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EATING DISORDERS VS DISORDERED EATING

understanding the difference

Eating concerns can occur on the wide continuum of dysfunction. Some eating concerns may occur on the far extreme of the continuum in which we would classify the behavior as an eating disorder. However, many of us engage in food behaviors that can cause stress, harm and negatively impact the quality of our lives. These behaviors are also a risk factor for developing a formal eating disorder. Let's explore these differences and highlight what a healthy relationship with food can look like.

EATING DISORDER

Meets criteria for an DSM-5 Diagnosis

Significant loss or gain of weight

Nutritional deficiencies

Impairs ability to function in life and relationships

DISORDERED EATING

Yo-yo Dieting
Weight cycling
Body Image concerns
Emotional eating
Using food as only coping skill
Stress or shame in making food choices
Weight control behaviors (excessive exercise, laxatives, teas, etc.)
Strict rules with food

INTUITIVE RELATIONSHIP WITH EATING

Eating regular meals (3 meals plus 2-3 snacks per day is the typical recommendation)
Being able to be spontaneous and flexible with foods
Incorporating an "all foods fit" mentality and eating a wide variety of foods
Feelings of peace with food

If you feel you are struggling with either an eating disorder or disordered eating, please consider getting in touch with a qualified professional. Everyone is deserving of having a peaceful relationship with food and our body.

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DIET CULTURE

combating societal pressure

Diet culture is pervasive. It can take many shapes and forms, but subtly influences us to believe that reaching the "thin ideal" is the only way to achieve worth, happiness or acceptance. Below are a few ways this shows up in our lives and within our social world.

Social media comparisons to others' bodies	Judging self and/or others based on their body size or shape
Labeling food as "good" or "bad"	Critical judgments of meals, food choices, food quantities
Diets consist of strict rules regarding food intake	Compensatory exercise (e.g. feeling the need to "work off" food consumed)
Challenges for exercise or weight loss at work, within friends or family circles	Dieting is a common topic of conversation in social groups
Before/after photos on social media	Praise for weight loss regardless of resultant health
Moral valuation of thinness	Believing that less food = weight loss Less weight = better health

Letting go of diet culture

1. Practice self-kindness in regard to food and body talk
2. Put down labels such as "good" or "bad" to describe food or yourself
3. Let go of the notion that being thinner will make you happier. (There is no research that supports the idea that thinner folks experience greater happiness!)
4. Consider incorporating movement that feels joyful rather than compensatory
5. Call out diet culture and fat talk in your social circles
6. Advocate for body inclusivity and acceptance of all bodies

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WEIGHT STIGMA

learning to reduce harm

Weight stigma is the negative attitudes one holds toward a person due to their size or weight. This may also be referred to as sizeism. Below are some facts to consider for yourself or in your practice.

1 Weight stigma is prevalent in healthcare settings

Healthcare patients report a high degree of perceived weight stigma by their provider. This is especially true for women and individuals of diverse groups. Practitioners have also demonstrated high rates of bias in regard to the weight of their patients.

2 Weight stigma impacts quality of care

Anti-fat bias can lead providers to miss or mis-diagnosis medical conditions. Treatment prescriptions of weight loss are often utilized in replacement of sound testing and treatment options. Patient rapport is often severely impacted when weight stigma is perceived to be present.

3 Weight stigma leads to WORSE outcomes

Weight stigmatized individuals have been found to be LESS likely to follow treatment recommendations, exercise LESS often and engaged in unhealthy food behaviors MORE frequently. Patients also often delay seeking treatment due to fear of being stigmatized and levels of distress are frequently reported to be higher.

4 Weight bias can have additional consequences

Weight discrimination can impact relationships, education, employment and health outcomes. The societal drive for the "thin ideal" and reinforcement of this through weight stigma can lead to the development of eating disorders.

Changing how we think about weight

5 Weight Loss: It's not that simple

Calories in ≠ Calories out. The ability for the body to be able to lose weight may be completely out of control for many individuals. Weight is a complex concept involving genetics, environment, biological and psychological factors. In fact, social determinants have shown to be a greater contributor to weight than food intake or exercise.

6 Weight vs Behaviors

Looking at a person's body cannot tell us accurate information regarding their relationship with food, exercise and additional health behaviors. There is a wide range of behaviors along the wide range of body shapes and sizes. Instead of making assumptions about behaviors, use questions and exploration to learn about yourself or your patient.

7 Weight is not a good predictor of health outcomes

The correlation between weight and health outcomes is misleading. Weight cycling (yo-yo dieting) is a stronger predictor of negative health outcomes than weight itself. Thus, prescribing weight loss may actually lead to worse outcomes than if a person stays at a higher weight.

8 Every *body* is worthy of respect

Operating from a grounded place of respect, body autonomy and equity is an excellent tool for working with patients of shapes and sizes. Using empathy and sensitivity in discussing weight is paramount.

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