



# **A student with an eating disorder**

**INFORMATION  
AND ADVICE  
FOR TEACHERS**



**Netwerk Ziezon**

ziek zijn & onderwijs

# A student with an eating disorder

## INFORMATION AND ADVICE FOR TEACHERS

This brochure explains eating disorders with special attention to the possible consequences of this disease in school. You will also receive advice on how best to respond to a student with this condition.

### What is AN EATING DISORDER?

We speak of an eating disorder when someone's eating behaviour is disrupted for a longer period of time. Where eating is normally a pleasant event, someone with an eating disorder regularly experiences anxiety and/or loss of control around food. The natural signals of hunger and satiation are frequently ignored, resulting in a very limited food intake, possible binge eating and any other ways to compensate for food intake. This group can experience feelings of guilt and shame around eating, as well as a lot of tension and anxiety.

People with an eating disorder:

- are often occupied with everything concerning food;
- often have a distorted image of themselves;
- may experience an excessive fear of gaining weight and being too fat;
- deny or hide their eating problem.

When it comes to distinguishing between the different eating disorders, it is noticeable that there are many psychopathological similarities.



Little is known about the cause of eating disorders. What is clear is that eating disorders are the result of a combination of multiple factors.

There are, for example, latent factors (genetic background and personality) or unfavourable environmental factors such as social, cultural and familial factors, but these are not in themselves sufficient to cause an eating disorder (Trimbos 2006).

In the psychopathology of eating disorders, control over food plays an important part. Where the control over food in anorexia nervosa is very high, loss of control over eating is a characteristic of the disorders involving binge eating.

The following qualities stand out in a student with an eating disorder:

- Uncertain, fear of making mistakes
- Tense
- Stress-sensitive
- Overly ambitious
- Performance-oriented, strong focus on high grades and performance
- Self-critical
- Perfectionist

## WHAT ARE THE MOST WELL-KNOWN EATING DISORDERS?

### **Anorexia Nervosa**

With this disease, there is an obsessive fear of gaining weight. People with anorexia often check their weight, do not pursue a normal weight and eat less and less (voluntary starvation). Vomiting, extreme exercise or other weight control measures, such as diet- and laxative pills, also occur. In the Netherlands, about 5600 people suffer from anorexia (source: Proud2bme). Anorexia occurs mainly in young people. About 10% of anorexia patients are boys.

### **Orthorexia**

Orthorexia is described as a mental disorder with an obsession for organic, pure and healthy eating. This leads to the restriction of many different types of nutrition, resulting in weight loss and malnutrition. In addition, there is an intense fear of processed or unhealthy food and a ritual attitude around nutrition and its preparation.

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*Source: Human concern/Sanchez F,Rial B. Orthorexia nervosa: A new behaviour disorder? Actas Esp Psiquiatr. 2005*

### **Bulimia nervosa**

People suffering from this disease exhibit binge eating followed by deliberate actions to compensate for the food intake. These actions include vomiting, inappropriate use of laxatives or other medications, excessive physical exercise or fasting. In the Netherlands, about 22000 people suffer from bulimia (source: Proud2bme). Bulimia occurs mainly in adults.

## **THE TREATMENT OF EATING DISORDERS**

In the treatment of eating disorders, attention should be paid to the body, nutrition and weight (recovery), body experience and social and psychological aspects (Treasure et al., 2010). Important treatment elements are psycho-education related to the disorder and nutrition and weight, emotion regulation, system therapy and nutrition management.

Different treatments are possible. Which form of therapy is chosen depends on the nature of the underlying problems, age and the social situation of the patients. The practitioner's preference for a particular treatment model also plays a part. Help can consist of individual conversation therapy, behavioural therapy, group therapy or family therapy. A combination of these therapies can also be offered.

### **Medication**

Sometimes drugs can be part of the treatment of patients with eating disorders. For anorexia, there are currently no known drugs. Sometimes sedatives are prescribed to reduce anxiety. For bulimia, antidepressants are sometimes prescribed. These medications can support the treatment of severe depression. They do not, however, eliminate the underlying problems and are therefore only used in combination with psychotherapy.

### **Admission to hospital**

Sometimes it will be necessary to admit patients to hospital or refer them to a (specialized) psychiatric hospital. This depends on the severity of the physical and/or mental problems. If the patient is not able to gain weight by eating independently, it may be necessary to administer tube feeding to save his or her life. Psychotherapeutic treatment can only be started if

the patients are in an adequate physical condition. Severe malnutrition leads to disturbances in the emotional life of the patient. Highly emaciated patients often don't feel much or don't know what they are feeling anymore. They are no longer sufficiently aware of the seriousness of their problems or feel completely powerless to change their situation.

### **Special treatment centres**

There are a number of special treatment centres in the Netherlands, which offer ambulatory, out-patient or clinical treatment. In addition to these centres, an increasing number of emergency services agencies throughout the Netherlands have developed expertise aid programmes. Across the country, they have also recently started setting up aftercare projects. These offer (ex)patients the opportunity to exchange experiences and support each other after completion of their treatment.

## **WHAT CAN SCHOOL DO?**

How can a teacher act when suspecting an eating disorder? When classmates or teachers (in particular P.E. teachers) detect weight loss, weight fluctuations and/or a changed diet/attitude towards food in a pupil, this must be dealt with adequately. Be engaged and stay in touch with the student, contact the parents, school social work, the school doctor or a counselor. Be alert to the pitfall that the student him/herself may/will be inclined to downplay or deny the problems. Always be open and non-judgemental in communication. It is important to report behavioural changes to the parents of pupils who are susceptible to developing an eating disorder.

A child's vulnerability (see above mentioned characteristics) can be triggered by a violent event in the child's life, after which an eating disorder can develop.

### **Signals of an eating disorder:**

- Denial of a diet, but often mentioning it.
- Changing eating habits, for example becoming a vegetarian.
- Denial of hunger and appetite.
- Oversized clothing to hide weight loss.
- Obsessive interest in food, foodstuffs, recipes, buying food etc.
- Eating slowly, with small bites (small spoon).
- Wanting to eat alone or claiming to have already eaten



- Compulsive behavior and rituals around food.
- Withdrawing, preferring to be alone.
- Mood swings, irritable, gloomy
- Frequent use of toilet or bathroom, especially just after eating, strange smells (vomit).
- Exercising a lot and in a compulsive way.
- Claiming to need less food than others.
- An urge to move

### Communication with fellow students

Experience shows that there is a lot of understanding and solidarity when the student tells their story to their classmates. Often the fellow students have already noticed that something is not right: the behaviour of their classmate has changed (often negatively). Depending on the atmosphere in the group and the involvement of the classmates with their fellow student, different ways of providing information can be chosen. It is important that the right information is given in consultation with the student involved and their parents. Make sure you do not give information which the student does not want you to share.

Information about the reason for the absence of the student can be given by form teacher/mentor. The student can also tell their own story (supported by a teacher, counsellor, parent or a “consulent Onderwijsondersteuning Zieke Leerlingen” (consultant Educational Needs Sick Students), which may contribute to them feeling safe and secure in the school environment. Information about the illness in a general sense can be given and the student can add their own story. Sometimes this can be done in consultation with the practitioner/psychologist. It is an individual choice if and when and how information is given.

When a student is admitted to hospital or treatment centre, it is in the student's interest that the classmates and form teacher/mentor keep in touch.

How this is done, can be discussed in consultation with the parents and/ or practitioner.

### Support at school

When the student goes back to school after an absence, or continues to attend school during the illness, teachers and mentors still are responsible for the educational progress of the sick student.

The student may miss out on lessons and tests due to absence and fatigue and reduced concentration. In consultation with the parents, the practitioner and student, adjustments will have to be made to minimise learning delays. It is important to set a concrete and achievable goal that makes the student feel competent and confident and in control. Make sure, however, that the school decides what needs to be done. A pitfall is that students with anorexia are liable to overstretch themselves. Students with an eating disorder are often extremely driven and it is in their interest to make agreements and to ensure that the student does not overload themselves. Short-term goals can help. A reintegration plan with a limited number of teaching hours per day can be drawn up together with the “consulent OZL,” practitioner, the student and the parents.

A respectful, open attitude of school management, mentor and team towards the student and parents is the best base for security and understanding for a student with an eating disorder.

The person (in school) supporting the student:

- has a sufficient view of the student's and the parents' request for help;
- knows what they should and, more importantly, should NOT do;
- knows which actions/interventions benefit the student;
- knows where external help can be found.

### The student is in hospital or treatment centre

If a student is severely underweight, the treatment in hospital is aimed at motivating the student to gain weight. Sometimes this means that initially no energy can be spent on schoolwork. Often the practitioner will choose to start schoolwork quickly, because it allows the pupil to start feeling better. Most patients with an eating disorder enjoy being busy and being supported with school and homework. Not allowing this is can feel like something is taken away and this may therefore be counterproductive. The amount of time spent on education depends on the physical and psychological condition of the patient.

Keeping in touch with classmates and teacher(s) during a hospital admission will make the student feel less alone and can benefit the healing process. If it is not clear how to best stay in touch, the parents can be contacted about this.

## The student is at home and can (partially) go to school

### The first steps.

- The student is coming back to school. Determine the goal in consultation with parents, pupils and practitioners.
- Consider reintegration of activities, (ful) re-involvement in school life.
- Discuss this with parents and students at school or at home, maybe together with a professional. Put parents in charge.
- If necessary, use a contact person as a link between parents, student, professionals and school.
- State what the student is allowed to do (schoolwork). Within the framework of the number of hours that can be used to do schoolwork, give the student shared control over the subjects to be taken.
- Agree with parents and student on how and when teaching team and the classmates will be informed. It can be a positive experience for a student to do this themselves with the help of a parent, the mentor or a professional.
- Advise parents and student to communicate openly about the illness. Experience shows that openness promotes
- It is important for the healing process that the student feels they belong and that they are still part of school life.
- Offer the student the chance of moving on to the next grade together with their classmates within the school's possibilities.
- Be honest and open about whether it is advisable to redo the year or change to a different programme/level.
- involvement and solidarity.

### A plan of action

- Make a compact tailor-made plan, in which the number of lessons, the agreed courses and the number of hours of homework per day are determined for an agreed period (in consultation with parents and practitioners.)
- Set short-term goals.
- Create a tailor-made timetable and include it in the plan: the student does not take all courses. Get the highlights out of the curriculum, limit the number of tests and written assessments. Move courses to the next grade.

- Make timely arrangements that are needed for tests/exams. Think of the request for extra time, the number of tests to be made etc.
- Make arrangements for the exam. There are part time, extra time, different periods of time possibilities, for example. Check the ziezon brochure: Op weg naar het diploma.
- Consult school management/management on possibilities and ensure support for the agreements.
- Inform colleagues about the agreements made and check if there are any questions/reasons to deviate from the agreements.
- Have regular expectations and demands of the student within the agreements made.

### Engage the class

- Make the class co-responsible for the well-being of their classmate. Involve them, if possible and a only when the student feels well by this option.
- Make sure there is a safe haven for the student at school. Who can they turn to when needed?

### Eating at school

- Indicate what you can offer as a school. Also indicate what you can't offer. Think creatively: who has time to be with to the student when they have to eat?
- Who are your fellow eyes and ears? Discuss this with the student and the parents. Explain that an eating disorder thrives on being invisible. The more people know about it the more support the student can get. Be honest about it. Take control.
- Consult parents on how they can provide support for their child in school when it comes to eating.

### Common pitfalls

- Downplaying the problem.
- Going along with the eating disorder (giving space)
- Too much confirmation.
- Making comments about appearance .Well-intentioned comments such as 'you're looking well' can trigger the eating disorder.

### Finally...

- Report noticeable behavioural changes to the parents.
- Be open and honest with the student.
- Caring for a sick student is stressful. Therefore, share the care/concerns with colleagues.

If there are any questions or problems with regard to the education of the student with an eating disorder, you can call on a Consultant Educational Needs of Sick Students. Some of them specialize in the guidance of eating disorders at school.

[www.ziezon.nl/contact/consulenten](http://www.ziezon.nl/contact/consulenten)

For more general information about being sick and education, please visit ziezon's website. [www.ziezon.nl](http://www.ziezon.nl)

## THE FOLLOWING LINKS GIVE MORE INFORMATION AND TIPS FOR TEACHERS:

- Informatie voor docenten van de Nederlandse Academie voor Eetstoornissen  
(Information for teachers from the Dutch Academy of Eating Disorders)
- Tips voor leraren op school van Proud2bme  
(Tips for teachers at proud2bme school)
- Onderwijsbrochure van Buro Puur  
(Education brochure from Buro Puur)

[www.ziezon.nl](http://www.ziezon.nl)

Prevention of eating disorders

[www.stichtingkiem.nl](http://www.stichtingkiem.nl)

### Used sources

More information about the different eating disorders can be found at:

[www.dsm5.org](http://www.dsm5.org)

[www.humanconcern.nl](http://www.humanconcern.nl)

[www.buropuur.nl](http://www.buropuur.nl)

[www.hulpbijeetproblemen.nl](http://www.hulpbijeetproblemen.nl)

[www.kenniscentrum-kjp.nl/professionals](http://www.kenniscentrum-kjp.nl/professionals)

Eating disorders and adolescents [www.weet.info](http://www.weet.info) "Weet" is the national patient association around eating disorders.

Anorexia and boys

[www.anorexiajongens.nl](http://www.anorexiajongens.nl)

[www.proud2bme.nl](http://www.proud2bme.nl)

# MORE INFORMATION ON EDUCATION AND ILLNESS:

[www.ziezon.nl/caring-about-taking-care-of](http://www.ziezon.nl/caring-about-taking-care-of)

Information on education and illness in the  
Netherlands

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