



Eating Disorder Facts

- Anorexia and bulimia are brain disorders - not chosen behaviors.
- 50-80% of the risk of developing an eating disorder is genetic.
- Eating disorders are potentially deadly and disabling.
- You can fully recover from an eating disorder.
- Early and assertive intervention is critical.
- Most eating disorder symptoms are the result of malnutrition, and the first medicine for medical, emotional, and cognitive recovery is: food.
- Psychotherapy should not be done in the absence of weight restoration and normalized eating.
- Modern treatment professionals no longer assume an eating disorder patient has suffered grave trauma or lives in a dysfunctional home – families do not cause eating disorders.
- One cannot tell by looking at a person whether they are underweight or suffering from malnutrition. Healthy weight ranges are highly individual and best monitored by a physician familiar with family history, growth curve expectations, and behavioral symptoms.
- Eating disorder patients often do not feel ill, do not ask for help, and may see the concern of others as criticism. It is essential that families and the community not wait for insight or motivation to act assertively.
- BMI should never be publicly assessed or discussed with children.
- Expressing a negative body image or a desire to lose weight is often the first recognizable symptom of an eating disorder and should be taken seriously.
- Logic, pleading, disapproval, anger, and shame are ineffective and counterproductive to helping patients recover.



- Many experts consider dieting a “gateway drug” to anorexia and bulimia.
- Our society’s emphasis on avoiding obesity and equating extreme thinness with health, virtue, and attractiveness can backfire for those with a genetic predisposition for an eating disorder.
- Perfectionism in school, work, and athletics often masks eating disorders. Many patients are able to perform very well academically and in sports even when at risk for suffering permanent medical damage or sudden death.
- Athletes require more calories than less active people, and should not be encouraged to lose weight. Loss of menses is not normal and is a sign of hormonal insufficiency leading to bone loss and risk of future infertility.
- Well-informed and supported families are the single most important factor in supporting a child/adolescent to recovery.
- Families may not instinctually know how to cope with an eating disordered child, and parents need evidence-based information and support.
- Eating disorder treatment is best undertaken with specialized and experienced professional care: a coordinated team of eating disorder specialists – medical, psychotherapeutic, and psychiatric. For children and young adults, parents can expect to be an important part of the treatment team.
- The only evidence-based treatment approach for children and adolescents is “Family-Based Maudsley therapy.” This approach is home-based, with coaching by a specifically trained therapist, and puts parents in charge of choosing, serving, and monitoring meals for 6-12 months until the patient is free of the eating disordered compulsions and able to resume normal adolescent development.
- Schools and others who have ongoing contact with eating disorder patients can play a key role in helping the family find and use evidence-based resources.

