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# Overcoming Disordered Eating

*Welcome!*



## Information Pack A

Welcome to the CCI Information Packs on Overcoming Disordered Eating. If you're reading this, it's likely that you're interested in tackling problems to do with controlling your eating, weight or shape. These two Information Packs are designed for you.

Each Pack is organised into modules and includes information, worksheets, and suggested exercises or activities. We recommend that you complete the Information Packs (and their modules) in sequence, finishing Pack A before moving on to Pack B.

- **Pack A (Take Charge...Initiate Change)** provides information about disordered eating and offers strategies to help you start changing the *behaviours* associated with your disordered eating and weight control habits.
- **Pack B (In Charge...Mindset Matters)** offers you strategies to change your disordered *thoughts* about eating and weight control.

We want to extend a warm welcome to you on this journey towards learning and changing. It's important to know that overcoming disordered eating may take some time, especially if you've had your problems for several years. Be patient - this isn't a race! It's better to work through the modules thoroughly and keep practicing the strategies we introduce, until you feel confident and ready to tackle another problematic aspect of your eating and weight control habits. This way you'll be able to consolidate your changes.

Remind yourself not to give up, but to keep going. Persevere and keep at it!



# Overcoming Disordered Eating

## Information Pack A

### *Take Charge ... Initiate Change*

### Module 1

## What is Disordered Eating?

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This is the first module of Information Pack A, which provides information about disordered eating and offers strategies to help you start changing the *behaviours* associated with your disordered eating and weight control habits. We suggest you read through all the modules of this Information Pack, in order, before embarking on change.

*If you do think you might suffer from an eating disorder, it is important that you talk to your General Practitioner, as there are many physical complications that can arise from being at an unhealthy low weight or from losing weight very quickly, or from purging. We advise you to seek professional help with working on an eating disorder.*

*If you use any extreme weight control behaviours – even rarely – you should also see your General Practitioner for a full medical check-up, as your health might be compromised. Such extreme measures include:*

- extreme food restriction/fasting (and/or rapid weight loss)
- purging (self-induced vomiting, misuse of laxatives or diuretics)
- extreme exercise



## Introduction

Welcome to the CCI information Pack A on Overcoming Disordered Eating. In the modules of this Information Pack we will introduce you to some important information about disturbed eating and weight control behaviours. We will help you identify whether you have disordered eating or if you might have a full-blown eating disorder. You will then be in a position to decide whether you might benefit from these Information Packs – or if you might need to seek professional help, either as an adjunct to reading these modules or instead of it.

*We recommend that you read the modules in order from 1-10. Please make sure you complete this module before proceeding to Module 2, and Information Pack A before progressing to Information Pack B. We also suggest that you read through all of the modules of this Information Pack before deciding whether you want to change and before answering the questions. It's important for you to be fully informed and to know what you're letting yourself in for! It takes a huge commitment to change, and it helps to see the bigger picture before embarking on your journey towards healthier eating habits and weight control behaviours.*

A full-blown eating disorder develops from disordered eating and/or weight control behaviours. Once an eating disorder develops, it can easily become entrenched and difficult to change. Therefore, if you have mildly disturbed eating patterns, it makes sense to work on improving them. These Information Packs have been designed for people like you, but might also be of help to people with more serious eating behaviours.

There are many myths and mysteries around the subject of eating disorders. In this module, we will examine what an eating disorder is and explore the impact that an eating disorder can have on a person's life. We will help you identify the level of your disordered eating. We will also outline an approach to help keep you get on track with healthy eating habits. Our intention is to help you stop any disordered eating habits and weight control behaviours, and develop a healthy eating plan to stabilise your weight within a range that you find acceptable – and maintain those habits for the rest of your life. How does that sound?

## What is an Eating Disorder?

Eating disorders are characterised by two key features: *disturbed eating habits* and *disturbed weight control behaviours*. Disturbed eating habits can include restricted food intake, strict dietary rules, preoccupation with food, and altered mealtime behaviours. Disturbed weight control behaviours may involve excessive exercise, vomiting, or the misuse of laxatives or diuretics (pills to reduce water retention). These eating habits and behaviours are termed 'disturbed' when they become harmful through extreme use.

For example, many people (especially girls and women) go on diets and restrict their food intake. This dieting only becomes 'disturbed' when dietary rules become so strict that daily food consumption is inadequate for health, either through being insufficient or nutritionally unbalanced. Likewise, moderate exercise is a healthy behaviour. However, exercise behaviour becomes 'disturbed' when it is too frequent, obsessive, driven, or used for extreme weight control so that it interferes with other aspects of a person's life. If someone is exercising excessively, they will feel upset if they are prevented from exercising and will continue exercising despite injuries or bad weather. They may also prioritise their exercise regimen over having fun or spending time with others.



It is also important to realise that people with eating disorders have a high chance of experiencing physical and medical complications. The most serious problems are related to impaired functioning of the heart. Disordered eating and/or weight control behaviours may lead to a heart attack, coma or death. Therefore, if you have concerns that you or someone close to you has an eating disorder, it is important to take the issue seriously, and to seek medical advice. These matters will be discussed further on pages 6 – 7.



Eating disorders are found more commonly amongst women than men. Approximately 90% of those with an eating disorder are women. However, eating disorders may be under-diagnosed in men because men may be more reluctant to seek treatment for such a disorder. Whilst there are similarities between males and females with eating disorders, there are some differences. Females tend to pursue *thinness*, while males tend to work towards having a *buff* body. Men and boys often talk of wanting to be “cut”, with high muscle definition and low body fat. Women and girls also want low body fat, but they tend to want smaller bodies.



Disordered eating becomes a full-blown eating disorder when it gets bad enough to meet the criteria for a specific diagnosis. These standards are set by expert health professionals. Most people have heard of Anorexia Nervosa and Bulimia Nervosa, and these disorders are very serious. But you can have an eating disorder with just as severe symptoms, even if your pattern of symptoms doesn't quite fit the pattern of Anorexia Nervosa or Bulimia Nervosa. It has been estimated that approximately 15% of women in Australia will develop an eating disorder at some stage in their life.

We will now examine the main eating disorder diagnoses and describe the behaviours, or symptoms, that categorise these disorders. These symptoms will be outlined below to help you understand the different types of eating disorders, but we will revisit specific behaviours in more detail in subsequent modules.

## Anorexia Nervosa

Recent research in Australia shows that approximately 2% of women will suffer from Anorexia Nervosa at some stage in their life, and another 2% will suffer from “partial anorexia”, a condition like Anorexia Nervosa, but not quite meeting the criteria for a full diagnosis. People with Anorexia Nervosa restrict their food intake to the point of starvation. However, this disorder should not be viewed simply as vanity or dieting taken too far. People with Anorexia Nervosa have a complex mindset that is resistant to change. Their behaviour is driven by an intense fear of gaining weight and a distorted body image. They become preoccupied with food, eating (or not eating) and weight.

Anorexia Nervosa is characterised by the following symptoms:

- **Extreme thinness.** People with Anorexia Nervosa weigh less than 85% of the weight expected for their age and height. They severely restrict their food intake, and they may exercise excessively for the purpose of weight control.
- **An intense fear of gaining weight.** Despite being severely underweight, people with Anorexia Nervosa have an extreme fear of becoming ‘fat’. They are fearful of achieving even an average weight.
- **Disturbed perception of body weight or shape.** People with Anorexia Nervosa do not see their body as it actually is. When they look in the mirror, they see a body that is much larger and ‘fatter’ than it is in reality. Viewing their body in this way has a large influence on the way that they feel about themselves and their self-worth. Being very thin is extremely unhealthy for the human body, but people with Anorexia Nervosa do not appreciate the extent to which they have lost weight, and therefore do not see that their low weight is a problem.
- **Amenorrhoea.** Females who have already started menstruating are considered to have amenorrhoea when they miss three or more consecutive periods. (Males have lowered testosterone.)

There are two types of Anorexia Nervosa:

- **Restricting type** does not include binge eating or purging behaviours.
- **Binge Eating/Purging type** involves regular binge eating or purging behaviour. Binge eating involves eating a very large amount of food within a short period of time, accompanied by a feeling of loss of control over eating. Purging behaviours can include self-induced vomiting or the misuse of laxatives or diuretics. Approximately 60% of people with Anorexia Nervosa will binge eat and/or purge. We examine binge eating and purging in more detail below, and in Module 6.





## Bulimia Nervosa

Recent research in Australia shows that approximately 3% of women will suffer from Bulimia Nervosa at some point in their life. People with Bulimia Nervosa cycle through periods of binge eating and then weight control behaviour to compensate for the increased calories. This leads to an obsession with food and preoccupation with thoughts about eating (or not eating).

Bulimia Nervosa is characterised by the following:

- **Frequent episodes of binge eating.** Binge eating involves two key components:
  1. Eating an amount of food that most people would consider very large within a relatively short period of time (e.g., within two hours).
  2. Feeling a sense of loss of control over eating (e.g., you couldn't stop even if you wanted to, or you couldn't resist starting).
- **Compensatory behaviour.** Behaviours are called 'compensatory' when they are used to 'balance out' or compensate for the effects of a binge eating episode. For example, people with Bulimia Nervosa may make themselves vomit after binge eating because they think it will prevent them from gaining weight. Other behaviours that are used to try to compensate for binge eating include the misuse of laxatives or diuretics; fasting; or excessive exercise.
- **Frequent behaviours.** People with Bulimia Nervosa have frequent episodes of binge eating and compensatory behaviour, over several months (or longer).
- **Influence of body shape.** The way that people with Bulimia Nervosa view their body, shape and weight has a crucial influence on the way they think about themselves and their worth.
- **Not being extremely underweight.**

Similarly to Anorexia Nervosa, there are two types of Bulimia Nervosa:

- **Purging type** involves regular self-induced vomiting or the misuse of laxative or diuretics.
- **Non-purging type** involves regular fasting or engaging in excessive exercise, but not regular purging.

As you may have observed, some of the symptoms of Anorexia Nervosa and Bulimia Nervosa are quite similar. However, there are key differences between these two disorders. Firstly, extreme thinness is a central symptom of Anorexia Nervosa but not of Bulimia Nervosa. Secondly, cycles of binge eating and compensatory behaviour are the central criteria of Bulimia Nervosa but not of Anorexia Nervosa (although many people with Anorexia Nervosa may binge and/or purge).



## Atypical Eating Disorders

The term 'Atypical Eating Disorders' is used to describe eating disorders that do not fit neatly into the two categories described above. More than half the people with eating disorders fall into this category. One of the most common disorders within the category is Binge Eating Disorder. About 6% of people suffer from Binge Eating Disorder. Nearly 50% of people who binge eat are men.

## Binge Eating Disorder

Symptoms include:

- **Frequently eating until uncomfortably full.** People with Binge Eating Disorder will continue to eat past the point where their stomach tells them it is full.
- **Feeling a loss of control over eating.** When binge eating, people feel out of control and often feel that they couldn't stop eating even if they wanted to.
- **Rapid eating.** During a binge-eating episode, people often eat very fast.



- **Feeling guilt and shame.** People with Binge Eating Disorder feel guilty and ashamed about the amount and the way that they eat during binge-eating episodes.
- **Eating alone and in secret.** It is highly common for people with Binge Eating Disorder to hide their eating from family and friends. This behaviour is linked to feelings of guilt and shame.
- **Eating when not hungry.** People with Binge Eating Disorder will often binge eat when they are not hungry. People often binge eat when they feel stressed, angry, bored or distressed. The occurrence of negative events can also trigger binge eating. In this way, binge eating is used to regulate and control mood. The relationship between mood regulation and binge eating will be examined in closer detail in Module 7.

Binge Eating Disorder differs from Anorexia Nervosa and Bulimia Nervosa because extreme weight control behaviours (such as fasting, excessive exercise, vomiting or laxative misuse) are not used to try to compensate for the increased calories ingested during the binge.

There are other forms of disordered eating that do not fall neatly into the above categories. Some people binge and purge (vomit or misuse laxatives), but not frequently enough to fit the criteria for Bulimia Nervosa. Some people purge even when they have not had a binge. Other people may fast in order to lose weight, but their weight isn't low enough for them to meet criteria for Anorexia Nervosa.

*All disturbed eating and weight control behaviours are potentially serious and harmful to your health. If you are engaging in any of these habits, you should see your General Practitioner for a medical check-up.*

## The Impact of Eating Disorders



So far we've examined the different types of eating disorders. If you are reading this information pack, it is likely that you have identified some disordered eating patterns in yourself, or possibly you are concerned about someone close to you. We will now examine the impact that these disorders can have on the lives of people suffering from them. People with eating disorders usually experience considerable physical, emotional and personality changes, as well as changes to their work and social lives. As you read through this section, you may identify many of these changes in your own life, or in someone close to you.

### Physical Changes

Eating disorders cause both internal and external physical changes. External changes include loss of scalp hair, increase in body hair, dry skin and brittle nails. Internal damage can be caused by vomiting, laxative misuse and malnutrition. People with eating disorders often have electrolyte abnormalities and cardiovascular problems (heart problems as a result of weight loss and/or purging, which cause dizziness or fainting), gastrointestinal changes (digestive problems such as bloating, reflux and constipation), hormonal imbalances (loss of periods in females and low testosterone in males), infertility, immune deficiencies, bone density problems and dental damage.

These physical effects can be dangerous, and some of them are irreversible. Electrolyte imbalances can cause heart attacks or strokes, which can lead to coma or death. Gastro-intestinal damage can include incontinence (loss of bowel control) or oesophageal tears, which cause the vomit to enter the lung and result in suffocation. Vomiting can result in the acid wearing away dental enamel, which can never be restored. (You may have to have teeth replaced or capped.) Being underweight during the years of growth (childhood and adolescence) can cause two permanent forms of damage. First is stunted growth – that is, underweight individuals stop growing taller and may never achieve their potential height. Second (because of the low hormone levels) is compromised bone density, which causes brittle bones and can lead to osteoporosis, or osteopaenia, which it is called in its early stage.



This damage is permanent, as the bones never ‘catch up’, even when normal weight is restored. It leaves you vulnerable to stress fractures and broken bones throughout your life. Some physicians recommend calcium supplements, but currently there is no scientific evidence that these lessen the problem.



You should seek medical examination and advice if you are vomiting, misusing laxatives or severely restricting your food, even if you are still at an average weight. You may be concerned about telling your General Practitioner about your difficulties, but it’s important that you do, so that the correct tests can be done. *It’s worth noting that sometimes test results can come back looking ‘normal’, but that does not always mean an absence of problems, it just means that the tests didn’t pick up the physical changes.* At least your doctor will be able to monitor your health.

- Have you noticed any physical changes since you developed disordered eating?
- Have you noticed external changes, such as hair loss or dry skin?
- Have you experienced weakness or dizziness?
- Do you have gastro-intestinal problems?
- Has your menstrual pattern changed?
- Have you sought medical examinations and advice?

How have these changes impacted on your life? Please write your thoughts below.

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### **Mental and Personality Changes**

An eating disorder influences more than just your body; it also affects the way you think and what you think about. Preoccupation with food and eating can develop to such an extent that it becomes almost impossible to concentrate on anything else. This obsession with food and eating (or not eating) often replaces previously enjoyed hobbies and activities of interest.

Since the development of disordered eating, you may have felt a change in your personality. Malnutrition leads people to feel grumpy and irritated, and often depressed and anxious, causing dramatic personality changes. You may have noticed that you have become more secretive in your daily life, feeling the need to hide your behaviours from family and friends. These changes are a feature of your disordered eating and are reversible once you recover.



Have you noticed any changes in your mood or personality since you have developed disordered eating? How have these changes impacted on your life? Please write your thoughts below.

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### **Impact on work and social life**



Eating disorders can have a huge impact on people's work and social lives. Fatigue and preoccupation with food can affect your concentration at work. Work places can also become sites of extreme anxiety due to efforts to hide disordered eating and avoid tempting foods. Those with disordered eating also frequently experience changes in their social lives. You may have found that you do not want to be around people as you are afraid they might discover and judge your behaviour, or may not understand you. Additionally, behaviour such as excessive exercise may take precedence over social activities, increasing your isolation.

Has your disordered eating impacted on your work or social life? What changes have you experienced? How has this made you feel? Please write your thoughts below.

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## **The Role of Diets and Dieting**

It is likely that if you are reading this far, you are interested in developing healthier eating patterns. It is very likely that you have been, or still are, dieting. We know that in Westernised societies there is pressure for women to be a certain weight or shape: thinness is idealised and fatness is stigmatised. The reason that most people diet is because they are dissatisfied with their bodies. Then, for some people, their attempts to control their eating and weight get OUT of control, and seem to take over their lives. Has this happened to you?

Most dieting involves following strict and often faddy dietary rules, not only restricting calories but often prohibiting certain foods. In Modules 8 and 9 we will explain in detail why fad dieting is a recipe for disordered eating, yo-yo dieting and subsequent unhealthy and distressing weight fluctuations, plus feeling badly about yourself. Magazines and the diet industry make millions of dollars taking advantage of people's insecurities...and under false pretences. How is this relevant? Well, research suggests that it's not that people fail on diets but that diets fail people, because when the human body receives insufficient food, it is hard-wired to maintain a healthy weight – and eat more to make up for the nutritional deficit. So why do people persevere with dieting? Diets often work in the short term, and research tells us that people tend to remember the early days of a diet when they were able to lose weight relatively easily, felt more in control, and received praise from other people (“You look great! Have you lost weight?”). After the diet has failed, they think **THEY** have failed and beat themselves up, and they try to relive those moments of weight loss and mastery by starting another diet. Does this ring any bells for you?

If you have developed disordered eating, you may well be reluctant to give up your current behaviours because you don't want to gain weight. But we ask that you keep an open mind and keep reading this and subsequent modules. We want you to understand that diets don't work – and why they don't work. Plus, as we've already said, they can actually be harmful.



## Do I have an Eating Disorder?



Ask yourself the following questions:

	YES	NO
Do you make yourself sick (vomit) because you feel uncomfortably full?	___	___
Do you worry you have lost control over how much you eat?	___	___
Have you lost over 6.35 kg/ 14 lb in a three month period?	___	___
Do you believe yourself to be fat when others say you are too thin?	___	___
Would you say that food dominates your life?	___	___

If you have answered “yes” to two or more of these questions, then you may have an eating disorder. If so, it is important that you go to your General Practitioner for a thorough physical examination. *Note: if you are starving yourself or vomiting or using laxatives, it is especially important that you talk to your doctor about it, as there are many physical and medical complications that can arise from starving and purging.*

Spend a moment thinking about your eating and weight control behaviours. Do you engage in any disturbed eating habits or weight control behaviours, even if rarely? It’s important to be aware of any disordered eating behaviours, as they can quickly become more frequent and result in serious consequences. Jot down your thoughts.

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## Weight: What is BMI & What is a Healthy Weight?

We live in a society that is weight-obsessed. We don’t want you to get too hung up on your weight, but it is useful to know a bit about weight: what you weigh and whether your weight is in the healthy range. It will help you set reasonable goals for yourself. We will be saying more about weighing yourself in Module 5.

### **BMI**

Nowadays doctors and the media don’t just talk about weight, they talk in terms of BMI. What exactly is your BMI? It’s your Body Mass Index, a number that takes into account your height and weight in the one calculation. It’s a way of comparing your weight with that of others, even people of very different heights. This is the formula: **Weight (in kilograms) divided by height (in metres) squared**

E.g., a woman who weighs 67kg and who is 1.7m tall, would have a BMI of: 23.18  
That is, weight (67kgs) divided by height squared (1.70 x 1.70 = 2.89) = 23.18.

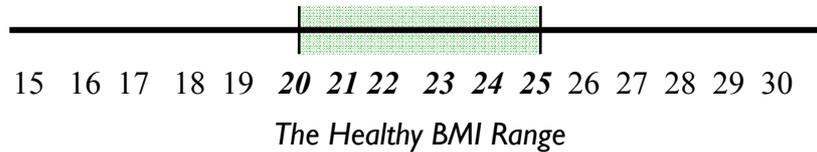
What is your BMI? Work out your height and multiply it by itself (your weight is now squared).

My weight is: \_\_\_\_\_ kg My height is: \_\_\_\_\_ m My height squared is: \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

My BMI is: weight divided by height squared, or \_\_\_\_\_ / \_\_\_\_\_ = \_\_\_\_\_



According to the World Health Organisation, for people over 20, a *healthy BMI range* is between 20 and 25, with the average being 22.5. (For children and teenagers, the standards are slightly different.) Do remember that many factors, including genetics, can affect weight and therefore BMI, so these are only guidelines.



What is the healthy weight range for you? Below we show a chart with healthy BMI ranges. Look up your height down the left-hand side and look across to find your healthy weight range. You can see from the example above that the healthy range for the woman who is 1.7m tall is between 58 and 72 kg., so her BMI of 23.18 is about average.

**Healthy weight range (BMI 20-25):**

Height		Body Mass Index	
Cm.	Ft/ins.	20	25
145	4'8 <sup>3</sup> / <sub>4</sub> "	42kg	52.5kg
150	4'10 <sup>3</sup> / <sub>4</sub> "	45kg	56kg
155	5'0 <sup>3</sup> / <sub>4</sub> "	48kg	60kg
160	5'2 <sup>3</sup> / <sub>4</sub> "	51kg	64kg
165	5'4 <sup>3</sup> / <sub>4</sub> "	54.5kg	68kg
170	5'6 <sup>3</sup> / <sub>4</sub> "	58kg	72kg
175	5'8 <sup>3</sup> / <sub>4</sub> "	61kg	76.5kg
180	5'10 <sup>1</sup> / <sub>2</sub> "	65kg	81kg
185	6'0 <sup>1</sup> / <sub>2</sub> "	68.5kg	85.5kg
190	6'2 <sup>1</sup> / <sub>2</sub> "	72kg	90kg
195	6'4 <sup>1</sup> / <sub>2</sub> "	76kg	95kg
200	6'6 <sup>1</sup> / <sub>2</sub> "	80kg	100kg

Where is your BMI in terms of the healthy range for your height? Does it fall within/above/below your healthy range? Write down some thoughts that reflect your response to this BMI:

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A BMI above 30 is considered obese, and a BMI of below 17.5 is underweight and can be indicative of Anorexia Nervosa (unless there is another reason for the low weight, such as a serious illness like cancer). Men and women have a sharp drop in their hormone levels if their BMI falls below about 18. This is an indication that their body is not receiving sufficient nutrition, and is preserving energy by shutting down. Women will stop menstruating. *If you have a BMI of below 18 or above 30, you should see your General Practitioner for a medical check-up as soon as possible.*



## **What to Expect From this Information Pack**

If you've got this far, then you might be interested in tackling your problems, and this set of Information Packs could be useful to you. If you have mildly disturbed eating patterns, you may want to improve them. *But if you think you might have a full-blown eating disorder, in addition to working on this information pack, you should see your General Practitioner for a full medical check-up.*

We suggest that you continue reading through all of the modules in this Information Pack, in order to get a complete picture of what will be involved if you decide to work on your eating and weight control behaviours. We have begun by discussing what eating disorders are and what impact they can have on one's life. In the next module we will look at how ready you are to change, and we will describe various ways in which you might want to proceed. In the following modules we will discuss what keeps disordered eating going, and suggest some steps you might want to take. We will then provide you with more information about disturbed eating and weight control behaviours, and look at what might help you change from unhealthy to healthy behaviours.

When using self-help material, some people might want to skip sections or complete sections in a different order. *The modules in this information pack have been designed to be completed in the order they appear.* They will be most helpful to you if you work through them in sequence, finishing each module before moving on to the next one in the series. We believe that by doing this, you will maximise the benefits you might receive from working through this information pack.

We believe that these Information Packs could be beneficial to anyone who would like to address difficulties they are having with disordered eating or weight control behaviours. We encourage you to take this journey through all our modules, where our aim is that you will come away with balanced and healthy eating habits and weight control behaviours. You might find that it gets a little tough at times, but we encourage you to stay with it, keep working through these modules, and you will reap the rewards when you stay through to the end. See you at the next module!

The following are the modules that make up this Information Pack A:

- Module 2: How Ready am I to Change?
- Module 3: How Eating Disorders are Maintained
- Module 4: Self-Monitoring
- Module 5: Regular Eating & Regular Weighing
- Module 6: Binge Eating, Purging & Driven Exercise
- Module 7: Moods & Disordered Eating
- Module 8: Dietary Rules
- Module 9: Addressing Dietary Rules
- Module 10: Progress Review & Barriers to Change





## Module Summary

- These modules are designed to help people overcome disordered eating, by which we mean develop more healthy eating and weight control behaviours. It would be helpful for you to read through all the modules before deciding whether you wish to change.
- Eating disorders can be extremely harmful to your health. Everyone with an eating disorder should see their General Practitioner for a medical check-up.
- Eating disorders are characterised by two key features: *disturbed eating habits* and *disturbed weight control behaviours*. Even mildly disordered eating patterns are problematic as they can lead to an eating disorder.
- There are two major types of eating disorders: Anorexia Nervosa and Bulimia Nervosa; and another general category: Atypical Eating Disorders.
- People with eating disorders experience immense changes in their physical, mental and emotional functioning, as well as changes to their work and social lives.
- It is useful to know about Body Mass Index so that you can have an objective measure of your weight and recognise how it compares to others' weight.
- Completing the modules in order will help you tackle your disordered eating.
- There is one further Information Pack, but we encourage you to work through Information Pack A before tackling the issues in Information Pack B.

## What I Have Learned in this Module

Think about what you have learned in this module and any useful bits of information, tips or strategies that you want to remember. Write them down below so you can refer to them later.

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Think about how you might use the information you have just learned. Write down some ways in which you could make use of this information.

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### ***Coming Up...***



In Module 2 (How Ready Am I to Change?) we will help you to evaluate the pros and cons of changing your eating behaviour.



## About This Module

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We would also like to thank Karina Allen for her contributions to the presentation of these Information Packs.

### BACKGROUND AND REFERENCES

The concepts and strategies in this module have been developed from evidence-based psychological treatment of eating disorders, primarily Cognitive Behaviour Therapy (CBT). This can be found in the following:

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