

Recovery from Eating Disorders is Possible



Eating Disorder Resource Guide for Those Who Suffer

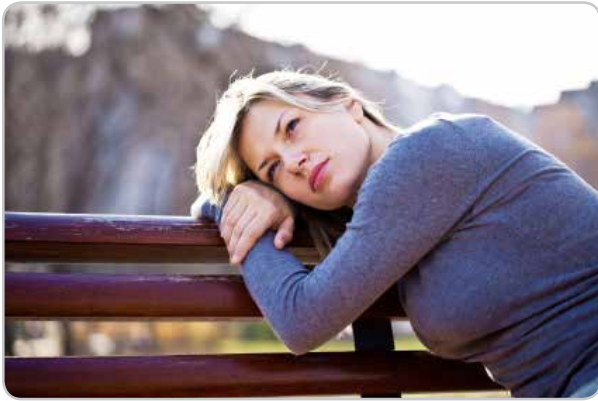
Anorexia | Bulimia | Binge Eating

Castlewood
Treatment Center for Eating Disorders



“ Recovery is worth the fight. Once I entered recovery, I realized how much richness, sweetness, and depth can be derived from a life without an eating disorder. There is hope to be found amidst the pain. While it is a process of grieving, sometimes joy permeates sadness. Most importantly, it is important to know that there is a beautiful life after an eating disorder. ”

~ Anonymous



Anorexia Nervosa Treatment – What is Anorexia Nervosa?

Anorexia Nervosa or Anorexia is an eating disorder characterized by self starvation, restriction of food intake, or calories, and sometimes excessive weight loss. Anorexia is a serious psychological disorder that goes well beyond out-of-control dieting. It is an inability to maintain a normal body weight for ones height. It is an intense fear of gaining

weight or being fat, despites sometimes significant weight loss. Some women cease to have menstrual cycles. Often there is an extreme concern with body weight, shape, and or size. The person with anorexia may initially begin dieting to lose weight. Over time, the weight loss becomes an illusion of mastery and control. It can become an obsession and is similar to drug addiction. The person with anorexia loses perspective of his/her appearance because of distorted opinions about self image. No amount of dieting or starvation can satisfy the individual's desire to be thin.

Anorexia Signs & Symptoms

Anorexia Nervosa has the highest mortality rate of all of the psychological disorders. Many of the symptoms of Anorexia can have life threatening consequences. Some of the sufferers will have some but not necessarily all of the following symptoms:

- Restricting caloric intake to less than needed to maintain healthy ideal body weight
- Following a severely limited diet even if underweight
- Forced vomiting or other compensatory behaviors like laxative use, diuretic use or compulsive exercise
- Absence of menstrual cycles for three or more consecutive months
- Fear of eating in social places or in front of others
- Increased isolation and depressive symptoms
- Relentless pursuit of thinness
- Obsessive thinking and talking about weight, shape, size, appearance, or food

- Rituals around body checking, exercise, or food
 - Loss of interest in activities and relationships
 - Body dissatisfaction, body image distortion
 - Chewing and spitting as an attempt to control weight
 - Taking in excessive amounts of fluid or restricting fluid intake
 - Use or abuse of diet pills, herbal supplements, or teas
-

Bulimia Nervosa Treatment – What is Bulimia Nervosa?

Bulimia, or bulimia nervosa, is an eating disorder characterized by compulsive, secretive overeating or bingeing followed by purging through vomiting, or other compensatory behaviors. A person who suffers from bulimia disorder may even purge normal amounts of food with no bingeing behaviors. Individuals with bulimia often abuse laxatives, diet pills and diuretics, or engage in excessive exercise in order to neutralize food intake. Many individuals who struggle with bulimia maintain an average weight. Similar to anorexia, bulimia is a psychological illness. Both bulimia and anorexia extend beyond the scope of out-of-control dieting. The cycle of overeating and purging can quickly become an obsession in which one loses control over the behaviors and is unable to stop the cycle.



Bulimia Sign & Symptoms

The depression and guilt individuals with bulimia feel after a binge force them to go on crash diets, work out excessively, vomit, consume diuretics or laxatives, and resort to other extreme measures to compensate for their bingeing behaviors. If you or your loved one struggles with any of the following symptoms, bulimia treatment may be needed:

- Unrestrained eating that may even be painful
- Unstable body weight
- Evidence of vomiting or laxative use
- Excessive exercise
- Hidden food wrappers or hidden food
- Obsessive thinking and talking about weight, shape, size, appearance, or food
- Loss of interest in activities and relationships
- Fear of eating in social places or in front of others
- Increased isolation and depressive symptoms
- Relentless pursuit of thinness

- Rituals around body checking, exercise, or food
 - Body dissatisfaction, body image distortion
 - Chewing and spitting as an attempt to control weight
 - Taking in excessive amounts of fluid or restricting fluid intake
 - Use or abuse of diet pills, herbal supplements, or teas
-



What is Binge Eating?

Binge eating is a pattern of disordered eating which consists of episodes of uncontrollable eating. Bingeing on food is a symptom of Binge Eating Disorder and Bulimia Nervosa. When the binge eating is followed by compensatory behaviors such as vomiting, laxative use or obsessive exercise, the person may be diagnosed with

bulimia. During a binge eating episode, a person rapidly consumes large quantities of food. Or a person may consume normal amounts of food so quickly and mindlessly that this would be classified as a binge. Often the binge eating functions to help the sufferer manage overwhelming emotions or stressful life events. Binge eaters feel powerless and are unable to control their consumption of large quantities of food. Some people may engage in single episodes of binge eating while others may binge throughout the day.

Binge Eating Signs and Symptoms

- Uncontrolled consumption of food even when full
- Obsessive thinking or talking about body weight, shape, size, appearance or food
- Depression, anxiety, or extreme mood swings
- Unstable weight
- Eating alone or secretive eating because of embarrassment or guilt
- Rapid eating pace, mindless eating
- Self-criticism, low self-esteem, or feelings of worthlessness
- Urges or desires to consume more and more food
- Body dissatisfaction, body image distortion
- Rituals around body checking, exercise, or food
- Loss of interest in activities, relationships or people
- Large quantities of money spent on food, restaurants, or at the grocery store
- Hoarding of food
- Hidden food or food wrappers



“ “ I came to treatment not knowing what to expect. I hadn't been in treatment before and had no idea what was ahead of me. It didn't take long for me to realize that I was in a special place. As I underwent the initial process of adjusting to a new environment, I attempted to convince myself that I was not sick enough to warrant help. I was fortunate enough to be surrounded by incredibly supportive peers who assured me that I deserved the help I was getting. ” ”

~ Anonymous

Co-Occurring Eating Disorders

by Nicole Siegfried, Ph.D, CEDS



Most individuals with eating disorders have co-occurring or co-morbid disorders. When eating disorders occur with other diagnoses, it is referred to as “dual diagnoses.” Eating disorders and other disorders have a reciprocal relationship in which the eating disorder often exacerbates symptoms of co-occurring disorders, and symptoms of co-occurring disorders often exacerbate eating disorders symptoms. It is helpful for family and friends of individuals with eating disorders to become familiar with common co-morbid diagnoses so that they can feel better equipped to understand their loved one and provide support.



Anxiety Disorders and Depressive Disorders

Anxiety and depression are the most common co-morbid diagnoses in eating disorders. Approximately two thirds of those individuals admitting to eating disorder treatment programs also meet criteria for anxiety and/or depression. For half of these individuals, symptoms of anxiety and depression predated the development of the eating disorder, and there is some evidence that eating disorder symptoms are maintained as a way to help relieve symptoms of anxiety and depression.



Obsessive Compulsive Disorder

Approximately 40% of individuals with eating disorders also meet criteria for obsessive compulsive disorder, which is characterized by intense, repetitive thoughts (i.e., obsessions) and related behavioral compulsions. The obsessions and compulsions may be food-related (e.g., concerns that food may be contaminated) or non-food-related (e.g., concerns about germs). It is typically recommended that OCD symptoms are treated concurrently with eating disorder symptoms for best results.



Substance Abuse

Approximately 25% of individuals with eating disorders also abuse drugs and/or alcohol. Eating disorder symptoms can often be masked by drug/alcohol symptoms. When an individual enters drug and alcohol treatment, his or her eating disorder behaviors may often intensify in the absence of drugs/alcohol. Depending on the severity of their eating disorder behaviors, these individuals may need to be referred to an eating disorder treatment facility that can also provide support for the substance abuse.



Self-Harm and Suicidality

Approximately 40% of individuals with eating disorders engage in self-harm behaviors, which may include cutting, burning, and severe picking behaviors. Individuals who self-harm report that these behaviors achieve some of the same results as eating disorder behaviors, including numbing and relieving anxiety. Eating disorders also have a high rate of suicidality, including suicidal ideation, suicidal behaviors, and completed suicides. Assessment and treatment of self-harm and suicidality are necessary in the treatment of eating disorders.



Posttraumatic Stress Disorder

Approximately 40% of individuals with eating disorders also have co-morbid trauma. Symptoms of PTSD include avoidance, numbing, and re-experiencing through nightmares and flashbacks. For individuals with PTSD, eating disorder behaviors are often maintained because they decrease re-experiencing symptoms and assist in numbing negative emotion associated with the trauma.



Treatment for Eating Disorders and Co-occurring Disorders

Families and friends of individuals with eating disorders and co-occurring disorders should search for treatment programs that address both disorders. Research shows that when the eating disorder is addressed in treatment, symptoms of co-occurring disorders often intensify and vice versa. If eating

disorder treatment only focuses on remission of eating disorder symptoms, relapse in symptoms of the eating disorder and/or co-occurring disorder is likely. Co-occurring disorders must also be assessed and treated in treatment to achieve full recovery from the eating disorder. When families and friends are exploring options for treatment, they should search for programs that also address co-morbid diagnoses to facilitate the best chance of recovery for their loved one.

Advice for People with Eating Disorders

By Heidi L. Strickler, Ph.D., LCSW, CEDS, CART, CTLS



Signs and Symptoms



Many people who have eating disorders experience changes in their lives that are frightening and unanticipated. As the eating disorder becomes an increasingly bigger part of your life, you often notice that you are spending more and more time engaging in your eating disorder and less and less time with your family and friends. Often you may experience social signs that you have an eating disorder. People who care about you may comment that you have

withdrawn from social activities and aren't spending time with them anymore. Your family and friends may have noticed that you are avoiding social activities that involve meals. You might be experiencing discomfort eating in front of people. You might also realize that you have withdrawn from your family and friends and find activities less enjoyable because you are focused on food, types of food, counting calories, figuring out how you will eat, how much you will eat, and how you will prevent others from being aware of what and how much you are eating.

You may experience other types of issues in combination with your eating disorder. Often a great deal of discomfort with your body and its size and shape accompany the eating disorder. You may spend a great deal of time changing clothes, feeling uncomfortable in your clothes, worrying about how your clothes look on or fit your body. You may be uncomfortable changing for gym or physical education classes. You may spend a great deal of time in front of a mirror or engaging in various methods of checking to see if the size

or shape of your body has changed in any way. Perfectionism is another common issue that also tends to accompany eating disorders. You may want to feel as though you are in control at all times and experience a lot of self-hate if you make a mistake or are unable to perform at what you perceive as “top level” at all times. You may try to please others and keep them happy at the expense of your own happiness. You may be uncomfortable with intense emotions or feelings of anger, guilt, depression, or anxiety and try eliminate these emotions by not eating, eating larger amounts of food than most people would at a time, or eating and then trying to use some means to rid yourself of the food. You might have a hard time enjoying yourself and relaxing. Despite all of the things mentioned above, most people in your life probably believe you’ve got everything managed and are functioning very well.



If your eating disorder continues for a time, you may notice some changes happening to your body that can be concerning. It is advisable to seek medical attention for these or any other physical symptoms or changes you experience. If you engage in self-induced vomiting, you may notice that you experience bloodshot eyes. This symptom occurs because the

force of vomiting is breaking the blood vessels in your eyes. Additionally, vomiting leads to dental problems as the acid from the vomit eventually eats the enamel from your teeth. Your teeth will eventually turn gray and can even fall out. The acid from your stomach can also tear and rupture your esophagus. If you use laxatives or diuretics, your bowel movements or urination may take a long time to return to normal after you stop using these products or can be damaged permanently. Often you will experience discomfort during this time period, which may feel very difficult to tolerate. These products, as well as, vomiting can lead to electrolyte imbalances which cause dysfunction in many bodily systems, including your heart, kidneys, and other areas. Using diet pills often leads to increased heart rate, which combined with other unsafe eating habits, including restricting food intake or increased food intake can be very dangerous and even deadly. Often people with eating disorders may engage in excessive exercise. If you engage in this behavior, you may experience stress fractures, decreased immune system response so your body may not have the ability to fight infections or other diseases as easily, and you may experience permanent damage to your body so you may be unable to participate in activities that you may later find to be important to your lifestyle. If you binge, or eat very large quantities of food, your digestive system often does not continue to function properly. Fortunately, with proper care and treatment, many of these effects and symptoms can be reversed.

“ “ *The lesson I must learn is simply that my control is limited to my own behavior and my own attitudes.* ” ”

Getting Help



Knowing what to do when you have an eating disorder is often challenging. Many times people may approach you with their concerns and let you know they are worried about you. Sometimes, it's very hard to be open to other people's concerns. You may think things like, "they're just jealous that they can't stick to a diet," or "they're jealous they're not skinny like me." You may feel shame that someone knows about your behaviors and want to try to hide them more. People who care and mean

well will often say things that come out in an insensitive and hurtful way because they are genuinely worried and scared for you. If someone approaches you and suggests that you need help for your eating disorder, even if that person doesn't say it in the most helpful way, be open to his/her concerns.

“ If you believe you need help, be honest with yourself. If you or your loved ones are concerned, go to your doctor and get a complete medical examination. ”

It may be helpful to contact a treatment center that specializes in the treatment of eating disorders. By speaking with a representative from the treatment center, you can complete a screening to determine the level of severity of your eating disorder. This screening can help determine the right level of treatment for you. There are many options, including outpatient treatment, intensive outpatient treatment, day treatment, partial hospitalization, residential treatment, or inpatient treatment. Speaking with a professional who has specialized knowledge in eating disorders can help you determine what is right for you. It is very important, regardless of what level of treatment you need to involve a therapist who specializes in eating disorders, a dietitian who specializes in eating disorders, and a medical professional. Often you will also need a psychiatrist to help address co-occurring disorders such as anxiety and/or depression for which you may need medication. The first step is to ensure that you get a complete evaluation so you have a good starting point to getting help.

If you are under 18, your treatment team will have to work with your parent or legal guardian. Sometimes family work is a scary process, but is important to inform your team about any family issues you are worried about, as well as, your family strengths. This process is important for adults as well. When you have a good working relationship with

your treatment team, you will work on the issues that led you to develop your eating disorder. Often you will work on learning to cope differently with the world, developing different styles of interacting with people so you can feel more comfortable in social situations without your eating disorder, helping you change some of the ways you think about things, and addressing some of the more difficult experiences you may have had in life. You will be an important part of your treatment team and decision making process.

If at any time, you experience chest pains or an irregular heartbeat, you should immediately go to the nearest emergency room and inform the treatment provider there that you have an eating disorder.



“ Remember, recovery takes a lot of hard work but it is possible with open and honest participation on your part, a willingness to seek and participate in help, and the knowledge that you truly deserve it. ”

Eating Disorder Assessment



If you believe you may be suffering from an eating disorder, please fill out this questionnaire and bring it to your primary care physician.

Do you think life would be better and/or people would like you more if you were thin/thinner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Yes	No	Maybe
Do you find yourself often comparing your appearance and weight to others, strangers and/or models and actors, and wishing to be as “nice looking” or as “thin” as they are?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Yes	No	Maybe
Do you continuously feel that you are overweight even though others have told you that you are not?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Yes	No	Maybe
Do family members and/or friends often express concern for your weight-loss/gain, your appearance, and/or your eating habits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Yes	No	Maybe
Do you suffer from bouts of depression, hopelessness, and/or lack of motivation; and/or do you find your own problems overwhelming and hard to handle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Yes	No	Maybe
Do you eat, self-starve or restrict, binge and/or purge, and/or compulsively exercise when you are feeling lonely, badly about yourself or about a situation, or when you are feeling emotional pressures?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Yes	No	Maybe

While eating, self-starving, or bingeing and/or purging do you feel comforted, relieved, like emotional pressures have been lifted, or like you are in more control?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Maybe
Do you feel guilty following a binge and/or purge episode, after eating or during and/or after periods of restriction/self-starvation?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Maybe
When eating do you ever feel out of control or like you will lose control and not be able to stop; and/or do you try to avoid eating because of this fear?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Maybe
Do you typically feel guilty after a binge, or after any snack or meal, and like you have almost instantly gained weight, like you are a failure, and/or like you have sabotaged yourself?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Maybe
Do you use self-starvation, purging, diet pills, laxatives, diuretics, and/or obsessive exercise as a way to attempt to lose weight?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Maybe
Do you drink a lot of water, tea or coffee, eat a lot of candy or junk food and/or gum, smoke, and/or take caffeine pills as an attempt to control appetite and/or feel more energetic?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Maybe
Do you weigh yourself often and does the number on the scale dictate your mood and/or self-worth for the day; and/or do you find you are continuously trying to get that number lower?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Maybe

Are you constantly “on a diet”, and/or counting calories and fat grams; and/or do you feel like you’ve tried every “fad diet” or “lose weight quick” scheme?



Yes



No



Maybe

Do you set weight-goals for yourself only to find when you reach it that you want to lose more?



Yes



No



Maybe

Do you do any of the following: hide and/or steal food, laxatives and/or diet pills; eat and/or exercise secretly; avoid eating in public or around others; wear clothes that hide your weight; and/or make excuses (like “I don’t feel well”) to avoid meals?



Yes



No



Maybe

Do you lie about your eating behaviors, hide them from others at all costs, and/or would you lie or steal to see they could continue?



Yes



No



Maybe

Castlewood

Treatment Center for Eating Disorders



Eating Disorder Treatment for Men & Women
St. Louis, MO | Monterey, CA | Birmingham, AL

Residential
Partial Hospitalization
Free Transitional Living
Intensive Outpatient

www.CastlewoodTC.com | 888.822.8938

Affiliations & Accreditations



TheHighlandsTC.com
Birmingham, AL



MonarchCoveTreatment.com
Monterey, CA



EDCMO.com
St. Louis, MO



Castlewood
Treatment Center



Castlewood & Monarch Cove
Treatment Centers