

## RESOURCES

The MCR Foundation  
www.mcrfoundation.com  
is a network member of the National Eating  
Disorders Association (NEDA)  
www.nationaleatingdisorders.org

**Focus**  
Focus Center for Eating Disorders  
7429 Shallowford Road  
Chattanooga, TN 37421  
(800) 675 - 2041  
www.focuscenterforeatingdisorders.com

Visit The MCR Foundation resource library at  
mcrfoundation.com for books and  
other resources

**Solace**  
3097 Broad Street  
Chattanooga, TN 37408  
SolaceClinic@gmail.com  
www.SolaceClinic.com  
(423) 752 - 5207

**Pamela Kelle, R.D., L.D.N.**  
Registered Dietician & Licensed Nutritionist  
www.PamelaKelle.com  
313 Manufacturers Road, Suite 207  
Chattanooga, TN 37405  
(423) 991 - 3422



1400 McCallie Avenue, Suite 210  
Chattanooga, TN 37404  
(423) 622- 2666  
www.mcrfoundation.com  
information@mcrfoundation.com



# ALL YOU NEED TO KNOW ABOUT EATING DISORDERS

Presented by the



www.mcrfoundation.com

## ABOUT THE MCR FOUNDATION

The Mary Cameron Robinson Foundation for the prevention of eating disorders was founded on May 25, 2006.

The foundation was inspired by the death of Mary Cameron Robinson (Cammy), on September 2, 2005 from complications stemming from a fourteen-year battle with three eating disorders.

There are very few resources in the Chattanooga area that someone with an eating disorder or those who care about them can reach out for help.

The MCR Foundation is here to provide education and resources for all ages and genders. Educational and outreach programs are tailored for schools, professional groups, and individuals of all ages.

Prevention through education and awareness is key. Early intervention increases treatment success. There is support. There is hope.

**EATING DISORDERS ARE MORE COMMON THAN ALZHEIMERS DISEASE.**

## THE FOUNDATION MISSION

The MCR mission is to provide resources for people in the Greater Chattanooga Tri-State Area who are affected by eating disorders. The Foundation is committed to a holistic approach encompassing physical, emotional, spiritual, and social well-being.

MCR does this by:

- Providing education and multi-media resources
- Promoting awareness and developing prevention strategies
- Providing support systems
- Conducting research for community needs
- Promoting a healthy lifestyle and an appropriate self image
- Serving as a resource for referrals for counseling and treatment

**PARENTS ARE THE FRONTLINE HELP-SEEKERS FOR CHILDREN AND ADOLESCENTS.**

## THE FOUNDATION VISION

The MCR Foundation is a comprehensive non-profit resource for the Greater Chattanooga Tri-State Area for education, prevention, early detection, and support for individuals and families affected by eating disorders, focusing on healing the mind, body, and spirit.

**FAMILY MEMBERS ARE NOT THE CAUSE OF EATING DISORDERS, NEITHER DID FAMILY MEMBERS CHOOSE TO HAVE IT.**



## TYPES OF EATING DISORDERS

### ANOREXIA NERVOSA

Anorexia Nervosa is characterized by self induced starvation or excessive weight loss, often related to control issues.

The individual has a distorted body image. (Some of these criteria do not apply to children who develop or who are developing eating disorders.) They see themselves as fat regardless of how thin they get. Some may feel fat all over and some see specific body parts (particularly the stomach and thighs) as being too fat. Their self worth is based on their body size and shape. They deny that their low body weight is a serious cause for concern and will lie to themselves, as well as others to explain their serious weight loss. The individual has an intense fear of gaining weight or becoming fat, even though they are underweight. Anorexia Nervosa becomes a way to cope with personal distress and emotional pain.

### BULIMIA NERVOSA

Bulimia Nervosa is characterized by bingeing and self induced purging often related to control issues.

Bulimia Nervosa is an obsession with food and weight characterized by repeated overeating, followed by, such behaviors as forced vomiting, laxative use, enemas or excessive exercise. Bulimia Nervosa also tends to dominate their thoughts, undercuts their self-esteem, and threatens their lives. Bulimia Nervosa becomes a way to cope with personal distress and emotional pain.

### BINGE EATING DISORDER

Binge Eating Disorder is characterized by mass consumption of calories within a short period of time, without counter balancing it with physical activity or purging and is often a result of emotional eating. It is secretive and often done alone.

Research is scarce, but it suggests that approximately one-fifth to one-third of people who are obese meet the requirement for Binge Eating Disorder (DSM-IV, 2006). Though not all that who are obese suffer from BED. Binge Eating Disorder is a result of a lack of control. This behavior occurs as a result of depression, anxiety, emotional pain, among other things. It can also be characterized by eating large amounts of food when not physically hungry. Many of those with Binge Eating Disorder are more likely to develop Anorexia Nervosa and/or Bulimia Nervosa.

\* It is not uncommon for some to develop what looks like one type of eating disorder then flip to another.



## WARNING SIGNS & COMPLICATIONS

### WARNING SIGNS OF A POSSIBLE EATING DISORDER

- Constant thoughts of food
- Counting calories
- Weighing several times a day
- Complaining about being fat or about specific body parts
- Severely limiting food intake
- Labeling certain foods as “good” or “bad”
- Obsessive exercising to the extreme to burn calories
- Exercising as a punishment for eating a “bad” food
- Vomiting after eating
- Severe anxiety
- Using laxatives, diet pills, enemas, diuretics, and or ipecac
- Hiding foods
- Exhibiting food rituals (such as cutting food into tiny pieces)
- Frequent or often long trips to the bathroom, often with water running
- Avoiding people, lying, keeping secrets, stealing, cutting or compulsively shopping
- Perfectionism
- Reading books or visiting websites on eating disorders and dieting
- Considerably thinner in a relatively short period of time with no explainable reason, such as a medical cause
- Swollen neck with enlarged salivary glands resulting from excessive vomiting.
- Lying and secretive behavior
- Absence of menstrual cycles
- Maintaining a body weight age, height, and body type of 15% below normal for
- Dressing to hide body shape
- Avoiding meals
- Dental problems
- Brittle nails & hair

### COMPLICATIONS OF AN EATING DISORDER

- DEATH—this can be sudden death, without warning, from cardiac problems
- Electrolyte imbalances – which may result in an irregular heartbeat that could lead to cardiac arrest and/or seizure.
- Severe dehydration
- Decreasing heart size
- Dangerously low heart rates, low blood pressure
- Energy loss, muscle cramps and weakness, in spite of extreme exercise
- Lowered metabolism, low body temperature, feeling cold all the time
- Gastrointestinal bleeding, ulcers, gastritis, reflux, tears of the esophagus (which can rupture), loss of gag reflex and development of hiatal hernias, as well as constipation, possible esophageal cancer
- Severe colon damage, risk of paralysis of the colon and a colostomy
- Loss of brain mass, lowered cognition and other brain functions
- Hypoglycemia (low blood sugar)
- Hypoglycemic seizures
- Decreased testicular (in males) and ovarian function
- Cessation of menstruation
- Increased risk of osteoporosis, stress fractures
- Infertility
- Kidney damage/failure
- Liver damage
- Pancreatitis
- Dizziness, fainting
- Depressed immune system + risk of overwhelming infection
- Anemia
- Bruising
- Enamel loss, dental decay and discoloration
- Dry skin, brittle hair and nails, yellow or orange skin
- Lanugo-growth of fine hair on body, loss of hair on the head
- Swelling or bloating
- High cholesterol in spite of very low fat diet
- Insomnia—can be severe
- In case you have forgotten, DEATH.



## HOW TO HELP SOMEONE

### WHAT TO DO IF YOU SUSPECT SOMEONE WITH AN EATING DISORDER

- Set aside a time to talk to the person in a loving manner in a private and supportive environment
- Explain to the person that you are worried about their health and that you have noticed changes in his/her behavior that concerns you. Be specific.
- Do not use words that would define a person’s physical appearance. Stay away from words such as, “thin”, “skinny”, “sickly”, “fat”, “fluffy”, “big” or any reference to certain body parts. Instead say, “I am afraid you are not eating in a healthy manner and that you may be doing permanent damage to your body. What can I do to help you?”
- Use “I” statements. Ex: “I am worried about why you’re skipping meals” instead of, “You missed supper” and “You have to eat.”
- Allow the person to respond to your comments and let them know that you are there to support them in any manner.
- Suggest that this person visit a physician and offer to make the appointment as well as accompany them.
- Suggest visits with a therapist and possibly explore the idea of a treatment center or program.
- Do not be their food police or exercise monitors. This is not really about food and fitness. They need professional help.
- If the person does not respond, denies the problem, or refuses to seek help, go by yourself to get advice from a professional on what to do next. DO NOT WAIT!!! The possible consequences are too serious.

### PREVENTION TIPS FOR PARENTS

#### DO:

- Examine your own beliefs and behaviors related to body image and weight, and consider how your children might interpret the messages they get from you. (Are you constantly dieting and or talking about food? If so, stop it immediately. Try not to fall into “Do as I say, not as I do.”)
- Encourage healthy eating by serving nutritious and balanced meals.
- Keep a balance—there is no “bad” food or “good” food.
- Trust your body to let you know when to eat and when to stop: Eat when you are hungry. Stop when you are full.
- Allow your child to determine when he or she is full.
- Talk about different body types, and the fact that they can all be acceptable.
- When the topic is brought up by your child, discuss the dangers of dieting, food restriction, and overeating.
- Emphasize to your child that what you see in the media is not real and that the media should not define their potential or self worth.
- Make meals a positive experience, not a negative one.
- Tell your child you love them and stay away from praising the way they look. (After all, they love you for who you are and not how you look.)

#### DON'T:

- Label foods as “good” or “bad”
- Use food for rewards or punishments
- Diet or encourage your child to diet
- Comment on weight or body types. (Yours, your child’s, or anyone else’s)
- Allow teasing or making fun of anyone based on physical characteristics, including size.
- Base one’s worth on what they look like, including the clothes that a person wears.
- Make meal times about food; make them about enjoying the whole experience.



Studies have shown that anorexia and bulimia have a hereditary factor of 50-80%. It is important to address one’s “family history” of an eating disorder and be especially mindful of this factor.



Dr. Edward P. Tyson has reviewed the information contained in this pamphlet. He is a physician in Austin, Texas who focuses on the treatment of eating disorders. He was first board certified in Family Practice in 1986 and then became board certified in Adolescent medicine in 2001.