



Advice from other parents: What to expect and how to respond



Well-meaning people who have no idea about what your family is going through can sometimes say insensitive things. Others who need to be part of the care and communication plan—like schools, coaches, other family members—need to know certain things. Avoid responding to intrusive questions that are none of the asker’s business. On the other hand, some questions

provide an opportunity to educate and enlighten if you feel so inclined. Some days you may just feel too drained to respond to questions—let the asker know it’s not a great day to be asking questions. Parents of adolescents and young adults with an eating disorder offer the advice below about possible ways to respond to questions, based on their own experience.

What someone else says to you	Suggested replies
Aren’t eating disorders just the new disease fad? I hear about them all over the media.	Not at all. An eating disorder is not a “fad” or a “phase.” People don’t just “catch” it and get over it. Eating disorders are complex and devastating conditions that can have serious consequences for physical and emotional health, quality of life, and relationships.
An eating disorder? That’s not really an illness is it? It’s just dieting gone bad [anorexia]. It’s just an excuse to get sympathy for being overweight [bulimia; binge eating disorder].	It’s a recognized and real illness, identified by the National Institute of Mental Health. It’s also serious – anorexia is the largest cause of death among teenage girls.
Can I give you some advice?	I appreciate your thoughtfulness and desire to help, and it’s good to know I have your support. I’d really prefer to rely on the advice of our care team right now. We are getting lots of input from lots of directions and it’s really a little overwhelming. Thanks for caring.
Why do you think he/she has an eating disorder?	No one knows exactly what causes eating disorders. Right now I’m concerned with supporting my child through treatment and not focusing on the how and whys.
How can he/she be sick? He/she doesn’t look sick.	Individuals with bulimia nervosa typically are within the normal weight range, and some may be underweight or overweight. Individuals with anorexia may not look it outwardly until the disorder becomes so severe that it’s life threatening.
He’s/she’s only in middle school. Isn’t that too young to have an eating disorder?	No. Eating disorders are diagnosed in people as young as 7.
Why did he/she tell a teacher [coach, nurse, counselor—any other adult] first?	Kids often are hesitant to tell their parents something they feel really bad about. We’re happy and relieved that he/she at least told someone who then told us so we can get him/her the care he/she needs.
Can’t you just make him/her eat?	Like many behavioral problems, it is hard to make changes unless there is a consistent, persistent, and clinically informed way of going about it. Although you can’t just “make them eat,” you can, as parents working with a professional who supports your efforts, find effective ways to disrupt starvation and over exercise. In fact, studies in the UK and US suggest that putting parents in charge of weight restoration is effective for most adolescents with anorexia nervosa.



What are you doing to help your child?	We're listening to our child, educating ourselves about it, and getting the best, most comprehensive care possible to address all the aspects of a really complex illness. It's exhausting.
How are you coping with this?	Thanks for asking. It's very draining and very stressful on our entire family. We really appreciate the understanding and support coming from friends.
Will he/she be cured after treatment?	We're hopeful for a full recovery over time. It can be a very long haul. Getting the right treatment is key and that's a significant part of what I'm trying to accomplish.
Is there a chance that he/she could die?	Eating disorders can be life-threatening. They affect a person's physical and emotional health. Some people have died from them. It's very scary, but we are hopeful and doing everything we can to make sure he/she gets care that will prevent that.
Why didn't you do anything sooner?	The scariest thing about eating disorders is how secretive they are and how well a person can hide the condition. Hindsight is 20/20. Had we known the signs and symptoms back then that we know now, we might have suspected it sooner and would have sought help right away. Even then, the person has to be willing to accept treatment after the initial medical crisis is over—and the nature of the illness makes that hard.
What can I do to help?	Thanks very much for asking. Life has been very draining lately just trying to make sure my child is getting the care he/she needs. It leaves little time for the mundane. I keep my "to-do" list handy. (Pull out your list.) If you're serious, I could use help with (assign a task with a date and time that it's needed).
Why aren't you letting me help you?	Our child's illness is serious and I'm relying on professional help to treat his/her condition. The help I need from family and friends is your continued support and ongoing friendship. I appreciate your asking. If I think of something our family needs that you can do for us, I'll let you know.
Why didn't you tell me about this earlier?	It's private and our focus initially was on educating ourselves and getting our child the best care. We weren't even sure it would be helpful to share with others. So when we were ready, we decided that now is the right time for us to share this with friends and family.
Can I go with you to the support group?	<i>The response depends on the context: If the person is being nosy and is not close to the family or patient, it may be inappropriate to attend a support group. In that case, here is a response:</i> The support group is intended for people who are closest to the situation. If you want to learn more about eating disorders, that's terrific. Community information seminars are given locally sometimes on eating disorders and that might be a more comfortable setting—these are often offered through local hospital outreach programs or eating disorder advocacy groups.
Is he/she going to have to be hospitalized?	That depends on the progress he/she makes as an outpatient. We'll just have to see how it goes. Hospitalization is sometimes necessary with this illness because of the serious medical consequences it can have.



<p>Why is he/she returning to the hospital again?</p>	<p>Recovery is a hard and not always predictable road. A few steps forward and a step back. Sometimes events or stresses can trigger a relapse. But keeping a positive outlook is important and knowing that many people recover keeps us going.</p>
<p>Can't you just make him/her go to the hospital?</p>	<p>The use of hospitalization to treat anorexia nervosa varies from country to country. In the US, hospitalization for medical complications for adolescents with AN is a common intervention. Depending on individual state law, a parent may be able to admit their minor children for medical hospitalization against the minor's wishes. Laws governing psychiatric hospitalization of minors also varies from state to state, but in many, parents cannot require their minor children to stay in a psychiatric facility if a judge determines they are not a danger to themselves or others, or cannot care for themselves.</p>
<p>How long will he/she be in treatment?</p>	<p>Everyone's treatment process and progress is different. It could be months; it could be years.</p>
<p>Why are you going to family therapy?</p>	<p>We're hoping to better understand the problem, our role in the recovery process, how best to encourage and support our son/daughter, and how to help manage the symptoms.</p>
<p>How long will he/she be in recovery?</p>	<p>Don't put timetables on recovery. Every patient progresses at his/ her own speed. Be patient with therapy, finding the right medication, and the process of the entire treatment plan.</p>
<p>How much school is your child going to miss?</p>	<p>That isn't entirely clear right now, but based on the treatment team's recommendation for the near term, here is what we know:</p>
<p>Is your child on any medications that I should be aware of? What are the side effects I should be looking out for?</p>	<p>The school and coaches and anyone your child spends significant time with should be given this information in case of an adverse event. Be prepared with copies of a sheet that summarizes medication names, dosing regimen, and the prescribing physician's contact information.</p>
<p>What kind of support do you want the school to provide?</p>	<p>Have a specific list from the treatment team: Mealtime support; excuse from physical education or other activities as needed; communication expected from school and with whom.</p>
<p>Do you want us to help the child make-up work (flexible schedule) or should we leave him/her back a grade? Do you want us to provide a tutor?</p>	<p>Let's schedule a meeting with my child's therapist and the principal, key teachers, nurse, and school psychologist to create the education plan.</p>
<p>Why can't you stop this destructive behavior?</p>	<p>Recovery is ultimately up to the patient. The care team and all of us in the family are doing everything we can to give her/him the care and support needed for recovery. But no one can force or speed up treatment and recovery.</p>