

Signs and Symptoms of Eating Disorders and Disordered Eating

Eating Disorders

Source: <https://www.nationaleatingdisorders.org/warning-signs-and-symptoms>

With an estimated 30 million people experiencing an eating disorder and eating disorders having the highest mortality rate of any mental illness, health coaches are urged to be sensitive to the signs and symptoms. The following list of common signs and symptoms is intended to alert health coaches to *possible* indications or “red flags” of an eating disorder while keeping context in mind (i.e., managing chronic health issues, practitioner recommendations, allergies, intolerances, sensitivities).

Although these are all *possible* signs, diagnosis is clearly outside the scope of practice of a health coach. Therefore, coaches are urged to communicate with clients to explore any potential medical issues or signs and symptoms that could potentially be associated with an eating disorder, and to refer clients for more specialized care when appropriate.

General Symptoms

EMOTIONAL AND BEHAVIORAL

- General behaviors and attitudes indicating that weight loss, dieting, and control of food are becoming primary concerns
- Preoccupation with weight, food, calories, carbohydrates, fat grams, and dieting
- Refusal to eat certain foods, progressing to restrictions against whole categories of food (e.g., no carbohydrates)
- Appearing uncomfortable eating around others
- Food rituals (e.g., eats only a particular food or food group such as condiments, excessive chewing, doesn't allow foods to touch)
- Skipping meals or taking small portions of food at regular meals
- New practices with food or fad diets, including cutting out entire food groups
- Withdrawal from usual friends and activities



- **Frequent dieting**
- **Extreme concern with body size and shape**
- **Frequent checking in the mirror for perceived flaws in appearance**
- **Extreme mood swings**

PHYSICAL

- **Noticeable fluctuations in weight, both up and down**
- **Stomach cramps, other non-specific gastrointestinal complaints (e.g., constipation, acid reflux)**
- **Menstrual cycle irregularities, disruption, or absence**
- **Difficulty concentrating**
- **Abnormal lab results (anemia, low thyroid and hormone levels, low potassium, low white and red blood cell counts)**
- **Dizziness, especially upon standing**
- **Fainting/syncope**
- **Feeling cold all the time**
- **Sleep problems**
- **Cuts and calluses across the top of the finger joints (a result of inducing vomiting)**
- **Dental problems, such as enamel erosion, cavities, and tooth sensitivity**
- **Dry skin and hair, and brittle nails**
- **Swelling around the area of the salivary glands**
- **Fine hair on the body (lanugo)**
- **Cavities, or discoloration of teeth, from vomiting**
- **Muscle weakness**
- **Yellow skin (in the context of eating large amounts of carrots)**
- **Cold, mottled hands and feet or swelling of the feet**
- **Poor wound healing**
- **Impaired immune functioning**

Symptoms of Eating Disorders

ANOREXIA NERVOSA

- **Dramatic weight loss**
- **Dressing in layers to hide weight loss or stay warm**
- **Preoccupation with weight, food, calories, fat grams, and dieting. Makes frequent comments about feeling “fat”**
- **Resisting or inability to maintain a body weight appropriate for their age, height, and build**
- **Maintaining an excessive, rigid exercise regime—despite weather, fatigue, illness, or injury**

BULIMIA NERVOSA

- **Evidence of binge eating large amounts of food in short periods of time**
- **Evidence of purging behaviors, including frequent trips to the bathroom after meals, signs and/or smells of vomiting, and presence of wrappers or packages of laxatives or diuretics**
- **Drinking excessive amounts of water or non-caloric beverages, and/or using excessive amounts of mouthwash, mints, and gum**
- **Calluses on the back of the hands and knuckles from self-induced vomiting**
- **Dental problems, such as enamel erosion, cavities, discoloration of teeth from vomiting, and tooth sensitivity**

BINGE EATING DISORDER

- **Secret recurring episodes of binge eating (eating in a discrete period of time an amount of food that is much larger than most individuals would eat under similar circumstances)**
- **Feeling out of control over the ability to stop eating**
- **Feeling disgusted, depressed, or guilty after overeating, and/or feeling low self-esteem**
- **Stealing or hoarding food in strange places**



- **Creating lifestyle schedules or rituals to make time for binge sessions**

OTHERWISE SPECIFIED FEEDING OR EATING DISORDER (OSFED)

Because OSFED encompasses a wide variety of eating disordered behaviors, any or all of the following symptoms may be present in people with OSFED:

- **Frequent episodes of consuming very large amounts of food followed by behaviors to prevent weight gain, such as self-induced vomiting**
- **Evidence of binge eating, including the disappearance of large amounts of food in short periods of time or lots of empty wrappers and containers indicating consumption of large amounts of food**
- **Purging behavior to influence weight or body shape without binge eating**
- **Self-esteem overly attached to body image**
- **Dieting behavior (reducing the amount or types of foods consumed)**
- **Expressing a need to “burn off” calories taken in**
- **Evidence of pruning behaviors, including frequent trips to the bathroom after meals, sign and/or smells of vomiting, and presence of wrappers or packages of laxatives or diuretics**
- **Eating after awakening from sleep or excessive food consumption after the evening meal**

AVOIDANT RESTRICTIVE FOOD INTAKE DISORDER (ARFID)

- **Dramatic weight loss**
- **Limited range of preferred foods that become narrower over time (i.e., picky eating that progressively worsens)**
- **Nutritional deficiency and dependency on nutritional supplements**
- **Interference in social functioning**
- **Fears of choking or vomiting**

PICA

- **Pattern of persistent eating of substances that are not food and do not provide nutritional value, such as paper, soap, cloth, hair, string, wool, soil, chalk, talcum powder, paint, gum, metal, pebbles, charcoal, ash, clay, starch, or ice**

RUMINATION DISORDER



- Repeated pattern of regurgitating, re-chewing, re-swallowing, or spitting out food that is not due to a medical condition
- Bad breath and/or tooth decay
- Nausea and stomach aches

Disordered Eating

Source: <https://keltyeatingdisorders.ca/types-of-disorders/disordered-eating/>; <https://www.eatright.org/health/diseases-and-conditions/eating-disorders/what-is-disordered-eating>

Disordered eating is a serious and, unfortunately, common health issue. Studies estimate that 50 percent of individuals have some type of disordered eating. Disordered eating describes a variety of attitudes and behaviors that do not meet the criteria for an eating disorder diagnosis and yet are serious enough to warrant attention. If left untreated, disordered eating patterns of behavior can lead to serious health risks or progress into an eating disorder. Therefore, health coaches are urged to be sensitive and alert to signs and symptoms, address them directly with their clients, and assist with a referral if ethically necessary.

DISORDERED EATING

- Frequently dieting or trying different diets to lose weight
- Obsessing about food and weight
- Fasting, skipping meals, or eating very little
- Rigid rituals and routines surrounding food and exercise
- Exercising too much, too hard, or too often
- Trying to compensate for food eaten by vomiting, or taking laxatives or other medications, such as diuretics, to impact weight or body shape
- Eating large amounts of food after dinner, or in the middle of the night
- Eating to numb, escape, avoid, or comfort emotions, even when not hungry
- Feeling anxiety about specific foods, meals, and special events such as holidays



- **Chronic fluctuating weight**
- **Feeling guilty toward eating and/or shame associated with eating**
- **Preoccupation with food, weight, and body image that negatively impacts quality of life**
- **Feeling out of control around food, including compulsive eating habits**
- **Using exercise, food restriction, fasting, or purging to “make up for bad foods” consumed**

RESTRICTED EATING

Sometimes referred to as *Orthorexia**

- **Removing an increasing number of food groups (all sugar, all carbs, all dairy, all meat)****
- **Increasing concern about the health of food ingredients**
- **Inability to eat anything but narrow food groups that are deemed “healthy” or “pure”**
- **Excessive rumination about what food might be served at upcoming events**

***Orthorexia is a term often used to describe a set of behaviors that are becoming increasingly common. Orthorexia is not classified as an official diagnosis, and it remains somewhat controversial.**

****Restrictive eating may not be a sign or symptom of concern such as with certain dietary protocols including the autoimmune protocol, the paleo 30-day reset, the low-FODMAP diet, and ethical veganism. Coaches are urged to be sensitive to the client’s point of view while exploring intention and purpose. In addition, coaches are encouraged to be mindful of practitioner recommendations (e.g., elimination diets) that could possibly trigger an eating disorder or a relapse.**

DIABULIMIA

- **Increasing neglect of diabetes management (e.g., infrequently fills prescriptions and/or avoids diabetes-related appointments)**
- **Secrecy about diabetes management (e.g., discomfort with testing/injecting in front of others)**
- **Fear that “insulin makes me fat”**
- **Restricting certain food or food groups to lower insulin dosages**



- A1C of 9.0 or higher on a continuous basis

Common Co-Occurring Conditions and Disorders

Clients showing signs and symptoms of a possible eating disorder or disordered eating may also show signs and symptoms of co-occurring conditions or disorders. Often, co-occurring conditions and disorders precede an eating disorder or disordered eating. It is important for health coaches to be alert to the signs and symptoms of possible co-occurring conditions and disorders that are commonly associated with eating disorders and disordered eating.

BODY DYSMORPHIC DISORDER

Source: <https://bdd.iocdf.org/professionals/signs-symptoms/>

- Spending at least 60 minutes/day thinking about a disliked area of the body (average is three to eight hours/day)
- Engaging in excessive, time-consuming behaviors, such as mirror watching, hiding, fixing, grooming, tanning, changing clothes, and focusing on specific areas of the body that are disliked
- Excessive exercising, including weight lifting
- Skin picking with the intent of improving the disliked area of the body
- Excessive preoccupation with cosmetics, cosmetic procedures or surgery, and dermatological treatments
- Social anxiety, comparing, seeking reassurance, and questioning related to appearance and/or the disliked area of the body

SUBSTANCE ABUSE

Source: <https://www.nationaleatingdisorders.org/substance-abuse-and-eating-disorders>

- Overuse or excessive use of alcohol, laxatives, emetics, diuretics, caffeine, tobacco, amphetamines, appetite suppressants, heroin, and cocaine
- Altering eating behaviors to either offset for planned caloric intake from alcohol or to increase/speed the effects of alcohol or what's often referred to on college campuses as "drunkorexia"
- Signs of food restriction or purging behaviors *and* high levels of alcohol consumption or other drugs, including prescribed and over-the-counter medications



OBSESSIVE COMPULSIVE DISORDER

Source: <https://iocdf.org/expert-opinions/expert-opinion-eating-disorders-and-ocd/>

- Counting mouthfuls chewed or pieces of food in a meal according to a fixed number or to limit portions to influence weight loss
- Excessively washing hands to remove any trace of oil or food substance that might cause weight gain if ingested
- Throwing out food for fear that it might be toxic, poisoned, or contain too many calories
- Repeatedly asking a waiter about different dishes on the menu and their contents in order to stay away from any butter, oil, or fat and make the perfect meal decision
- Refusing to enter the kitchen out of fear of being tempted to eat and thus gain weight
- Repeatedly checking kitchen areas to make sure that every piece of food is in its proper place
- Repeatedly checking the same locations searching for food to eat in a bulimic binge

ANXIETY

Source: <https://www.eatingdisorderhope.com/information/eating-disorder/eating-disorders-anxiety>

- Using food, exercise, and weight to ease anxiety and feel more positive emotions
- Feeling the urge to eat when anxious
- Feeling anxious, irritable, restless, edgy, tense, and nervous in situations involving food
- Persistent, ruminating, obsessive thoughts concerning food, weight, and body image
- Withdrawal and avoidance from situations involving food

DEPRESSION

Source: <https://www.eatingdisorderhope.com/treatment-for-eating-disorders/co-occurring-dual-diagnosis/depression>



- **Relying on food to feel better**
- **Low mood, flat affect, or feelings of extreme guilt, shame, worthlessness, disgust, self-criticizing, and self-loathing related to self, body image, weight, and food**
- **Obsession with perfectionism**

TRAUMA/POST-TRAUMATIC STRESS DISORDER (PTSD)

Source: <https://www.nationaleatingdisorders.org/blog/eating-disorders-trauma-ptsd-recovery>

- **Using food to create distance from disturbing thoughts, emotions, or memories associated with PTSD**
- **Purging to get rid of something unwanted (emotions, memories, symptoms)**
- **Bingeing to fill a void**
- **Self-critical view of self, body image, or weight**
- **Losing or gaining weight to reduce attractiveness**
- **Physical neglect (food deprivation)**

COMPULSIVE EXERCISE

- **Exercising that interferes with important activities or occurs at inappropriate times or in inappropriate settings**
- **Intense anxiety, depression, and/or distress if unable to exercise**
- **Exercising despite injury or fatigue or other medical condition**