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Questions to Ask Prescribers & Providers

A Conversation Guide for People in Eating Disorder Recovery and Their Families

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Hello & Welcome

A letter of support and encouragement to guide you through your recovery journey

Dear Reader,

I'm Emily (she/her/hers), the Fundraising and Development Intern here at ANAD, and I want to thank you for opening this guide and giving yourself a moment of care. Starting or continuing treatment for an eating disorder can feel confusing, overwhelming, or even intimidating, especially when you're faced with new information, unfamiliar medical terms, and decisions that impact your health. You deserve a resource that helps you feel grounded, informed, and supported as you move through all of that.

My hope is that this guide becomes a companion to you; a place where your questions are welcome, where your voice is valued, and where you can return whenever you need clarity or reassurance. In my own recovery, I learned how much strength it takes to ask a question, express uncertainty, or say, "I need more support than this." Those moments didn't always feel brave at the time, but looking back, they were turning points. They helped me understand that advocacy isn't about having perfect confidence; it's about honoring your needs, even quietly, and trusting that you are worthy of care that fits you.

If you are reading this, you are already doing something meaningful for yourself or for someone you love. This guide was created to help you feel less alone in the process, to give you language for tough conversations, to support you when appointments feel overwhelming, and to remind you that recovery is not something you have to navigate without guidance.

Wherever you are in your journey today, I'm glad you're here. I hope this guide brings you steadiness, clarity, and a sense of partnership as you take the next steps. And please remember: ANAD is here with community, encouragement, and compassion whenever you need it.

With warmth and solidarity,
Emily
ANAD's *Fundraising & Development Intern*

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General Communication & Collaboration

Open, respectful communication is key to feeling supported and safe in treatment. You deserve a provider who listens, explains clearly, and includes you in decisions.

Getting to Know Your Provider

- What is your experience working with patients who have eating disorders or disordered eating?
- How do you approach care for someone in recovery? What's your philosophy or treatment style?
- How do you collaborate with the rest of my care team (therapist, dietitian, pediatrician, etc.)?
- How can I best reach you between appointments if questions or side effects come up?
- What should I do if I disagree with part of the treatment plan or feel uncomfortable with a recommendation?
- Do you use trauma-informed or weight-neutral care approaches?

Building Trust & Shared Decision-Making

- How involved can I (or my child) be in deciding when or how to use medication?
- How do you make sure my voice is heard during appointments?
- How will you help me understand medical information without judgment or pressure?
- How do you handle sensitive topics like weight, food, or body image in a respectful way?
- If we ever feel misunderstood or triggered, how can we bring that up safely?

Quick Tip: Building Safe Communication

Remember that you are the expert on your lived experience. Even the most experienced provider cannot fully understand what recovery feels like for you without your input. It's okay to pause an appointment to ask for clarity, request gentler language, or ask for written notes afterward. Recovery often involves learning to speak up even when it feels uncomfortable, and each time you do, you reinforce that you deserve respect and understanding in your care.

Building Confidence with Medications

Medication can be one helpful piece of recovery, not a cure, but a support tool. You have every right to understand why it's being recommended and what to expect.

Understanding Purpose & Process

- What specific symptoms or concerns is this medication supposed to help with?
- Is this medication commonly used in eating disorder treatment, or is it an off-label use?
- What results should we look for: improved mood, reduced anxiety, better sleep, fewer obsessive thoughts, etc.?
- How long will it take before we notice a difference?
- What is the starting dose, and how might it be increased?
- If we don't see improvement, how long do we try it before re-evaluating?
- Are there alternative medications or non-medication approaches that might also help?

Weighing Benefits & Risks

- What are the most common side effects, and how serious are they?
- Which side effects mean we should contact you right away?
- Will this medication affect appetite, weight, or metabolism, and if so, how do we handle that in recovery?
- Are there side effects that might feel similar to ED symptoms (e.g., nausea, fatigue, dizziness)?
- Could this medication make anxiety, restlessness, or mood worse at first?
- What should we do if the medication seems to interfere with eating or body image recovery?

Ongoing Monitoring

- How often will you check in about how it's working?
- How can we tell the difference between ED symptoms and medication side effects?
- Do you recommend journaling or tracking symptoms?
- Will lab work or EKGs be needed?
- Can we have regular medication reviews to reassess the plan?

Physical Health, Labs & Medical Safety

Recovery can affect the body in complex ways. Asking about safety and monitoring helps prevent complications and supports overall well-being.

Labs & Monitoring

- What labs or vital signs are important for me to have checked regularly?
- What changes in bloodwork (like electrolytes or hormones) should we watch for?
- How will you share results in a way that avoids triggering numbers or comments about weight?
- Is a "blind weight" (not seeing or hearing the number) possible if needed?

Medical Safety

- Is this medication safe if I'm not eating regularly or still restoring nutrition?
- Are there risks related to dehydration, purging, or overexercise?
- How will you monitor my heart health, blood pressure, or electrolyte balance?
- What symptoms (like fainting, irregular heartbeat, confusion) should we treat as urgent?
- How will you coordinate care if hospitalization or a higher level of support becomes necessary?

During Appointments

- Can I have someone accompany me to medical visits if I feel anxious?
- How will you explain lab or vital results in ways that don't focus on numbers or weight?
- Can you share written or visual summaries of lab results instead of verbal explanations?

Quick Tip: Protecting Your Physical Wellbeing

It's okay to need emotional safety in medical settings, to ask not to see weights, to request privacy, or to bring a support person. Your comfort and consent matter as much as your physical data. If medical environments have been distressing in the past, let your provider know what helps you feel safe. Recovery is about healing the whole self, and physical care that honors emotional boundaries is part of that healing.

Mental Health, Behavior, & Recovery Progress

Recovery is emotional work. Medications and therapy often interact, so it helps to clarify what to expect in both areas.

Managing Mental Health Changes

- How might this medication affect anxiety, depression, or obsessive thoughts?
- How can I tell if I'm improving emotionally, even if physical changes feel uncomfortable?
- Could this medication temporarily increase emotional intensity before it helps?
- How do I communicate emotional or behavioral changes early on?

Tracking Recovery Progress

- How will we define "progress" beyond weight or eating patterns?
- What are early signs that the medication is helping?
- How do we handle it if the medication improves mood but not ED thoughts (or vice versa)?
- How often should therapy and medication reviews happen together?

Connecting Medication & Therapy

- How can my therapist and prescriber coordinate around mood or behavior changes?
- What kinds of mental or emotional shifts might signal the medication is starting to help?
- How do we handle times when my emotional state feels "flat" or disconnected?
- How might this medication affect focus, school, work, or social energy?
- What can I do if I start withdrawing or losing motivation again?

Quick Tip: Redefining Progress

Progress isn't always linear. Some days will feel like breakthroughs, others like setbacks, and both are normal. You can be healing even if symptoms still appear sometimes. Ask your provider to help you identify markers of progress that have nothing to do with weight, like sleeping better, engaging more with loved ones, or having fewer obsessive thoughts. True progress is about reclaiming peace, not perfection.

Safety, Misuse & Boundaries: Developing a Plan

Safe, structured medication use is essential in recovery. This section offers guidance to prevent misuse and support your health.

Safe Use & Storage

- Can this medication be misused, hoarded, or abused?
- Should it be stored securely (e.g., in a locked cabinet)?
- What are the signs someone might be misusing or skipping doses?
- Who should handle or dispense medication if that's a concern?
- How do we safely taper or stop if needed?

Risk Awareness

- Are there withdrawal effects if the medication is stopped suddenly?
- What are the early warning signs of side effects that require urgent help?
- Who should we call after hours or on weekends if we're worried?
- When should we go directly to the ER or urgent care?

Accountability & Structure

- What are early signs of dependence or misuse I should watch for?
- How can my family or care team help me notice red flags without shaming?
- What's your plan if concerns about misuse arise?
- How do we decide who manages or dispenses the medication if that becomes necessary?
- Can we set up a weekly or monthly check-in to review usage and progress?

Quick Tip: Safety is Strength, Not Control

Setting medication boundaries is an act of self-respect, not weakness. Having someone else hold or organize your medication can remove pressure and help you focus on healing. If urges to skip, hoard, or misuse arise, that's not failure, it's a sign you need extra support. Talk about it early; recovery thrives in honesty. You are not alone in navigating safety and your care team is there to hold structure with you, not against you.

Integrating Medication into the Whole Recovery Plan

Medication works best when coordinated with therapy and your full care team. This section answers common questions about how these treatments work together.

Coordination of Care

- How do you stay in touch with my therapist, dietitian, or treatment team?
- Can we set up shared check-ins or updates between providers?
- How do we make sure all parts of treatment are working toward the same goals?

Emotional & Family Support

- How can we talk about medication and possible weight changes in a way that supports recovery?
- What should family members or loved ones know about how to support me?
- What are some ways to reduce fear, shame, or resistance around taking medication?
- What are realistic expectations, such as what this medication can help with, and what it can't?

Collaboration & Consistency

- What non-medication tools (skills, habits, or grounding practices) can help this medication work best?
- How can I manage side effects through lifestyle adjustments like hydration, sleep, or meals?
- What's the best way for my care team to communicate updates, like phone, email, or shared notes?
- Can we set shared recovery goals across therapy, nutrition, and medication plans?

Quick Tip: Healing Happens in Community

Recovery is not meant to happen in isolation. When your providers communicate openly with each other, and with your family or supports, it strengthens every part of your treatment. Encourage your team to share updates and align on goals that feel safe and achievable. Medication is just one piece of the larger recovery picture; therapy, nourishment, and connection bring the rest of it to life.

Empowerment and Advocacy: Centering Your Voice

This section highlights skills and strategies that strengthen your voice and support your autonomy in recovery. Your needs and experiences are valid and important.

Self-Advocacy During Appointments

- “I’d like to understand that in simpler terms, could you explain it another way?”
- “Could we slow down for a second? I want to make sure I understand that.”
- “Can you rephrase that without numbers or weight terms?”
- “I’m feeling overwhelmed by this topic, can we pause for a moment?”
- “Can we come back to this decision after I’ve had time to think about it?”
- “Could you show me my options visually or write them down for me?”
- “What would you recommend if I’m not comfortable with that plan right now?”
- “Can we set small steps toward this goal instead of one big change?”
- “How can I let you know in future visits if I feel triggered?”
- “I’m feeling anxious about [side effect/weight change/food]. How can we plan for that?”
- “Could we focus on non-weight markers of progress in my appointments?”
- “Can we involve my therapist/dietitian in this decision?”

Preparing for Appointments

- “What’s one thing I need to clarify or revisit from our last session?”
- “Which symptoms or side effects have changed most this week?”
- “How am I feeling physically and emotionally since the last appointment?”
- “Is there anything I’ve been avoiding bringing up?”
- “What’s one win, even a small one, that I want to share?”
- “What questions did I Google or wonder about but haven’t asked yet?”
- “Who can come with me or support me during this appointment if I need backup?”

Clarifying & Understanding Information

- “Could you explain that again in simpler terms?”
- “What are the short-term and long-term goals of this plan?”
- “If I start feeling side effects, how soon should I reach out?”
- “Can you tell me what’s typical versus what’s concerning?”
- “Would you mind summarizing what we decided today before I go?”
- “Can I have a copy of the visit summary to review later?”
- “Are there handouts or resources you recommend so I can read more?”

Empowerment and Advocacy: Centering Your Voice

This section highlights skills and strategies that strengthen your voice and support your autonomy in recovery. Your needs and experiences are valid and important.

Advocating for Collaboration

- "Could my therapist and dietitian get a summary of this visit?"
- "Can I sign a release so all providers can communicate?"
- "Can you explain how medication fits with my therapy goals?"
- "How do you want me to share feedback from my other team members?"
- "What's the best way for my family to ask you questions if I consent?"
- "Can we have a short check-in meeting with the full team to align goals?"

When You Disagree or Feel Unheard

- "I'm feeling uneasy about this plan, can we explore other options?"
- "That recommendation feels hard for me right now. Is there a smaller step I could try first?"
- "I understand your reasoning, but can I share what that feels like from my side?"
- "Could you tell me more about why this medication or approach is being suggested?"
- "I'd like to understand what would happen if we waited before making this change."
- "Can we revisit this next week after I talk it through with my therapist?"

Requesting Adjustments or Second Opinions

- "If I'm not improving, when would we consider other treatment options?"
- "What would it look like to get a second opinion, and can you recommend someone?"
- "Can we bring another specialist onto my care team for a fresh perspective?"
- "If I transfer or move, how can we make sure continuity of care stays strong?"

Quick Tip: Your Voice is Your Power

Every time you ask a question, clarify something, or express a boundary, you are practicing self-advocacy, one of the strongest recovery tools there is. Advocacy doesn't have to sound assertive or perfect; it can be gentle, curious, or even nervous. What matters most is showing up for yourself. Over time, your confidence grows, and so does your ability to create care that truly honors your needs and values.

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Appendix

Additional Resources for People in Eating Disorder Recovery and Their Families

Clinical Glossary: Table of Contents

This glossary translates complex medical, nutritional, and recovery-related terms into clear, compassionate language. Use it as a reference to better understand your body, care, and journey through recovery.

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Section 1: Body Systems & Medical Terminology

Eating disorders affect many body systems. These terms explain medical and physiological concepts to help you understand your health.

Gastrointestinal & Digestive System

- **Esophagus** – The tube that carries food from your mouth to your stomach; can become irritated from vomiting or acid.
- **Stomach Acid** – The acid that breaks down food; can change with restriction or purging.
- **Gastric Emptying** – The speed at which food leaves the stomach; often slows with malnutrition.
- **Gastroparesis** – Delayed stomach emptying that causes fullness, nausea, or bloating.
- **Digestive Enzymes** – Proteins that help break down food into nutrients your body can absorb.
- **Intestinal Motility** – The movement of food through the intestines; often slows during restriction.
- **Constipation** – Difficulty passing stool, common in dehydration or slowed digestion.
- **Bloating** – Swelling or fullness in the belly, often caused by slowed digestion or refeeding.
- **IBS (Irritable Bowel Syndrome)** – A functional gut condition causing bloating, cramping, or irregular bowel habits.
- **Peristalsis** – The wave-like muscle movements that push food through the gut.
- **Gastrocolic Reflex** – A normal signal that the body needs to have a bowel movement after eating.
- **Gut–Brain Axis** – The communication system between the digestive system and brain, affecting hunger and emotions.
- **Microbiome** – The helpful bacteria in your gut that support digestion and overall health.
- **Gastritis** – Inflammation of the stomach lining, sometimes caused by vomiting or stress.
- **Reflux / GERD** – Stomach acid flowing upward, causing burning or discomfort.
- **Hiatal Hernia** – When part of the stomach pushes upward into the chest, often worsening reflux.
- **Malabsorption** – When the body has difficulty absorbing nutrients due to gut damage or inadequate intake.
- **Electrolytes** – Minerals like sodium and potassium that help the gut muscles function.
- **Lactose Intolerance** – Trouble digesting the sugar in dairy, causing bloating or gas.
- **Food Intolerance** – Difficulty digesting certain foods that doesn't involve the immune system.
- **Food Allergy** – An immune reaction to certain foods that can cause hives, swelling, or trouble breathing.
- **Bile** – A substance from the liver that helps break down fats.
- **Gallbladder** – Stores bile; can form stones when the body isn't receiving enough food.

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Gastrointestinal & Digestive System

- **Pancreas** – Helps digest food and regulate blood sugar.
- **Pancreatitis** – Painful inflammation of the pancreas, sometimes linked to purging.
- **Abdominal Distention** – Visible swelling of the stomach area.
- **Early Satiety** – Feeling full quickly due to slowed digestion.
- **Nausea** – A feeling of sickness that can come from slowed gut motility.
- **Vomiting** – Forceful emptying of the stomach; harmful when used as a compensatory behavior.
- **Erosion (Dental/GI)** – Wearing away of tissue from stomach acid.
- **Diarrhea** – Loose stools, sometimes from laxative misuse or rapid refeeding.
- **Laxative Dependence** – When the bowel becomes reliant on laxatives to function.
- **Rectal Prolapse** – When rectal tissue protrudes due to chronic straining or purging.
- **Hemorrhoids** – Swollen veins near the rectum from straining or diarrhea.
- **Colon Transit Time** – How long it takes food to move through the large intestine.
- **Fecal Impaction** – Hardened stool stuck in the bowels due to long-term constipation.
- **Intestinal Perforation** – A tear in the intestine, often a medical emergency.
- **SIBO (Small Intestinal Bacterial Overgrowth)** – Too much bacteria in the small intestine, causing gas and bloating.
- **Electrolyte Imbalance** – Disruptions caused by vomiting, laxatives, or dehydration.
- **Hunger Hormones in Gut** – Signals like ghrelin that regulate appetite.
- **Fullness Signals** – Internal cues that tell the body it has eaten enough.
- **Gut Edema** – Temporary swelling during early refeeding.
- **Motility Disorder** – When the digestive tract struggles to move food normally.
- **Fecal Urgency** – Sudden strong need to use the bathroom, sometimes from increased eating after restriction.
- **Stool Frequency** – How often bowel movements occur; varies widely in recovery.
- **Anal Fissure** – Small tears from passing hard stool.
- **Cholecystitis** – Gallbladder inflammation that can occur with rapid weight changes.
- **Gastric Rupture** – A rare emergency where the stomach tears from extreme bingeing.
- **Dysphagia** – Difficulty swallowing, sometimes from anxiety or muscle tension.

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Reproductive & Endocrine Health

- **Hormones** – Chemical messengers that regulate mood, hunger, metabolism, and reproductive health.
- **Estrogen** – A reproductive hormone that often drops during restriction.
- **Progesterone** – A hormone involved in menstrual cycles and mood regulation.
- **Amenorrhea** – Loss of menstrual periods due to low energy availability.
- **Oligomenorrhea** – Irregular menstrual cycles, often linked to undernutrition.
- **Fertility** – Ability to become pregnant; often suppressed during malnutrition but can return with healing.
- **FSH (Follicle-Stimulating Hormone)** – Helps control menstrual cycles.
- **LH (Luteinizing Hormone)** – Triggers ovulation and regulates cycles.
- **PCOS (Polycystic Ovary Syndrome)** – A hormonal condition sometimes misdiagnosed in people with eating disorders.
- **Thyroid** – Controls metabolism; slows during chronic restriction.
- **TSH** – Measures thyroid activity.
- **T3/T4** – Thyroid hormones that drop during under-eating to conserve energy.
- **Cortisol** – The stress hormone, often elevated in malnutrition.
- **Growth Hormone** – Helps with tissue repair; can be dysregulated when energy intake is low.
- **Insulin** – Regulates blood sugar; affected by bingeing, purging, or restriction.
- **Leptin** – Signals fullness; drops during weight suppression.
- **Ghrelin** – The hunger hormone; rises with restriction.
- **HPA Axis** – The stress-response system involving hormones and glands.
- **Metabolic Suppression** – The body's slowed metabolism during starvation.
- **Bone Hormones** – Signals like estrogen and PTH that regulate bone health.
- **Testosterone** – Important for sex drive, mood, muscle strength; can drop with malnutrition.
- **Energy Availability** – Calories left over for daily functioning after exercise.
- **Hypothalamus** – Brain area regulating hormones and hunger cues.
- **Pituitary Gland** – Controls hormone production throughout the body.
- **Adrenal Glands** – Produce stress hormones; can become overactive in EDs.
- **DHEA** – Hormone involved in stress response and mood.
- **Sex Hormone Binding Globulin** – Affects available testosterone and estrogen.
- **Menstrual Cycle Suppression** – When the body pauses menstruation due to low energy.
- **Ovulation** – Release of an egg; often absent in malnutrition.
- **Prolactin** – A hormone related to mood and reproductive function.
- **Androgens** – Hormones involved in libido and metabolism.

Section 1: Body Systems & Medical Terminology

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Reproductive & Endocrine Health

- **Night Sweats –** Can occur during hormonal shifts in refeeding.
- **Hot Flashes** – Sometimes caused by hormonal instability in recovery.
- **Endometrial Lining** – Tissue shed during periods; may thin during amenorrhea.
- **Hypogonadism** – Low reproductive hormone levels.
- **Hirsutism** – Excess hair growth from hormonal imbalance.
- **Vaginal Dryness** – Common when estrogen is low.
- **Low Libido** – Reduced interest in sex due to undernutrition or hormones.
- **Galactorrhea** – Unexpected milk production from hormone imbalance.
- **Infertility (Temporary)** – Short-term difficulty conceiving due to malnutrition.
- **Long-term Fertility Recovery** – Hormone restoration after nutritional rehabilitation.
- **Bone-Protective Hormones** – Hormones needed to support bone density.
- **Hunger Hormone Reset** – Normalization of appetite signals in recovery.
- **Refeeding Hormonal Shift** – Temporary hormonal changes as the body stabilizes.
- **Metabolic Rebound** – Increase in hunger and energy needs during recovery.
- **Nighttime Hunger** – Normal during endocrine healing.
- **Temperature Regulation** – Affected by hormonal suppression in under-eating.

Cardiovascular System

- **Heart Rate** – The number of times your heart beats per minute; often slows during restriction as the body conserves energy.
- **Bradycardia** – A heart rate that is too slow, common in malnutrition and over-exercise.
- **Tachycardia** – A heart rate that is too fast, sometimes from dehydration or anxiety.
- **Blood Pressure** – The force of blood moving through your vessels; often low with under-eating.
- **Orthostatic Hypotension** – Blood pressure dropping when standing, causing dizziness or fainting.
- **Palpitations** – Sensations of a fast or irregular heartbeat, often from electrolyte shifts.
- **Arrhythmia** – An abnormal heart rhythm that can become dangerous if minerals like potassium are low.
- **Electrolytes** – Minerals that help the heart beat properly, including potassium, sodium, and magnesium.
- **Potassium (K+)** – Crucial for heart rhythm; can drop sharply after vomiting or laxative use.
- **Sodium (Na+)** – Helps regulate fluid balance and heart function; low intake or purging can disrupt it.

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Cardiovascular System

- **Magnesium (Mg)** – Supports heart rhythm and muscles; levels may fall with restriction.
- **Edema** – Swelling due to fluid shifts during refeeding or low protein intake.
- **Refeeding Edema** – Temporary swelling as the heart readjusts to normal nutrition.
- **Cardiac Atrophy** – Shrinking of the heart muscle from long-term malnutrition.
- **Cardiac Output** – How much blood the heart pumps; often reduced in severe undernutrition.
- **Pericardial Effusion** – Fluid accumulating around the heart due to protein deficiency.
- **QT Interval** – A heart rhythm measurement that can become prolonged from malnutrition or meds.
- **Long QT Syndrome** – A dangerous rhythm change that increases risk of sudden cardiac issues.
- **Mitral Valve Prolapse** – A valve issue more common in people with low weight.
- **Chest Pain** – Can occur from muscle weakness, reflux, or anxiety—not always from heart disease.
- **Dysautonomia** – When the nervous system struggles to regulate heart rate and blood pressure.
- **Cold Extremities** – Cold hands and feet from reduced circulation during restriction.
- **Poor Circulation** – Blood flow slowing as the body prioritizes vital organs.
- **Peripheral Cyanosis** – A bluish color in fingers or toes from low oxygen or poor blood flow.
- **Hypothermia** – Low body temperature due to slowed metabolism and low body fat.
- **Vasoconstriction** – Blood vessels tightening to conserve heat and energy.
- **Syncope (Fainting)** – Brief loss of consciousness from low blood pressure or dehydration.
- **Heart Murmur** – A sound caused by blood flow changes; often harmless.
- **Stroke Volume** – The amount of blood pumped per heartbeat; can decrease in malnutrition.
- **Anemia** – Low red blood cells, reducing oxygen flow to the heart.
- **Hypovolemia** – Low blood volume from dehydration or inadequate intake.
- **Cardiac Stress Test** – Measures heart function under exertion; not typically used during malnutrition.
- **BNP (Brain Natriuretic Peptide)** – A hormone linked to heart strain; may rise with fluid retention.
- **Fluid Shifts** – Changes in hydration levels affecting heart rhythm.
- **Refeeding Syndrome (Cardiac)** – Heart stress caused by low phosphorus when nutrition increases quickly.

Section 1: Body Systems & Medical Terminology

Eating disorders affect many body systems. These terms explain medical and physiological concepts to help you understand your health.

Cardiovascular System

- **Phosphorus** – Mineral needed for heart energy; can drop dangerously during early refeeding.
- **Thiamine (Vitamin B1)** – Needed for heart function; deficiency can cause heart failure symptoms.
- **Cardiomyopathy** – Weakening of the heart muscle from chronic malnutrition.
- **Sudden Cardiac Arrest** – A rare but serious risk when electrolytes are severely imbalanced.

Renal & Urinary System

- **Kidneys** – Organs that filter waste, balance electrolytes, and help regulate blood pressure.
- **Dehydration** – Not having enough fluids, common with restriction or purging.
- **Acute Kidney Injury** – Sudden kidney stress often caused by dehydration or low potassium.
- **Chronic Kidney Stress** – Repeated strain on kidneys from long-term purging or under-fueling.
- **Electrolyte Handling** – The kidney's role in balancing sodium, potassium, and other minerals.
- **Sodium Loss** – Can occur from vomiting, sweating, or overhydration.
- **Potassium Loss** – A dangerous imbalance linked to vomiting or laxative misuse.
- **Overhydration** – Drinking excessive water to suppress hunger, which can dilute electrolytes.
- **Hyponatremia** – Low sodium levels that can cause confusion, seizures, or fatigue.
- **Urinalysis** – A urine test that shows hydration status, kidney health, and nutrient balance.
- **Specific Gravity** – Measures urine concentration; very low can signal overhydration.
- **Ketones** – Substances produced when the body burns fat for energy due to insufficient nutrition.
- **Proteinuria** – Protein in urine, sometimes from kidney strain or dehydration.
- **Renal Tubules** – Structures that reabsorb nutrients and electrolytes.
- **Renal Failure (Severe)** – When the kidneys cannot perform basic functions; rare but serious.
- **Bladder Irritation** – Sensitivity that can worsen with low fluid or excessive caffeine.
- **Urinary Frequency** – Needing to urinate often, sometimes linked to high water intake.
- **Urinary Retention** – Difficulty fully emptying the bladder due to muscle weakness or anxiety.
- **Kidney Stones** – Hard mineral deposits sometimes associated with dehydration or restrictive diets.
- **Calcium Oxalate** – The most common type of kidney stone.

Section 1: Body Systems & Medical Terminology

Eating disorders affect many body systems. These terms explain medical and physiological concepts to help you understand your health.

Renal & Urinary System

- **UTI (Urinary Tract Infection)** – Infection of the bladder or urinary system; not caused by diet.
- **Pyelonephritis** – Kidney infection requiring urgent care.
- **Creatinine** – A lab that reflects kidney function but may look inaccurate in low muscle mass.
- **BUN (Blood Urea Nitrogen)** – Increases when hydration is low or protein intake is chronically low.
- **Dialysis** – A treatment for severe kidney failure; not related to ED recovery except in rare cases.
- **Glomerulus** – Kidney filtering units that can become stressed with dehydration.
- **Electrolyte Dilution** – When drinking too much water reduces mineral levels in the blood.
- **Water Loading** – Drinking excessive fluid to influence weight or hunger signals.
- **Dark Urine** – A sign of dehydration.
- **Clear Urine** – May indicate overhydration if consistently clear.
- **Hypernatremia** – High sodium levels from dehydration.
- **Renal Blood Flow** – Reduced during malnutrition as the body conserves energy.
- **Cystitis** – Bladder inflammation from irritation, stress, or infection.
- **Fluid Retention** – The body holding onto water during refeeding or hormonal shifts.
- **Phosphate Loss** – A refeeding risk that can affect kidney functioning.
- **Magnesium Loss** – Can occur with diarrhea or laxatives and impacts kidney function.

Musculoskeletal & Bone Health

- **Bone Density** – The strength of bones; can decrease with chronic undernutrition.
- **Osteopenia** – Lower-than-normal bone density.
- **Osteoporosis** – Significant bone loss that increases fracture risk.
- **Stress Fracture** – Small bone cracks from overexercise or weakened bones.
- **Bone Remodeling** – The natural building and breakdown of bone tissue.
- **Calcium** – A mineral essential for bones; may be pulled from bones during restriction.
- **Vitamin D** – Helps the body absorb calcium; often low in ED recovery.
- **Estrogen Deficiency** – A major cause of bone loss in people with restrictive eating patterns.
- **Bone Pain** – A dull ache linked to weakened bone structure.
- **Muscle Atrophy** – Loss of muscle mass from under-eating or over-exercising.
- **Muscle Cramps** – Often caused by low electrolytes like potassium or magnesium.
- **Joint Pain** – Pain from low lubrication, inflammation, or muscle weakness.

Section 1: Body Systems & Medical Terminology

Eating disorders affect many body systems. These terms explain medical and physiological concepts to help you understand your health.

Musculoskeletal & Bone Health

- **Ligament Laxity** – Increased flexibility caused by malnutrition weakening connective tissues.
- **Tendon Weakness** – Reduced tendon strength from low protein intake.
- **Cartilage Wear** – Breakdown that can worsen with intense exercise and malnutrition.
- **Hypermobile Joints** – Joints that move farther than normal, sometimes linked to low strength.
- **Bone Marrow Suppression** – Reduced blood cell production due to undernutrition.
- **Low IGF-1** – A growth factor important for bone health that decreases with low energy intake.
- **Muscle Fatigue** – Reduced stamina due to low energy stores.
- **Exercise Intolerance** – When the body can't sustain physical effort due to insufficient nutrition.
- **Compulsive Exercise Injury** – Injuries from exercising without adequate fuel or rest.
- **Delayed Healing** – The body taking longer to repair muscle or bone due to low nutrients.
- **Sarcopenia** – Significant muscle loss from chronic underfueling.
- **Bone Growth Stunting** – Delayed growth in adolescents with restrictive EDs.
- **Postural Instability** – Poor balance from weakened muscles.
- **Weak Grip Strength** – A measurable sign of reduced muscle mass.
- **Rhabdomyolysis** – Muscle breakdown from extreme exercise or malnutrition; a medical emergency.
- **Back Pain** – Can come from weak core muscles or vertebral bone loss.
- **Leg Cramps** – Often tied to low potassium, sodium, or magnesium.
- **Muscle Twitching** – Spasms from low electrolytes.
- **Decreased Lean Mass** – A natural effect of chronic energy depletion.
- **Protein Deficiency** – Lower intake of the building blocks for muscle and bone.
- **Growth Plate Vulnerability** – Increased injury risk in adolescents due to undernutrition.
- **Bone Stress Reaction** – Early signs of bone injury before a stress fracture forms.

Dermatologic & Skin, Hair, Nails

- **Lanugo** – Soft, fine hair the body grows for warmth during starvation.
- **Dry Skin** – Caused by dehydration and low fat intake.
- **Hair Thinning** – Common in malnutrition due to lack of protein and iron.
- **Hair Shedding** – Temporary increased hair loss as the body prioritizes vital organs.
- **Brittle Nails** – Nails that break easily from nutrient deficiency.

Section 1: Body Systems & Medical Terminology

Eating disorders affect many body systems. These terms explain medical and physiological concepts to help you understand your health.

Dermatologic & Skin, Hair, Nails

- **Skin Cracking** – Cracks around fingers or lips from dryness.
- **Acrocyanosis** – Blue or purple discoloration of hands/feet from low circulation.
- **Yellow Skin (Carotenemia)** – A harmless tint from eating many orange veggies with low fat intake.
- **Acne** – Can worsen with stress or hormonal shifts during refeeding.
- **Eczema** – Skin inflammation that can flare during stress or dryness.
- **Slow Wound Healing** – Injuries healing slowly due to low protein.
- **Keratosis Pilaris** – Rough bumps on arms or legs; not ED-specific.
- **Chapped Lips** – From dehydration or low essential fatty acids.
- **Skin Picking (Dermatillomania)** – A compulsive behavior sometimes worsened by anxiety or perfectionism.
- **Calluses on Hands** – Marks from inducing vomiting, often called "Russell's sign."
- **Purging-Related Skin Damage** – Irritation around the mouth or knuckles from stomach acid.
- **Bruising Easily** – Low vitamins or protein can weaken blood vessels.
- **Edema Swelling** – Fluid retention during refeeding, sometimes seen in the face or legs.
- **Temperature Sensitivity** – Difficulty staying warm due to low body fat.
- **Seborrheic Dermatitis** – Scaly patches on the scalp or face from stress or nutrient changes.
- **Hair Breakage** – Weak hair structure from malnutrition.
- **Nail Ridging** – Lines on the nails indicating past stress on the body.
- **Stretch Marks** – Normal lines from body changes; not ED-specific.
- **Fungal Infections** – Can occur more easily when immunity is low.
- **Skin Pallor** – A pale look due to low iron or blood flow.
- **Hyperpigmentation** – Darker patches sometimes caused by hormonal shifts.
- **Slow Hair Growth** – Reduced hair growth when the body is conserving energy.
- **Cuticle Damage** – Fragile cuticles from repeated picking or dryness.
- **Skin Elasticity Loss** – Reduced firmness from dehydration.
- **Hives** – Raised bumps from allergies or stress.
- **Bacterial Skin Infections** – More common if immunity is low.
- **Cold Hands/Feet** – Reduced blood flow during restriction.
- **Facial Puffiness** – Fluid retention during early refeeding.

Section 1: Body Systems & Medical Terminology

Eating disorders affect many body systems. These terms explain medical and physiological concepts to help you understand your health.

Neurological & Nervous System

- **Brain Fog** – Difficulty concentrating or thinking clearly due to low energy intake.
- **Dizziness** – A common sign of low blood pressure or dehydration.
- **Fainting** – Temporary loss of consciousness from low blood flow to the brain.
- **Headaches** – Often from dehydration, tension, or skipped meals.
- **Peripheral Neuropathy** – Tingling or numbness in hands/feet from vitamin deficiencies.
- **Paresthesia** – Pins-and-needles sensations from poor circulation or electrolyte imbalance.
- **Cognitive Slowing** – Thinking or processing information more slowly due to malnutrition.
- **Irritability** – Mood changes tied to low blood sugar or hunger hormones.
- **Mood Instability** – Fluctuating emotions from endocrine shifts.
- **Anxiety** – Heightened worry that worsens with malnutrition.
- **Depression** – Low mood commonly linked to inadequate nutrients for brain function.
- **Insomnia** – Trouble sleeping from hunger or hormonal imbalance.
- **Hypoglycemia Episodes** – Low blood sugar causing weakness or shaking.
- **Memory Problems** – Reduced recall from chronic underfueling.
- **Attention Difficulties** – Hard time focusing without adequate energy.
- **Obsessive Thoughts** – Rigid, looping thoughts heightened by starvation.
- **Compulsivity** – Urges to perform certain behaviors from anxiety and malnutrition.
- **Seizures (Rare)** – Can occur if sodium or glucose levels drop severely.
- **Neurotransmitters** – Brain chemicals that regulate mood and hunger.
- **Serotonin** – A mood-regulating chemical affected by nutrient intake.
- **Dopamine** – Involved in reward and motivation, dysregulated in EDs.
- **Norepinephrine** – A stress-related chemical that rises during malnutrition.
- **Cortisol Impacts** – Elevated stress hormone that affects the brain during restriction.
- **Vagal Nerve Response** – Signals between the gut and brain that regulate digestion.
- **Nerve Conduction** – Slowed in severe malnutrition.
- **Brain Volume Changes** – Reversible shrinkage from chronic under-eating.
- **Attention Narrowing** – Hyper-focus on food or body when the brain is starved.
- **Emotional Blunting** – Feeling “flat” or numb due to low neurotransmitters.
- **Increased Sensitivity to Stress** – Low fuel makes the nervous system overreactive.
- **Temperature Regulation Changes** – Nervous-system-driven chills during restriction.

Metabolic & Endocrine

- **Basal Metabolic Rate (BMR)** – The energy your body needs at rest; drops during restriction.
- **Metabolic Suppression** – The body slowing down energy use during low intake.

Section 1: Body Systems & Medical Terminology

Eating disorders affect many body systems. These terms explain medical and physiological concepts to help you understand your health.

Metabolic & Endocrine

- **Metabolic Recovery** – Increased energy needs in early refeeding.
- **Hunger Hormone Rebound** – Appetite signals increasing with stable eating.
- **Leptin Deficiency** – Lower fullness signals due to weight suppression.
- **Ghrelin Spikes** – Strong hunger signals during early recovery.
- **Thermic Effect of Food** – Energy the body uses to digest food; normalized with regular eating.
- **Blood Glucose** – Your sugar level; often unstable during inconsistent meals.
- **Insulin Sensitivity** – How well the body uses insulin; can be low with irregular eating.
- **Insulin Resistance** – Temporary difficulty processing sugar during refeeding.
- **Reactive Hypoglycemia** – Low blood sugar after meals during early recovery.
- **Cholesterol Changes** – Often elevated in restriction because the body produces more.
- **LDL/HDL** – "Bad" and "good" cholesterol affected by nutritional status.
- **Triglycerides** – Fat in the bloodstream; increase during refeeding.
- **Thyroid Suppression** – Reduced thyroid hormone levels as a starvation response.
- **Subclinical Hypothyroid Pattern** – Low T3 with normal TSH in malnutrition.
- **Adrenal Stress Response** – Elevated cortisol in long-term restriction.
- **Fluid Shifts** – Normal refeeding-related changes.
- **Thermoregulation** – The body's ability to manage temperature, altered with low energy.
- **Night Hunger Surges** – Normal metabolic healing signals.
- **Hypermetabolism** – A stage of recovery when the body needs significantly more calories.
- **Energy Deficit** – The gap between calories consumed and needed.
- **Refeeding Hyperglycemia** – High blood sugar early in nutritional rehabilitation.
- **Refeeding Hypophosphatemia** – Low phosphorus during refeeding, a major risk factor.
- **PCOS-like Patterns** – Temporary hormonal imbalances that look similar to PCOS.
- **Cortisol Awakening Response** – Morning spike heightened by malnutrition.
- **Hypothermia (Metabolic)** – Low internal temperature from slow metabolism.
- **Night Sweats (Endocrine)** – Hormonal fluctuations during refeeding.
- **Menstrual Cycle Return** – A sign of improved metabolic and hormonal health.
- **Weight Suppression Effects** – Health impacts of being below your genetically expected weight.
- **Set Point Theory** – The body's natural weight range it tries to maintain.

Section 1: Body Systems & Medical Terminology

Eating disorders affect many body systems. These terms explain medical and physiological concepts to help you understand your health.

Refeeding & Metabolic Complications

- **Refeeding Syndrome** – A dangerous drop in phosphorus and electrolytes when nutrition increases too fast.
- **Hypophosphatemia** – Low phosphorus, which can affect the heart and breathing.
- **Refeeding Edema** – Normal swelling as the body rebalances fluid and electrolytes.
- **Refeeding Hyperglycemia** – Temporary high blood sugar after meals.
- **GI Slowing** – Digestive discomfort that improves with consistent eating.
- **Early Fullness** – Common at the start of recovery due to slowed digestion.
- **Abdominal Bloating** – A normal sign of gut healing.
- **Water Retention** – Temporary fluid gain in recovery.
- **Rapid Hunger Return** – Strong hunger cues after long-term restriction.
- **Extreme Hunger** – A powerful drive to eat that helps restore the body's energy deficits.
- **Electrolyte Imbalance** – Shifts in minerals during refeeding.
- **Nighttime Hunger** – Normal during metabolic repair.
- **Lethargy** – Fatigue from the metabolic work of healing.
- **GI Gas Changes** – Increased gas as the microbiome rebuilds.
- **Constipation Correction** – Bowel movements normalizing over time.
- **Sweating Changes** – Hormonal shifts during refeeding.
- **Temperature Fluctuation** – Feeling hot or cold during metabolic adjustment.
- **Edema Pain** – Mild discomfort from swelling that improves over time.
- **Stool Pattern Changes** – Irregularity that stabilizes with time.
- **Rebound Metabolism** – The body increasing metabolic rate as safety returns.
- **Hormonal Reawakening** – Menstrual or hunger hormones returning as nutrition is restored.
- **Weight Redistribution** – Normal changes in where the body holds weight during recovery.
- **Gastrocolic Reflex Return** – The body's natural response to eating starting to work again.
- **Reflex Hunger Cues** – Body-generated signals pushing you to eat regularly.
- **Tiredness After Meals** – A sign of your body working to digest food again.
- **Night Sweats** – Temporary endocrine shifts as the body heals.
- **Food Fear Reactions** – Anxiety-based nervous system responses during refeeding.
- **Appetite Regulation Reset** – Hunger/fullness cues becoming reliable again.
- **Salt Cravings** – A signal of electrolyte replenishment needs.
- **Sugar Cravings** – The brain asking for fast energy after deprivation.
- **Hypermetabolic Phase** – A period where the body burns more energy than usual during healing.

Section 1: Body Systems & Medical Terminology

Eating disorders affect many body systems. These terms explain medical and physiological concepts to help you understand your health.

Immune System & Infection Risk

- **Immune Suppression** – Reduced immune function from malnutrition.
- **Frequent Colds** – A common effect of weakened immunity.
- **Delayed Healing** – Cuts or bruises taking longer to recover.
- **White Blood Cells (WBCs)** – Immune cells often reduced in chronic restriction.
- **Neutropenia** – Low neutrophils, increasing infection risk.
- **Lymphocytes** – Immune cells that can drop with stress or malnutrition.
- **Anemia-Related Fatigue** – Tiredness from low red blood cells.
- **Protein Malnutrition** – Lack of protein weakening immune processes.
- **Inflammation Shifts** – Irregular immune activity during recovery phases.
- **Skin Infections** – More likely when immunity is low.
- **Fungal Infections** – Thrive in weakened immune states.
- **Oral Thrush** – A fungal infection sometimes caused by frequent vomiting.
- **Gum Inflammation** – Linked to nutrient deficiencies.
- **Iron Deficiency** – Impacts immune response.
- **Zinc Deficiency** – Affects wound healing and immunity.
- **Vitamin C Deficiency** – Slows healing and increases bruising.
- **Stress-Induced Immunity Changes** – Anxiety and chronic stress altering immune patterns.
- **Autoimmune Flares** – Stress or malnutrition occasionally worsening symptoms.
- **Chronic Fatigue** – Metabolic and immune interplay causing low energy.
- **Night Sweats** – Immune and hormonal changes during recovery.
- **Fever Response** – May be blunted in severe malnutrition.
- **Infection Risk** – Increased vulnerability when the body is under-fueled.
- **Gut Microbiome Decline** – Reduced diversity from under-eating affecting immunity.
- **Refeeding Immune Activation** – Immune system “waking up” again during nourishment.
- **Sore Throat from Purging** – Irritation rather than infection.
- **Low Immunoglobulins** – Reduced antibodies in severe malnutrition.
- **Canker Sores** – Often tied to stress or nutrient changes.
- **Chilliness** – Low energy availability affecting temperature regulation.
- **Compromised Barrier Skin Function** – Dry or cracked skin letting in bacteria more easily.
- **Inflammatory Rebound** – Temporary swelling or immune responses during healing.

Section 2: Nutrition & Food-Related Terminology

Nutrition is a cornerstone of recovery. This section explains foods, nutrients, and eating behaviors in simple, compassionate language.

Macronutrients

- **Carbohydrates** – The body's primary and most efficient energy source. Carbs fuel your brain, muscles, and organs, and your body depends on them throughout the day—especially in recovery.
- **Simple Carbohydrates** – Easily digested sugars that give the body quick energy. They aren't "bad"; they simply work fast and can be grounding when your energy dips.
- **Complex Carbohydrates** – Carbs with fiber and starch that digest more slowly, giving steady energy and helping with fullness and stable blood sugar.
- **Proteins** – Nutrients that repair tissues, rebuild muscle, support immunity, and form hormones. Adequate protein is essential during healing.
- **Amino Acids** – The building blocks of protein used to build muscles, enzymes, and neurotransmitters. Some must come from food.
- **Fats** – Essential nutrients needed for brain health, hormones, warmth, and vitamin absorption. Fats help meals feel satisfying and steady digestion.
- **Saturated Fats** – Naturally occurring fats in many foods. Not harmful in balanced amounts and important for hormone production.
- **Unsaturated Fats** – Fats from plants and fish that support heart health, brain function, and mood regulation.
- **Omega-3 Fatty Acids** – Anti-inflammatory fats found in foods like fish, walnuts, and chia seeds. They support mood, cognition, and nerve health.
- Cholesterol – A fat-like substance needed for hormones, cell membranes, and vitamin D. Your body produces it naturally; dietary cholesterol is not dangerous on its own.

Micronutrients

- **Micronutrients** – Vitamins and minerals the body needs in smaller amounts. They support immunity, energy, mood, and nearly every body system.
- **Vitamin A** – Helps vision, skin health, and immune function. Low intake can affect night vision and skin dryness.
- **Vitamin B Complex** – A group of vitamins that help convert food into energy and support brain function. Often depleted in restriction.
- **Vitamin C** – A nutrient that supports immunity and collagen repair. Needed during physical healing and stress.
- **Vitamin D** – Supports bone health, mood, and immune function. Often low in people with limited sunlight or restrictive intake.
- **Vitamin E** – An antioxidant that protects cells from damage and supports immune health.

Section 2: Nutrition & Nourishment Glossary

Nutrition is a cornerstone of recovery. This section explains foods, nutrients, and eating behaviors in simple, compassionate language.

Micronutrients

- **Vitamin K** – Helps blood clotting and bone metabolism, and supports healing.
- **Iron** – A mineral that helps red blood cells carry oxygen. Low levels may cause fatigue, dizziness, or cold intolerance.
- **Zinc** – Supports immunity, skin healing, and appetite regulation. Often low in malnutrition.
- **Magnesium** – Helps muscles, nerves, and energy production. Low levels contribute to cramping or anxiety.
- **Calcium** – Essential for bones, muscles, heart rhythm, and nerve function. Chronic restriction reduces calcium stores.
- **Phosphorus** – A mineral involved in energy production. Levels may drop during early refeeding.
- **Sodium** – Helps hydration, nerve signals, and blood pressure. Restriction or purging can disturb sodium balance.
- **Potassium** – Helps the heart, muscles, and digestion. Low potassium is common in purging disorders and can become dangerous.
- **Iodine** – Helps regulate thyroid function and metabolism.
- **Selenium** – An antioxidant that supports thyroid health and immunity.

Digestion & GI Function

- **Digestion** – The body's process of breaking down food so nutrients can be absorbed and used.
- **Digestive Enzymes** – Proteins that help break down fats, carbs, and proteins during digestion.
- **Gastric Emptying** – The speed at which food leaves the stomach. Often slowed during restriction and improves with consistent eating.
- **GI Motility** – The movement of food through the digestive tract. Restriction can slow motility, causing bloating or constipation.
- **Bloating** – A common discomfort in early recovery caused by slowed digestion, fluid shifts, and restoring gut function.
- **Constipation** – Difficulty passing stool, often caused by inadequate intake. Usually resolves with consistent eating.
- **Gastroparesis (Mild Functional)** – Temporary slow stomach emptying from malnutrition; typically reversible during refeeding.
- **Reflux** – A burning sensation from stomach acid moving upward, sometimes worsened by long gaps between meals.

Section 2: Nutrition & Nourishment Glossary

Nutrition is a cornerstone of recovery. This section explains foods, nutrients, and eating behaviors in simple, compassionate language.

Digestion & GI Function

- **Gas & Cramping** – Normal sensations that occur when digestion reactivates during recovery.
- **Gut Microbiome** – The community of bacteria in the digestive tract that support immunity, mood, and digestion; heavily impacted by malnutrition.
- **Probiotics** – Foods or supplements containing beneficial bacteria for gut health.
- **Prebiotics** – Fibers that feed healthy gut bacteria.

Hunger, Fullness & Metabolism

- **Hunger Cues** – Body signals like stomach growling, fatigue, or irritability that indicate the need for fuel. These cues often return gradually in recovery.
- **Fullness Cues** – Signals such as pressure, warmth, or satisfaction that appear as digestion normalizes.
- **Extreme Hunger** – Strong rebound appetite during recovery as the body regenerates tissues and repairs deficits.
- **Metabolism** – All processes the body uses to convert food into energy. Restriction can slow metabolism, but consistent eating restores it.
- **Metabolic Adaptation** – The body's survival response to long-term restriction, lowering energy use.
- **Rebound Hypermetabolism** – A phase where the body needs more energy than usual to repair damage from malnutrition.
- **Thermic Effect of Food** – Energy your body spends digesting and absorbing nutrients.
- Energy Availability – The amount of fuel left for basic body functions after activity; often very low in eating disorders.
- **Set Point Weight** – The weight range your body naturally tends to when nourished and stable.
- **Weight Suppression** – Staying below your natural weight range, which can increase hunger, anxiety, and biological drive to eat.

Refeeding & Nutritional Rehabilitation

- **Refeeding** – The medical process of restoring nourishment. Requires monitoring because the body is sensitive during early phases.
- **Refeeding Syndrome** – A rare but serious metabolic shift when nutrients return too quickly after severe restriction. Prevented with careful medical oversight.

Section 2: Nutrition & Nourishment Glossary

Nutrition is a cornerstone of recovery. This section explains foods, nutrients, and eating behaviors in simple, compassionate language.

Refeeding & Nutritiional Rehabilitation

- **Refeeding Edema** – Temporary swelling during early recovery due to fluid shifts. It resolves naturally.
- **Fluid Shifts** – Normal changes in water balance as the body heals from starvation.
- **Phosphate Levels** – Often monitored closely during refeeding, as they can drop.
- **Nutritional Rehabilitation** – The process of restoring adequate calories, nutrients, and body systems after deprivation.

Eating Patterns & Recovery Language

- **Balanced Plate** – A nutrition structure that includes carbs, protein, fats, and color at each meal.
- **Meal Plan** – A structured set of meals and snacks to guide consistent nourishment during recovery.
- **Food Rules** – Restrictive beliefs or "shoulds" created by the eating disorder. Recovery challenges these gently.
- **Safe Foods** – Foods the ED feels comfortable with; part of recovery is expanding beyond them.
- **Fear Foods** – Foods that cause anxiety due to ED beliefs, not because they're unsafe.
- **Food Flexibility** – The ability to eat different foods, portions, and combinations without distress.
- **Normalized Eating** – A flexible pattern of meals and snacks driven by hunger, nourishment, and satisfaction.

Food Psychology & Behavior

- **Cravings** – Signals that your body wants a specific type of fuel or satisfaction; not moral or wrong.
- **Sugar Cravings** – Natural when the body is underfed or recovering from restriction.
- **Night Eating** – Eating later in the day because the body didn't receive enough energy earlier.
- **Emotional Eating** – A common coping mechanism that isn't inherently harmful. Everyone does it at times.
- **Binge Eating** – Eating large amounts of food with a sense of loss of control. It is almost always driven by restriction, not lack of willpower.
- **Compensatory Behaviors** – Attempts to "undo" eating through purging, exercise, or restriction. These are symptoms, not choices.

Section 2: Nutrition & Nourishment Glossary

Nutrition is a cornerstone of recovery. This section explains foods, nutrients, and eating behaviors in simple, compassionate language.

Food Psychology & Behavior

- **Interoception** – The ability to sense hunger, fullness, and internal body cues; becomes stronger in recovery.
- **Satisfaction Signals** – Emotional and physical cues that a meal was enjoyable and complete.

Digestive Discomfort in Recovery

- **Recovery Bloating** – Temporary swelling in the stomach or body due to slowed motility and healing tissues.
- **Water Retention** – Fluid the body holds onto during early nourishment; a normal part of refeeding.
- **Transit Time** – The time food moves through the digestive system. Often delayed by restriction.
- **Early Satiety** – Feeling full quickly due to a slowed digestive system. Improves with consistent eating.

Section 3: Medications, Helpful Tools for Your Recovery

Medications can support recovery alongside therapy and nutrition. This section helps you understand types, uses, and safe practices.

Psychiatric Medications

SSRIs (Selective Serotonin Reuptake Inhibitors) are medications that increase serotonin levels to improve mood, reduce anxiety, and decrease obsessive thinking. Often used in eating disorder treatment because they help regulate emotional distress and support therapy work.

- **Sertraline (Zoloft)** – An SSRI commonly used for anxiety and depression. It's often well-tolerated and can reduce obsessive food/body thoughts.
- **Fluoxetine (Prozac)** – An SSRI sometimes used at higher doses for obsessive-compulsive symptoms. It can help reduce binge/purge urges in some people.
- **Escitalopram (Lexapro)** – A gentle SSRI that supports mood and anxiety with generally mild side effects.
- **Citalopram (Celexa**) – An SSRI similar to Lexapro; sometimes requires heart monitoring at higher doses.
- **Paroxetine (Paxil)** – An SSRI that may be more sedating; sometimes helpful for severe anxiety.

SNRIs (Serotonin-Norepinephrine Reuptake Inhibitors)

Medications that increase serotonin and norepinephrine to treat both mood and physical symptoms such as low energy or chronic pain.

- **Venlafaxine (Effexor)** – Helpful for anxiety and depression, especially when symptoms feel physical or intense.
- **Duloxetine (Cymbalta)** – Treats depression, anxiety, and pain conditions that sometimes coexist with eating disorders.

Atypical Antidepressants

Often used in ED recovery because they reduce obsessive thoughts, anxiety, rigidity, and meal-related distress, not because someone is "psychotic."

- **Mirtazapine (Remeron)** – An antidepressant that can increase appetite, improve sleep, and calm anxiety—useful in weight-suppressed states.
- **Trazodone** – Helps with sleep regulation, especially insomnia related to anxiety or malnutrition.
- **Bupropion (Wellbutrin)** – An antidepressant that increases dopamine and norepinephrine. Not recommended for people who purge, because it can lower seizure threshold.

Section 3: Helpful Tools for Recovery, A Medication Glossary

Medications can support recovery alongside therapy and nutrition. This section helps you understand types, uses, and safe practices.

Atypical Antipsychotics

Often used in ED recovery because they reduce obsessive thoughts, anxiety, rigidity, and meal-related distress, not because someone is "psychotic."

- **Olanzapine (Zyprexa)** – One of the most researched medications for anorexia. Helps reduce rumination, fear around eating, and agitation during meals.
- **Quetiapine (Seroquel)** – Supports sleep and anxiety relief; can help with distress around meals.
- **Aripiprazole (Abilify)** – Often used at low doses to soften obsessive-compulsive thinking and reduce black-and-white food rules.
- **Risperidone** – Can reduce rigidity and anxiety, though less commonly used in ED care.

Mood Stabilizers

- **Lamotrigine (Lamictal)** – Helps regulate rapid mood swings and emotional sensitivity. Often used when emotional dysregulation drives ED behaviors.
- **Lithium** – Used in bipolar disorder. Requires close monitoring of kidney and thyroid function, especially when hydration levels fluctuate.
- **Valproate (Depakote)** – A stabilizer used for mood swings and irritability; requires periodic lab monitoring.

Anti-Anxiety Medications

- **Benzodiazepines (e.g., Ativan, Klonopin)** – Fast-acting medications that temporarily reduce severe anxiety. Sometimes used for meal anxiety but monitored closely due to dependency risks.
- **Hydroxyzine (Vistaril)** – A non-addictive antihistamine that helps with anxiety and can be taken as needed.
- **Buspirone (Buspar)** – A long-term anxiety medication that works gradually without addictive potential.

GI & Digestive Medications

- **Antacids** – Over-the-counter medications that neutralize stomach acid to relieve heartburn, which can worsen with purging or irregular eating.
- **H2 Blockers (e.g., Famotidine)** – Reduce acid production. Helpful for reflux made worse by long gaps between meals.

Section 3: Helpful Tools for Recovery, A Medication Glossary

Medications can support recovery alongside therapy and nutrition. This section helps you understand types, uses, and safe practices.

GI & DIgestive Medications

- **Proton Pump Inhibitors (PPIs, e.g., Omeprazole)** – Strong acid reducers used for gastritis or chronic reflux.
- **Anti-Nausea Medications (e.g., Ondansetron)** – Reduce nausea during refeeding or slow digestion, making meals more tolerable.
- **Prokinetics (e.g., Metoclopramide)** – Medications that help stomachs empty more efficiently when slowed by malnutrition.
- **Laxatives (Medical Use Only)** – Used temporarily for true constipation, which is common in early recovery. Not recommended long-term due to dependence risk.
- **Osmotic Laxatives (e.g., Miralax)** – Draw water into the bowel to soften stool gently.
- **Stimulant Laxatives (e.g., Senna)** – Trigger bowel contractions; can cause dependency if misused.
- **Stool Softeners (e.g., Docusate)** – Help stool pass more comfortably without stimulating the bowels.
- **Fiber Supplements (e.g., Psyllium)** – Provide gentle bulk to stool but can cause bloating if added too early in recovery.
- **Anti-Diarrheal Medications** – Reduce loose stools but should never be used after laxative misuse.
- **Simethicone** – A gas-relieving medication that reduces bloating and discomfort.

Electrolyte Replacement & Supplement Medications

- **Potassium Supplements** – Replace potassium lost through restriction, dehydration, or purging. Often given urgently when levels are low.
- **Magnesium Supplements** – Used for muscle cramps, constipation relief, or low magnesium levels.
- **Phosphate Supplements** – Given when phosphorus is low, especially during early refeeding.
- **Multivitamins** – Help replace nutrients during early recovery when intake is inconsistent.
- **Thiamine (Vitamin B1)** – Essential supplement during refeeding to prevent neurological complications.
- **Iron Supplements** – Treat iron-deficiency anemia. Can cause constipation but are often needed after long-term undernutrition.
- **Vitamin D** – Supports bone health, immunity, and mood stabilization.
- **Vitamin B12** – Helps with energy, nerve function, and red blood cell production.
- **Zinc Supplements** – Can help improve appetite and healing.
- **Calcium Supplements** – Support bone strength, especially if dairy intake has been limited.

Section 3: Helpful Tools for Recovery, A Medication Glossary

Medications can support recovery alongside therapy and nutrition. This section helps you understand types, uses, and safe practices.

Medication Use & Safety Terms

- **Medication Compliance** – Taking meds as prescribed. In ED recovery, this is about support and safety, not perfection.
- **Medication Monitoring** – Regular check-ins to ensure medications are effective and not causing side effects.
- **Polypharmacy** – Using several medications at once. Requires careful coordination among providers to avoid interactions.
- **Drug Interactions** – When medications affect each other's function or safety.
- **Side Effects** – Body changes that occur when adjusting to a medication; many improve with time.
- **Activation** – Feeling more alert, restless, or anxious when starting certain antidepressants.
- **Sedation** – Feeling sleepy from medications that calm the nervous system.
- **Withdrawal Symptoms** – Physical or emotional effects when stopping a medication too quickly.
- **Dose Titration** – Slowly increasing or decreasing a medicine to avoid side effects.
- **Maintenance Dose** – The long-term dose that keeps symptoms stable.
- **PRN (As Needed)** – A medication taken only when needed, such as for panic or meal-related anxiety.
- **Contraindication** – A medical reason a medication shouldn't be used (e.g., bupropion with purging).
- **Therapeutic Window** – The dosage range where a medication works effectively and safely.
- **Informed Consent** – Understanding benefits and risks before starting a medication.
- **Coordination of Care** – Communication among doctors, therapists, and dietitians to keep medication plans safe.
- **Medication Misuse** – Using medication to restrict, purge, numb, or suppress appetite. Addressed gently and without shame.
- **Harm Reduction** – Strategies that keep you safe while working toward healing, especially if medication misuse has occurred.
- **Medication Storage** – Keeping medications in a safe, structured place to reduce impulse use or misuse.

Section 4: Labwork & Medical Monitoring

Lab tests and clinical measures track your physical health. These terms help you understand results, indicators, and why monitoring matters.

Core Lab Panels

Complete Blood Count (CBC): A panel that measures red blood cells, white blood cells, and platelets. It helps identify anemia, infection risk, and overall health changes related to nutrition.

- **Hemoglobin/Hematocrit** – Determine oxygen-carrying ability; often low in restriction or chronic malnutrition.
- **White Blood Cells (WBCs)** – Can be low when the body is underfueled or stressed.
- **Platelets** – Clotting cells; may be affected by nutrient deficiencies.

Comprehensive Metabolic Panel (CMP)

A broad picture of organ function, hydration, and nutrient balance.

- **Electrolytes (Sodium, Potassium, Chloride)** – Easily disrupted by restriction, dehydration, or purging.
- **Kidney Function (BUN, Creatinine)** – Reflect hydration, muscle breakdown, and kidney stress.
- **Liver Enzymes (AST, ALT, ALP)** – Can increase with malnutrition, refeeding, or strain on the liver.
- **Albumin** – A protein marker; can be normal even during severe undernutrition.

Basic Metabolic Panel (BMP)

A smaller snapshot focused on electrolytes, hydration, and glucose.

- **Glucose** – Blood sugar; commonly unstable when intake is inconsistent.
- **CO_2/Bicarbonate** – Reflects acid-base balance, which may be altered in purging or dehydration.

Electrolytes & Minerals

- **Potassium (K^+)** – Low levels can be dangerous; affected by vomiting, laxatives, or restriction.
- **Sodium (Na^+)** – Changes with dehydration or water-loading.
- **Chloride (Cl^-)** – Often low in vomiting.
- **Magnesium (Mg)** – Supports muscles and heart rhythm; can drop during refeeding.
- **Phosphorus** – A critical mineral that can plummet in refeeding syndrome.

Section 4: Lab Work & Medical Monitoring

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Electrolytes & Minerals

- **Calcium** – Supports bone health; sometimes low in long-term malnutrition.
- **Zinc** – Needed for appetite, healing, and immune function.

Metabolic & Refeeding Labs

- **Refeeding Labs** – A set of electrolytes (K, Mg, Phos) checked often during early refeeding to monitor for sudden shifts.
- **Refeeding Syndrome** – A potentially serious drop in electrolytes as the body shifts back into nourishment.
- **Anion Gap** – Helps identify metabolic disturbances (e.g., dehydration, purging behaviors).
- **Lactate** – Can rise when the body is using emergency energy pathways.
- **Ketones** – Chemicals produced in starvation or carbohydrate deprivation.

Endocrine & Hormonal Labs

- **TSH (Thyroid-Stimulating Hormone)** – Regulates metabolism; may be altered by malnutrition.
- **Free T4 / Free T3** – Thyroid hormones often "slow down" during starvation to conserve energy.
- **FSH & LH** – Reproductive hormones suppressed when the body is underfueled.
- **Estradiol** – A key hormone for menstrual cycles and bone health; often low.
- **Progesterone** – Works with estrogen to regulate cycles.
- **Prolactin** – Can change with stress or certain medications.
- **Cortisol** – A stress hormone often elevated during malnutrition.
- **A1c (Hemoglobin A1c)** – A long-term blood sugar measure; can appear falsely low in anemia or malnutrition.
- **Insulin** – Helps regulate blood sugar; may be low when intake is low.

Nutrient Deficiency Labs

- **Vitamin D Level** – Frequently low; important for immunity and bone health.
- **Vitamin B12** – Necessary for nerve function and red blood cells.
- **Folate** – Supports blood cell production and mood regulation.
- **Thiamine (B1)** – Essential during refeeding to prevent neurological complications.
- **Iron Studies (Ferritin, Iron, TIBC)** – Measure iron deficiency or anemia patterns.
- **Prealbumin** – Can reflect short-term nutritional status but is affected by inflammation.

Section 4: Lab Work & Medical Monitoring

Lab tests and clinical measures track your physical health. These terms help you understand results, indicators, and why monitoring matters.

Cardiovascular Monitoring

- **EKG/ECG (Electrocardiogram)** – Checks heart rhythm. Essential when electrolytes are abnormal or weight is very low.
- **QTc Interval** – A measure on the EKG that can prolong with low electrolytes or certain medications.
- **Orthostatic Vitals** – Blood pressure and heart rate changes when standing; low values suggest dehydration or malnutrition.
- **Bradycardia** – A slow heart rate commonly seen with restriction.
- **Tachycardia** – A fast heart rate often related to dehydration, anxiety, or refeeding.

GI & Digestive Labs

- **Amylase/Lipase** – Pancreatic enzymes elevated in people who vomit frequently or have pancreatitis.
- **Liver Panel** – Enzymes that rise with malnutrition, refeeding, or strain from supplements.
- **Celiac Panel (tTG-IgA, EMA)** – Screens for gluten intolerance; sometimes checked when GI symptoms persist independently of ED behaviors.

Bone & Structural Health Monitoring

- **DEXA Scan** – Measures bone density; used to assess osteopenia or osteoporosis.
- **Z-Score** – Shows bone health compared to people of the same age.
- **Bone Turnover Markers** – Identify how fast bone is being built or broken down.

Hydration & Kidney Monitoring

- **Urinalysis** – Checks hydration, ketones, and electrolyte losses.
- **Specific Gravity** – Indicates concentration of urine; high values signal dehydration.
- **Creatinine & BUN Ratio** – Reflect hydration vs. kidney strain.
- **Urine Electrolytes** – Sometimes used when purging or diuretic misuse is suspected.
- **Glomerular Filtration Rate (GFR)** – Measures kidney function.

Additional Safety Monitoring

- **ECG Monitoring Frequency** – How often the heart is checked during medical instability.
- **Lab Frequency in Refeeding** – Daily-to-weekly labs to keep you safe during early nourishment.
- **Medical Stability Criteria** – Vitals and lab benchmarks used to determine level of care.

Section 4: Lab Work & Medical Monitoring

Lab tests and clinical measures track your physical health. These terms help you understand results, indicators, and why monitoring matters.

Additional Safety Monitoring

- **Weight Trends (Not Numbers)** – Looking at patterns rather than specific values.
- **Dehydration Markers** – Labs or symptoms showing fluid depletion.
- **Compensatory Behavior Impact** – How behaviors affect labs, fluids, and safety.

Medical Terms You Might Hear at Appointments

- **Clinically Significant** – A result that may impact treatment decisions.
- **Baseline Labs** – Initial bloodwork used to compare future changes.
- **Follow-Up Labs** – Repeated tests to monitor improvement or risk.
- **Reference Range** – The "normal" range for labs; not a judgment, just a guide.
- **Trend** – The direction labs move over time, which matters more than a single number.
- **False Low / False High** – Lab results affected by malnutrition rather than true illness.
- **Acute vs. Chronic** – Sudden changes vs. long-term patterns.
- **Workup** – A series of tests to understand symptoms or risks.

Section 5: Therapeutic Modalities & Interventions

There are many ways to support recovery through therapy. This section introduces evidence-based approaches, from talk therapy to body-focused modalities.

Cognitive & Behavioral Therapies

- **Cognitive Behavioral Therapy (CBT) —** A therapy that helps you identify unhelpful thoughts and beliefs, challenge them, and replace them with healthier, balanced thinking to improve behaviors.
- **CBT for Eating Disorders (CBT-E)** — A CBT-based approach specifically designed for eating disorders, targeting eating behaviors, weight concerns, and thought patterns that maintain the disorder.
- **Dialectical Behavior Therapy (DBT)** — Therapy focused on learning skills to manage intense emotions, reduce self-destructive behaviors, and improve relationships.
- **Acceptance and Commitment Therapy (ACT)** — Therapy that encourages accepting difficult emotions while taking action aligned with personal values.
- **Exposure and Response Prevention (ERP)** — Gradually facing feared foods or situations without engaging in avoidance or compensatory behaviors to reduce anxiety over time.
- **Behavioral Activation** — Increasing participation in meaningful and positive activities to improve mood and reduce avoidance.
- **Cognitive Restructuring** — Examining and changing negative or distorted thoughts into more realistic, balanced ones.
- **Thought Challenging** — Questioning unhelpful thoughts to see if they are accurate or helpful.
- **Chain Analysis** — Looking at the series of thoughts, feelings, and actions that led to a behavior in order to prevent it in the future.
- **Opposite Action** — Acting opposite to the urge or emotion to shift how you feel and respond.
- **Distress Tolerance Skills** — Techniques for managing intense emotional discomfort without acting on harmful impulses.
- **Mindfulness-Based Cognitive Therapy (MBCT)** — A therapy that combines mindfulness practice with cognitive therapy to reduce rumination and anxiety.
- **Schema Therapy** — Explores deeper, long-standing beliefs and patterns formed in childhood and helps develop healthier alternatives.
- **Motivational Interviewing (MI)** — A supportive, collaborative approach to strengthen motivation for recovery.
- **Coping Skills Training** — Learning practical skills to manage stress, anxiety, or urges in healthier ways.
- **Relapse Prevention Planning** — Developing strategies to anticipate and handle triggers, stress, or challenges without returning to harmful behaviors.

Section 5: Therapeutic Modalities & Interventions

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Cognitive & Behavioral Therapies

- **Values-Based Action** — Taking intentional steps guided by your personal values, even in the presence of difficult emotions.
- **Behavioral Experiments** — Testing beliefs in real-life situations to see if feared outcomes occur.
- **Graded Exposure** — Gradually facing feared foods, situations, or experiences to reduce anxiety.
- **Interoceptive Exposure** — Learning to tolerate uncomfortable physical sensations without avoidance.
- **Urge Surfing** — Observing urges as they rise and fall without acting on them.
- **Self-Monitoring** — Tracking thoughts, feelings, and behaviors to increase awareness and guide change.
- **Cognitive Defusion** — Separating from thoughts to reduce their impact and influence.
- **Skills Coaching** — Receiving guidance on how to apply coping and recovery skills in real time.

Trauma & Somatic Therapies

- **Eye Movement Desensitization and Reprocessing (EMDR)** — Therapy that helps process and reduce the emotional impact of traumatic memories using guided eye movements or other bilateral stimulation.
- **Somatic Experiencing (SE)** — Focuses on releasing trauma stored in the body and restoring a sense of safety.
- **Sensorimotor Psychotherapy** — Combines talk therapy with body awareness to process trauma and improve regulation.
- **Internal Family Systems (IFS)** — Explores different "parts" of self to create internal harmony and healing.
- **Parts Work** — Working with emotional "parts" to understand their roles and meet their needs safely.
- **Trauma-Informed Therapy** — Therapy that prioritizes safety, trust, and empowerment in all treatment.
- **Polyvagal-Informed Therapy** — Uses nervous system knowledge to support regulation and safety during therapy.
- **Grounding Techniques** — Practices that help you stay present and connected to your body in distressing moments.
- **Body-Oriented Processing** — Recognizing and releasing physical tension linked to trauma.

Section 5: Therapeutic Modalities & Interventions

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Trauma & Somatic Therapies

- **Titration** — Approaching trauma work in small, manageable doses to avoid overwhelm.
- **Pendulation** — Alternating between distress and safety to gradually increase tolerance.
- **Window of Tolerance** — The optimal zone for processing emotions without becoming overwhelmed or shut down.
- **Nervous System Regulation** — Techniques to calm and balance your nervous system.
- **Trauma Stabilization Skills** — Strategies to feel safe and grounded before deeper trauma processing.
- **Flash Technique** — Gentle trauma processing that minimizes emotional intensity.
- **Trauma Narrative Work** — Gradually telling your trauma story with support to reduce its impact.
- **Attachment-Focused Trauma Therapy** — Healing relational and attachment wounds through safe connection.
- **Brainspotting** — Using eye positions to access and process deep emotional material.
- **Breathwork Therapy** — Using controlled breathing to reduce anxiety and regulate the nervous system.
- **Body Scanning** — Noticing sensations throughout the body to increase awareness and reduce tension.
- **Trauma Reprocessing** — Helping the brain integrate traumatic memories safely to reduce their influence on daily life.

Body & Expressive Therapies

- **Art Therapy** — Using creative art-making to explore emotions and support healing.
- **Music Therapy** — Using music to process feelings, regulate mood, and promote recovery.
- **Dance/Movement Therapy** — Using body movement to express emotion and increase body awareness.
- **Yoga Therapy** — Trauma-informed yoga practices that support connection with the body and calm the nervous system.
- **Mind-Body Integration** — Practices that help align mental and physical experiences for greater balance.
- **Expressive Writing Therapy** — Writing exercises to process emotions and reflect on experiences.
- **Drama Therapy** — Role-playing and creative expression to process emotions and explore identity.
- **Somatic Movement** — Gentle movements that release tension and improve body awareness.

Section 5: Therapeutic Modalities & Interventions

There are many ways to support recovery through therapy. This section introduces evidence-based approaches, from talk therapy to body-focused modalities.

Body & Expressive Therapies

- **Breathwork Practices** — Guided breathing to regulate emotional and physical responses.
- Mindfulness-Based Stress Reduction (MBSR) — Mindfulness practices designed to reduce stress and increase focus on the present.
- **Body Awareness Training** — Learning to notice bodily cues and respond in supportive ways.
- **Sensory Integration Work** — Using sensory input to reduce overwhelm and improve regulation.
- **Grounded Movement** — Slow, intentional movement to increase stability and safety.
- **Creative Expression Exercises** — Activities like painting or collage to process feelings and experiences.
- **Guided Imagery** — Visualization exercises to create a sense of safety and calm.
- **Progressive Muscle Relaxation** — Tensing and releasing muscles to relieve tension.
- **Restorative Yoga** — Gentle, supportive yoga that encourages relaxation and healing.
- **Trauma-Informed Yoga** — Yoga practices specifically adapted to feel safe and empowering.
- **Mindful Eating Practices** — Approaching food with awareness and curiosity rather than judgment.
- **Embodied Presence Work** — Techniques to strengthen connection and awareness of your body.

Family & Peer-Based Supports

- **Family-Based Treatment (FBT/Maudsley)** — Structured approach where caregivers actively support eating and weight restoration.
- **Multi-Family Therapy** — Therapy with several families together to share skills and support.
- **Family Therapy** — Working with family members to improve communication and support recovery.
- **Caregiver Skill-Building** — Teaching caregivers strategies to support recovery at home.
- **Parent Coaching** — Guidance for caregivers on responding effectively to recovery challenges.
- **Meal Support Coaching** — Training for caregivers or peers to provide structured support during meals.
- **Peer Mentorship** — One-on-one guidance from someone with lived experience.
- **Peer Support Groups** — Groups for sharing experiences, coping strategies, and encouragement.
- **Shared Lived Experience Support** — Support from those who have personally experienced recovery.

Section 5: Therapeutic Modalities & Interventions

There are many ways to support recovery through therapy. This section introduces evidence-based approaches, from talk therapy to body-focused modalities.

Family & Peer-Based Supports

- **Community Recovery Groups** — Local or virtual groups offering encouragement, accountability, and shared learning.
- **Support Circles** — Small groups focused on mutual support and healing.
- **Recovery Sponsors** — Individuals who guide and encourage others in their recovery journey.
- **Caregiver Support Groups** — Spaces for caregivers to learn, share, and receive support.
- **Family Psychoeducation** — Teaching families about eating disorders and recovery strategies.
- **Communication Skills Training** — Learning to express needs and respond effectively.
- **Boundary Setting Support** — Guidance for creating and maintaining healthy limits.
- **Collaborative Treatment Planning** — Creating recovery goals with input from all relevant parties.
- **Emotion Coaching** — Helping loved ones recognize and respond to emotions safely.
- **Conflict Resolution Skills** — Learning ways to navigate disagreements without escalating stress.
- Family Systems Work — Exploring family dynamics that may affect recovery.

Care Coordination & Harm Reduction Approaches

- **Care Coordination** — Organizing communication and care between multiple providers.
- **Treatment Team Collaboration** — Ensuring all clinicians work together toward shared recovery goals.
- **Multidisciplinary Approach** — Using medical, nutritional, and mental health professionals to support recovery.
- **Case Management** — Assistance with appointments, insurance, referrals, and resources.
- **Harm Reduction** — Reducing risks even if complete symptom elimination isn't immediately possible.
- **Symptom Reduction Planning** — Gradual strategies to safely reduce harmful behaviors.
- **Safety Planning** — Steps to ensure safety during crises or urges.
- **Risk Assessment** — Evaluating potential dangers to guide treatment decisions.
- **Relapse Prevention Planning** — Identifying triggers and strategies to avoid returning to harmful behaviors.
- **Continuity of Care** — Keeping treatment consistent when moving between providers or programs.
- **Discharge Planning** — Preparing for life after structured treatment with supports in place.

Section 5: Therapeutic Modalities & Interventions

There are many ways to support recovery through therapy. This section introduces evidence-based approaches, from talk therapy to body-focused modalities.

Care Coordination & Harm Reduction Approaches

- **Step-Up / Step-Down Planning** — Adjusting level of care according to current needs and progress.
- **Medical Monitoring Integration** — Coordinating medical care alongside therapy and nutrition work.
- **Communication Releases (ROIs)** — Legal permissions that allow providers to collaborate safely.
- **Collaborative Care Plans** — Jointly developed plans including goals, interventions, and follow-up.
- **Crisis Response Planning** — Preparing a plan for handling acute stress or danger.
- **Supportive Accountability** — Encouragement and guidance from trusted individuals to stay on track.
- **Gradual Goal Setting** — Breaking recovery goals into achievable steps.
- **Motivation Building** — Strengthening internal drive to engage with recovery.
- **Recovery-Oriented Language** — Using words and phrases that support hope, dignity, and empowerment.

Section 6: Recovery Support & Non-Clinical Terms

Recovery involves skills, connection, and self-compassion. This section covers coping, peer support, and language to empower your journey.

Coping & Emotional Regulation Skills

- **Emotion Regulation** — Skills that help you understand, manage, and respond to emotions in ways that feel safer and more balanced.
- **Coping Skills** — Tools you use to handle stress, urges, or difficult feelings without turning to harmful behaviors.
- **Distress Tolerance** — Strategies that help you get through overwhelming moments without acting on urges.
- **Grounding Skills** — Techniques that bring your mind and body back to the present when you feel overwhelmed or disconnected.
- **Self-Soothing** — Comforting actions that calm your nervous system using gentle sensory input or familiar routines.
- **Healthy Distraction** — Activities that shift your focus temporarily until the intensity of an emotion passes.
- **Opposite Action** — Doing the opposite of what an urge tells you to do, helping shift the underlying emotion.
- **Breathwork** — Slow, intentional breathing patterns that relax your body and lower emotional intensity.
- **Check the Facts** — A skill that helps you see whether your emotions fit the situation or are influenced by old patterns.
- **Radical Acceptance** — Letting reality be what it is, even if you don't like it, so you can reduce emotional suffering.
- **Body-Based Regulation** — Using movement, posture, or breath to calm your nervous system.
- **Journaling** — Writing your thoughts or feelings to process them with more clarity and compassion.
- **Impulse Delay** — Pausing before acting on an urge to give your brain time to settle.
- Sensory Coping Tools — Using sensory items like textures, scents, or temperature to calm your body.
- **Comfort Items** — Objects that create a sense of safety or familiarity when emotions feel overwhelming.
- **Urge Surfing** — Allowing urges to rise and fall like a wave without acting on them.
- **Safety Planning** — A personalized plan outlining steps to stay grounded during emotional emergencies.
- **Crisis Toolbox** — A collection of grounding tools, contacts, and reminders to help you through intense moments.

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Grounding & Distress Tolerance

- **5-4-3-2-1 Grounding** — A sensory technique that uses sight, sound, touch, smell, and taste to bring you back to the present.
- **Square Breathing** — A breathing pattern that helps slow your heart rate and calm your nervous system.
- **Progressive Muscle Relaxation** — Tensing and releasing muscle groups to reduce physical stress.
- **Cold Temperature Skills** — Using cold water, ice, or cool air to quickly regulate intense emotions.
- **TIPP Skills** — A DBT set of techniques (Temperature, Intense Exercise, Paced Breathing, Paired Muscle Relaxation) to reduce emotional intensity.
- **Anchor Objects** — Specific objects you hold or touch to ground yourself.
- **Orienting** — Gently looking around your environment to remind your brain you are safe.
- **Mindful Observation** — Focusing on one neutral detail around you to steady your attention.
- **Safe-Place Visualization** — Imagining a calming, supportive environment to reduce distress.
- **Centering** — Bringing your focus to your breath or core to feel more stable.
- **Weighted Blanket Use** — Gentle, even pressure that helps calm the nervous system.
- **Sensory Grounding** — Using texture, temperature, or sound to reconnect with your body.
- **Paced Breathing** — Slow, rhythmic breathing that supports relaxation.
- **Co-Regulation** — Calming your body through connection with a safe, supportive person.
- **Mindful Pacing** — Slowing your movements to signal safety to your nervous system.
- **Guided Meditation** — Audio-led meditation that helps redirect attention and reduce anxiety.
- **Feet-on-the-Floor Technique** — Feeling your feet grounded to remind your body you are stable and supported.
- **Body Scan** — Slowly noticing sensations throughout your body to increase awareness and reduce tension.
- **Holding Ice** — Using cold sensation to quickly interrupt overwhelming emotional states.

Peer Support & Recovery Communities

- **Peer Support** — Emotional and practical support from someone who understands your experience firsthand.
- **Recovery Community** — A group of people committed to healing, connection, and shared understanding.
- **Lived Experience Support** — Guidance and validation from people who have recovered or are further along.

Section 6: Recovery Support & Non-Clinical Terms

Recovery involves skills, connection, and self-compassion. This section covers coping, peer support, and language to empower your journey.

Peer Support & Recovery Communities

- **Support Groups** — Structured gatherings where people share coping tools and receive encouragement.
- **Mentorship** — One-on-one support from someone with lived experience who offers guidance and hope.
- **Accountability Buddy** — A trusted person who helps you stay consistent with recovery goals.
- **Recovery Circles** — Small, supportive groups focused on connection and shared healing.
- **Community Care** — A collective approach where support comes from a caring group rather than one individual.
- **Online Recovery Spaces** — Virtual communities offering connection, resources, and peer validation.
- **Group Check-Ins** — Regular group conversations to track progress, share challenges, and receive support.
- **Shared Healing Spaces** — Environments designed for honest, compassionate conversations about recovery.
- **Recovery Ambassadors** — Individuals who openly support and encourage recovery in their communities.
- **Safe Social Networks** — Curated online spaces that reduce triggers and promote mental health.
- **Identity-Based Support Groups** — Groups for specific identities (LGBTQ+, people of color, etc.) offering affirming support.

Self-Compassion & Body Image Work

- **Self-Compassion** — Treating yourself with warmth, understanding, and patience, especially during struggles.
- **Body Neutrality** — Respecting your body for what it does rather than how it looks.
- **Body Acceptance** — Moving toward a more peaceful and supportive relationship with your body.
- **Body Image Flexibility** — Allowing body-related thoughts and feelings to come and go without acting on them.
- **Mirror Neutrality** — Looking at your reflection without judgment or over-focus.
- **Affirmations** — Supportive phrases that challenge negative thoughts and strengthen self-worth.

Section 6: Recovery Support & Non-Clinical Terms

Recovery involves skills, connection, and self-compassion. This section covers coping, peer support, and language to empower your journey.

Self-Compassion & Body Image Work

- **Values-Based Body Care** — Caring for your body because it aligns with your values, not appearance.
- **Gentle Self-Talk** — Speaking to yourself with the same kindness you'd show a loved one.
- **Rest-Oriented Body Care** — Prioritizing rest as an essential part of healing and body respect.
- **Media Literacy** — Understanding how media influences body image and developing a more critical lens.
- **Body Image Exposure** — Gradually facing body-related fears (like wearing certain clothes) with support.
- **Clothing Comfort Work** — Choosing clothing that feels physically and emotionally comfortable.
- **Embodiment Practices** — Activities that help you feel connected to your body rather than detached from it.
- **Body Appreciation** — Recognizing meaningful ways your body supports your life.
- **Internal Critic Work** — Understanding and softening the harsh inner voice that fuels shame.
- **Compassionate Reframing** — Redirecting negative thoughts toward kinder, more realistic interpretations.
- **Rejecting Diet Culture** — Challenging beliefs and messages that promote restriction or body hierarchy.
- **Unlearning Food Rules** — Releasing rigid food beliefs and replacing them with flexibility.
- **Pleasure-Oriented Eating** — Letting enjoyment be part of nourishment and healing.

Recovery Language & Identity

- **Recovery Identity** — Seeing yourself as someone who is healing, growing, and capable of change.
- **Recovery-Oriented Language** — Words that focus on empowerment, dignity, and hope.
- **Triggers** — Internal or external cues that activate memories, feelings, or urges.
- **Cues** — Signals your brain associates with certain thoughts or behaviors.
- **Red Flags** — Warning signs that your symptoms or stress levels are increasing.
- **Lapse** — A brief return to old behaviors that does not erase progress.
- **Relapse** — A more sustained return to harmful patterns that may require extra support.
- **Safety Behaviors** — Actions meant to reduce anxiety that can accidentally reinforce fear or avoidance.

Section 6: Recovery Support & Non-Clinical Terms

Recovery involves skills, connection, and self-compassion. This section covers coping, peer support, and language to empower your journey.

Recovery Language & Identity

- **Recovery Capital** — The collection of resources (support, skills, stability) that strengthen your recovery.
- **Protective Factors** — Qualities or supports that help keep you safe and grounded.
- **Recovery Environment** — The physical and emotional space that supports your healing.
- **Support System** — The people who help you stay connected, safe, and encouraged.
- **Self-Advocacy** — Expressing your needs clearly and seeking the care you deserve.
- **Values Alignment** — Making choices that reflect what matters most to you.
- **Skill-Building** — Learning new ways to cope, communicate, and care for yourself.
- **Emotional Capacity** — Your ability to feel and process emotions safely.
- **Brain Relearning** — Your brain forming new, healthier pathways through repeated practice.
- **Neuroplasticity** — The brain's ability to change, heal, and adapt throughout recovery.
- **Intentional Rest** — Resting on purpose as an essential part of emotional and physical healing.
- **Recovery Milestones** — Meaningful markers of progress unique to your journey.
- **Internal Motivation** — The deep reasons within you that drive recovery.
- **Compassionate Curiosity** — Approaching your thoughts and behaviors with gentleness and interest, not judgment.

Section 7: Treatment Levels & Care Settings

Recovery can happen across different care settings. These terms explain outpatient, inpatient, virtual, and community support options.

Outpatient, IOP, PHP

- **Outpatient Therapy** — Weekly or biweekly therapy sessions where you live at home and maintain daily routines while receiving professional support.
- **Outpatient Nutrition Counseling** — Regular sessions with a dietitian or nutritionist to plan balanced meals and monitor eating patterns.
- **Outpatient Medical Monitoring** — Routine check-ins with a medical provider to track weight, vitals, and overall health while living at home.
- **Intensive Outpatient Program (IOP)** — Structured program several times per week that combines therapy, nutrition, and support while allowing you to live at home.
- **Partial Hospitalization Program (PHP)** — Day program with multiple hours of treatment daily, including therapy, nutrition, and medical monitoring, returning home in the evenings.
- **Day Treatment** — Another term for PHP; structured daily treatment without overnight stay.
- **Step-Up Care** — Increasing the intensity of treatment when symptoms or risk levels rise.
- **Step-Down Care** — Transitioning to a lower-intensity level of care after stabilization or improvement.
- **Multidisciplinary Outpatient Team** — A coordinated group of professionals (therapist, dietitian, physician) working together while you live at home.
- **Telehealth Outpatient Services** — Virtual therapy or nutrition sessions that allow treatment from home.

Residential & Inpatient Programs

- **Residential Program** — Live-in program providing 24/7 therapy, nutrition support, and medical monitoring in a structured setting.
- **Inpatient Program** — Hospital-based program focused on medical stabilization and intensive therapy around the clock.
- **Therapeutic Community** — A residential setting emphasizing peer support and structured daily routines for recovery.
- **Behavioral Health Unit** — A hospital section specializing in mental health and eating disorder treatment.
- **Milieu Therapy** — Using the therapeutic environment and daily routines as part of treatment and recovery.
- **Round-the-Clock Support** — Continuous professional monitoring and care for safety and recovery.
- **Structured Meals** — Supervised meals and snacks to support nutrition and reduce anxiety around food.

Section 7: Treatment Levels & Care Settings

Recovery can happen across different care settings. These terms explain outpatient, inpatient, virtual, and community support options.

Residential & Inpatient Programs

- **Group Therapy** — Multiple clients participating in therapy together to learn skills and share experiences.
- **Individual Therapy** — One-on-one therapy sessions focused on personalized goals and needs.
- **Medical Oversight** — Ongoing monitoring by physicians and nurses to manage health risks during intensive care.

Medical Stabilization & Hospital Units

- **Medical Stabilization** — Care to restore vital signs, hydration, and nutrition before intensive therapy begins.
- **Hospital-Based Units** — Units within a hospital focusing on eating disorders and related medical needs.
- **Refeeding Support** — Supervised process to safely restore nutrition and prevent complications.
- **Vital Sign Monitoring** — Regular checks of heart rate, blood pressure, temperature, and weight to ensure safety.
- **Electrolyte Monitoring** — Blood tests to track sodium, potassium, and other critical minerals.
- **Intravenous Fluids (IV)** — Administering fluids directly into veins when hydration or nutrition is insufficient orally.
- **Cardiac Monitoring** — Tracking heart health for those at risk of complications from malnutrition.
- **Medical Clearance** — Approval from a physician indicating you are safe to participate in therapy or transition care levels.
- **Nutritional Stabilization** — Restoring calories and nutrients in a safe, monitored way.
- **Pharmacological Support** — Using medications as needed to stabilize mood, anxiety, or other conditions during recovery.

Step-Up & Step-Down Care

- **Step-Up Care** — Moving to a higher level of care when symptoms worsen or recovery needs increase.
- **Step-Down Care** — Transitioning to a lower-intensity program after achieving stability.
- **Bridging Care** — Supportive services provided during transitions between levels of care.

Section 7: Treatment Levels & Care Settings

Recovery can happen across different care settings. These terms explain outpatient, inpatient, virtual, and community support options.

Step-Up & Step-Down Care

- **Intensive Monitoring** — Temporary increased supervision to maintain safety during transitions.
- **Gradual Reintegration** — Slowly reintroducing daily responsibilities and independence while maintaining support.
- **Recovery Maintenance Plan** — Guidelines for continuing progress after stepping down from intensive programs.
- **Short-Term Residential** — Temporary live-in program before transitioning to outpatient care.
- **Transitional Housing Programs** — Semi-independent living with ongoing therapy and support.
- **Behavioral Support Plans** — Strategies to maintain treatment gains during changes in care level.
- **Relapse Prevention Strategies** — Planning and support to prevent setbacks during transitions.

Telehealth & Virtual Programs

- **Telehealth Therapy** — Receiving therapy via secure video sessions from home.
- **Virtual Nutrition Counseling** — Online guidance for meal planning and recovery support.
- **Online Support Groups** — Group sessions conducted virtually for peer connection and guidance.
- **Remote Monitoring** — Tracking weight, vitals, or eating behaviors via digital tools.
- **Digital Check-Ins** — Scheduled online or phone sessions to maintain support between in-person visits.
- **Virtual Recovery Coaching** — One-on-one guidance via video or messaging to support recovery goals.
- **Online Psychoeducation** — Learning about eating disorders, coping skills, and nutrition through virtual resources.
- **Hybrid Programs** — Combining in-person and virtual sessions for flexible care.
- **Telepsychiatry** — Accessing psychiatric care and medication management online.
- **Crisis Access via Telehealth** — Immediate support through virtual channels during urgent moments.

Section 7: Treatment Levels & Care Settings

Recovery can happen across different care settings. These terms explain outpatient, inpatient, virtual, and community support options.

Peer & Community Support Programs

- **Peer Mentorship** — One-on-one guidance from someone with lived recovery experience.
- **Peer Support Groups** — Meetings led by peers to share experiences, coping strategies, and encouragement.
- **Recovery Community Programs** — Local or online networks that provide connection and ongoing support.
- **Support Circles** — Small groups offering safe spaces to discuss challenges and progress.
- **Community-Based Workshops** — Skill-building or educational sessions to support ongoing recovery.
- **Recovery Ambassadors** — Individuals promoting education, advocacy, and hope within the community.
- **Shared Lived Experience Support** — Encouragement from people who have personally experienced recovery.
- **Volunteer Peer Programs** — Opportunities to engage and support others in recovery while reinforcing your own.
- **Mentorship Training Programs** — Structured programs teaching peers how to provide safe, effective support.
- **Community Reintegration Support** — Programs that help individuals return to school, work, and social life while maintaining recovery.

Case Management & Care Coordination

- **Case Management** — Assistance coordinating appointments, treatment plans, and community resources.
- **Care Coordination** — Communication between all providers to ensure consistent, integrated treatment.
- **Multidisciplinary Team Meetings** — Regular meetings with medical, therapy, and nutrition providers to review progress.
- **Collaborative Treatment Plans** — Jointly developed plans with goals and strategies agreed upon by all providers.
- **Crisis Planning** — Preparing for emergency situations with clear steps and contacts.
- **Resource Navigation** — Helping locate and access treatment, financial, or community resources.
- **Continuity of Care** — Ensuring smooth transitions between treatment levels or providers.
- **Progress Monitoring** — Tracking health, therapy, and nutrition metrics across care settings.

Section 7: Treatment Levels & Care Settings

Recovery can happen across different care settings. These terms explain outpatient, inpatient, virtual, and community support options.

Case Management & Care Coordination

- **Communication Releases (ROIs)** — Legal permissions allowing providers to share necessary information.
- **Recovery-Focused Coordination** — Ensuring all aspects of care support long-term recovery and quality of life.

A Final Word of Encouragement

Closing thoughts to carry with you on your recovery path

Dear Reader,

Recovery from an eating disorder is not a single event, it is a process of rebuilding trust in your body, your needs, and the systems that support you. It requires time, patience, and a team of people who understand that healing is both a medical and deeply human experience. Whether you are pursuing recovery for yourself or walking beside a loved one, we recognize the courage it takes to keep showing up.

This guide was created to help you feel more informed, empowered, and connected throughout your care. Navigating providers, medications, nutrition, therapy, and medical monitoring can often feel overwhelming or confusing. Our goal is to offer language and structure that make those conversations clearer and to give you tools that help you participate actively in decisions about your health and recovery.

But this guide is not just about eating disorder care. It is about the way care happens. It is about communication, safety, and partnership. It is about asking questions without fear, expressing uncertainty without judgment, and being treated as a whole person rather than a diagnosis. Every individual in recovery deserves care that listens deeply, explains clearly, and honors their lived experience.

If you have ever hesitated to ask a question, or wondered whether your perspective mattered in treatment, please know that your voice is essential. Recovery is strongest when care is collaborative, when providers and patients share information, build trust, and make choices together. You are not “difficult” for wanting to understand your options. You are advocating for yourself, and that is a vital part of healing.

You may not need every section of this guide right now, and that’s okay. Take what feels useful and return to the rest as your journey continues. Recovery is not linear, and your needs will change over time. What remains constant is that you deserve respect, transparency, and compassion at every step.

As you move forward, may this resource remind you that you do not walk this path alone. There are providers, peers, and communities who want to see you thrive, not just in recovery, but in your full, meaningful life beyond it.

With care, respect, and hope,
The ANAD Team

Crisis Support Directory: ANAD & Additional Resources

If you're feeling unsafe, overwhelmed, or in need of urgent support, please reach out. The crisis resources below are available to help you 24/7.

ANAD Helpline & Support

- **ANAD Helpline:** 1-888-375-7767 (9am–9pm CT, M–F)
- **Free, Virtual Support Groups:** anad.org/get-help
- **Mentor Program:** 1:1 peer support for individuals in recovery
- **Treatment & Provider Directory:** anad.org/find-treatment

Other Crisis Resources

- **988 Suicide & Crisis Lifeline:** Call or text 988 (24/7)
- **Crisis Text Line:** Text HELLO to 741741
- **The Trevor Project (LGBTQ+):** Call 1-866-488-7386 or text START to 678-678
- **National Alliance for Eating Disorder's Helpline:** Call 1-866-662-1235

Quick Tip: Asking for Help is Strength

Every time you reach out for support, whether with a question, a feeling, or a concern, you are practicing self-care and strengthening your recovery. It doesn't need to be perfect or confident; simply showing up for yourself matters most. Over time, these small acts of reaching out build trust in yourself and your support network.