

EATING DISORDERS AWARENESS WEEK TOOLKIT



February 1-7, 2018



Awareness. Understanding. Action.

nedic

National Eating Disorder Information Centre



**Canadian Mental
Health Association**
Mental health for all

**Association canadienne
pour la santé mentale**
La santé mentale pour tous



*years of
community*
*ans dans la
communauté*

Welcome to the Eating Disorders Awareness Week (EDAW) toolkit, brought to you by the National Eating Disorders Information Centre (NEDIC), the National Initiative for Eating Disorders (NIED) and the Canadian Mental Health Association, National Office.

We hope this toolkit will help your Branch/Region or Division recognize Eating Disorders Awareness Week in your own communities, on your website and in your social media networks.

This year's theme, "One Size Doesn't Fit All," emphasizes that Eating Disorders can affect all people, regardless of age, gender, ability, race and ethnic identity, sexual orientation, and socio-economic status.

We have included a number of resources in this package. All of the resources can be downloaded, just use the "download" button.

1	Key messages that can help you understand and talk about EDAW and the theme "One Size Doesn't Fit All"
2	Canadian Research Guide on Eating Disorders
3	Social media content, including tweets, posts, and shareable images
4	A web banner to feature on your website

If you are interested in requesting that your municipality proclaim Eating Disorders Awareness Week, or you are looking for sample letters to request that buildings and landmarks light up purple to mark EDAW, please contact Alicia Pinelli at Nedic1@uhn.ca

We hope you find this package useful in recognizing Eating Disorders Awareness Week (EDAW).

All the best,

The Communications Team at CMHA National

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Key Messages

The Canadian Mental Health Association (CMHA) joins the National Eating Disorders Information Centre (NEDIC) and National Initiative for Eating Disorders (NIED) in observing Eating Disorders Awareness Week, February 1-7, 2018.

This annual, nation-wide awareness week is designed to bring to light the prevalence and risks of Eating Disorders (ED) in order to improve supports for those suffering with Eating Disorders.

The theme for EDAW 2018, “One Size Doesn’t Fit All,” emphasizes that Eating Disorders can affect any individual regardless of gender, age, ability, race and ethnic identity, sexual orientation, and socio-economic status. There are 7 billion people on the planet, and 7 billion sizes.



Eating Disorders in Canada: a research guide

Prepared by the Ontario Community Outreach Program for Eating Disorders (2011) www.ocoped.ca. Updated by the National Initiative for Eating Disorders (2017) www.nied.ca.

Eating Disorders

Research indicates that the prevalence rate of Eating Disorders is between 2% and 3%. Based on Statistics Canada population data (Statistics Canada 2016), an estimated 725,800 and 1,088,700 Canadians will meet the diagnostic criteria for an Eating Disorder.

An Ontario community-based study of 8,116 individuals aged 15 of 65 years across 42 health units revealed:

Lifetime prevalence of bulimia nervosa (BN) was found to be 1.1% for females (1.22% when including respondents who lacked frequency criterion) and 0.1% for males (0.38% when including respondents who lacked frequency criterion) (Garfinkel et al., 1995; 1996).

Among the female respondents, 2.0% were classified as meeting full or partial-syndrome criteria for anorexia nervosa (AN).

0.56% met criteria for lifetime full-syndrome AN and 1.4% for partial syndrome AN.

Of the latter group, 1.0% of the sample lacked only the amenorrhea criterion. An Ontario study of 9,953 (aged 15-65) drawn from a community epidemiologic survey - mental health supplement to the Ontario health survey (face-to-face interviews) revealed:

Lifetime prevalence of AN was found to be 0.16% for males and females 0.66% (Woodside et al., 2001).

Lifetime prevalence of BN was found to be 0.13% for males and females 1.46%.

Prevalence of full or partial ED was 2.0% for males compared to 4.8% for females (Full syndrome ED: 0.3% men, 2.1% women) A Quebec study of 1,310 women aged 20-40 years — recruited using random-digit dialing to participate in a 20-min telephone – between November 2002 and May 2003 revealed:

0.2% met criteria for BN (purge subtype) and 0.4% for BN (non-purge subtype) based on point prevalence data (Gauvin et al., 2009).

A total of 0.6% met criteria for BN.

The prevalence of bingeing at clinical levels was 4.1%.

A Canada-wide surveillance study of 2453 pediatricians (a 95% participation rate) during a 2-year period (March 1, 2003, and February 28, 2005) (Pinhas, 2011) revealed:

The incidence of early-onset restrictive EDs in children aged 5 to 12 years seen by pediatricians was 2.6 cases per 100 000 person years. (161 children younger than 13 years - ratio of girls to boys was 6:1 (138 girls and 22 boys) with 1 case not specifying sex.

The incidence of EDs in this 5 to 12-year age range of children is 2-4 times greater than that of Type 2 Diabetes in children and youth across all ages up to the age of 18 years.

Of those who were identified as having an ED, 62.1% of children met criteria for AN.

Although children with AN were more likely to be medically compromised, some children who did not meet criteria for AN were equally medically unstable.

The highest incidence was 9.4 cases per 100 000 person years, observed in girls aged 10 to 12 years.

The incidence in boys aged 10 to 12 years was 1.3 cases per 100 000 person-years.

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Eating Disorders in Canada: A Closer Look

For more information & references, visit www.nied.ca

An estimated 1 million Canadians would meet the diagnostic criteria for an Eating Disorder.

Eating Disorders have the highest death rate of any mental illness; 1 in 10 people with Eating Disorders die from their disorder.

Suicide is a major cause of death among individuals with Eating Disorders

Eating Disorders are serious mental illnesses associated with significant medical complications that affect every organ system in the body.

Canadian doctors, including those in training, feel unprepared to treat patients with Eating Disorders.

Many people with an Eating Disorder never get diagnosed, and suffer significant personal and family distress.

Eating Disorders are not a choice. They affect all genders, ages, racial and ethnic identities, sexual orientations and socio-economic backgrounds.

More than 1 in 5 Canadian teenagers are on a diet at any one time, putting them at risk for an Eating Disorder.

The provincial costs associated with patients who have anorexia nervosa and are on long-term disability may be as high as \$101.7 million/year – 30 times the cost of all provincial specialized Eating Disorders services.

Too many Canadians suffering from Eating Disorders do not have reasonable access to timely, comprehensive and specialized treatment.

Early detection and intervention can result in full recovery from an Eating Disorder.

Restrictive Dieting (Dieting to Lose Weight)

A Southern Ontario series of studies with a community sample of approximately 2,000 students revealed: 30% of females and 25% of males between the ages of 10 and 14 years of age reported dieting to lose weight (McVey et al., 2004; 2005). The majority of the sample was within a healthy weight range according to body mass index (BMI).

A Manitoba community-based study of 565 boys and girls (10-11 years of age) revealed:

12% of both boys and girls reported dieting in the past year to lose weight (Bernier et al., 2010). Of the children who reported dieting, 35% said they had done so for a few months or longer in the past year, and 32% described their dieting as somewhat to extremely strict. Girls more often reported that their friends had changed their diet in the past year to lose weight (15% versus 7%, $p=0.001$).

Approximately 25% of children 10-11 years of age reported receiving frequent weight-related advice (Bernier et al., 2010). Girls did not report this more often than did boys. Children in the lowest BMI percentile desired the greatest change in body shape and had the highest Restraint Scale scores.

About 30% of the children reported they had been teased about being too heavy, while 14% reported they had been teased about being too thin.

A Halifax, Nova Scotia community-based sample of 247 girls and boys in grades 6, 7 and 8 revealed:

Current attempts to lose weight were highest in grade 8 girls (41% of girls and 9% of boys) compared with grade 6 (14% of girls and 24% of boys) and grade 7 (21% of girls and 13% of boys) children. (Gusella et al., 2008).

Of those trying to lose weight, 71.4% were in the average range for weight and height, 12.2% were overweight and 16.3% were obese.

As females progress through grades 6 to 8, there is a significant drop in self-esteem scores compared with male youths ($P<0.05$).

8.5% of the children fell in the high-risk group for disordered eating (ChEAT score 20 or higher) – 19 were girls and 2 were boys ($P<0.01$).

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Disordered Eating

A Southern Ontario study with a community (non-clinical) sample of 1,739 teens revealed:

Significant symptoms of Eating Disorders, reflected in EAT-26 scores of above 20 and bingeing or purging, or both, were reported by 27% of girls aged 12–18 years (Jones et al., 2001).

Respondents who were currently on a diet were 3.3 times more likely to report binge eating than girls who were not dieting and were 5.7 times more likely to report purging.

Only 1.6% of the total sample reported having ever received an evaluation or treatment, or both, for disordered eating attitudes or behaviours, or both.

Furthermore, only 4% of the girls who reported current binge eating and 6% of girls who were purging had ever received any assessment or treatment for these problems.

Restrictive Dieting (Dieting to Lose Weight)

Those in the high-risk group were significantly more likely to fear being overweight (90%), to have tried to lose weight in the past (81%), to be currently trying to lose weight (76%), and to have engaged in binge eating (38%) and self-induced vomiting (24%).

High-risk group were more likely to have lower self-esteem than youth in the low-risk group ($P < 0.01$).

A survey of 29,440 adolescent students in 50 school districts across British Columbia (McCreary Society Centre; Smith et al, 2009) revealed:

By the age of 18 years, 80% of girls of normal height and weight reported that they would like to weigh less.

Dieting among females dropped from 49% in 2003 to 46% in 2008.

Proportion of youth reporting binge eating decreased from 1998 to 2003 (from 23% to 18% for males and from 41% to 36% for females) but in 2008 remained much the same as 2003.

Males reporting vomiting on purpose after eating dropped from 5% in 1998 to 3% in 2003 and 2008.

Rates of vomiting on purpose after eating did not change among females.

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Morbidity and Mortality Studies

As described by Pinhas et al. (2011), very little quantitative information exists on the outcomes or co-morbid diagnoses of Canadian ED patients.

The large Ontario Mental Health Survey (Garfinkel et al., 1995; Woodside et al., 1996) provided information on co-morbidity in Eating Disorders where 34% of women and 15% of men with an Eating Disorder had a lifetime diagnosis of major depression; 37% of men and 51% of women had a lifetime diagnosis of anxiety disorders and 45% of men and 21% of women had a lifetime diagnosis of alcohol dependence.

In a cohort study of cases from the only adult tertiary care ED program in British Columbia (954 consecutive patients referred to the only adult tertiary care Eating Disorders program), the standardized mortality ratio for AN was 10.5 (Birmingham et al., 2005) with a life expectancy reduction of 20-25 years (Harbottle et al., 2008).

Eating Disorder Training in Canadian Medical Schools

70% of doctors receive 5 hours or less of eating disorders-specific training while in medical school (Girz, Lafrance Robinson, & Tessier, 2014).

In 2004, only 6.3% of psychiatry residents felt they had spent enough time with ED patients to work effectively with them in clinical practice (Williams & Leichner, 2006).

The Cost of Treating Eating Disorders

While financial data is not available in Canada on a national scale, a study conducted in British Columbia in 2003 reported the provincial costs of those with anorexia nervosa on long-term disability may be as high at \$101.7 million/year, up to 30 times the cost of all tertiary care services for eating disorders treatment in the province (Su & Birmingham, 2003).

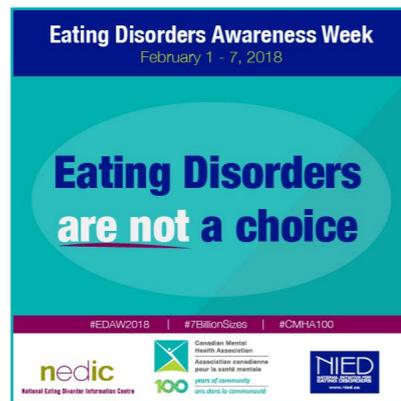
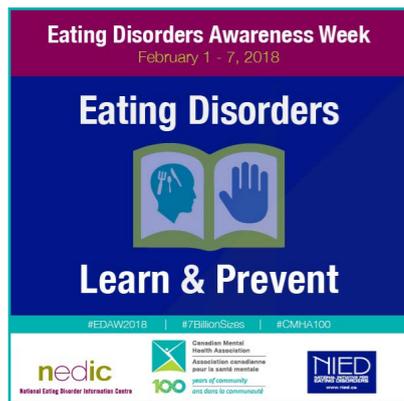
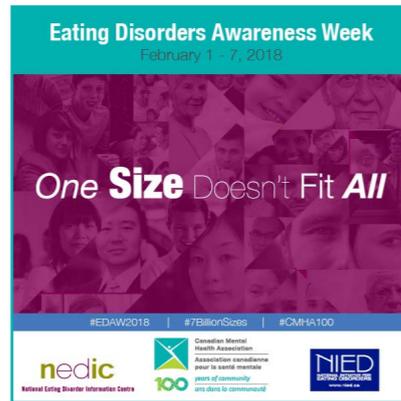
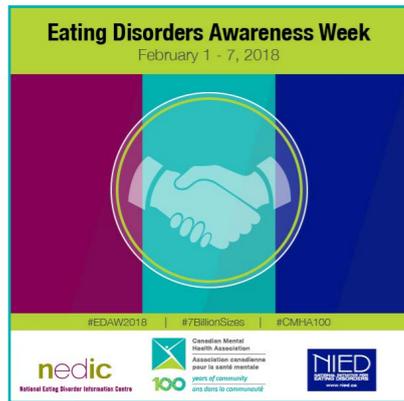
There are hidden costs associated with Eating Disorders, including lost earnings of sufferers and carers (PricewaterhouseCoopers, 2015).

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Digital Assets

Sample social posts



Post Copy

We are proud to be partnering with @theNEDIC and @NIEDCanada for Eating Disorders Awareness Week. Join us this week in raising awareness about Eating Disorders and breaking down stigmas. #EDAW2018 #7BillionSizes #CMHA100

This year's theme for Eating Disorders Awareness Week, "One Size Doesn't Fit All," acknowledges that people of all genders, ages, sexual orientations and backgrounds can develop Eating Disorders in their lifetimes. Join us in raising awareness for Eating Disorders Awareness Week. #EDAW2018 #7BillionSizes #CMHA100

This Eating Disorders Awareness Week, take the time to learn about Eating Disorders and how to prevent them. #EDAW2018 #7BillionSizes #CMHA100 <http://nedic.ca/give-get-help/prevention-health-promotion>

Join us in breaking the stigma this Eating Disorders Awareness Week by understanding that Eating Disorders are not a choice #EDAW2018 #7BillionSizes #CMHA100

Banner Image



CANADIAN MENTAL HEALTH ASSOCIATION



Founded in 1918, the Canadian Mental Health Association (CMHA) is the most established, most extensive community mental health organization in Canada. Through a presence in more than 330 communities across every province, CMHA provides advocacy and resources that help prevent mental health problems and illnesses, support recovery and resilience, and enable all Canadians to flourish and thrive.

Visit the CMHA website at www.cmha.ca.

Fondée en 1918, l'Association canadienne pour la santé mentale (ACSM) est l'organisme communautaire du secteur de la santé mentale le plus vaste et le mieux établi au Canada. Présente dans plus de 330 communautés réparties dans toutes les provinces, l'ACSM œuvre en défense des droits et offre des ressources qui contribuent à prévenir les problèmes et les troubles de santé mentale à soutenir le rétablissement et la résilience, afin de permettre à tous les Canadiens et Canadiennes de s'épanouir pleinement.

Visitez le site Web de l'ACSM, à www.acsm.ca.

NATIONAL EATING DISORDER INFORMATION CENTRE

The logo for the National Eating Disorder Information Centre (NEDIC) features the word "nedic" in a lowercase, sans-serif font. The letters "n", "e", and "d" are colored in a vibrant green, while the letters "i", "c", and "i" are colored in a deep magenta. The letters are closely spaced and have a clean, modern aesthetic.

National Eating Disorder Information Centre

Established in 1985, the National Eating Disorder Information Centre (NEDIC) is the oldest organization in Canada dedicated to helping individuals from coast to coast affected by Eating Disorders. NEDIC is the national “go-to” for information, education, resources, and support in the areas of body image, self-esteem, and issues across the continuum of food and weight preoccupation. Guided by social justice values, NEDIC

endeavours to promote understanding of the sociocultural aspects of food and weight preoccupation and to dismantle myths and stereotypes that hurt those struggling with Eating Disorders.

NEDIC operates Canada’s only national toll-free helpline through which individuals across the country can access information, referrals to treatment providers, and emotional support. Additionally, with its extensive outreach and education program, which includes delivering workshops and webinars tailored to a wide variety of audiences; developing and disseminating informational resources; and running annual campaigns such as Eating Disorder Awareness Week, NEDIC promotes the health and wellness of individuals and communities nationwide.

Visit the NEDIC website at <http://nedic.ca/>

NATIONAL INITIATIVE FOR EATING DISORDERS



Awareness. Understanding. Action.

NIED was launched in 2012 in Toronto, Canada. We have become the voice for Canadian families, caregivers and individuals who are suffering with Eating Disorders and other comorbid and concurrent diagnoses.

NIED strives to create Awareness, Understanding and Action through, among other initiatives, free educational symposia presented by expert and experienced clinicians, researchers, psychiatrists, psychologists, nurse practitioners, psychotherapists, social workers, occupational therapists, dietitians, nutritionists and alternative therapists.

NIED is the catalyst uniting stakeholders across the country to collaborate and work together to address the gaps in current services, delays in treatment, lack of pan-Canadian data, and insufficient training for clinicians and healthcare professionals, all of which have impeded resources, research, funding and available treatment options in Canada.

NIED has brought Eating Disorders to the attention of governments at both the provincial and federal levels. NIED strives to ensure that Eating Disorders are acknowledged and included in mental health discussions, policies, mental health organizations, programs, decisions and campaigns.

Visit the NIED website at <http://nied.ca/>



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