

# DISORDERED EATING DISCUSSION TIP SHEET

An eating disorder is not a choice, rather a combination of genetic, biological and stress related factors.

## AWARENESS IS KEY

- ✔ A disordered eating diagnosis is often accompanied by other mental health diagnoses such as depression, anxiety, substance use disorders and personality disorders.
- ✔ Trauma is a common shared factor in those with an eating disorder diagnosis
- ✔ Weight is not a criterion for an eating disorder diagnosis. Many patients are overweight but have restricted their food intake for years, leading to an abnormally low metabolism and possible high weight.



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"If we can share our story with someone who responds with empathy and understanding, shame can't survive"

BRENE BROWN

## APPROACH WITH COMPASSION

- ✔ You need to bring up this conversation as they might feel too ashamed to do it.
- ✔ Compassion and understanding are necessary when having this conversation. Talk to your patient as if they do want to get better, as if they have other aspects to their lives, and in a sympathetic and understanding manner.
- ✔ Resistance to treatment is normal in eating disorders. You and your multidisciplinary team can help with this. Have at least 1 professional who has advanced training and experience with eating disorders on a team.

## If you believe your patient may have an eating disorder:

Consult the DSM5 and consider screening tools such as the SCOFF & Eating Disorder Screening-Physician (ESP), which can be found on the Disordered Eating Physician TIP Sheet



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