The Secret Epidemic: What School Nurses Need to Know About Eating Disorders

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"School nurses are required, by the scope of nursing practice, to provide education and counseling to students about health issues, including mental health issues."
- National Association of School Nurses

Statistics
- 70% of 6th grade girls surveyed said that they first became concerned about their weight between the ages of 9-11
- Between 30 to 55% of 6th grade girls started dieting in middle school
- Of girls aged 9-15, slightly more than half reported exercising to lose weight and 1 out of 20 reported using diet pills or laxatives
- Anorexia is the 3rd most common chronic illness among adolescents & has the highest fatality rate of any mental illness

Statistics
- Bulimia affects 1-3% of middle and high school aged girls
- For females 15-24, the mortality rate associated with anorexia is 12 times higher than the death rate of all other causes of death
- 20% of people with anorexia will die from complications related to their ED, including suicide and heart problems

*All statistics from The National Eating Disorder Association (NEDA)

Factors that Contribute to Eating Disorders

Psychological Factors
- Low self-esteem
- Feelings of inadequacy or lack of control in life
- Depression, anxiety, anger, and/or loneliness

Factors that Contribute to Eating Disorders

Interpersonal Factors
- Troubled personal relationships
- Difficulty expressing emotions and feeling
- History of being teased or ridiculed about size and weight
- History of trauma
Factors that Contribute to Eating Disorders

Social Factors

- Cultural pressures that glorify "thinness" and place value on obtaining the "perfect body"
- Narrow definitions of beauty that include only specific body weights and shapes
- Cultural norms that value people on the basis of physical appearance rather than inner qualities and strengths

Factors that Contribute to Eating Disorders

Biological Factors

- Biochemical and biological causes are thought to contribute to the development of an eating disorder. Certain chemicals in the brain that control hunger, appetite, and digestion have found to be imbalanced in some individuals with eating disorders.
- Eating disorders often run in families. Current research indicates that there are significant genetic factors that contribute.

Health Consequences of Anorexia

- Malnutrition
- Amenorrhea
- Cardiac issues
- Kidney problems
- Gastrointestinal problems
- Decreased immune function
- Osteoporosis
- Psychiatric disorders

Health Consequences of Bulimia

- Oral health issues
- Gastrointestinal problems
- Heart problems
- Neurological issues
- Psychiatric disorders

Common Triggers

- Puberty
- Moving/Starting a new school
- Going away to college
- Exams
- New job
- Divorce in the family or loss of relationship
- Illness or death of loved one
- Family problems
- Getting weighed

Impact of Eating Disorders on Cognitive Ability & School Functioning

Eating disorders can profoundly affect a student's ability to learn because of poor nutrition that leads to:

- Detrimental effects on cognitive development
- Negative impact on behavior and school performance
- Irritability; decreases ability to concentrate and focus; decreases ability to listen and process information
- Nausea, headache, fatigue, and lack of energy
- Deficiencies in specific nutrients, such as iron, having an immediate effect on memory and concentration
- Lower activity levels, apathy, becoming withdrawn; engaging in fewer social interactions
- Impaired immune system leading to more illness
- Increased absenteeism
Signs & Symptoms Specific to a School Setting

- Change in attitude and performance
- Body image complaints and/or concerns
- The need to seek outside reassurance from others
- Talks about dieting and avoids nutritious foods because they are "fattening"
- Is overweight but eats small portions in presence of others
- Sudden weight fluctuations

School Signs & Symptoms

- Appears sad, depressed, anxious-expresses feeling of worthlessness
- Is the target of body or weight bullying
- Increased isolation
- Is obsessed with maintaining low weight to enhance performance in sports, dance, acting, or modeling
- Overvalues self-sufficiency; reluctant to ask for help

School Signs & Symptoms

- Reports frequent abdominal pain, feeling bloated or "full"
- Feeling faint, dizzy, cold or tired
- Pretends to eat then throws away food and/or skips meals
- Food restriction
- Shows some type of compulsive behavior
- Excessive exercising
- Makes frequent trips to the bathroom
- Wears baggy and/or layers of clothing

Treatment Modalities

The Renfrew Center Unified Treatment Model (UT)

- Integrates our relational approach with an evidence based transdiagnostic model
- Designed to address the needs of a complex medical and psychiatric patient population
- Based on the belief that ED's arise from and are perpetuated by internal disconnection from one's own emotional experience as well as disconnection from others

Components of the UT Model

- Motivation enhancement & psychoeducation
- Mindful awareness of emotion
- Cognitive appraisal-reappraisal skills
- Emotion exposures
  - Tolerance of physical sensations
  - Food/nutrition
  - Body image
  - Social/interpersonal experiences

Family Based Therapy (FBT)

Also known as the Maudsley Approach, particularly effective for young patients with anorexia

- Parents are considered to be the best resource for their child's recovery, playing an active and positive role to help their child to:
  1. Return to a healthy weight & growth pattern
  2. Resume normal eating
  3. Resume age appropriate independence with eating
  4. Return to normal development
Strategies

Make it a policy to not weigh students in front of anyone else. Consider eliminating weigh-in policies for sports programs if they are not completely necessary.

Strategies

Advocate for nutritious foods in the school cafeteria and the elimination of vending machines.

Strategies

Rethink your policy on lunchtime. Do you provide a pleasant environment for eating? Encourage teachers to avoid using lunch periods for make up or extra help. This sends the wrong message – that properly feeding your body is not important.

Strategies

Review posters, books, and materials in the school to ensure they include all body shapes, sizes and racial groups.

Strategies

Encourage students of all shapes and sizes to participate in school activities, especially sports and cheerleading. Ensure that students are not type cast by appearance in drama roles.

Strategies

When there is a student with an eating disorder ask them privately how they would like school personnel to respond when asked how the student is doing. Be respective of their individual wishes when at all possible.
Family Communication

- Specify who will be the family liaison; someone who has the opportunity to develop a supportive relationship with family members
- Be clear about the support and services available through the school
- Follow up oral conversations with a written summary and the action steps agreed upon

Other Tips

Participate in health education or physical education lesson planning and facilitating classes on topics such as:
- Good nutrition
- Healthy exercise regimens and risks of over-exercise
- Adequate hydration during sports activities
- Body changes associated with puberty and adolescence; including expected weight gain
- Talk with boys about health and legal risks associated with anabolic steroids and suggest natural ways to increase muscle mass and strength

Family Communication

- Focus on the general well being of the student rather than concerns about the eating disorder
- Ask the family what kind of support would be helpful to facilitate a sense of trust and safety
- Collaboratively decide on the next steps the school will take with the student and the family so that everyone is on the same page.

For more information or to make a referral please contact:

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