mean they aren’t suffering from a crippling disease. “You aren’t validating what they are going through and that makes them feel worse,” says Mosseso. And you’re actually feeding into their disordered thinking: In the mind of an E.D. patient, it could be taken as you pointing out that they haven’t lost enough weight.

Unfortunately, some doctors still use Body Mass Index as part of the diagnostic criteria for anorexia, but this outdated system ignores body type and patterns of behavior that may be beneath the surface. In addition, “a person could be bulimic and not look like they have an eating disorder, because they traditionally have a healthier BMI,” Mosesso says, but that doesn’t mean they aren’t in trouble. “By focusing on someone’s physical appearance, you ignore who they are as a person, their feelings, and what they are going through psychologically and emotionally,” she says.

Don’t you know how bad that is for you?

It should come as no surprise that the answer is yes. On some level, people with eating disorders do know how bad it is for them. “They have both an eating disorder brain and their rational brain,” Mosesso says. Think of it like good cop/bad cop: the longer someone goes untreated, the louder the bad cop becomes. Soon, according to Mosesso, the E.D. brain overpowers the rational inner self, dominating all thoughts, feelings, and behaviors. So while a person may understand the negative impacts of their disease, they don’t see those things as reasons to give it up.

But you’re all better now, right?

“Someone in recovery can feel a lot of pressure to get back to ‘normal’ again,” says Mosesso. “You can’t just wipe all those feelings away like a chalkboard. Like with drug addictions,

relapses happen; the key is not exacerbating the patient's guilt for falling back into old habits." Understanding that this will be a lifelong struggle can be one of the best ways to support your loved ones.

Let's grab dinner

Eating is a social activity: it's one of the easiest ways to reconnect with friends. But if that friend struggles with eating, you should avoid suggesting that you catch up over a meal at a restaurant, she says. Instead, try going to a museum or for a walk in a park. Your conversation will flow just as easily and they won't feel added pressure to eat a certain way.

If you do share a meal, steer clear of stressful topics Eating is already stressful enough for recovering patients; so don't add to it by discussing things that may increase anxiety for them. If you are eating at home together, focus on upbeat topics that aren't related to food; cheerful conversation can sometimes serve as a good distraction from food-related anxiety. Mosesso says one patient's family bought TableTopics ($25; amazon.com), a box filled with thought-provoking questions like "If you could master one instrument which would it be?" to prompt lighthearted discussion. If the person lets you know that they're struggling during the meal, ask them what they need from you but avoid talking about their emotions too much, she says.

I ate so much last night, I'm going to skip breakfast

There's a difference between having disordered eating behaviors and having an eating disorder. Normalized eating changes every day, as Mosesso describes: "someone who doesn't have a history of an eating disorder can binge on Thanksgiving dinner one day and skip breakfast." These aren't healthy behaviors but it doesn't lead that person down the slippery slope of daily restriction. Take the time to explore your own relationship with food, but understand that while you may be able to eat a sleeve of Oreos and skip your next meal without ruminating too long about it, just talking about that could trigger a relapse in someone in recovery.

What should you say?

"Ask how you can be supportive," Mosesso suggests, "and be there for them to do or say whatever they need. Don't be confrontational and don't become the 'food police'—monitoring everything they put in their mouths." You avoid talking only about their eating disorder, which can diminish who they are as a person. Mosesso stresses, "Don't define them by their disease, encourage their individual thoughts, feelings and beliefs outside of recovery."

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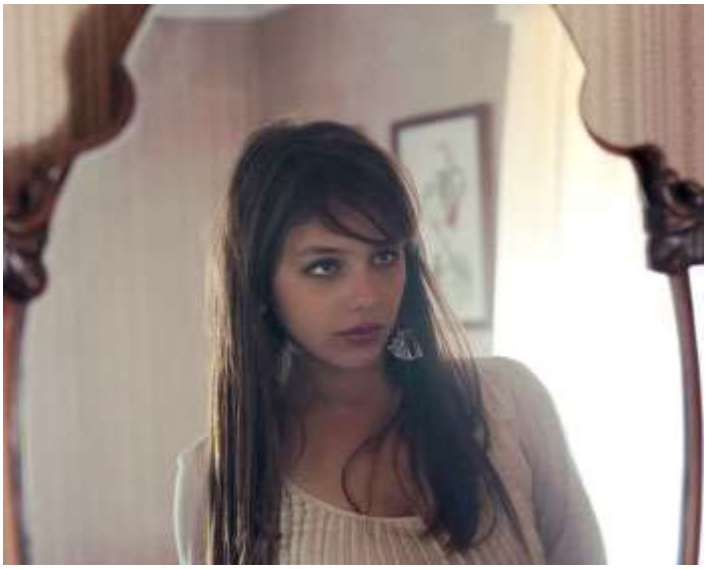
Eating Disorder Treatment and Recovery
Tips and Strategies for Overcoming Anorexia and Bulimia



The inner voices of anorexia and bulimia whisper that you'll never be happy until you lose weight, that your worth is measured by how you look. But the truth is that happiness and self-esteem come from loving yourself for who you truly are—and that's only possible with recovery. Whatever your age or gender, it may seem like there's no escape from your eating disorder, but it's within your reach. With treatment, support, and these self-help strategies, you can overcome your eating disorder and gain true self-confidence.

Eating disorder recovery

The road to eating disorder recovery starts with admitting you have a problem. This admission can be tough, especially if you're still clinging to the belief—even in the back of your mind—that weight loss is the key to happiness, confidence, and success. Even when you finally understand this isn't true, old habits are still hard to break.

The good news is that the eating disorder behaviors you've learned can be unlearned if you're motivated to change and willing to ask for help. However, overcoming an eating disorder is about more than giving up unhealthy eating behaviors. It is also about rediscovering who you are beyond your eating habits, weight, and body image.

True recovery from anorexia and bulimia involves learning to:

- Listen to your body.
- Listen to your feelings.
- Trust yourself.
- Accept yourself.
- Love yourself.
- Enjoy life again.

Gina's story

Gina battled bulimia for seven years—struggling on her own in secret—before she finally opened up to her mother. Gina wrote her a long letter explaining her shame and

embarrassment, and gave her mother a book about how to deal with someone with an eating disorder. Her mother was so relieved that Gina had finally opened up, and together they sought professional help.

Gina's road to recovery was still rocky and she had plenty of slip-ups, but she also had the support of her family. Gina chose to use relationships to replace her bulimia. She saw a therapist and joined a support group of fellow eating disorder sufferers. In time, she went back to graduate school, got married and had children. Like everyone else, she still had difficult experiences in life. Her mother developed cancer and Gina lost her job. But she no longer used her eating disorder to cope.

Eating disorder treatment: Help for anorexia and bulimia

The exact treatment needs of someone struggling with an eating disorder will vary according to the individual. It is, therefore, important that a health professional coordinate any treatment plan.

Eating disorder treatment step #1: Ask for help

It can be scary and embarrassing to seek help for an eating disorder but gaining support from a trusted friend, family member, religious leader, school counselor, or work colleague is for many people the first step on the road to recovery. Alternately, some people find it less threatening to confide in a treatment specialist, such as an eating disorder counselor or nutritionist.
Whoever you select as a confidant, set aside a specific time to discuss your situation with them, ideally in a quiet, comfortable place away from other people and distractions. Remember, your friend or family member may be shocked when you disclose details of your eating disorder. They may even be angry or confused, unsure of how to respond or the best way to help you. It's important to remain patient. Take time to educate them about your specific eating disorder and the ways you'd like them to support you during the recovery process.

How to talk to someone about your eating disorder

The more specific the information you offer, the better the person you're speaking with will understand and be able to help. Answer the following questions and include the answers you are comfortable revealing:

- When did you begin having different thoughts regarding food, weight, or exercise? What were the thoughts?
- When did the different behaviors start? What was the behavior and did you hope to accomplish something specific (lose weight, gain control of something, get someone's attention)?
- Have you noticed any physical health effects (fatigue, loss of hair, digestive problems, loss of menstrual cycle, heart palpitations, etc.)? Or any emotional effects?
- How are you currently feeling physically? Emotionally? Do you feel ready to stop the disordered eating behaviors?
- How can the people in your life best support you? Do you want them to monitor your behavior?
- Do you want them to ask you how you are doing with your recovery or would you rather tell them?

Source: *National Eating Disorders Association*

Eating disorder treatment step #2: Find a specialist

Eating disorder recovery is much easier when you have experienced, caring health professionals in your corner. It's important to find a professional counselor or nutritionist who specializes in anorexia or bulimia. As you search, focus on finding the right fit, someone who makes you feel comfortable, accepted, and safe. To find an eating disorder treatment specialist in your area:

- Ask your primary care doctor for a referral.
- Check with local hospitals or medical centers.
- Ask your school counselor or nurse.
- Call the National Eating Disorders Association's toll-free hotline at **1-800-931-2237** (Mon–Fri, 8:30 a.m. to 4:30 p.m. PST).

Eating disorder treatment step #3: Address health problems

Anorexia and bulimia can be deadly—and not just if you're drastically underweight. Your health may be in danger, even if you only occasionally fast, binge, or purge, so it's important to get a full medical evaluation. If the evaluation reveals health problems, they should take top treatment priority. Nothing is more important than your physical well-being. If you're suffering from any life-threatening problem, you may need to be hospitalized in order to keep you safe.

Eating disorder treatment step #4: Make a long-term treatment plan

Once your health problems are under control, you and your doctor or therapist can work on a long-term recovery plan. First, you'll need to assemble a complete eating disorder treatment team. Your team might include a family doctor, a psychologist, a nutritionist, a social worker, and a psychiatrist. Then you and your team will develop a treatment plan that's individualized to meet your needs.

Your eating disorder treatment plan may include:

• Inpatient treatment • Individual or group therapy • Family therapy	• Eating disorder education • Nutritional counseling • Medical monitoring

An effective treatment program for eating disorders should address more than just your symptoms and destructive eating habits. It should also address the root causes of the problem—the emotional triggers that lead to disordered eating and your difficulty coping with stress, anxiety, fear, sadness, and other uncomfortable emotions.

Treatment options for anorexia and bulimia

While there are a variety of different treatment options available for those struggling with eating disorders, it is important to find the treatment, or combination of treatments, that works best foryou.

Therapy for eating disorders

Therapy is crucial to treating anorexia and bulimia. There are many ways a therapist can work with you, including addressing any feelings of shame and isolation caused by your eating

disorder. Different therapists have different methods, so it is important to discuss with a therapist your goals in working towards recovery.
The most common therapy for eating disorders is cognitive-behavioral therapy. This targets the unhealthy eating behaviors of anorexia and bulimia and the unrealistic, negative thoughts that fuel them. One of the main goals is for you to become more self-aware of how you use food to deal with emotions. The therapist will help you recognize your emotional triggers and learn how to avoid or combat them. Cognitive-behavioral therapy for eating disorders also involves education about nutrition, healthy weight management, and relaxation techniques.

Nutritional counseling for eating disorders

The goal of a nutritionist or dietician is to help you incorporate healthy eating behaviors into your everyday life. A nutritionist can't change your habits overnight, but over a period of time you can learn to develop a healthier relationship with the food you consume.

Eating disorder support groups

While family and friends can be a huge help in providing support, you may also want to join an eating disorder support group. They provide a safe environment where you can talk freely about your eating disorder and get advice and support from people who know what you're going through.

Online support for eating disorders

You can find online help for anorexia and bulimia at Internet support groups, chat rooms, and forums. Online resources are particularly helpful if you're not ready to seek face-to-face help or you don't have an eating disorder support group in your area. See the Resources & References section below.

There are many types of eating disorder support groups. Some are led by professional therapists, while others are moderated by trained volunteers or people who have recovered from an eating disorder.
To find an eating disorder support group in your area:

- Ask your doctor or therapist for a referral
- Call local hospitals and universities
- Call local eating disorder centers and clinics
- Visit your school's counseling center
- Search the National Eating Disorders Association's. See the Resources & References section below.

Self-help for eating disorders: Learning new coping skills

Anorexia and bulimia aren't about food. They're about using food to cope with painful emotions such as anger, self-loathing, vulnerability, and fear. Disordered eating is a coping mechanism—whether you refuse food to feel in control, binge for comfort, or purge to punish yourself. But you can learn healthier ways to cope with negative emotions.
The first step is figuring out what's really eating you up inside. Remember, "fat" is not a feeling, so if you feel overweight and unattractive, stop and ask yourself what's really going on. Are you

upset about something? Depressed? Stressed out? Lonely? Once you identify the emotion you're experiencing, you can choose a positive alternative to starving or stuffing yourself.
Here are a few suggestions to get you started:

• Call a friend • Listen to music • Play with a pet • Read a good book • Take a walk	• Write in a journal • Go to the movies • Get out into nature • Play a favorite game • Do something nice for someone else

Coping with anorexia and bulimia: Emotional Do and Don't lists

Do…

- allow yourself to be vulnerable with people you trust
- fully experience every emotion
- be open and accepting of all your emotions
- use people to comfort you when you feel bad, instead of focusing on food
- let your emotions come and go as they please without fear

Don't…

- pretend you don't feel anything when you do
- let people shame or humiliate you for having or expressing feelings
- avoid feelings because they make you uncomfortable
- worry about your feelings making you fall apart
- focus on food when you're experiencing a painful emotion

Adapted from: *The Food and Feelings Workbook, by Karin R. Koenig, Gurze Books*

Self-help for eating disorders: Improving your self-image

When you base your self-worth on physical appearance alone, you're ignoring all the other qualities, accomplishments, and abilities that make you beautiful. Think about your friends and family members. Do they love you for the way you look or who you are? Chances are, your appearance ranks low on the list of what they love about you—and you probably feel the same about them. So why does it top your own list?
Placing too much importance on how you look leads to low self-esteem and insecurity. But you can learn to see yourself in a positive, balanced way:

- **Make a list of your positive qualities.** Think of all the things you like about yourself. Are you smart? Kind? Creative? Loyal? Funny? What would others say are your good qualities? Include your talents, skills, and achievements. Also think about bad qualities you DON'T have.
- **Focus on what you like about your body.** Instead of searching for flaws when you look in the mirror, appreciate the things you like about your appearance. If you're distracted by "imperfections," remind yourself that nobody's perfect. Even supermodels get airbrushed.
- **Challenge negative self-talk.** When you catch yourself being self-critical or pessimistic, stop and challenge the negative thought. Ask yourself what evidence you have to support

the idea. What is the evidence against it? Just because you believe something, doesn't mean it's true.

Tips to Improve your Body Image	
Wear clothes you feel comfortable in	Dress to express yourself, not to impress others. You should feel good in what you wear.
Stay away from the scale	If your weight needs to be monitored, leave that up to the doctors. How much you weigh should never affect your self-esteem.
Stay away from fashion magazines	Unless you can look through these magazines knowing they are purely fantasy, it's just better to stay away from them.
Do nice things for your body	Get a massage, a manicure, or a facial. Pamper yourself with a candlelight bath, scented lotion, or a new perfume.
Stay active	Movement therapy helps improve your sense of wellbeing. Take up Yoga or Tai' Chi, play volleyball with the kids, or bike ride with friends. Make angels in the snow or sandcastles at the beach. Be active and enjoy life!
Adapted from: *The Something Fishy Website on Eating Disorders*	

Self-help for eating disorders: Learning healthy eating habits

Learning and establishing healthy eating habits is an essential step in recovery from anorexia and bulimia.

- **Stick to a regular eating schedule.** You may be used to skipping meals or fasting for long stretches. But when you starve yourself, food becomes all you think about. To avoid this preoccupation, make sure to eat every three hours. Plan ahead for meals and snacks, and don't skip!
- **Challenge your strict eating rules.** Strict rules about food and eating fuel anorexia and bulimia, so it's important to replace them with healthier ones. For example, if you have a rule forbidding all desserts, change it into a less rigid guideline such as, "I won't eat dessert every day." You won't gain weight by enjoying an occasional ice cream or cookie.
- **Don't diet.** Healthy eating—not dieting—is the key to avoiding weight gain. Instead of focusing on what you shouldn't eat, focus on nutritious foods that will energize you and make your body strong. Think of food as fuel for your body. Your body knows when the tank is low, so listen to it. Eat when you're truly hungry, then stop when you're full.

Relapse prevention for anorexia and bulimia

The work of eating disorder recovery doesn't end once you've adopted healthy habits. It's important to take steps to maintain your progress and prevent relapse.

- **Develop a solid support system.** Surround yourself with people who support you and want to see you healthy and happy. Avoid people that drain your energy, encourage disordered eating behaviors, or make you feel bad about yourself.
- **Stick with your eating disorder treatment plan.** Don't neglect therapy or other components of your treatment, even if you're doing better. Follow the recommendations of your treatment team.
- **Fill your life with positive activities.** Make time for activities that bring you joy and fulfillment. Try something you've always wanted to do, develop a new skill, pick up a fun hobby, or volunteer in your community. The more rewarding your life, the less desire you'll have to focus on food and weight.
- **Avoid pro-ana and pro-mia websites.** Don't visit websites that promote or glorify anorexia and bulimia **.** These sites are run by people who want excuses to continue down their destructive path. The "support" they offer is dangerous and will only get in the way of your recovery.
- **Identify your "triggers."** Are you more likely to revert to your old, destructive behaviors during the holidays, exam week, or swimsuit season? Know what your triggers are, and have a plan for dealing with them, such as going to therapy more often or asking for extra support from family and friends.

More help for eating disorder treatment and recovery

- Anorexia Nervosa: Signs, Symptoms, Causes, and Treatment
- Helping Someone with an Eating Disorder: Advice for Parents, Family Members, and Friends
- Bulimia Nervosa: Signs, Symptoms, Treatment, and Help
- Depression Symptoms and Warning Signs: How to Recognize Depression Symptoms and Get Effective Help
- Binge Eating Disorder: Symptoms, Causes, Treatment, and Help
- Emotional and Psychological Trauma: Symptoms, Treatment, and Recovery
- Cutting and Self-Harm: Self-Injury Help, Support, and Treatment
- Dealing with Depression: Self-Help and Coping Tips to Overcome Depression

Resources and references

Eating disorder recovery and self-help

Overcoming Disordered Eating - Part A – Series of self-help worksheets designed to help you understand and recover from an eating disorder. (Centre for Clinical Interventions, Western Australia Department of Health)
Overcoming Disordered Eating - Part B – Second set of worksheets on eating disorder recovery, covering topics such as self-esteem, body image, and relapse prevention. (Centre for Clinical Interventions, Western Australia Department of Health)

Eating disorder treatment

Types of Treatment – Overview of the types of eating disorder treatment available for anorexia and bulimia. (The Something Fishy Website on Eating Disorders)

Treatment – Provides numerous resources and tips on eating disorder treatment, including questions to ask, insurance tips, and a guide to your options. (National Eating Disorders Association)
Eating Disorder Treatment: Know Your Options – Learn about your eating disorder treatment options, including counseling, education, and medication. (Mayo Clinic)

Finding help and support for eating disorders

Eating Disorder Treatment Finder – Directory of eating disorder treatment providers, including doctors, therapists, nutritionists, and support groups. (The Something Fishy Website on Eating Disorders)
EDReferral.com – Comprehensive, easy-to-search database of eating disorder treatment providers, including specialists for anorexia and bulimia. (The Eating Disorder Referral and Information Center)
Information & Referral Helpline – Eating disorders helpline offers advice and referrals. Includes an online directory of treatment providers and support groups. (National Eating Disorders Association)
HelpFinder – Searchable database of treatment and help for anorexia and bulimia in the United Kingdom and abroad. (beat, UK)

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http://web.b.ebscohost.com.erl.lib.byu.edu/ehost/ebookviewer/ebook/bmxlYmtfXzU0NDIwOF9fQU41?sid=907387e5-9e8e-499c-95f9-5bec5ae4c401@sessionmgr110&vid=1&format=EB&rid=1

Other Articles

- **Somatic Experiencing, Trauma and Treating Eating Disorders –** Physical or psychological traumas are often contributing factors to the development of an eating disorder. Appropriately healing from these traumas is an important aspect of the recovery process from an eating disorder. Learn more about how somatic experiencing can be a therapeutic tool for healing from unresolved trauma.
- **Benefits of Yoga for Eating Disorder Recovery –** Yoga is a therapeutic practice that can complement the recovery process from an eating disorder. Practicing yoga can reap many benefits for the eating disorder sufferer, including physical healing, improved body image, and greater awareness of one's feelings and emotions. Learn more about how Yoga can be beneficial for someone recovering from an eating disorder.
- **Utilizing Brain Stimulation in the Treatment of Eating Disorders** - A non-invasive magnetic brain stimulation called "Repetitive Transcranial Magnetic Stimulation (RTMS)" has shown some successful results in a study of 20

participants. The magnetic stimulation is performed on the frontal lobes of the brain.

- **Navigating the rough waters when looking for eating disorder inpatient and residential programs** – Because of the many stigmas associated with eating disorders, it can be difficult for sufferers to seek the treatment they need. Finding the right level of care and treatment center can involve many challenges and obstacles. Learn more about theClinical Practice Recommendations for Residential and Inpatient eating disorder programs.
- **Neurobiology and Eating Disorders** – The brain has millions of neurons with trillions of connections, and a substantial portion of the brain is committed to the emotions and reasoning required to acquire food, what to eat, when to eat, and how much to eat. Is it any wonder, given the complexities of the brain, that some of us develop some sort of disordered eating? The neurobiology of disordered eating could help in developing individualized treatment for those who suffer from eating disorders.
- **The Value of PHPs and IOPs** – Many eating disorder treatment programs either require round the clock medical supervision in a hospital or a more relaxed outpatient approach where symptoms are less intense. However, there are those that need a treatment option somewhere in between. This is where Partial Hospital Programs (PHP's) or Intensive Outpatient Programs (IOP's) provide a real service and value. These solutions afford the patient and their loved ones an intense approach to recovery without having to leave home and the expenses that come with it.
- **Experiencing Inpatient Treatment** – Eating disorder prevalence rates continue to increase among men and women. According to the National Association of Anorexia Nervosa and Associated Disorders (ANAD), the mortality rate for individuals suffering from Anorexia Nervosa is 12 times higher than the death rate of all causes of death for females between the ages of 15 and 24 years old. Learn more about Inpatient Treatment.