

Psst!

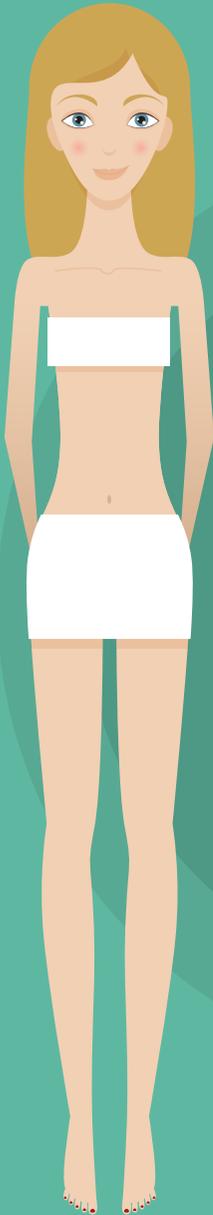
Plan to Stay in Shape Today

EATING



DISORDERS

A Guide to Spotting an
EATING DISORDER and What to Do Next



We live in a society that places a lot of emphasis on beauty. In the media, we're shown images of bodies that are far from realistic. Unconsciously, we tend to want to emulate these stereotypes that have been turned into beauty standards. As children and teens, we're regularly exposed to these unrealistic standards, which can have an impact on our self-esteem and our eating habits.

A word of caution, though: it's easy to blame society for eating disorders, but beauty standards aren't the only reason they surface. They're complex problems that depend on a number of factors.

When a child or loved one develops an eating disorder, it can be hard to know what to do. This guide has been developed to help you support the people around you who may have eating disorders. Reading it will help you understand the issues involved so that you can talk about them!

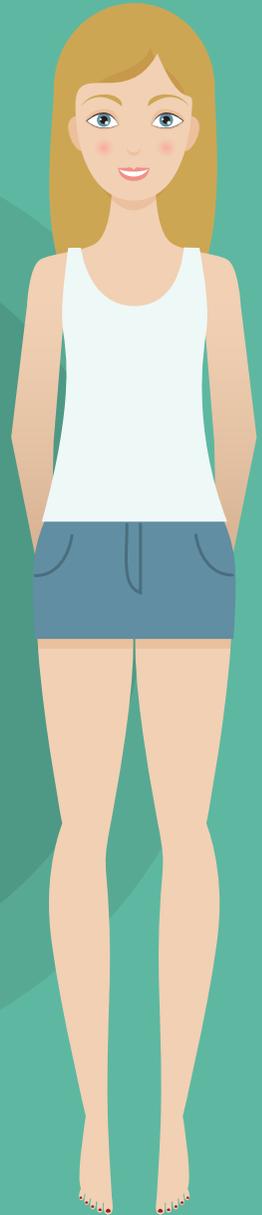


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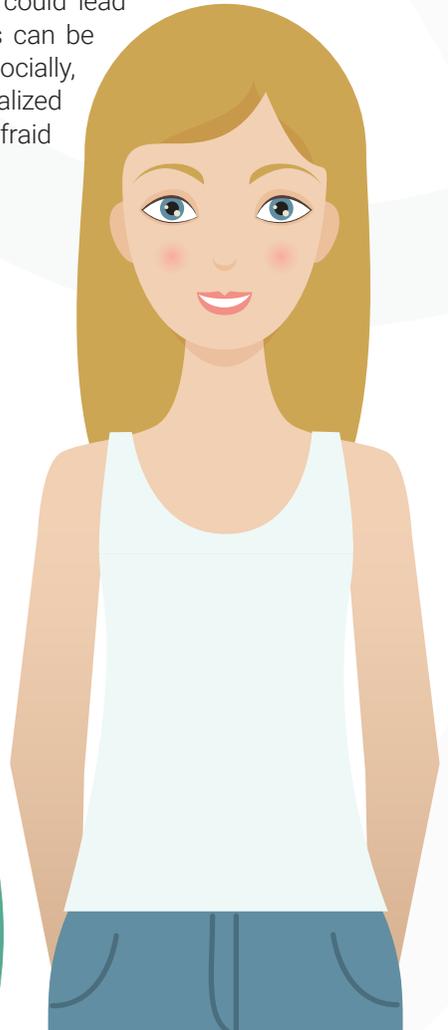
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EATING DISORDERS

It all starts with a body image obsession, often for someone who's a perfectionist. Next comes an overwhelming desire to control one's weight, and abnormal, unhealthy eating habits ensue. Add the factors that we'll review further on, and you have all the conditions for an imbalance that could lead to an eating disorder. The consequences can be devastating—medically, psychologically, socially, and for the family, which is why specialized professional help is needed. So don't be afraid to ask for help!



Eating disorders
affect approximately
100,000 Quebecers.

FICTION

It's only something that happens to teen girls!

FACT

Eating disorders affect ten times more women than men, but these disorders are not gender specific.

For every ten women suffering from anorexia, one man has the same problem. Bulimia is also becoming more frequent among men. For every ten women affected by the disorder, two to three men are bulimic.

In addition to anorexia and bulimia, men can also become obsessed with gaining muscle mass. Given the stereotypes about eating disorders, men have a tendency to be much more secretive about these problems and find it harder to ask for help. So it's important to be extra alert to the signs of eating disorders in men.

MAIN EATING DISORDERS:

BULIMIA AND ANOREXIA

Bulimia nervosa

People suffering from bulimia nervosa tie their self-esteem to their weight in a really unhealthy way. They'll repeatedly have what are known as bulimic episodes. When someone has a bulimic episode, they'll eat a large quantity of food in a short period of time (usually less than two hours) and feel like they've lost all control. Think of a major snack attack. The foods eaten are often high in sugar and calories: cakes, doughnuts, and ice cream, for example.

This will be followed by compensatory behaviours— inappropriate actions aimed at regaining a feeling of “control” over one’s weight. They include:

- Induced vomiting
- The use of laxatives, diuretics, and other medication in an attempt to lose weight
- Excessive exercise
- Fasting, i.e., not eating or drinking water. At night, for example, we fast—we don’t eat and we don’t drink. That’s why, in the morning, we “break fast,” or stop fasting.

Being deprived of an amount or certain type of food, being subject to stress, or feeling intense hunger can cause people suffering from bulimia nervosa to have an episode. People go to great lengths to hide their bulimic episodes. Intense guilt often follows. Know that people suffering from bulimia aren’t usually underweight and can even be slightly overweight.

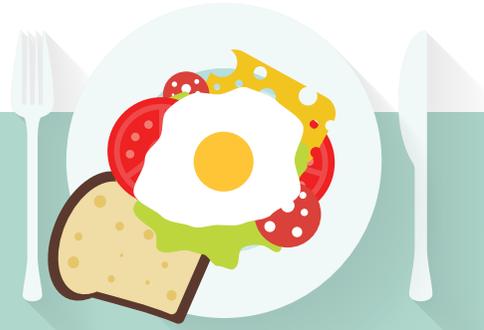
If you snack throughout the day or eat a big meal on a special occasion, don’t be alarmed— it’s not a bulimic episode!

TRUE OR FALSE?

Breakfast is the most important meal of the day.

FALSE!

Every meal of the day is important. Breakfast replaces the energy spent during the night and gives you the energy needed to start your day, but lunch and dinner are just as necessary to ensure your body functions properly throughout the day.



Anorexia nervosa

People suffering from anorexia nervosa are obsessed with being thin. They only let themselves eat a little bit or deprive themselves of food entirely. This problem causes weight loss or causes the person to remain underweight. Anorexia nervosa is also characterized by actions designed to prevent weight gain. These actions are called compensatory behaviours. They're the same as those described for bulimia nervosa. With anorexia, the most common of these is excessive physical exercise.

There are two types of anorexia nervosa:

- **RESTRICTING TYPE**

People with restricting-type anorexia will only eat small quantities of food in a day or will deprive themselves of food entirely.

- **BINGE EATING AND PURGING TYPE**

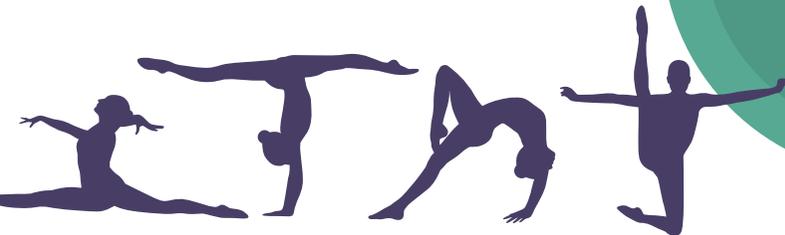
In addition to limiting their food intake, people with this type of anorexia will have bulimic episodes (binge eating) as a reaction to being deprived of food, feeling emotionally overwhelmed, or when very hungry. They'll eat a large quantity of food very quickly and then feel guilty about it. So they'll make themselves throw up or use laxatives to regain a feeling of control over their weight. 50% of people suffering from anorexia experience bulimic episodes.

DID YOU KNOW?

Elite athletes are at a higher risk of developing an eating disorder.

This is particularly true of athletes in sports that emphasize appearance and those with weight categories, including gymnastics, figure skating, dance, and bodybuilding. Elite athletes generally have several characteristics in common. Some of them feel a lot of pressure to perform and are perfectionists, which can put them at risk of developing an eating disorder.

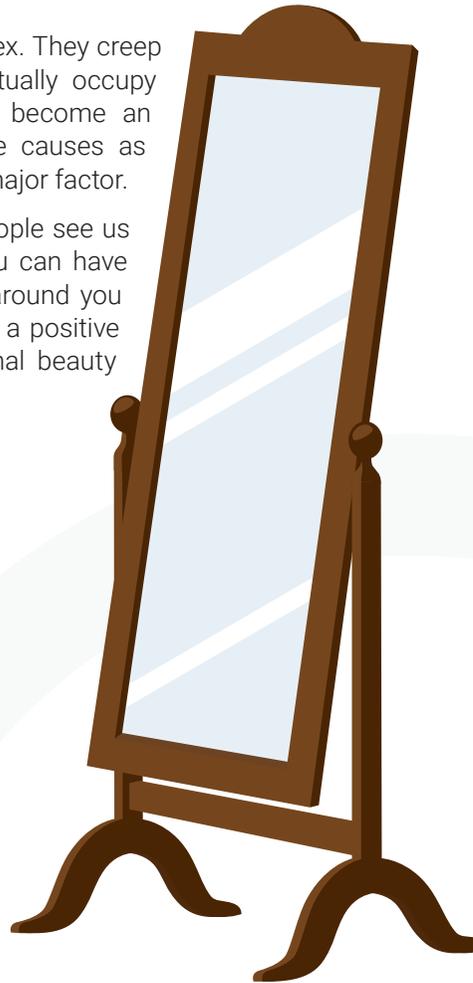
An estimated
30%
of female athletes and
15%
of male athletes
have an eating
disorder.



THE CAUSES OF EATING DISORDERS

Eating disorders are insidious and complex. They creep into your life and mind until they eventually occupy a huge amount of mental space and become an obsession. There are as many possible causes as there are sufferers, and body image is a major factor.

Body image isn't related to how other people see us but rather to how we see ourselves. You can have a negative body image when everyone around you thinks you're beautiful, and you can have a positive body image without meeting any external beauty standard.



FICTION

Someone with an eating disorder will always weigh slightly less than normal.

FACT

You can't use a person's weight to determine whether or not they have an eating disorder. For example, people with bulimia are often in the middle of the weight spectrum (neither overweight nor underweight). The body can also develop survival mechanisms such as storing fat to compensate for an artificially limited supply of food.

We also need to consider the presence (or absence) of neurotransmitters. They are found in our brain and act as messengers between brain cells, a bit like delivery trucks. They're responsible for carrying messages to literally billions of brain cells! You may have already heard of certain neurotransmitters, such as serotonin, endorphin, and dopamine. Serious mental or physical imbalances reduce the quantity of neurotransmitters in the brain. This makes it harder for messages to travel to all the billions of brain cells. They're therefore delivered less effectively, or not at all. When the brain can't send messages properly, certain mental illnesses can crop up, including eating disorders.

We deal with stressful situations and stressors every day.

These stressors can be:

REAL:

- You lose your job

POTENTIAL:

- Your company announces upcoming job cuts

PERCEIVED AS REAL:

- "I can't make a single mistake at work!"

POSITIVE:

- The birth of a child

NEGATIVE:

- The death of a loved one

Stressors generally imply a need to adapt to all kinds of situations. Obviously, everyone perceives and handles stressors differently—we all have our own personal level of stress tolerance, which can increase or decrease over time.

In cases of emotional or mental imbalance, a person's stress tolerance will be very low, making difficult situations really destabilizing. Compounding stressors and external factors can lead to an eating disorder, as shown in the illustration on the following page.

STRESS



FACTORS THAT CAN LEAD TO AN EATING DISORDER

Biological factors

- Heredity
- Reduced quantity of neurotransmitters in the brain

Social or cultural factors

- Unrealistic beauty standards (photoshopped images, models, etc.)
- Social pressure
- The idealization of thinness and negative perception of people who are overweight or obese

Family factors

- Pressure to perform
- Addiction
- Avoidance of conflicts
- An emphasis on weight and eating habits
- A family member's dissatisfaction with their own appearance

Personal factors

- Being female
- Being a teenager
- Having low self-esteem
- Dieting
- Being a perfectionist
- Stressors (separation, death, divorce, etc.)
- Needing to feel in control of one's life

HOW TO SPOT AN EATING DISORDER AND WHAT TO DO NEXT

If your child or someone you care about seems to be suffering from an eating disorder, the first thing you can do is take the time to find out more. Which means you're already on the right path! Be careful not to jump to conclusions.

A WORD OF WARNING

Someone who watches what they eat doesn't necessarily have an eating disorder. Try not to be alarmist. Just keep an eye out for excessive or extreme behaviour.

Here are a few signs to watch for if you think someone you love may have an eating disorder. If you spot several of these behaviours, see a health professional as soon as possible.

THINGS TO WATCH FOR IF YOU SUSPECT AN EATING DISORDER

Notice if the person:

- Avoids mealtimes
- Refuses to eat with friends
- Refuses to eat food they haven't prepared themselves
- Exhibits excessive stress around anything to do with food
- Secretly takes laxatives or throws up. This can be very hard to see or detect. Knuckles sometimes offer a telltale sign— teens with eating disorders can eventually wear down their knuckles by repeatedly inducing vomiting
- Exercises excessively. Focuses on the number of calories burned rather than the time spent working out
- Weighs and measures the foods eaten and talks in terms of calories. Knows the number of calories for each food, for example
- Cuts food into very small bites
- Exhibits abnormal moods: highs and lows, irritability, anxiety, self-isolation, insomnia, and so on

A WORD OF WARNING

My child doesn't want to eat with the family, says they've already eaten, and wants to stay in their room studying.

If you suspect an eating disorder, it's important not to encourage your child's strategies for avoiding food by pretending you believe their claims. It's also best to avoid direct confrontation. Take the time to talk to your child. Tell them you're worried and explain why you suspect they aren't telling the truth.

Children often hide their problems to avoid worrying their parents or causing them grief. You can explain that the situation worries you by saying something like, "Lately I've been worried about you. You've been avoiding family meals and saying that you're going to your room to study. You do seem to be studying a lot, but I'm not sure that you've had dinner. There are no plates in the sink or the dishwasher. If you want someone to talk to, I'm here for you."

It's important not to force the child to eat. It doesn't speed the healing process or the child's personal journey towards seeing a health professional.



HOW DO EATING DISORDERS AFFECT EVERYDAY LIFE?

As you can see, the numerous physical and psychological consequences of eating disorders—both anorexia and bulimia nervosa—can be very serious. In this section, you'll learn more about them.

Physical consequences

Eating disorders can have long-term physical consequences. It's not something to be taken lightly—if left unchecked, eating disorders can seriously endanger your physical health.



POTENTIAL LONG-TERM PHYSICAL CONSEQUENCES OF ANOREXIA

Head

- Hyperactivity
- Insomnia
- Memory loss
- Headaches

Heart

- Slowed pulse
- Irregular heartbeat, palpitations, and even heart attacks

Reproductive organs

- Irregular menstrual cycle or total lack of periods
- Complications during pregnancy and delivery
- Infertility

Blood

- Hormonal changes
- Anemia: Low levels of iron in the blood
- Vitamin deficiency

Hair

- Dry, brittle hair
- Hair loss

Skin

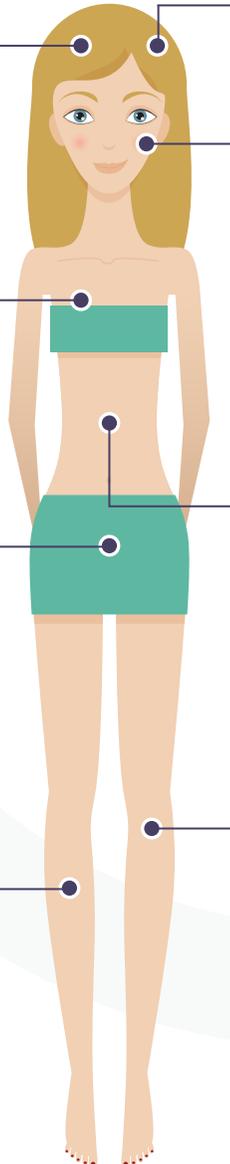
- Dry skin; weak, brittle nails
- Lanugo (appearance of fine hairs all over the face, back, and arms)
- Always cold (cold and bluish hands and feet)
- Orange-tinted skin

Corps

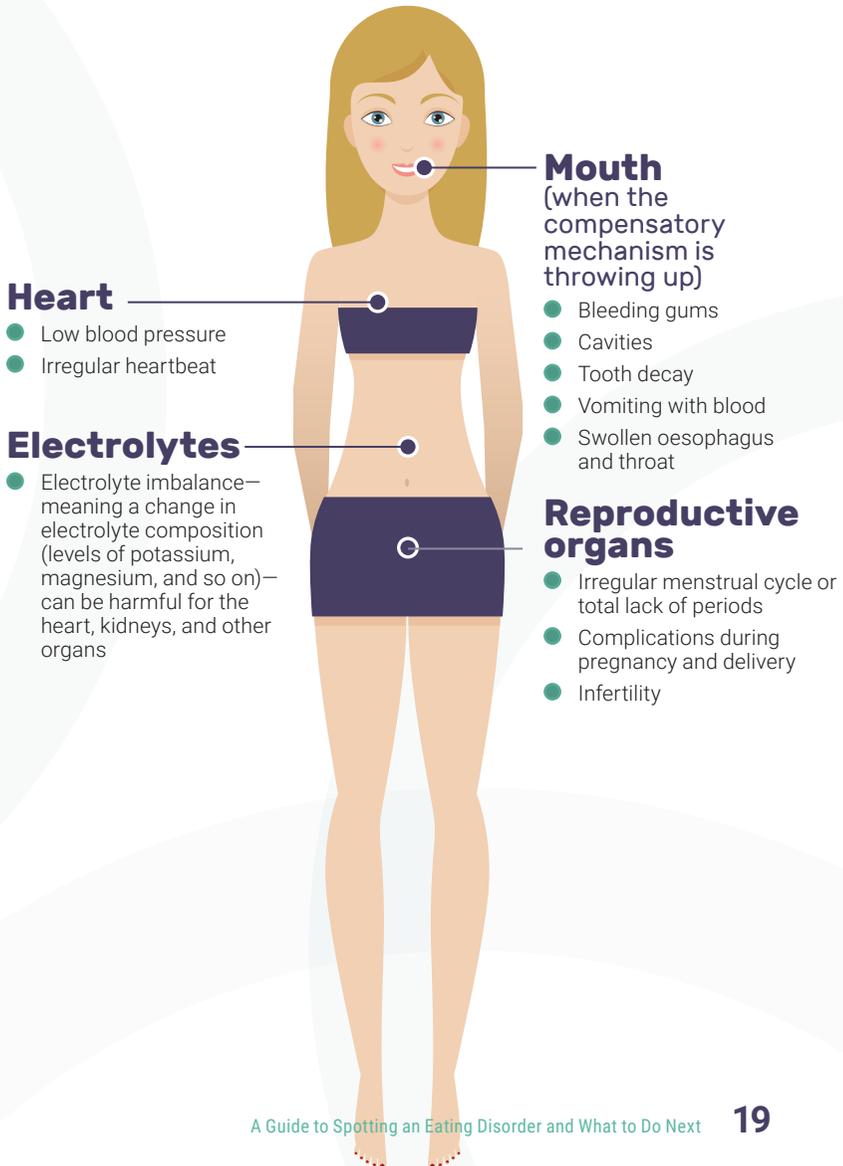
- Weight loss
- Fatigue
- Shivering
- Dizziness
- Fainting
- Loss of muscle mass
- Chronic constipation

Bones

- Osteoporosis, which can lead to fractures



POTENTIAL LONG-TERM CONSEQUENCES OF BULIMIA

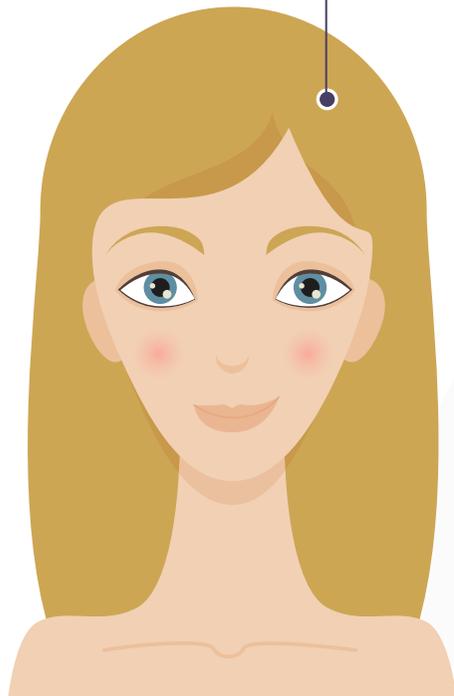


POSSIBLE PSYCHOLOGICAL CONSEQUENCES

In addition to being physically harmful, eating disorders can be psychologically damaging in the following ways:

- Intense preoccupation with food and weight
- Delusional self image
- Poor self-esteem
- A tendency to blame oneself
- Sudden urges to cook for loved ones
- Self isolation, antisocial behaviour
- Increasingly restrictive rituals
- Physically and intellectually demanding activities
- Irritability
- Need for outside approval
- Frequent mood swings
- Dejection, sadness, anxiety, and depression
- Difficulty concentrating
- Avoiding meals and social activities

Source : <http://www.anebquebec.com>



These psychological consequences are often hidden and hard to see. In this section, we'll share tips to help you detect some of the harmful consequences of an eating disorder. Remember, though: a person can exhibit the behaviour or symptoms described below and not have an eating disorder.

1. Difficulty concentrating and remembering things

Some of the signs: falling grades at school, teacher mentions the child is "distracted in class," struggles to do homework.

Our brains need sufficient quantities of quality food in order to function and perform well. Think of the brain as a Formula 1 race car. If you want it to run at top speed and deliver the goods, you need to fill it up with premium gas, not a half tank of regular! Since people with eating disorders don't give their brains the necessary fuel, they can have difficulty concentrating or retaining information. Don't be fooled, though: some high-performance, highly perfectionist anorexics can earn excellent grades, even though they're running on empty.

A WORD OF WARNING

My child got 65% in math when they usually always get at least 80%.

It's normal for kids to get bad grades once in a while. If you're worried about it, talk to them and ask why their grade has dropped. If they seem distressed about it, this is a great opportunity to encourage them and let them know it's okay. Your child probably puts a lot of pressure on themselves to perform and may be shaken by getting a bad grade. Try to counteract the pressure to perform: "You did everything you could to get a good grade. You did your homework and studied hard. I know you worked really hard and I'm proud of you."

2. Depression

Some of the signs: unexplained crying, feeling low, avoiding friends, irritability, insomnia, self-critical comments.

Depression can lead to an eating disorder, and an eating disorder can lead to depression. It's a vicious cycle! Depression doesn't just mean that you're sad or unmotivated. People with depression may also experience pain, nausea, sadness, difficulty concentrating, and other symptoms.

People with eating disorders have behaviours that cause a great deal of psychological strain and can affect their moods. If the eating disorder persists, it can lead to depression.

3. Anxiety disorder

Some of the signs: fatigue, insomnia, nail biting, shivering, panic attacks.

Anxiety disorders are mental health conditions that can happen at any time and may not have an identifiable trigger. Anxiety disorders aren't the same feelings of stress you might come across during a normal day. It's a stress that completely preoccupies you and keeps you from working or functioning normally. An anxiety disorder can be the result of compounding factors.

An eating disorder can reduce your level of stress tolerance. For example, a problem that someone in good health could easily deal with can gain epic proportions for someone with an eating disorder. In a crisis, that person may only perceive a narrow range of solutions and use a very problematic coping strategy. For example, a bulimic episode can be a way of "dealing with a problem" and "keeping everything under control." No one will notice the difficulty in coping with stress. But the coping strategy is unhealthy: bingeing and purging is not a good way to deal with a problem!

By using unhealthy ways of dealing with stress, people with eating disorders can develop anxiety disorders, and vice versa. The constant pressure, lack of food, and obsessive thought patterns can be very hard to bear.

4. Substance abuse

People who have an unhealthy relationship with food and their weight are more at risk when it comes to alcohol and drug abuse. Substance abuse and eating disorders are two highly complex issues, with a lot of potential factors. If you notice behaviour that makes you think someone with an eating disorder also has a problem with substance abuse, it's important to do something about it. Don't be afraid to ask your health professional for help in finding the right support resources.

What qualifies as substance abuse?

If someone's daily life is negatively affected by taking drugs or alcohol, that's substance abuse.

DID YOU KNOW? There is no medication that specifically targets eating disorders. If depression or anxiety is involved, your doctor can prescribe an antidepressant or anti-anxiety medication to help with the eating disorder.

5. Suicidal thoughts and suicide attempts

Did you know that 80–90% of people who commit suicide have a mental health problem? That includes depression and eating disorders. Suicidal thoughts need to be taken seriously! They can also be hard to deal with. If someone you are close to seems to be contemplating suicide, ask for help. Consult a health professional or call your local suicide prevention centre at **1-866-277-3553**.

WHAT CAN I DO TO HELP?

Now that we've described each eating disorder and its potential consequences, let's talk about solutions! When someone you care about is hurting themselves, you may feel like shaking them to make them realize what they're doing. Bad idea. It's the least helpful thing you could do. Most people with eating disorders are in denial.

One of the most striking details that emerges from stories about overcoming eating disorders is that love—from friends, siblings, parents, and others—was a tremendous source of strength. Having someone to lean on, who doesn't judge and takes the time to be there every step of the way, is pretty well crucial to recovery.

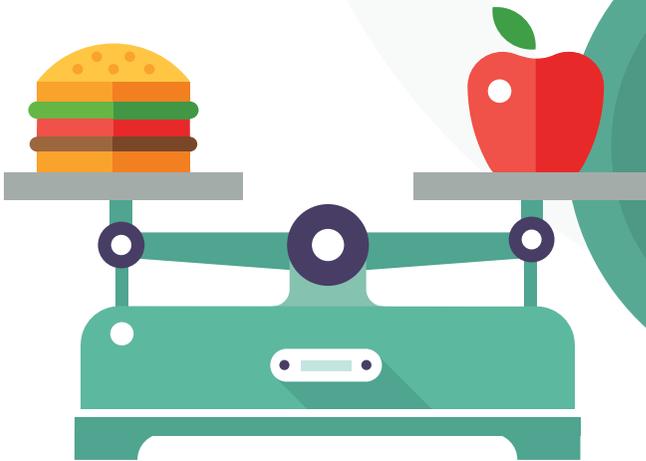
In the next section, we'll help you learn about the role you could play in your loved one's recovery. Be the friend, the ally, and the reason that person will like themselves enough to get help and find the will to get better.

PREVENTING EATING DISORDERS— IT'S EASIER THAN YOU THINK!

Luckily, eating disorders can be prevented. You can start today by making the tips below part of your daily routine:

- Make a habit of complimenting your kids about their actions, behaviour, and skills rather than their appearance. It will help build their self-esteem.
- Put the emphasis on having a healthy body image rather than being thin and losing weight. Don't make weight, calories, or food a major focus.
- Make meals about the enjoyment of eating and sharing good food. Eat at a leisurely pace and notice when you start to feel full—your body knows what it needs and will cue you to keep eating or stop.
- Warn your kids about the beauty stereotypes, myths, and standards they see on TV. You can even find examples on the Internet to show your kids just how different models and stars look after being photoshopped.
- Do away with negative comments about your weight or appearance. The kids and teens in your life hear them and are influenced by your own self image. You've probably noticed that kids often mirror their parents. Develop healthy self esteem and learn to love your body, and they will too!

- Think twice before you make a comment about someone's appearance, size, or weight, like "She's really gotten fat."
- Avoid making comments that link beauty with happiness or success, like "Of course she's successful—she's gorgeous!"
- Notice the kinds of websites and social media your child seeks out. Anyone looking for information and tips on how to be anorexic will find a whole lot of both online. So keep a watchful eye on browser history.



**There are
also a lot of
websites that
have tips on how
to improve
self-esteem.**

HOW CAN I ENCOURAGE SOMEONE WITH AN EATING DISORDER TO SEEK HELP?

So you've realized that someone you care about has an eating disorder. Unfortunately, getting someone to seek help can be anything but easy. You'll probably need to be really patient and learn to let go.

Here are a few ways of getting there:

- Don't use pressure, insist, or force the person to seek help
- Demonstrate your concern and use real facts to support your statements, but avoid talking about physical changes. When you express concern about someone's weight loss, they could actually ignore that you're worried and only retain that they've lost weight and it shows! Which obviously isn't the goal. Instead, try something along the lines of:
"I'm worried. I feel like your behaviour around food has really changed lately. I've noticed that you've started avoiding family meals. Do you want to talk about it?"
- Try to help the person understand that there are ways of feeling better—it just takes a willingness to explore the options:
 - > Tell them that you'll always be there to listen and offer your support.
 - > They may deny having a problem. Don't be surprised—be patient.
 - > They may not be ready to seek help right away. It can take time.

- > You'll need to trust them and respect their journey.
- > At the end of this guide, you'll find a list of resources that offer information and support.
- Do I have to force my child to see someone about their problem?
 - > Unless your child is under 14 (in which case you can still make certain decisions for them regarding their health), the decision to see a health professional is theirs to make. It's up to them to seek help. You can't force someone into treatment unless their life is in danger and they need to be hospitalized.

Deciding to see a health professional is a great step in the right direction and brings recovery that much closer! Keep in mind that 50% of the recovery process is getting to the point where the person acknowledges the problem. Once that's done, you can start to let go—a reassuring sign of trust for the person who needs to get better.



WHERE DO I FIT IN?

It's important to find a certain level of inner peace, despite having a loved one who is dealing with an eating disorder. It can take a long time before they come to terms with the problem. You'll need to be patient while they make their way forward. You'll also need patience during the recovery process. Remember that relapses are also part of the recovery process.

You're dealing with a complex situation that can be difficult to manage. You should take it for granted that you're going to need help. You and your loved one are part of a team that's there to deal with the problem! Surround yourself with other players—family, friends, and health professionals—for help and to ease the pressure of the situation.

It's important to take care of yourself if you want to have the energy to help.

It's normal to feel guilt, helplessness, and anger when faced with an eating disorder. There are a number of resources that offer help and many support groups for families.

You are not alone. Talk to people who have experienced something similar. At the end of this guide, you'll find a list of resources. If you're feeling overwhelmed, talk to a health professional!

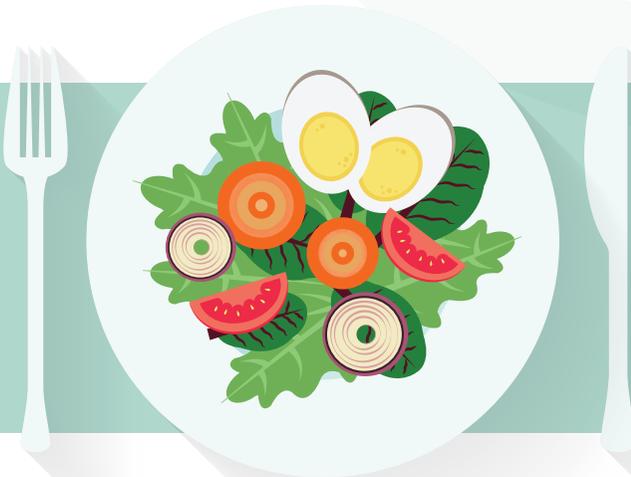
The watchwords are patience, patience, and patience. It's a long process.



YES, IT CAN GET BETTER

As mentioned earlier, the first step really is admitting that there's a problem and seeking help. Take the time to talk it over with a health professional if you think someone you care about exhibits one or more of the behaviours described in this guide.

Total and even partial recovery from an eating disorder can take a long time, and relapses aren't unusual. **One thing is for sure, people with eating disorders rarely get better on their own.** But with the right care, it is possible to significantly reduce the behaviours associated with eating disorders. The sooner someone goes into treatment, the greater their chances of getting better. Healing an eating disorder takes time, time, and more time.



Small steps towards recovery

- Break the isolation (call friends, go see a movie, participate in social activities)
- Give yourself permission to do nothing and not feel guilty about it
- Learn to experience your emotions, pay attention to your wants, and express your needs
- Put away the apologies
- Say “I” when you talk about your feelings
- Learn to enjoy food again and eat when you feel like it
- Do things just because you enjoy them and take care of yourself
- Be present in the moment, without thinking about the weeks ahead
- Recognize your strengths, accept your weaknesses, and give yourself permission to be less than perfect

Someone who has recovered from an eating disorder can still have some of the associated behaviours, even if the treatment was effective. They can remain preoccupied with body image, as many of us are. But they will eat enough food, and won't resort to compensatory behaviours like throwing up. They'll even give themselves permission to eat “forbidden” foods! The idea with recovery is to learn to feel comfortable in your own body and have a balanced diet.

CONCLUSION

Eating disorders are illnesses that have an impact on your mental, social, and physical health. Those affected develop eating habits that can put their health, and even their lives, at risk. It's a serious problem, but there are solutions. The first step is learning more about the subject. Sometimes, just listening and having the courage to talk to the person can help put them on the road to recovery. Health professionals are there to help you, so don't be afraid to get the help and support you need.



**Sometimes,
just listening and
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on the road to
recovery.**

**ORGANIZATIONS
THAT CAN HELP**

**USEFUL RESOURCES
AND LINKS**

BIBLIOGRAPHY

ORGANIZATIONS THAT CAN HELP

- **Anorexia and Bulimia Quebec**
514 630-0907 or 1 800 630-0907
anebquebec.com
Features a section for adults and one for teens. The site has information on eating disorders and a list of the various resources that can help.
- **Arborescence**
Support for family and friends of people with mental health disorders. Help line (514 524-7131)
arborescence.quebec
- **Association québécoise de prévention du suicide (French only)**
1 866 277-3553 (1 866 APPELLE)
If you or someone you know is having suicidal thoughts. 24 hours a day, 7 days a week.
- **Kids Help Phone**
1 800 668-6868
Free, anonymous, and confidential telephone counselling service.
- **Tel-Jeunes**
1 800 263-2266
For youth ages 5 to 20. Personal, professional, confidential, and free. 24 hours a day, 7 days a week.

- Your local CLSC
- For references and information on the subject.
Maison L'Éclaircie
418 650-1076 or 1 866 900-1076
maisonclaircie.qc.ca (French only)
Offers services for people with behaviours related to anorexia or bulimia and their loved ones. Individual and group consultations and a crisis line are available for loved ones.
- If symptoms are acute (fainting, heart palpitations, etc.), go to a hospital.

USEFUL RESOURCES AND LINKS

- Maudsley Parents
For friends and family
maudsleyparents.org

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How to spot an eating disorder
and what to do next

What can I do to help?

