



Eating Disorder Information for Dancers

“You don’t have to dance through this alone.”

The chance for recovery increases the earlier an eating disorder is detected. Therefore, it is important to be aware of some of the warning signs of an eating disorder.

This isn’t intended as a checklist. Someone struggling with an eating disorder generally won’t have all of these signs and symptoms at once, and the warning signs vary across eating disorders and don’t always fit into neat categories. Rather, these lists are intended as a general overview of the types of behaviors that may indicate a problem.

*NOTE: If you have any concerns about yourself or a loved one, please [contact the NEDA Helpline](#) and seek professional help. The NEDA Helpline is available **Monday-Thursday from 9AM to 9PM ET, and Friday from 9AM to 5PM ET.** Contact the Helpline for support, resources and treatment options for yourself or a loved one.*

You may reach the Helpline at (800) 931-2237

EATING DISORDER WARNING SIGNS AND SYMPTOMS

COMMON SYMPTOMS OF AN EATING DISORDER

Emotional and behavioral

- In general, behaviors and attitudes that indicate that weight loss, dieting, and control of food are becoming primary concerns
- Preoccupation with weight, food, calories, carbohydrates, fat grams, and dieting
- Refusal to eat certain foods, progressing to restrictions against whole categories of food (e.g., no carbohydrates, etc.)
- Appears uncomfortable eating around others
- Food rituals (e.g. eats only a particular food or food group [e.g. condiments], excessive chewing, doesn’t allow foods to touch)
- Skipping meals or taking small portions of food at regular meals
- Any new practices with food or fad diets, including cutting out entire food groups (no sugar, no carbs, no dairy, vegetarianism/veganism)

- Withdrawal from usual friends and activities
- Frequent dieting
- Extreme concern with body size and shape
- Frequent checking in the mirror for perceived flaws in appearance
- Extreme mood swings

Physical

- Noticeable fluctuations in weight, both up and down
- Stomach cramps, other non-specific gastrointestinal complaints (constipation, acid reflux, etc.)
- Menstrual irregularities — missing periods or only having a period while on hormonal contraceptives (this is not considered a “true” period)
- Difficulties concentrating
- Abnormal laboratory findings (anemia, low thyroid and hormone levels, low potassium, low white and red blood cell counts)
- Dizziness, especially upon standing
- Fainting/syncope
- Feeling cold all the time
- Sleep problems
- Cuts and calluses across the top of finger joints (a result of inducing vomiting)
- Dental problems, such as enamel erosion, cavities, and tooth sensitivity
- Dry skin and hair, and brittle nails
- Swelling around area of salivary glands
- Fine hair on body (lanugo)
- Cavities, or discoloration of teeth, from vomiting
- Muscle weakness
- Yellow skin (in context of eating large amounts of carrots)
- Cold, mottled hands and feet or swelling of feet
- Poor wound healing
- Impaired immune functioning

ANOREXIA NERVOSA

- Dramatic weight loss
- Dresses in layers to hide weight loss or stay warm
- Preoccupation with weight, food, calories, fat grams, and dieting. Makes frequent comments about feeling “fat.”
- Resists or is unable to maintain a body weight appropriate for their age, height, and build
- Maintains an excessive, rigid exercise regime – despite weather, fatigue, illness, or injury

BULIMIA NERVOSA

- Evidence of binge eating, including disappearance of large amounts of food in short periods of time or lots of empty wrappers and containers indicating consumption of large amounts of food

- Evidence of purging behaviors, including frequent trips to the bathroom after meals, signs and/or smells of vomiting, presence of wrappers or packages of laxatives or diuretics
- Drinks excessive amounts of water or non-caloric beverages, and/or uses excessive amounts of mouthwash, mints, and gum
- Has calluses on the back of the hands and knuckles from self-induced vomiting
- Dental problems, such as enamel erosion, cavities, discoloration of teeth from vomiting, and tooth sensitivity

BINGE EATING DISORDER

- Secret recurring episodes of binge eating (eating in a discrete period of time an amount of food that is much larger than most individuals would eat under similar circumstances); feels lack of control over ability to stop eating
- Feelings of disgust, depression, or guilt after overeating, and/or feelings of low self-esteem
- Steals or hoards food in strange places
- Creates lifestyle schedules or rituals to make time for binge sessions
- Evidence of binge eating, including the disappearance of large amounts of food in a short time period or a lot of empty wrappers and containers indicating consumption of large amounts of food

OTHERWISE SPECIFIED FEEDING OR EATING DISORDER (OSFED)

Because OSFED encompasses a wide variety of eating disordered behaviors, any or all of the following symptoms may be present in people with OSFED.

- Frequent episodes of consuming very large amount of food followed by behaviors to prevent weight gain, such as self-induced vomiting
- Evidence of binge eating, including disappearance of large amounts of food in short periods of time or lots of empty wrappers and containers indicating consumption of large amounts of food
- Self-esteem overly related to body image
- Dieting behavior (reducing the amount or types of foods consumed)
- Expresses a need to “burn off” calories taken in
- Evidence of purging behaviors, including frequent trips to the bathroom after meals, signs and/or smells of vomiting, presence of wrappers or packages of laxatives or diuretic.

AVOIDANT RESTRICTIVE FOOD INTAKE DISORDER (ARFID)

- Dramatic weight loss
- Limited range of preferred foods that becomes narrower over time (i.e., picky eating that progressively worsens)
- Fears of choking or vomiting
- No body image disturbance or fear of weight gain

PICA

- The persistent eating, over a period of at least one month, of substances that are not food and do not provide nutritional value
- Typical substances ingested tend to vary with age and availability. They may include paper, soap, cloth, hair, string, wool, soil, chalk, talcum powder, paint, gum, metal, pebbles, charcoal, ash, clay, starch, or ice

RUMINATION DISORDER

- Repeated regurgitation of food for a period of at least one month. Regurgitated food may be re-chewed, re-swallowed, or spit out
- If occurring in the presence of another mental disorder (e.g., intellectual developmental disorder), it is severe enough to warrant independent clinical attention

OTHER FOOD AND BODY CONCERNS

ORTHOREXIA

- Cutting out an increasing number of food groups (all sugar, all carbs, all dairy, all meat, all animal products)
- An increase in concern about the health of ingredients; an inability to eat anything but a narrow group of foods that are deemed ‘healthy’ or ‘pure’
- Spending hours per day thinking about what food might be served at upcoming events
- Body image concerns may or may not be present

COMPULSIVE EXERCISE

- Exercise that significantly interferes with important activities, occurs at inappropriate times or in inappropriate settings, or occurs when the individual exercises despite injury or other medical complications
- Intense anxiety, depression and/or distress if unable to exercise
- Exercise takes place despite injury or fatigue

DIABULIMIA

- Increasing neglect of diabetes management; infrequently fills prescriptions and/or avoids diabetes related appointments
- Secrecy about diabetes management; discomfort testing/injecting in front of others

- Fear that “insulin makes me fat”
- Restricting certain food or food groups to lower insulin dosages
- A1c of 9.0 or higher on a continuous bas

Eating Disorders Screening Tool

<https://www.nationaleatingdisorders.org/screening-tool>

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

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