

Prevention of Eating Disorders

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Prevention is a topic that has received little attention in the literature on eating disorders. This is ironic because many researchers and health care workers suggest eating disorders are more difficult to treat the more deeply rooted anorexic or bulimic behaviours become in an individual's lifestyle. Furthermore, most would agree that helping individuals avoid being affected by the factors perpetuating eating disorders (like starvation and nutritional deprivation) is a crucial factor in preventing eating problems from occurring in the first place.

“Prevention” is a term that can refer to either the elimination of factors causing eating disorders – more specifically called **primary prevention** – or the early detection and treatment of eating problems – known as **secondary prevention**. Primary prevention focuses on eliminating the causes or “predisposing” factors, while secondary prevention addresses reducing the causes **and** the “perpetuating” factors of eating problems.

Primary prevention

The goal of primary prevention is to reduce the incidence of anorexia nervosa and bulimia nervosa. Finding effective ways of approaching primary prevention is a problem because we don't fully understand what causes eating disorders in the first place. However, we can still address ways of minimizing common **social**, **familial** and **individual** factors, like pressures to be thin, communication problems within the family, and self-esteem issues that are generally recognized as leading to eating disorders

Minimizing social pressures

A number of strategies can be developed to minimize the impact of social pressures, especially pressures on women, to be thin. For example, we can teach our children not to be pre-occupied with their weight. This means learning to accept a broad range of body sizes. It also means placing less emphasis on appearance and more on personality and individuality.

Because adolescent girls are at a high risk for developing eating problems, schools should provide an ideal location for prevention programs. Teachers and school counsellors should become educated about the causes and perpetuating factors of eating disorders, especially those who are in contact with high-risk groups. Teachers should also educate students about accepting a wide range of weights and the dangers of dieting. These themes can easily be incorporated into health, science, or physical education classes. Junior high or high school students can be engaged in discussions about social pressures on women to be thin, pressure to achieve, as well as prejudice against fat. Teachers can ask students to collect media examples or write about their personal experiences.

Health professionals, parents, peers and siblings can all contribute by not focussing on body size, appearance or weight loss, as well as by refusing to endorse dieting or the pursuit of thinness as healthy or valuable behaviour. Finally, we can all reduce the impact of social forces by not placing so much pressure on our children to excel (in the classroom, workplace or social realms) as the principal means by which they come to feel good about themselves.

Minimizing family issues

Intense cultural attitudes about weight, as well as the importance of appearance and achievement, are often communicated to children through the family. For this reason, it is important for parents to guard against transmitting harmful attitudes to their children. Parents should make sure that lines of communication are open among family members and that they allow their children to grow and separate from the family as they reach adulthood.

Parents can also educate themselves about eating disorders so that they become aware of changing attitudes around food and weight and can recognize symptoms. Finally, family members should be encouraged to examine their own attitudes around food, weight and shape – parental attitudes **do** become the attitudes of their children.

Reducing individual factors

Individual factors, like low self-esteem and perfectionism, often develop as a result of both family interactive patterns and larger cultural values. While it is difficult to alter family relations and social forces single-handedly, an individual can counter balance these effects by seeking counselling for low self-esteem, feelings of ineffectiveness or other issues.

Teachers can contribute by educating students about self-esteem and adaptive ways of relating with others. Teachers can initiate discussions focussing on ways of achieving a sense of self-worth and role-play exercises to develop assertiveness skills. Teachers identifying low self-esteem or family problems should recommend counselling.

Parents are in a good position to help by learning how to accept their children and teaching them to respect and like themselves. Both health professionals and teachers can assist by encouraging those with low self-esteem or other individual issues to seek counselling.

Secondary prevention

Secondary prevention focuses on reducing the duration of an eating disorder. For this reason, early detection and intervention are important aspects of secondary prevention. It is difficult to implement strategies for early detection because individuals with eating problems often attempt to conceal their behaviour. If you suspect someone you know of having an eating disorder, it is very important to review the warning signs and know how to approach either the individual or a responsible adult. You should also be familiar with groups at high risk for developing anorexia and bulimia.

Parents, peers & siblings

Parents, peers and siblings are in a good position to detect changing attitudes around food, weight, and shape. However, the nature of their relationship with the individual at risk or frequency of contact may prevent them from perceiving a problem until it has developed into a “full-blown” eating disorder. Parents, peers and siblings should know the warning signs and high-risk groups and know how to approach the individual and where to get help.

Teachers

Often, teachers are in an excellent position to detect developing eating problems. Not only do teachers spend a lot of time with adolescents and young adults, they have a more objective picture of student behaviour and attitude changes.

Health care professionals

Doctors, dentists, and other health care workers are often the first to detect an evolving eating disorder. Doctors should pay careful attention to the symptoms of weight loss and amenorrhoea among their adolescent and young adult clientele. Also, any bowel problems or digestive complaints should be analyzed more closely for the possible existence of developing eating problems. Dentists should know that severe erosion of the teeth and salivary gland enlargement are often indicators of bingeing and purging behaviour.

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