

ABOUT EATING DISORDERS

Eating disorders are a challenge that requires greater awareness and visibility to create safe, supportive environments and encourage open, judgement-free conversations.

An eating disorder (ED) is a mental health condition involving control of food-related behaviours to cope with feelings & life situations. The most common EDs are anorexia, bulimia, & binge-eating disorder. EDs are generally repetitive, so signs can include consistent overeating, undereating, overexercising, or isolation from food-related activities. When persistent concerns about body image and weight interfere with daily activities, it can be a sign of a severe ED.

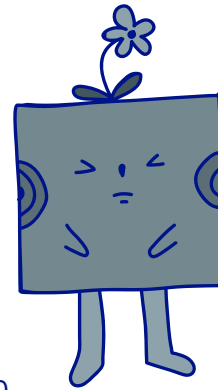
REMEMBER:⁵

- EDs can present in a variety of different ways.
- Not everyone with an ED is underweight.
- Not everyone with an ED experiences fluctuations in weight/shape.
- Not everyone with an ED has a desire to lose weight.
- EDs can affect anyone, regardless of race, gender, age, body size, etc.

There is strength in seeking support, and you deserve care and understanding.

If you're looking for someone to talk to, the resources below are here to help. You're not alone.

HELPLINES



NEDIC Helpline

Call: 1-866-633-4220
Online Chat at nedic.ca
Hours: 9am to 9pm EST (check website for more information)



National 988 Suicide Helpline

Call: 988
Message: 988
Service in English or French 24/7/365
Check website at 988.ca for more



LGBT Youthline

Message: 647-694-4275
Online chat at youthline.ca
Hours: Sunday to Friday, 4:00pm to 9:30pm EST (Check website for more information)

Check out more resources here



CONTACT US!

youthcouncil@nied.ca
nied.ca/youthcouncil

UNDERSTANDING &
RECOGNIZING
EATING DISORDERS

SEE THE SIGNS,
START THE
CONVERSATION

NIED
NATIONAL INITIATIVE FOR
EATING DISORDERS
Education. Understanding. Action.

SHOULD I BE CONCERNED?

If you're concerned that you or someone you care about may be struggling with an ED, the signs and symptoms below may help you better understand what's going on.

BEHAVIOURS AROUND FOOD, BODY, AND EXERCISE¹⁻⁸

- **Rigid meal rituals:** obsessive adherence to specific eating times, development of strict food rituals, avoidance of eating in public, and/or consistently going to the washroom immediately after meals.
- **Language around food:** use of judgmental terms like "good" or "bad" to describe foods, reflecting an inflexible and moralized view of eating.
- **Obsessive focus on nutrition:** intense and ongoing preoccupation with food content, nutrition labels, or recipes that dominates conversations and thoughts.
- **Extreme weight preoccupation:** frequent and heightened expressions of distress or anxiety about weight, body shape or the impact of daily activities on weight.
- **Compulsive body checking:** repeatedly checking mirrors, touching body parts, or scrutinizing photos.
- **Comparison:** regularly commenting on others' eating habits, food choices, or body sizes in a self-deprecating way.
- **Over-exercising:** prioritizing exercise over all other responsibilities or social engagements, or rigidly following an inflexible workout schedule



PSYCHOLOGICAL SYMPTOMS¹⁻⁸

- **Preoccupation with food/body:** constant thoughts about food, weight, and/or exercise.
- **Increased anxiety:** intense anxiety when unable to exercise, when food changes occur, or when rituals are disrupted.
- **Guilt/shame:** feelings of guilt related to food, changes in weight, and/or rest.
- **Compensation:** a perceived need to compensate for eating or an urge to get rid of food after eating.
- **Feeling out of control:** a sense of losing control while eating or when routines around food or exercise are disrupted.

SOCIAL SYMPTOMS¹⁻⁸

- **Withdrawal:** avoidance of social gatherings, turning down invitations, or frequently cancelling plans, especially involving food.
- **Change in exercise:** increased engagement in activities related to physical activity.
- **Negative self-talk:** expression of low self-esteem, reduced confidence, or frequent critical comments about oneself.
- **Increased anxiety:** increased distress or discomfort in social situations, especially involving food or body-related topics.

PHYSICAL SYMPTOMS¹⁻⁸

- Signs of inadequate nutrition may include hair thinning or loss, dry skin, frequent dizziness, low energy, and feeling cold more often.
- For those with a uterus, changes in their menstrual cycle may occur.
- Noticeable changes in body weight may or may not be present.

HOW TO SUPPORT



Whether you're supporting someone with an eating disorder or experiencing one yourself, it can feel incredibly isolating. But it's important to remember—you are not alone, and support is available.

INITIATING THE CONVERSATION

Starting a conversation with a friend you are concerned about can be difficult. It is important to approach the discussion with sensitivity. Use "I" statements that portray your genuine concern rather than judgment. Be prepared for various emotional reactions such as possible anger, denial or relief. Below are examples of conversation starters:

"I've noticed you seem a bit different lately, and I'm really concerned about you. Can we talk?"

"I know it can be hard to talk about things like this, but I want you to know it's okay to share how you're feeling. I'm here to listen without judgment."

"I want to make sure you know I'm here to support you, no matter what. You don't have to go through this alone."

