

Eating Disorder Stats

50% increase

Rates of eating disorders have skyrocketed during the COVID-19 pandemic, with hospital admissions up roughly 50 percent

Eating disorders are the second deadliest mental illness, following opioid addiction, with a 4-5% mortality rate

4-5% mortality

5 million

About 5 million Americans will develop an eating disorder every year

Who develops eating disorders?

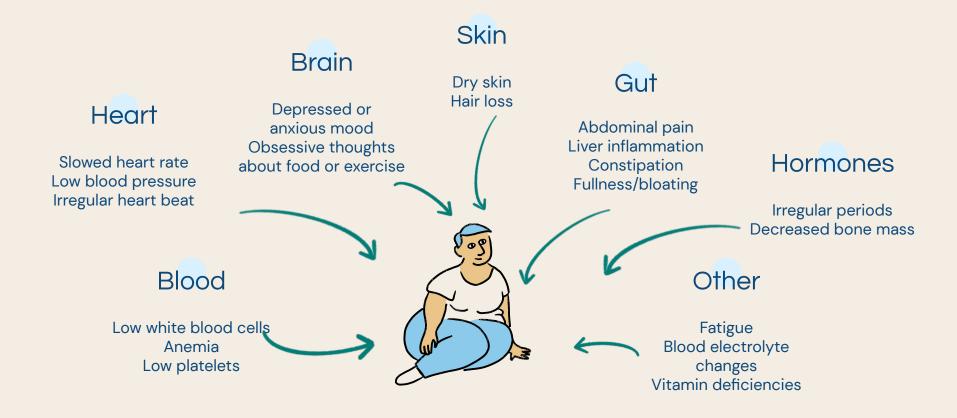
Stereotypes affect who receives treatment and support



Eating disorders affect patients of ALL:

- Ages
- Genders
- Ethnicities
- Socioeconomic statuses
- BMIs 8 body sizes

Eating disorders can affect every organ in the body



The truth about eating disorders

Eating disorders are not a choice or a phase

Eating disorders are not anyone's fault

You can't tell if somebody has an eating disorder just by looking at them Full recovery is possible

Eating disorders are brain disorders, impacted by many factors, including genetics, environmental influences, and biological triggers like restrictive eating due to illness or dieting





What to look for

Warning signs for eating disorders occur in several areas, and some initially appear innocuous or are societally-normed



Food & Eating



Activity & Exercise



Mood



Social



Thinking



Medical



Types of eating disorders

While most folks are familiar with anorexia and bulimia, there are many eating disorder diagnoses including:



Eating disorders rarely occur in isolation—most individuals will struggle with co-occurring conditions such as anxiety, depression, OCD substance use, PTSD, among others

Anorexia Nervosa

- Eating disorder characterized by weight loss, difficulties maintaining an appropriate body weight for height, age, and stature, and distorted body image
 - Anorexia Nervosa restricting type (AN-R)
 - Anorexia Nervosa binge eating/purging type (AN-B/P)
- Individuals often have intense fear of gaining weight or becoming fat, even though underweight
- You cannot tell if a person is struggling with anorexia by looking at them

Signs & symptoms of AN

- Preoccupation with weight, food, calories
- Distorted body image
- Fear of gaining weight
- Weight loss
- Denial of hunger

Bulimia Nervosa

- Recurrent episodes of binge eating with recurrent inappropriate compensatory behavior in order to prevent weight gain
 - E.g. self-induced vomiting, misuse of laxatives, diuretics, or other medications, fasting, or excessive exercise
- Self-evaluation is unduly influenced by body shape and weight
- Self-injury, substance abuse, and impulsivity are common co-occurring conditions

Signs & symptoms of BN

- Bingeing & purging
- Secretive eating
- Weight fluctuation
- Abuse of diet pills, laxatives, diuretics
- Sense of lack of control around eating

Binge Eating Disorder

- The most common eating disorder in the U.S.
- Characterized by recurrent episodes of eating large quantities of food; a feeling of a loss of control during the binge; experiencing shame, distress or guilt afterwards; and not regularly using unhealthy compensatory measures
- Episodes of overeating that happen in a rapid manner and short timeframe

Signs & symptoms of BED

- Evidence of binge eating
- Eating until painfully full
- Secretive eating
- Hoarding food
- Restriction
- Weight fluctuation
- Sense of lack of control around eating

Avoidant Restrictive Food Intake Disorder

- An eating or feeding disturbance manifested by persistent failure to meet appropriate nutritional and/or energy needs
- Characterized by apparent lack of interest in eating or food; avoidance based on the sensory characteristics of food; concern about aversive consequences of eating
- Does not typically involve any distress about body shape or size

Signs & symptoms of ARFID

- Failure to gain weight
- Weight loss
- Extremely limited in types of food eaten
- Lack of interest in food
- Will only eat certain textures
- Fears of choking or vomiting
- Reports of vague GI issues

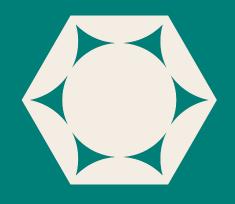
Other Specified Feeding or Eating Disorders

- In the DSM-5, a person must present with feeding or eating behaviors that cause clinically significant distress and impairment, but do not meet the full criteria for any of the other disorders
- Research shows that OSFED is just as severe as other eating disorders

Examples of OSFED

- Atypical Anorexia Nervosa
- BED of low frequency and/or limited duration
- BN of low frequency and/or limited duration
- Orthorexia
- Purging Disorder
- Night Eating Syndrome

Equip Treatment



Equip delivers Family-Based Treatment (FBT)—the gold standard eating disorder care for children and adolescents



Treatment that feels good vs treatment that works



Many families understandably assume that individual therapy is helpful for adolescents with eating disorders

When the brain is malnourished, individual therapy is not effective, even though it may "feels good".



The goal of Family-Based Treatment (FBT) is to empower families to be at the heart of their loved one's treatment, and feed their children at home to renourish their brain & body.

FBT allows teens to continue to live at home, go to school, remain social with friends, and stay in their activities if medically cleared.



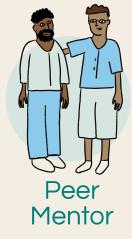
About Equip

We provide patients with a dedicated, virtual, five-person care team











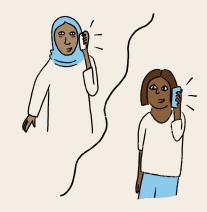


We adapted treatment to be fully virtual



Increased accessibility

Families can help loved ones navigate personalized care from the comfort of home



Tailored for each family

Patients can pursue
everyday activities and be
invested in life – building
a life worth living



Bring your village

Families are able to bring their support system with them



Treatment that works for lasting recovery



97%

of parents report feeling more confident in caring for their child



74%

of patients report a reduction in eating disorder symptoms



2/3

report improvements in mood



Free Consultation

www.equip.health

855-387-4378

join@equip.health