

The Jed Foundation

10 FAQs About Eating Disorders for Parents of Teens and Young Adults

What’s the difference between an eating disorder and disordered eating? When does dieting become dangerous? If you’re concerned about your child’s physical or mental health because of their relationship with food, how can you help?

This FAQ explores different types of eating disorders, what to look out for as a parent or guardian, and how to talk to your child.

Food is a central part of our lives; we all have to eat. On the other hand, society glorifies dieting and weight loss. That makes eating disorders difficult to spot.

For example, many traditional diets and weight-loss plans include limiting intake or calorie counting—but these behaviors are not harmful on their own.

It’s challenging to know when disordered eating behaviors become an eating disorder. So how do you know when you should be concerned?

Here are answers to frequently asked questions (FAQs) about eating disorders:

1. What is an eating disorder?

An eating disorder is a serious but treatable mental health concern characterized by persistent, disrupted eating habits and intense preoccupation with food or body image. Though there are many types of eating disorders, the most common include:

- **Anorexia nervosa:** A condition characterized by deliberate efforts to severely restrict food intake (despite low body weight), often to the point of clinical starvation.
- **Bulimia nervosa:** A condition in which someone eats large quantities of food and then purges it via induced vomiting, exercising excessively just after a binge, or using laxatives, diuretics, or enemas.
- **Binge-eating disorder:** A condition in which someone eats large quantities of food, often in a very short period of time, to the point of discomfort; they may feel that they “lose control” while this occurs.



2. Disordered eating vs. eating disorders—what’s the difference?

It’s not unusual for teens or young adults to change their eating habits from time to time. For example, trying out a vegetarian diet or eating more than usual during the holidays are not necessarily things that you need to be worried about.

However, the National Eating Disorders Association (NEDA) reports that 35% of “traditional” dieters go on to unhealthy dieting, including fad diets and restrictive eating. Of those, 20%-25% develop an eating disorder—something that must be diagnosed by a medical or mental health professional.

Be aware of your child’s standard diet, nutrition, and exercise habits so that you can observe and respond to changes. A change in appetite and food intake can also be a symptom of other things: a mood disorder, school difficulties, interpersonal challenges, medical illness, medications, and more.

Consider whether struggles with food and body image are interfering with other aspects of your child’s life, such as school, work, and relationships, when trying to determine if they need to be assessed for an eating disorder.

3. Who is typically affected by eating disorders?

Eating disorders can affect anyone, regardless of gender, age, race, and body type. While 28 million Americans will experience an eating disorder at some point in their lives (per NEDA), John Hopkins Medicine reports that the most common age of onset is between 12 and 25. Up to 90% of those affected are female, but anyone can be diagnosed with an eating disorder.

There is no single cause of an eating disorder. They are caused by a combination of genetic, psychological, and environmental factors. Those might include: family history, mood disorders (such as depression and anxiety), substance misuse, hormonal imbalances (which can disturb responses to hunger and appetite), and certain personality traits.

Similarly, there is not one type of person who is more likely to experience an eating disorder or disordered eating. Unhealthy eating habits might manifest in individuals who are anxious (or prone to self-criticism) and perfectionistic (or eager to please), those who are impulsive or those who gravitate toward routine. It can impact those whose hobbies or self-esteem center on physical activity or body perception (such as athletes). It’s important to remember that an eating disorder is never a choice, and no one is to blame.

4. How can I tell if my child has an eating disorder?

In general, someone with an eating disorder will demonstrate behaviors and attitudes that suggest weight loss, dieting, and controlling food are their primary focus. As a parent, you can look out for:

- Noticeable changes in weight, especially in a short period of time
- Constantly worrying about weight gain, counting calories, or avoiding certain foods or food groups altogether
- Extreme concern with, or even loathing of, body size and shape
- Excessive exercising, such as spending hours on a treadmill to “work off” even a small snack

- Withdrawal from friends, family, and usual activities, including skipping parties where eating and drinking are a focus
- Persistent mood or other behavioral changes, including anxiety, depression, irritability, loss of energy, or unusual secrecy
- Change in attire, including purposely wearing large, baggy clothing

If you notice abundant food wrappers and empty containers in your child’s spaces, this could be an indicator of binge-eating disorder. If your child is frequently visiting the bathroom directly after meals, and you have reason to suspect they are purging their food (another symptom is swollen cheeks), this could indicate bulimia nervosa.

5. What is the relationship between eating disorders, mental health, and self-esteem?

Eating disorders have among the highest mortality rates of all mental health issues. They are not a “phase” but something that can be serious and life-threatening, affecting every organ in the body, including the heart and brain.



There is not one single cause of an eating disorder. However, low self-esteem, feelings of inadequacy or powerlessness, depression, anxiety, anger, and loneliness are all psychological factors that contribute to or are commonly associated with eating disorders.

6. What is the relationship between eating disorders, self-injury, and suicidal ideation?

About 25% of those who self-injure also have an eating disorder (this is called comorbidity). However, eating disorders by themselves are not considered a form of self-injury, nor does it indicate the likelihood of self-injury. Self-injury does not necessarily indicate suicidal ideation; it is a way of coping with feelings.

However, eating disorders, disordered eating behaviors, and self-injury all indicate underlying distress. Helping your child find healthy ways to express and address those underlying feelings, demonstrating your concern, and creating a support network are all steps you can take to allow them to begin healing.

7. What are contributing external or social factors to disordered eating?

Because there is not one specific cause of an eating disorder, additional contributing factors to be aware of as a parent or guardian include:

- Social Media
 - Recent studies suggest that the false standards of beauty perpetuated by social media can

negatively affect the self-esteem of teens and young adults to the point of triggering anxiety, depression, and even negative dietary and lifestyle habits. Social media can also distort a teen’s sense of reality about what a normal body at normal weight would look like.

- The COVID-19 Pandemic
 - There has been an uptick in reported cases of eating disorders and disordered eating since the onset of the pandemic, with NEDA reporting up to 107% increase in calls to their helpline. Factors might include isolation, increase in screen time, and feeling a lack of control over one’s situation.
- Periods of Change
 - The stress that comes with change can be a risk factor for an eating disorder. For example, a student moving from the familiar life they had in high school to the new demands of college life may channel the need to control their environment through food restriction or over-exercising; this is even more of a concern if they previously experienced low self-esteem, poor body image, or anxiety.
- Athletic Environments
 - Individuals who recreationally or competitively participate in gymnastics, team sports, bodybuilding, and other regulated physical activities might be more inclined toward preoccupation with food consumption, weight, and body shape.

8. Can you “cure” an eating disorder?

There is not necessarily a “cure” for an eating disorder, but recovery is possible.

Recovery from an eating disorder can take months, or even years, because it means re-learning healthy eating habits and coping skills. But with a treatment plan and a strong support system, full recovery is possible.



Eating disorder treatment should be individualized. Options include individual therapy, family-based therapy, inpatient care, medical care, medication (for co-occurring mood disorders like depression and anxiety), and nutritional counseling.

9. How do I speak to my child about their eating habits?

Family and friends are the most important support network for individuals with an eating disorder. Although it can feel awkward to initiate a conversation about eating habits and body image with your teen or a young adult in your life, it’s important to start. You should:



- Approach them in a calm, non-judgmental manner. You may experience anger, disappointment, frustration, or even fear, grief, and anxiety, as you support your child. Be mindful of your reactions, which are natural and likely to be part of the process.
- Be willing to listen rather than try to dictate the terms of the conversation, even if what they have to say is difficult to hear.
- Express concern through “I” statements (“I am worried about you”) rather than language that may make them become defensive (“You have everyone worried and need to stop”).
- Focus on health, and avoid commenting on their appearance and specific acts of their disordered eating (“You’re too thin”), which can add fuel to the fire.
- Remind your child that your concern comes from a place of love and that you are available no matter what. Remember: You don’t need to be perfect, and neither do they. Progress may not be linear.

10. How will I know when my child needs additional help?

Someone with an eating disorder or who is engaging in disordered eating may not recognize the severity of their own circumstances. They might also experience shame or secrecy about the extent of their condition.

Use your own observations to help determine if your teen or young adult is excessively preoccupied with food (or body shape) and if their behavior seems to be intensifying with time, especially once a conversation has been initiated and resources have been introduced. At this time, you might want to consult with a professional who specializes in eating disorders to determine your options for additional treatment or support.

Recovering from an eating disorder can take time; however, with an active support system, recovery is possible.

Glossary

Anorexia nervosa: A condition characterized by deliberate efforts to severely restrict food intake (despite low body weight), often to the point of clinical starvation.

Binge-eating disorder: A condition in which someone eats large quantities of food, often in a very short period of time, to the point of discomfort; they may feel that they “lose control” while this occurs.

Body dysmorphia: A condition where someone’s mental health state may lead them to misperceive how they really look; their body image is overwhelmingly negative and often distorted.

Bulimia nervosa: A condition in which someone eats large quantities of food and then purges it via induced vomiting, exercising excessively just after a binge, or using laxatives, diuretics, or enemas.

Comorbidity: The presence of two or more health conditions in one person at the same time. For example, eating disorders may manifest alongside self-injury, substance misuse, and anxiety disorders.

Disordered eating: A term used to describe a range of irregular eating patterns and behaviors that may or may not warrant the diagnosis of a specific eating disorder.

Eating disorders: A diagnosable, treatable mental health condition characterized by persistent, disrupted eating habits and intense preoccupation with food or body image.

Self-harm/self-injury: An act in which someone deliberately hurts their own body, including through cutting, burning, or deep scratching, as a way of dealing with negative feelings or emotional numbness.

Additional Resources

For more information, visit our page on [Understanding Eating Disorders](#). To get help right away, contact the National Eating Disorders Association ([NEDA](#)).