

# Lesson Plan I

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**Course:** Practical Nutrition

**Module IV:** Special Nutrition Concerns

**Lesson H:** Eating Disorders – A Hidden Danger

**Lesson Length:** 15 minutes

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## Lesson Equipment and Materials

### Equipment

Computer and LCD Projector

### Supplies

Five peanuts  
One package of Oreo Cookies

### Visual Aids

PowerPoint Slides 1-14

### Participant Materials

H-I1 *Anorexia and Bulimia: How Much Do You Know?*  
H-I2 *Anorexia and Bulimia Warning Signs*

## Lesson Preparation

1. Read the entire **Lesson Plan I**.
2. Reproduce all **Participant Materials** for Lesson I.
3. Post Performance Standards for participants.

## Lesson Outcome

On completion of this course, the learner will demonstrate knowledge and skills needed to incorporate the principles of sound nutrition into the Child Nutrition Program based on the following **performance standards**:

- Differentiate between anorexia, bulimia and binge eating.
- Understand and state your role as the school foodservice personnel.

## Lesson Instruction

### ◆ Setting the Stage

#### Focus learner's attention.

- Distribute **H-I1 Anorexia and Bulimia: How Much Do You Know?** Worksheet. (All of the answers are true.)
- Contrast the amounts of food eaten by an anorexic and bulimic (examples could include 5 peanuts vs. 1 package of Oreo cookies).
- Ask participants if they know of or suspect any children in their schools that they worry have an eating disorder. Have them have a show of hands to get an idea of what may be the environment.

### ◆ In today's lesson...

- You will be able to differentiate between anorexia, bulimia and binge eating and you will understand what your role is as a school foodservice staff member.

### ◆ You will be able to...

- Differentiate between anorexia, bulimia, and binge eating.
- Understand and state your role as the school foodservice personnel.

### ◆ Identify the Purpose

- The topics included in the Special Nutrition Concerns Module were chosen due to their relationship to the overall health and well-being of the children served by school foodservice personnel.

### Performance Standard

The learner will:

- Differentiate between anorexia, bulimia, and binge eating.
- Understand and state your role as the school foodservice personnel.

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## LESSON CONTENT

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### Slide 1: Eating Disorders – A Hidden Danger

- ▶ Title Page

### Slide 2: Session Objectives

- ▶ Review the objectives for this session as outlined on the slide.
- ▶ Setting the Stage  
**Focus the learner's attention.**

Activity

- ▶ Ask participants if they know of or suspect any children in their schools that they worry have an eating disorder. Have them have a show of hands to get an idea of what may be the environment.
- ▶ Discuss eating disorders. Discuss possible reasons for eating disorders, however, emphasize that food itself is not the primary reason, but rather a symbol of distress.
- ▶ Onset of eating disorders is in early adolescence or early adult life when changes occur in the body and physical appearance. The young person may attempt to control the physical changes by skipping meals, including vomiting, abusing laxatives or diuretics or using over the counter diet pills. Early detection is crucial for recovery.

Activity

- ▶ Distribute **H-11 *Anorexia and Bulimia: How Much Do You Know?*** Give participants a minute to answer and then go over the worksheet with them. (All responses are TRUE.)

### Slide 3: Disordered Eating

- ▶ An estimated **5 million people** in the United States, primarily girls and women, suffer from anorexia and bulimia. Many more suffer from Binge Eating Disorder. About 85% of all eating disorders start during adolescence.
- ▶ **Anorexia nervosa** is an eating disorder characterized by a refusal to maintain a minimally normal body weight, self-starvation to the extreme, and a disturbed perception of body weight and shape. Show the peanuts to illustrate the amount of food that is consumed by an anorexic in a sitting.
- ▶ **Bulimia** involves recurring episodes of binge eating combined with a morbid fear of becoming fat. This is usually followed by a self-induced vomiting or purging session (using exercise, laxatives, diet pills, etc.).
- ▶ **Binge Eating Disorder** is an eating disorder with similar criteria to bulimia, excluding the purging or other compensatory behaviors.

Show the Oreos to illustrate the amount of food that may be consumed in a brief round of bingeing.

- ▶ Hand out **H-I2 Anorexia and Bulimia Warning Signs**. It will be referred to in the next 3 slides.

#### **Slide 4: Anorexia Nervosa**

- ▶ This psychological disorder occurs mainly in girls with the onset of the disease appearing between 12 and 18 years. This involves self-starvation to the extreme. Anorexia is more common in girls than in boys; however it is also seen in males. A common profile of a child with anorexia include:
  - Often “model child”
  - Role confusion
  - Resistance to increasing maturity
  - Often overweight prior to eating disorders
  - Behaviors: severe calorie restriction, rigid control over food intake and physical activity
  - Denial that problem exists
  - Use **H-I2 Anorexia and Bulimia Warning Signs** handout to assist with the review of signs and symptoms.

#### **Slide 5: Bulimia**

- ▶ Onset of bulimia is later than anorexia, usually with onset in women in the early 20’s. More women experience bulimia than men overall, but again men are bulimics. It is a bit more common than anorexia.
- ▶ Common Signs and Symptoms include:
  - Behaviors: bingeing, may/may not purge early in disorder
  - Common purging behaviors: vomiting, laxative abuse, diuretic abuse, exercise
  - Signs: close to normal weight, binge (purge), lack of control over bingeing, over-concern with body weight and shape
  - Guilt over behavior, hides behavior, recognizes behavior is wrong, ashamed
  - Use **H-I2 Anorexia and Bulimia Warning Signs** handout to assist with the review of signs and symptoms.

#### **Slide 6: Binge Eating**

- ▶ Binge eating is consuming LARGE amounts of food over a relatively short period of time.
- ▶ A typical binge is 1000 to several thousand calories.
- ▶ Most foods are easy to eat, low fiber, smooth in texture, high fat

and high carbohydrate foods.

**Slide 7: A Typical Binge...**

- ▶ Discuss the foods used for a typical binge
- ▶ In addition, caffeine-containing drinks provide a diuretic effect and can increase dehydration in athletes.

**Slide 8: Common Elements in Eating Disorders**

- ▶ Low self-esteem
- ▶ Tries to hide feelings about body/weight
- ▶ Excessive need for control
- ▶ Sees herself as unattractive
- ▶ Depression, alcohol/drug abuse, sexual abuse commonly accompany
- ▶ Social isolation

**Slide 9: Kim**

- ▶ Review the case study with participants. Using the case study have participants decide what type of eating disorder Kim has.
- ▶ Kim has anorexia.

**Slide 10: Mary**

- ▶ Review the case study with participants. Using the case study, have participants decide what type of eating disorder Mary has.
- ▶ Mary has bulimia.

**Slide 11: What Can School Foodservice Personnel Do?**

- ▶ Know about appropriate resources for referral
- ▶ Educate students with pamphlets, posters, table tents, and flyers especially during eating disorders awareness week
- ▶ Provide accurate nutrition information and education
- ▶ Support other school personnel to identify students at risk
- ▶ Recognize individual potential in all students
- ▶ Refer back to the ***H-I2 Anorexia and Bulimia Warning Signs*** handout...the section on what school foodservice personnel should do.
- ▶ Emphasize that school foodservice personnel should contact a qualified health professional in their area to provide information to students about nutrition, weight control and weight maintenance.

**Slide 12: Who is a Nutrition Expert?**

- ▶ Health fraud costs consumers billions of dollars each year. How do you know if nutrition information is correct? Who is a nutrition expert? We are going to discuss how to identify a quack and what

to look for in the real nutrition experts.

**Slide 13: Earmarks of a Quack...**

- ▶ It sounds too good to be true, it probably is.
- ▶ If the person pushing the product urges distrust of the food industry or food supply and offers their “alternative” for sale...watch out.
- ▶ Testimonials of healing, being made younger, etc. are worthless. Research should be published, published in credible journals and the authority should be cited so it can all be traced.
- ▶ If the person is making a profit from selling the product, beware. If the claim is made by an advertiser, again beware!

**Slide 14: Who Can You Trust?**

- ▶ Registered Dietitians (RD, LRD)
- ▶ Licensed Nutritionist\* (in ND only)
- ▶ City, county or public health department
- ▶ Local hospital
- ▶ Local college or university
- ▶ Local or state Department of Education
- ▶ Community resources
- ▶ Nutrition and food science department or public health/nutrition department at a university
- ▶ The Cooperative Extension Service
- ▶ Home Economist

◆ **Closure**

- ▶ Through early recognition and education strategies, school foodservice personnel are in a unique position to help recognize eating disorders in students in your school. School foodservice personnel witness kids eating (or not eating) every day in the cafeteria and may pick up on routines in kids that others may not be aware of.

◆ **Independent Practice**

- ▶ Talk with appropriate school professions and arrange to have a qualified health professional speak to a school class on eating disorders.