



# UNDERSTANDING DISORDERED EATING

## The Bottom Line

Practitioners have recently noted increases in the number of patients attempting to access services for disordered eating and eating disorders. These include younger children presenting with symptoms as well as illness severity. Recognizing signs and symptoms of disordered eating, encouraging conversations about body image, and encouraging eating meals together if possible may support healthier eating habits.

## Eating Disorder vs. Disordered Eating

While all people with eating disorders experience disordered eating, not everyone who experiences disordered eating will experience an eating disorder. The difference between a **diagnosed eating disorder** and the term **disordered eating** is the extent to which the compulsive behaviour manifests itself within an individual. Compulsive behaviours regarding eating can include under/overeating, purging, bingeing, and over-exercising. Disordered eating is a pervasive issue that affects many people of all ages. It can have harmful physical and emotional effects and should be taken seriously regardless of an eating disorder diagnosis. Those experiencing disordered eating may be more at risk for developing an eating disorder if they have a history of anxiety and/or depression.

## Signs and Symptoms of Disordered Eating

Caregivers and service providers who are often in close proximity with children and youth may be able to watch for signs and symptoms of disordered eating. Depending on the severity and frequency of disordered eating symptoms, a diagnosable eating disorder may also be present.

It is also important to remember that a person does not have to appear under/overweight to experience disordered eating. General signs and symptoms include:

- Wanting to eat alone as opposed to with others (at home or at school/work)
- Significantly restricting (or increasing) food and portion sizes they used to enjoy
- Significantly restricting (or increasing) specific categories of food like dairy or carbohydrates
- Compulsively reading nutrition labels and obsessing over caloric intake
- Excessive increase in exercise
- Dramatic weight loss/gain within a short period of time
- Increase in comments such as, "I shouldn't eat that because I didn't exercise today," or "I ate that, therefore I need to exercise more."

- Noticeable increase in symptoms of a concurrent mental illness, such as anxiety and/or depression
- Difficulty concentrating, impeding school or work performance due to thoughts about food, body, and exercise
- Using food consumption and/or restriction extensively as a coping mechanism
- Frequently and excessively using excuses such as “avoiding the quarantine 15” or “intermittent fasting” to decline an invitation to eat
- Overwhelming anxiety when thoughts or discussions arise about food or disruptions to diet and exercise routine
- Self-worth is based highly, or even exclusively, on body shape and weight
- Displaying signs of body dysmorphia, i.e., a person who is of healthy weight but continues to feel that they are under/overweight

## Possible Responses

- Providing reminders that “fat” is something that all people have on their bodies, not an emotion that someone can feel. It should not be used as a descriptive word for a physical or emotional state. Encourage self-analysis of what emotions and thoughts are being experienced when the word “fat” is used.
- When possible, eating meals together rather than alone.
- Responsible adults should be cautious of how they speak about their bodies in front of children and youth. Obsessing over the need to lose weight or other body image issues may make children feel that they need to do the same.
- Using mindfulness techniques, breathing techniques, and techniques that activate the use of the 5 senses may be beneficial when anxiety-provoking thoughts surrounding food occur.
- Writing a letter to the eating disorder may help work through feelings associated with what is being experienced. [The Kids Help Phone has created a guided way to write this letter.](#)
- Providing information about eating disorders and disordered eating. Symptoms of disordered eating are common among young people, they do not discriminate, and they are not easily controlled. Understanding this may mitigate feelings of shame and stigma.
- Validating thoughts of negative body image. Often, first instincts are to debate these thoughts (e.g. “You’re not fat!”). Instead, try to listen, acknowledge, and validate concerns by encouraging young people to talk about their struggles with body image or food.
- People who are experiencing disordered eating should practice self-compassion. Be encouraging and realistic about making mistakes during recovery, as well as validating any feelings that arise.

- Setting boundaries for yourself. This can include setting social media limits, avoiding magazines, and changing the subject when others discuss topics of food or body image.
- Practicing self-care and actively seeking things that bring you happiness.
- Creating a structured routine for a return to semi-normal sleeping, eating, and exercise patterns.
- Increasing connection. Symptoms of disordered eating may increase other mental health symptoms, such as depression and/or anxiety. Increasing social connection (virtually or physically) may aid in the reduction of these symptoms.
- Encouraging habits of positive thinking and reducing stimuli that sustain the harmful practices, such as having continuous access to a scale.
- Seeking and providing information on healthy eating, such as avoiding crash diets, maintaining three meals a day, and incorporating snacks into the day. Indulging in unhealthy snacks occasionally is also beneficial to create balance rather than deprivation.
- If an eating disorder is suspected, professional support should be sought immediately for a child, youth, or adult.

## Disordered Eating & COVID-19

The Kids Help Phone reported that calls about eating or body image concerns increased more than any other topic during the pandemic, seeing a 69% increase from March to October 2020. In their experience, youth ages 18 to 24 are the most likely to contact them about these topics, followed closely by youth ages 14 to 17. Many places in Canada have reported increases in disordered eating in children during the pandemic, such as Toronto's SickKids hospital. Some children have been as young as 9 years of age, and present as sicker and more underweight compared to patients pre-pandemic, which has also been reported in other parts of Canada.

There are many factors that have contributed to an increase in disordered eating symptoms during COVID-19 such as increased sedentary lifestyles, increased isolation, the loss of structure, and the loss of access to social supports and protective factors. Relatedly, feeling the need to stockpile food due to emptier food shelves at the grocery store may also have increased fear and anxiety surrounding the consumption of food. Additionally, the ongoing increase in video conferencing has led to many people looking at themselves on screen more often than they would normally see themselves during the day, which may increase compulsions/obsessions and/or dissatisfaction with appearance.

For original sources and documents, please visit: [www.childtraumaresearch.ca](http://www.childtraumaresearch.ca)

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