

# Eating Disorder Basics for Health Educators

**Taylor Starr DO MPH**  
Associate Professor, Pediatrics  
Adolescent Medicine

**Medical Director, Child and Adolescent Eating Disorder Program**  
**Medical Director, Western NY Comprehensive Care Center for Eating Disorders**  
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# Learning Objectives

- dispel three common myths about eating disorders
- list three common warning signs of an eating disorder
- list three common health consequences caused by eating disorder behaviors
- use the presentation slides as a reference tool for resources to connect a person for an eating disorder evaluation in New York State

# What Are Eating Disorders?

- Serious, but treatable illnesses with medical and psychiatric aspects
- Maladaptive coping mechanisms
- Characterized by extremes in eating behaviors
- Frequently coexist with other psychological disorders

# Dispel the Myths about Eating Disorders

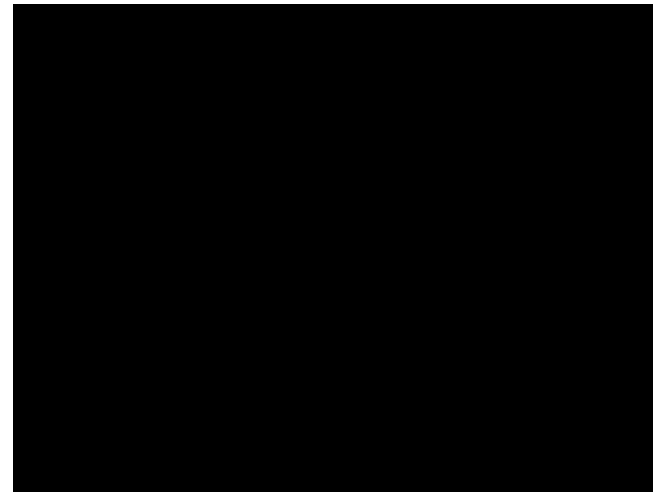
- Eating disorders are a choice
- Eating disorders are not an illness
- Eating disorders are uncommon
- Eating disorders are about appearance and beauty
- Eating disorders occur only in females
- Anorexia nervosa is the only serious eating disorder
- You can tell if a person has an eating disorder simply by appearance

Eating disorders are a  
choice.

True or False?

<http://www.youtube.com/watch?v=Obg6DTCGcFg>

Meredith Perring  
End the Silence for NEDA week  
I choose....



Only a small fraction of middle and high school students have body dissatisfaction or engage in unhealthy weight control behaviors.

True or False?



**Weight concern in children and teens can help them be motivated to keep in shape and make healthy lifestyle choices.**

**True or False?**



You do not hear much about eating disorders because not many people have them.



True or False?



People who have an eating disorder are preoccupied with their vanity, attention seeking, and want control of others.

True or False?



Eating Disorders affect people of all genders, ages, races, ethnicities, body shapes and weights, sexual orientations, and socioeconomic statuses.

True or False?



## Statistics

You are here: [Home](#) / [Statistics](#)

**Reviewed by Douglas Bunnell, Ph.D., FAED, CEDS**

While we know that eating disorders impact people of all genders, ages, races, religions, ethnicities, sexual orientations, body shapes and weights, to date, the majority of eating disorder research studies lack this representation. As you read through the findings below please note that the information may be limited due to this lack of inclusion.

NEDA is committed to addressing this lack of representation by prioritizing funding [research grants](#) which attempt to address the inequities in eating disorder research.


Many people with eating disorders look healthy and may be very ill.

True or False?



You can tell if a person has an eating disorder simply by appearance or lab values.

True or False?



### Normal Lab Values (A to Z)

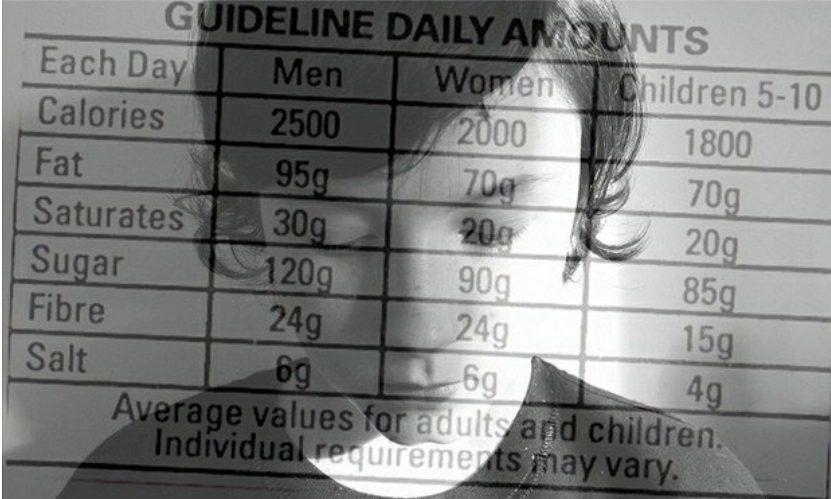
Blood					
Albumin (Alb)	3.5 - 5.0	Creatinine	0.6 - 1.5	Lymphocytes	20 - 40
Alk Phos	20 - 90	D-dimer	0 - 0.5	Magnesium (Mg)	1.5 - 2.5
ALT	10 - 30	Eosinophils	1 - 4	MCV	80 - 100
Ammonia	9.5 - 49	GFR	Above 90	Monocytes	2 - 8
Amylase	23 - 85	Glucose	70 - 110	Neutrophils	40 - 60
AST	8 - 46	Glucose Tolerance Test (GTT)	Start: 70 - 100 (1hr) Below 200 (2hr) Below 140 (3hr) Below 120	pH	7.35 - 7.45
Bands	3 - 7	HDL	Above 50	Plt Count	100 - 400
Basophils	0 - 2	Hematocrit (Hct)	(M) 41 - 50 (F) 36 - 44	Potassium (K <sup>+</sup> )	3.5 - 5.0
Bicarb (HCO <sub>3</sub> )	22 - 26			Protein	6.0 - 8.3

Full recovery from an eating disorder is possible.

True or False?



**We should stay silent  
about eating disorders?**



**GUIDELINE DAILY AMOUNTS**

Each Day	Men	Women	Children 5-10
Calories	2500	2000	1800
Fat	95g	70g	70g
Saturates	30g	20g	20g
Sugar	120g	90g	85g
Fibre	24g	24g	15g
Salt	6g	6g	4g

Average values for adults and children.  
Individual requirements may vary.

**True or False?**



# 9 Truths About Eating Disorders

## TRUTHS

- 1 Many people with eating disorders look healthy, yet may be extremely ill.
- 2 Families are not to blame, and can be the patients' and providers' best allies in treatment.
- 3 An eating disorder diagnosis is a health crisis that disrupts personal and family functioning.
- 4 Eating disorders are not choices, but serious biologically influenced illnesses.
- 5 Eating disorders affect people of all genders, ages, races, ethnicities, body shapes and weights, sexual orientations, and socioeconomic statuses.
- 6 Eating disorders carry an increased risk for both suicide and medical complications.
- 7 Genes and environment play important roles in the development of eating disorders.
- 8 Genes alone do not predict who will develop eating disorders.
- 9 Full recovery from an eating disorder is possible. Early detection and intervention are important.



# Etiology

## Interface

- Dispositions
  - Genetic
  - Biological
- Traits
  - Psychological
- Influences
  - Sociocultural

17

# Predisposing Factors

## Biological

- Gender, family history

## Psychological

- Perfectionist and people pleaser
- Difficulty communicating negative emotions and resolving conflict
- Low self-esteem
- Stressful times of transition
- History of obesity/dieting/bullying

## Sociologic

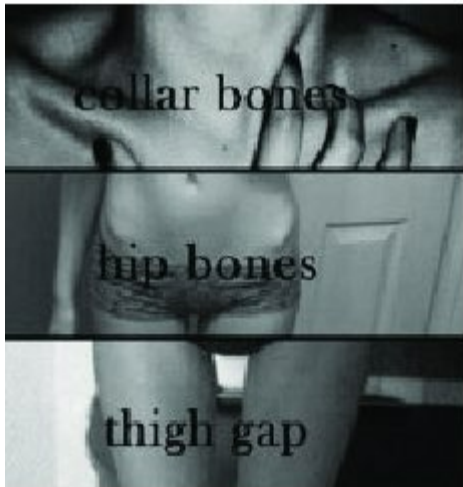
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# Sociologic: Media Messages



# DSM-5 Diagnoses

## Feeding and Eating Disorders:

- Anorexia Nervosa
- Avoidant/restrictive Food Intake Disorder (ARFID)
- Binge Eating Disorder
- Bulimia Nervosa

# Binge Eating Disorder

- Binge eating disorder (BED) is a severe and treatable eating disorder
- Recurrent episodes of eating large quantities of food (often very quickly and to the point of discomfort)
- A feeling of a loss of control during the binge; shame, distress or guilt afterwards
- Not using compensatory measures (e.g., purging) to counter the binge eating

# DSM-5 Criteria: Binge Eating Disorder

- Recurrent episodes of binge eating:
  - eating a large amount of food in a relatively short period of time
  - a sense of loss of control over-eating
    - at least once a week for 3 months
    - not associated with compensatory activities
- Episodes associated with:
  - eating rapidly, regardless of hunger, until extreme fullness
  - eating alone because of being embarrassed
  - depression, shame, or guilt

# Anorexia Nervosa



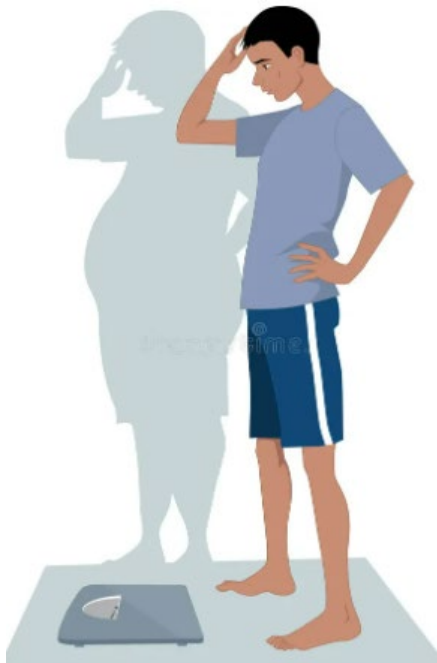
- Restriction of intake
- Intense fear of gaining weight
- Obsession to be thinner
- Does not diminish with weight loss
- Delusion of being fat
- Inability to recognize the seriousness



# Anorexia Nervosa

Perception:

- Distorted thinking
- Body dysmorphia





# DSM-5 Criteria: Anorexia Nervosa

- **A:** Restriction of energy intake **relative to requirements**, leading to a significantly low body weight **in the context of age, sex, developmental trajectory and physical health**. Significantly low weight is defined as a **weight that is less than minimally normal or, for children and adolescents, less than minimally expected**.
- **B:** Intense fear of gaining weight or becoming fat, or **persistent behavior** that interferes with weight gain, even though at a significantly low weight.
- **C:** Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight/shape on self-evaluation, or persistent lack of recognition of the seriousness of low body weight.

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# DSM-5 Criteria: Anorexia Nervosa

Specify whether:

**(F50.01) Restricting type:** During the last 3 months, the individual has not engaged in recurrent episodes of binge eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas). This subtype describes presentations in which **weight loss is accomplished primarily through dieting, fasting, and/or excessive exercise.**

**(F50.02) Binge-eating/purging type:** During the last 3 months, the individual has engaged in **recurrent episodes of binge eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas).**

# Avoidant Restrictive Food Intake Disorder (ARFID)

An eating or feeding disturbance (e.g., apparent lack of interest in eating or food; avoidance based on the sensory characteristics of food; concern about aversive consequences of eating)

- **does not involve any distress about body shape or size, or fears of fatness/weight gain**
- Significant weight loss (or failure to achieve expected weight gain or faltering growth in children).
- Dependence on enteral feeding or oral nutritional supplements.
- Marked interference with psychosocial functioning.

27

# Bulimia Nervosa

- Recurrent, secretive binge-eating
- Fear of not being able to stop eating
- Awareness that eating pattern is abnormal
- Depressed moods and self-deprecating thoughts
- Temporary relief via avoidance of weight gain by:
  - fasting
  - self-induced vomiting
  - laxatives, diuretics, other medications
  - exercise

# DSM-5 Criteria: Bulimia Nervosa

Binge eating followed by a compensatory behavior once per week for 3 months

## BINGE:

- in less than 2 hours, an amount of food definitely larger than most people would consume
- lack of control

## PURGE

- Inappropriate compensatory behavior to prevent weight gain
- emesis, laxatives, diuretics, diet pills, excessive exercise

Self-evaluation unduly influenced by shape/size/weight

\*For patients who are underweight the diagnosis of anorexia nervosa binge eating/purging type overrides the diagnosis of bulimia nervosa.

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EATING DISORDERS: A GUIDE TO MEDICAL CARE — AED REPORT 2021 | 4TH EDITION

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (DSM-5®). American Psychiatric Pub



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# School Setting: Warning Signs

- Change in attitude/performance
- Expresses body image complaints/concerns: being too fat even though normal or thin; unable to accept compliments; mood affected by thoughts about appearance; constantly compares self to others; self-disparaging; refers to self as fat, gross, ugly; overestimates body size; strives to create a “perfect” image; seeks constant outside reassurance about looks
- Talks about dieting; avoids nutritious foods because they are “fattening”
- Diets or chaotic food intake; pretends to eat, then throws away food; skips meals
- Exercises for long periods; exercises excessively every day (can’t miss a day)
- Constantly talks about food
- Appears to eat small portions in presence of others

30

# School Setting: Warning Signs

- Appears sad/depressed/anxious/expresses feelings of worthlessness
- Overvalues self-sufficiency; reluctant to ask for help
- Shows some type of compulsive behavior
- Denies difficulty
- Is target of body or weight bullying
- Spends increasing amounts of time alone
- Is obsessed with maintaining low weight to enhance performance in sports, dance, acting, etc.
- Makes frequent trips to the bathroom
- Wears very baggy clothes to hide a very thin body (anorexia) or weight gain (binge eating disorder) or hide “normal” body because of disease about body shape/size
- Appears fatigued; gets dizzy
- Avoids cafeteria
- Carries own food in backpack

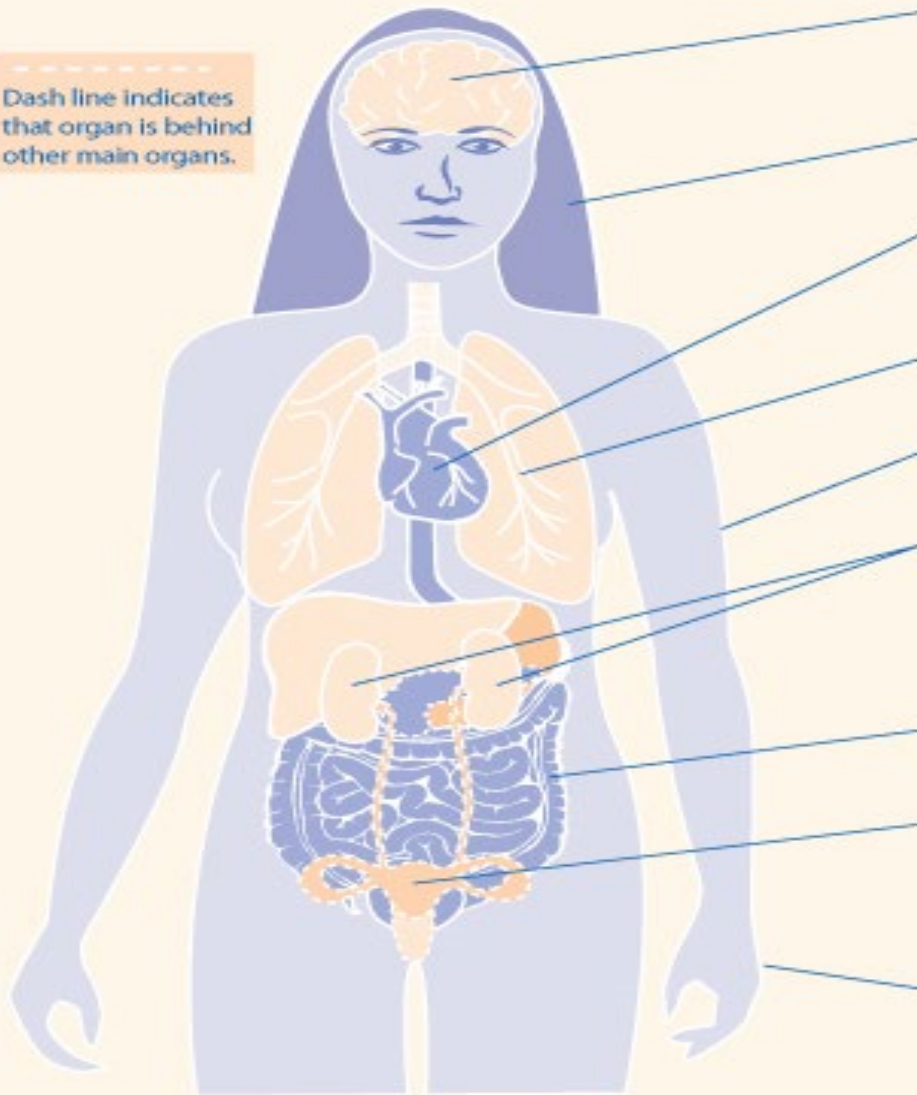
31





# Anorexia affects your whole body

Dash line indicates that organ is behind other main organs.



## Brain and Nerves

can't think right, fear of gaining weight, sad, moody, irritable, bad memory, fainting, changes in brain chemistry

## Hair

hair thins and gets brittle

## Heart

low blood pressure, slow heart rate, fluttering of the heart (palpitations), heart failure

## Blood

anemia and other blood problems

## Muscles, Joints, and Bones

weak muscles, swollen joints, bone loss, fractures, osteoporosis

## Kidneys

kidney stones, kidney failure

## Body Fluids

low potassium, magnesium, and sodium

## Intestines

constipation, bloating

## Hormones

periods stop, problems growing, trouble getting pregnant. If pregnant, higher risk for miscarriage, having a C-section, baby with low birthweight, and post partum depression.

## Skin

bruise easily, dry skin, growth of fine hair all over body, get cold easily, yellow skin, nails get brittle

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# Restriction/Inadequate Nutrition: Symptoms

- Difficulty concentrating
- Difficulty making decisions
- Irritability
- Depression
- Social withdrawal
- Food obsessions
- Headaches
- Lack of Energy
- No appetite/early satiety
- Cold hands/feet
- Dry skin and hair
- Lightheadedness
- Fainting
- Constipation/bloating
- Amenorrhea/decreased frequency/ability spontaneous erection

# Restriction/Inadequate Nutrition: Physiologic Signs

- Low body temp
- Low heart rate
- Low blood pressure
- Body swelling
- Extra hair growth on body
- Loss of muscle mass
- Blue hands & feet

# Restriction/Inadequate Nutrition: Signs

Change in BMI %ile

Psychomotor delay

Hypothermia

Irritability

Bradycardia

Lanugo

Hypotension

Acrocyanosis

Increased positional  
pulse differential

Delayed cap refill

# Impact of eating disorder behaviors on: cognitive ability and functioning in school

Impacts of inadequate nutrition:

- detrimental effects on cognitive development in children
- negative impact on student behavior and school performance
- makes students feel irritable, decreases ability to concentrate and focus
- decreases ability to listen and process information
- may cause nausea, headache, and makes students feel fatigued and have lack of energy
- students become less active and more apathetic, withdrawn, and engage in fewer social interactions

36

# How bulimia affects your body

Dash line indicates that organ is behind other main organs.

## **Blood**

anemia

## **Heart**

irregular heart beat, heart muscle weakened, heart failure, low pulse and blood pressure

## **Body Fluids**

dehydration, low potassium, magnesium, and sodium

## **Kidneys**

problems from diuretic abuse

## **Intestines**

constipation, irregular bowel movements (BMs), bloating, diarrhea, abdominal cramping

## **Hormones**

irregular or absent period

## **Brain**

depression, fear of gaining weight, anxiety, dizziness, shame, low self-esteem

## **Cheeks**

swelling, soreness

## **Mouth**

cavities, tooth enamel erosion, gum disease, teeth sensitive to hot and cold foods

## **Throat & Esophagus**

sore, irritated, can tear and rupture, blood in vomit

## **Muscles**

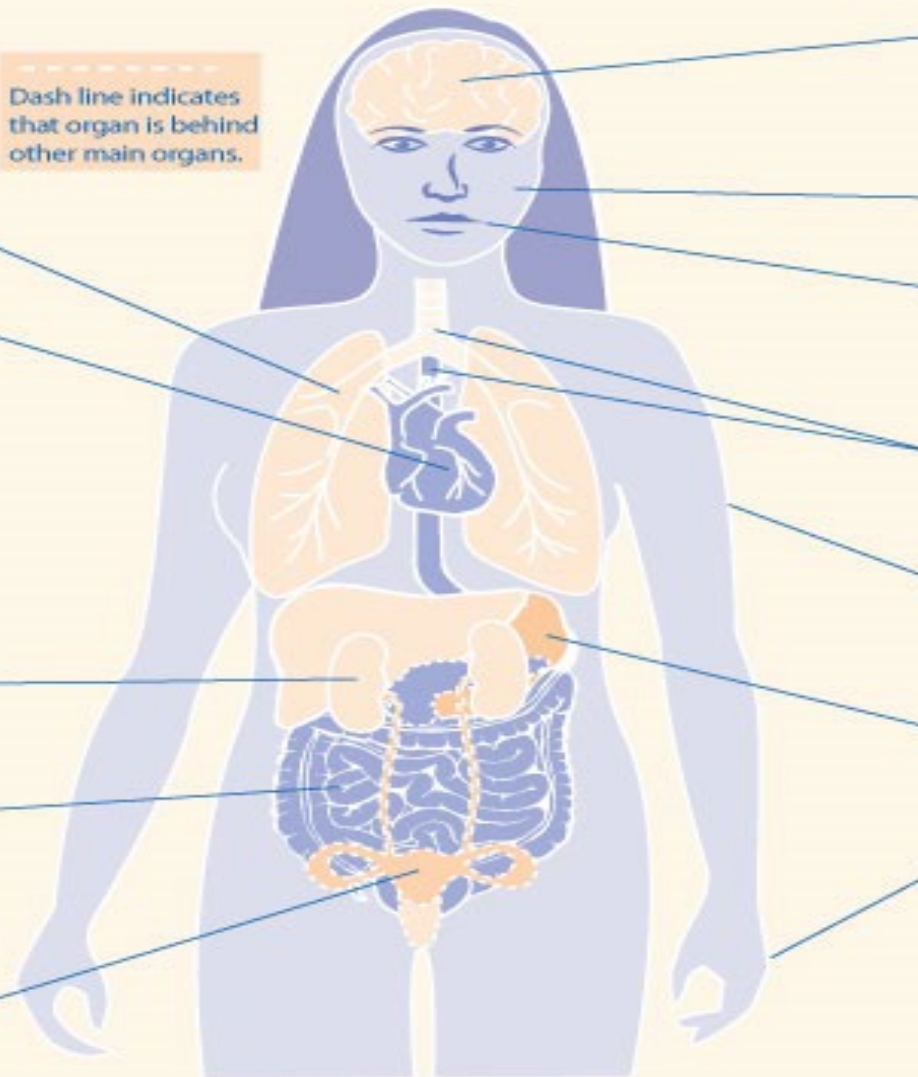
fatigue

## **Stomach**

ulcers, pain, can rupture, delayed emptying

## **Skin**

abrasion of knuckles, dry skin



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<http://www.womenshealth.gov>

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# Binge Eating: Symptoms and Signs

- Weight gain
- Bloating
- Lethargy
- Guilt
- Depression
- Anxiety

# Purging: Symptoms and Signs

- Electrolyte disturbance
- Dehydration
- Knuckle calluses (self-induced vomiting)
- Salivary gland enlargement (vomiting)
- Dental enamel erosion (vomiting)
- Guilt, Anxiety, Depression



# What to do if you are concerned?

40

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# NEDA Educator TOOLKIT

<https://www.nationaleatingdisorders.org/sites/default/files/EducatorToolkit2.pdf>



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National Eating Disorders Association

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# Communicating with families

We are concerned about (student's name) because of some behaviors we've noticed recently. We've noticed [student] does not eat lunch; eats very little; throws lunch away; always requests a restroom pass immediately after eating and becomes very agitated or upset if not given a pass at that moment. I was wondering if you had any concerns or noticed anything recently.

42

<https://www.nationaleatingdisorders.org/toolkits/>


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# Partner With The PCP

  
 WNYCCED Eating Disorder (EDO) Focused History & Physical Appraisal Form

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Blind, post-void weight:** have patient urinate, then put on gown if applicable, and step backwards on the scale; DO NOT share this weight with the patient (and be mindful of any point-outs the patient may receive after the visit/patient portal)

Current weight: \_\_\_\_\_ kg      Height: \_\_\_\_\_      Change in weight over the last 30 days: \_\_\_\_\_  
 Lifetime high weight: \_\_\_\_\_ kg      Date: \_\_\_\_\_      Lifetime low weight: \_\_\_\_\_ kg      Date: \_\_\_\_\_

**Orthostatic vital signs:** Heart Rate [HR] and Blood Pressure [BP] in the lying/sitting/standing positions  
 Lying: HR \_\_\_\_\_ BP \_\_\_\_\_      Sitting: HR \_\_\_\_\_ BP \_\_\_\_\_      Standing: HR \_\_\_\_\_ BP \_\_\_\_\_      Temperature: \_\_\_\_\_

**Menarche:** Has the patient reached menarche? Yes No      Date of Last Menstrual Period (LMP): \_\_\_\_\_  
 If they have reached menarche, has their cycle since changed or ceased? \_\_\_\_\_

**Eating disorder behaviors** (include frequency of the following behaviors in x/day)  
 Vomiting: \_\_\_\_\_      Laxative use: \_\_\_\_\_  
 Diuretic use: \_\_\_\_\_      Diet pill use: \_\_\_\_\_  
 Diet recall for the last 24 hours: \_\_\_\_\_

**EDO focused review of symptoms:** (check all that apply and provide details accordingly)

<input type="checkbox"/> Fatigue:	<input type="checkbox"/> Lightheadedness:
<input type="checkbox"/> Syncope:	<input type="checkbox"/> Headaches:
<input type="checkbox"/> Feeling cold:	<input type="checkbox"/> Palpitations:
<input type="checkbox"/> Hair loss:	<input type="checkbox"/> Muscle cramps:
<input type="checkbox"/> Diarrhea:	<input type="checkbox"/> Constipation:
<input type="checkbox"/> Oligo/Amenorrhea:	<input type="checkbox"/> Urinary <del>Sx</del> :
<input type="checkbox"/> Mood changes:	<input type="checkbox"/> Distorted body image:

**EDO focused physical exam** (check all that apply)

<b>Neuro:</b> <input type="checkbox"/> Psychomotor delay <input type="checkbox"/> Confusion <b>Lungs:</b> <input type="checkbox"/> Decreased breath sounds <input type="checkbox"/> Wheezing/crackles	<b>Cardiovascular:</b> <input type="checkbox"/> Bradycardia <input type="checkbox"/> Sacral and/or Peripheral Edema <b>MSK:</b> <input type="checkbox"/> Muscle atrophy <input type="checkbox"/> Temporal wasting
<b>HEENT:</b> <input type="checkbox"/> Poor dentition <input type="checkbox"/> Enamel erosion <b>Skin:</b> <input type="checkbox"/> Delayed Cap refill <input type="checkbox"/> Acrocyanosis <input type="checkbox"/> Cold extremities <input type="checkbox"/> Lanugo (fine hair growth)	<b>Neck:</b> <input type="checkbox"/> LAD <input type="checkbox"/> Parotid hypertrophy by palpitation <b>Abdomen:</b> <input type="checkbox"/> Hypoactive BS <input type="checkbox"/> Palpable stool <input type="checkbox"/> Hyperactive BS

Provider Name: \_\_\_\_\_      Provider Signature: \_\_\_\_\_      Date: \_\_\_\_\_



**Ensuring access to comprehensive, individualized, integrated care across an entire continuum, including:**

Outpatient Treatment \* Intensive Outpatient Program (IOP) \* Partial Hospitalization Program (PHP)  
Inpatient Treatment \* Residential Treatment

**Partnerships**

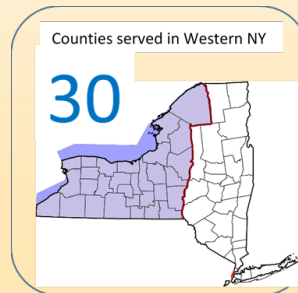


**Affiliate**




**Services provided:**

Care Management  
Parent Peer Mentoring  
Peer Mentoring  
Life Coaching  
Dietitian Support  
Creative Arts Therapy



Twice monthly tele-mentoring (case-based learning and brief lectures) for Primary and Family Care physicians, behavioral/mental health and college health providers, dietitians, sports and athletic professionals.

Once a month for K-12 school staff (teachers, counselors, psychologists, nurses, administrators, coaches and trainers.

All services are offered at no cost. The WNYCCED is funded through a grant from the  Office of Mental Health

For more information call: (585) 276-6102 Or visit us at: <https://www.nyeatingdisorders.org/>

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The heart of eating disorders is disconnection...  
The heart of recovery is connection.

[Connect With Us](#)

[www.nyeatingdisorders.org](http://www.nyeatingdisorders.org)

Did You Know?





# Western New York CCCED (WNYCCCED)

## Western New York Comprehensive Care Center

Care Manager: Jennifer Dry Desanto (585) 276-6102

[WNYCCCEDCareManagement@urmc.rochester.edu](mailto:WNYCCCEDCareManagement@urmc.rochester.edu)

<https://www.nyeatingdisorders.org>

## Medical and RD Consultation: Adolescent Medicine

- Call 585-275-2964 to set an appointment
- Medical Provider/PCP: complete and fax the physical appraisal form

## Psychotherapy: The Healing Connection

- Call 585-641-0282 to set an intake
- Levels of Care: Out-Patient, Intensive Out-Patient, Partial Hospitalization

46

## Child and Adolescent Eating Disorders Program

[Golisano Children's Hospital](#) / [Adolescent Medicine](#) / Eating Disorders

Make a Gift

# Child and Adolescent Eating Disorders Program

Over a quarter century ago, we started a program for young adults with eating disorders. Twenty five years later, we are recognized as a designated referral site for The New York State Comprehensive Care Center for Eating Disorders of Western New York. The model we have developed is viewed as the cornerstone for a statewide integrated, coordinated system of care serving children, adolescents, and young adults from all over New York State, as well as from Pennsylvania.

Our program, within the [Division of Adolescent Medicine](#) at Golisano Children's Hospital, is



Get Involved.  
Donate! »



### Take Action

Contact the [Child and Adolescent Medicine Eating Disorders Program](#) in the Division of Adolescent Medicine  
Phone: (585) 275-2964

[View Our Eating](#)

Hey there, how can I help



## Adolescent Eating Disorders Program

[Golisano Children's Hospital](#) / [Adolescent Medicine](#) / [Eating Disorders](#) /  
Contact Us

[Make a Gift](#)

### Contact Us

For further information or to make a referral, please contact:

Division of Adolescent Medicine  
Child and Adolescent Eating Disorders Program  
Golisano Children's Hospital  
University of Rochester Medical Center  
601 Elmwood Avenue, Box 690  
Rochester N.Y. 14642

Phone: (585) 275-2964

Fax: (585) 242-9733

**Division of Adolescent Medicine**



### Take Action

Contact the [Child and Adolescent Medicine Eating Disorders Program](#) in the Division of Adolescent Medicine  
**Phone:** (585) 275-2964

[View Our Eating](#)

[Disorders Brochure](#)

Hey there, how can I help you?

Read the message from our team regarding the Coronavirus (COVID-19) outbreak.

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ION INC

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**Outpatient Therapy  
Intensive Outpatient Program  
Partial Hospitalization Program**

1320 University Avenue  
Rochester, New York 14607

Phone:(585) 641-0281

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## EATING DISORDER COMMUNITY SUPPORTS FOR PARENTS AND CAREGIVERS

### INDIVIDUALIZED RESOURCES

#### **Michelle Morales, Parent Peer Mentor**

Michelle is available to connect with parents and caregivers to address specific needs, concerns, and challenges while supporting your loved one who has been diagnosed with an eating disorder. We can assess family needs and develop interventions that help you and your loved one move ahead in recovery. This can include understanding the illness, supportive techniques such as meal support training and positive family communication.

Email: [michelle\\_morales@urmc.rochester.edu](mailto:michelle_morales@urmc.rochester.edu)

Phone: 585-370-6703

#### **WNYCCED, Care Manager**

Our care manager is available to meet with parents and caregivers to offer support in linkage to treatment resources in the community.

Phone: 585-371-8406

*Parent Peer Mentor and Care Management services are free and open to all those served by the Western New York Comprehensive Care Center for Eating Disorders (WNY CCCED)*

### EATING DISORDER EDUCATION & SUPPORT GROUP

Co-Facilitated by Michelle Morales & Dr. Richard Kreipe

**When:** Meets every Wednesday of the Month

**Time:** 7:00pm – 8pm

**Location:** ZOOM Platform

Connection information to join via computer or phone:

Join from PC, Mac, Linux, iOS or Android: <https://urmc.zoom.us/j/2103611690>

Or iPhone one-tap (US Toll): +16468769923,,2103611690# or +13126266799,,2103611690#

Or Telephone:

Dial:

+1 646 876 9923 (US Toll)

+1 312 626 6799 (US Toll)

+1 346 248 7799 (US Toll)

+1 669 900 6833 (US Toll)

+1 253 215 8782 (US Toll)

+1 301 715 8592 (US Toll)

**Meeting ID: 210 361 1690**

**Cost:** This group is free and open to all

**Mission Statement:** To aid in the healing process by providing:

**Information** about the causes, treatment and new findings from research related to eating disorders.

**Problem-Solving** strategies to deal with the difficulties that arise in interacting with an individual with an eating disorder on a daily basis.

**Support** regarding the conflict, denial, frustration, and other challenges that develop during the course of treatment that can lead to isolation.

**Awareness** in the community (youth-servicing agencies, schools, health care services) regarding the early signs of eating disorders and their effective management.

# Northeastern CCCED

## **Comprehensive Care Center for Eating Disorders of Northeastern New York**

### **Albany Medical Center South Clinical Campus**

25 Hackett Blvd

3rd Floor

Albany, New York 12208

Phone: 518-262-5299

Medical Provider/PCP: complete and fax the physical appraisal form

Fax: 518 -262-6303

ogdent@amc.edu

<https://www.albanymed.org/specialty/eating-disorders/>

52

# Metro CCCED

<https://www.columbiapsychiatry.org/join-study/research-clinics/eating-disorders-clinic/metropolitan-comprehensive-care-center-eating>

646-774-8066 or our 24-hour access line: 1-888-694-5700.



# Questions

54

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