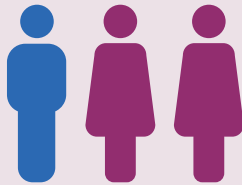




Understanding Eating Disorders in Adolescents

A Guide for Healthcare Providers

About 1 in 3 people with an eating disorder is male.



Social media can influence body image, through marketing of weight loss products and programs.

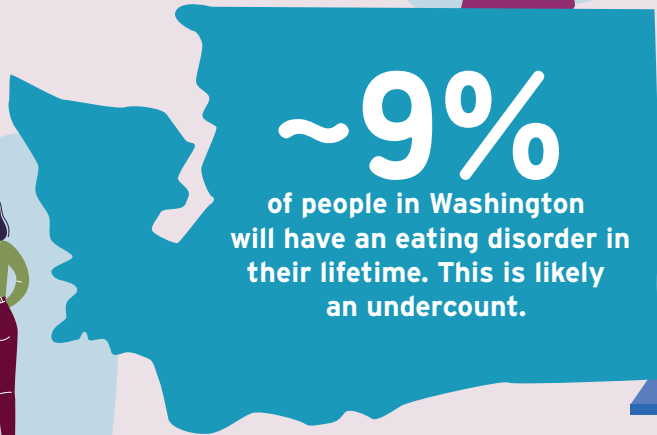


During the pandemic, eating disorder caseloads increased 2-3x more than pre-pandemic

Eating disorders affect people of all genders, shapes and sizes, ages, race, and ethnicities.



Adolescents have an increased risk of eating disorders due to growth, puberty, and body image concerns.



Irregular meals, eliminating whole food groups, dieting, and skipping meals may lead to eating disorders



The risk for eating disorder behaviors is 3x higher in those with Type 1 Diabetes

Important Things to Remember About Eating Disorders

- You can't tell if someone has an eating disorder based on how they look.
- Eating disorders are not a lifestyle choice or about vanity.
- Eating disorders are not only about food or related to weight.
- Once a person reaches an identified weight range, they may still have an eating disorder.

Types of Eating Disorders

Disorder Type	Symptoms and Characteristics
Other Specified Feeding or Eating Disorders (OSFED)	<ul style="list-style-type: none"> • Most common eating disorder diagnosis • Does not strictly meet the criteria for another specific eating disorder
Anorexia Nervosa	<ul style="list-style-type: none"> • Fear of gaining weight • Seeing their body in a distorted manner • Limiting calories or avoiding certain foods • Exercising more than recommended • Taking laxatives or diet pills
Bulimia Nervosa	<p>Bingeing, then purging</p> <p><i>Binge-eating</i></p> <ul style="list-style-type: none"> • Eating a large amount in short period of time • Eating, even when full and unable to stop <p><i>Purging</i></p> <ul style="list-style-type: none"> • Vomiting • Exercising more than recommended • Not eating for a long time • Taking laxatives or diet pills
Binge-Eating	<ul style="list-style-type: none"> • Binge episodes only • Eating alone or in secret • A sense of lack of control during the binge episode • Compulsive overeating shares similarities
Avoidant/Restrictive Food Intake Disorder (ARFID)*	<ul style="list-style-type: none"> • Avoiding types and restricting amounts of food • Being uncomfortable with food texture, smell, taste, or appearance • Worrying about choking, vomiting, or having stomach problems after eating • Not having enough nutrients • Faltering growth <p>*Not related to concerns about weight gain or body image. Referral to psychologist may help.</p>
Diabulimia	<ul style="list-style-type: none"> • Has a diabetes-specific disorder similar to bulimia • Restricting or neglecting insulin to lose weight

Signs & Symptoms

A person may experience an eating disorder during mealtimes, at social events, or when alone.

- Dieting often
- Anxiety about specific foods or eating with others
- Not feeling in control around food
- Skipping meals or making excuses for not eating
- Eating secretly or alone
- Taking supplements such as laxatives, diet pills or muscle-building supplements
- Focusing a lot of energy and thought on food, weight, or body image
- Following strict routines or rules for eating and exercising
- Avoiding social events and activities
- Making separate meals from family
- Delayed puberty
- Faltering growth or unable to maintain

Risk Factors

Adolescents are more likely to develop an eating disorder if they...

- Have a family history of eating disorders (biological or social influence)
- Don't like their bodies
- Experience food insecurity or fear going hungry
- Were teased as a child about weight
- **Have parents who...**
 - Thought they were overweight
 - Pressured them to eat
 - Restricted foods like potato chips, candy, and cookies or dieted frequently
- **Have a psychiatric or medical condition:**
 - Anxiety, Depression, thoughts of suicide and suicide ideation
 - Autism, Neurodevelopmental delay
 - Attention-Deficit or Hyperactivity Disorder (ADHD)
 - Obsessive Compulsive Disorder (OCD)
 - Borderline Personality Disorder, Bipolar Disorder, Schizophrenia, Neuroticism
- Experienced trauma, sexual abuse, or stress

Potential Long-Term Consequences

Eating disorders can lead to other health and social issues if they are not treated.

- **Poor mental health:**
 - Suicidal thoughts or behaviors, self-harm
 - Anxiety, depression
- Social and relationship problems
- Work/school decline
- Substance use disorders
- Premature death
- **Chronic illnesses:**
 - Type 2 Diabetes, Cardiovascular disease
 - Chronic Kidney Disease
 - Irritable Bowel Syndrome, Inflammatory Bowel Disease

What Can Providers Do?

Providers can play an important role in evaluating eating disorders through medical and psychological assessments. They can:

- Refer patients to a registered dietitian nutritionist (RDN) and mental health professional. They can also refer patients to a hospital if the patient's vital signs are not stable or if they need additional medical care.
- Encourage at least 3 family meals per week. Adolescents who eat at least 3 family meals per week have a lower risk of eating disorders and mental health conditions.
- Emphasize the importance of eating breakfast. Children who skip breakfast are more likely to have depression, which may increase the risk of eating disorders.
- Ask about social support and mental health. Refer to the screening tools below.
- Create a comfortable, judgement-free, and inclusive space to prompt conversation about relationships with food and body satisfaction.
- Reduce stigma around weight through use of inclusive language and being supportive towards youth of all shapes and sizes.
- Acknowledge body respect and autonomy and promote a partnership with their bodies to make sure they are fueling them properly.

What's the difference between a pediatric feeding disorder and an eating disorder?

Pediatric feeding disorder (PFD), ARFID, and eating disorders are different conditions but may have similar symptoms.

PFD is impaired oral intake that is not age-appropriate and is associated with medical, nutritional, feeding skill, and/or psychosocial dysfunction.

Children with feeding disorders often have complex medical and developmental differences that can lead them to have difficulty with eating and drinking.

Characteristics of Pediatric Feeding Disorders

- Mostly among children but can be seen at any age
- Related to food preferences or perceived intolerances

*Refer to the 6-Question Screener on Feedingmatters.org

Available Resources Statewide

Adolescents with eating disorders can get professional help throughout Washington state. Providers play a major role in connecting families with appropriate treatment resources.

Screening Tools

Online screening tools can be a useful first step for adolescents with eating disorders to seek treatment.

Tool	About
<p>Mental Health America Eating Disorder Test screening.mhanational.org/screening-tools/eating-disorder</p>	<ul style="list-style-type: none">• Public access• Available on Mental Health America website
<p>National Eating Disorders Association (NEDA) Screening Tool nationaleatingdisorders.org/screening-tool</p>	<ul style="list-style-type: none">• Ages 13 and up• Can help determine if its time to seek professional help

Support for Children & Youth with Special Healthcare Needs (CYSHCN)

Additional resources can be found through the Washington State Department of Health.

- The [Nutrition Network](#) can help access RDNs in Washington state that provide nutrition services for CYSHCN.
- [Washington Partnership Access Line - Seattle Children's \(seattlechildrens.org\)](#) - The Partnership Access Line (PAL) supports primary care providers (doctors, nurse practitioners and physician assistants) with questions about mental health care such as diagnostic clarification, medication adjustment or treatment planning.
- [CYSHCN Coordinators](#) can connect families with services and support that fit their needs.
- The [CYSHCN website](#) offers additional resources, including a [brochure](#) (available in multiple languages) and care coordination toolkit: [Children and Youth and Special Healthcare Needs Care Coordination Toolkit](#)

Eating Disorder Treatment Centers

Treatment Center	Phone	Location	Level of Care	Population
The Eating Disorders Center at Evidence Based Treatment Centers of Seattle (EBTCS)	206-374-0109	Seattle	Outpatient	All ages, All genders
Eating Recovery Center	425-326-5353	Bellevue	Intensive Outpatient, Partial Hospitalization, Residential, Virtual	All genders, children 10+ with occasional 9yo in catchment of services; and adults
Center for Discovery	425-505-2929 425-458-2440 253-238-9810	Bellevue Edmonds Tacoma	Partial Hospitalization, Residential, Virtual	Ages and gender will depend on location and Levels of Care; they offer services for adolescents as young as 11 and adults of all ages and all genders.
Equip Health	855-387-4378		Virtual	All ages
Liberating Jasper	253-444-2311	Tacoma	Virtual and in-person outpatient treatment to adults within Washington state and virtual support groups to the adult public	Offers treatment to adults out of Tacoma, WA
Opal: Food + Body Wisdom	206-926-9087	Seattle	Intensive Outpatient, Outpatient, Partial Hospitalization	Ages 18+, All genders
Ryther	206-525-5050	Seattle	New partial hospitalization program for eating disorder recovery with plans to expand program to treat ARFID in future	Ages 8-16 years
Seattle Children's Hospital	206-987-2028	Seattle Everett Olympia Federal Way	Outpatient, Hospitalization	Adolescents and children, all genders
The Emily Program	206-283-2220 509-252-1366 888-364-5977	Seattle Spokane South Sound (Lacey)	Outpatient, Residential, Virtual	All genders, adolescents ages 12+ and adults of all ages. For OP services -adolescents younger than 12 on a case by case basis.
Within Health	866-523-2912	Washington	Virtual	All genders, ages 13+ and older
Body Expressions (formerly known as Food is Not the Enemy) Body Expressions - Eating Disorders Counseling for Portland & Vancouver	360-726-4141	Vancouver	Virtual and in-person outpatient for Vancouver and Portland	Adolescents and adults; all genders

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