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Eating disorder assessment test

Types of eating disordersWho is it for?Is it accurate?This quiz can't replace a clinical diagnosis. If you believe you might have an eating disorder or another condition after taking this test, consider reaching out to a qualified professional about your symptoms.Despite media depiction, eating disorders can affect anyone, regardless of race, gender identity, sexuality, or body weight.Eating disorders can affect your mental and physical health, as well as influence your behaviors around food and body image.This brief, time-saving questionnaire is designed for anyone who thinks they may be living with an eating disorder.The items below will help you determine whether you may need additional help navigating a condition.A mental health professional can also help figure out if your issues might be a symptom of another condition or recommend treatment or other interventions if needed.This online screening is not a definitive screening tool. However, it can be useful if you're concerned about your eating habits and body image and want to determine if seeking out professional support is the next best step for you.Only a trained medical professional, such as a healthcare or mental health professional, can help you determine the next best steps for you. The NICE Clinical Knowledge Summaries (CKS) site is only available to users in the UK, Crown Dependencies and British Overseas Territories. CKS content is produced by Clarity Informatics Ltd (trading as Agilio Software | Primary Care). It is available to users outside the UK via subscription from the Agilio | Prodigy website. If you believe you are seeing this page in error please contact us. admin2025-01-09T13:36:25+00:00 Take the Eat-26 Eating Attitudes Test EAT-26 is probably the most widely used standardized self-report measure of symptoms and concerns characteristic of eating disorders. The EAT-26 is a refinement of the original EAT-40 that was first published in 1979 and used in one of the first studies to examine socio-cultural factors in the development and maintenance of eating disorders. Since that time, the test has been translated into many different languages and used in hundreds of studies. The original publication (Garner, D.M. & Garfinkel, P.E., 1979, Psychological Medicine, 9, 273-279.) and the subsequent publication describing the refinement of the test (Garner et al., 1982, Psychological Medicine, 12, 871-878) are the 3rd and 4th on the list of the 10 most cited articles in the history of the journal Psychological Medicine. This journal was founded more than 40 years ago. In a recent review of the 100 most cited articles in the eating disorder field (here), publications on the EAT were ranked #2 and #4 and the authors failed to include the most cited EAT-26 article (Garner, et al, 1982) that has been cited more than 6000 times according to Google Scholar. Thus, the Eating Attitudes Test has had a huge impact in the field of eating disorders. You can take the test today and download a copy for free on this website. The EAT-26 can be used in a non-clinical as well as a clinical setting not specifically focused on eating disorders. It can be administered in group or individual settings and is designed to be administered by mental health professionals, school counselors, coaches, camp counselors, and others with interest in gathering information to determine if an individual should be referred to a specialist for evaluation for an eating disorder. It is ideally suited for school settings, athletic programs, fitness centers, infertility clinics, pediatric practices, general practice settings, and outpatient psychiatric departments. It is intended primarily for adolescents and adults. The EAT-26 has been particularly useful a screening tool to assess "eating disorder risk" in high school, college, and other special risk samples such as athletes. Screening for eating disorders is based on the assumption that early identification can lead to earlier treatment, thereby reducing serious physical and psychological complications or even death. The EAT-26 should be used as the first step in a two-stage screening process. According to this methodology, individuals who score 20 or more on the test should be interviewed by a qualified professional to determine if they meet the diagnostic criteria for an eating disorder. If you have a low score on the EAT-26 (below 20), you still could have a serious eating problem, so do not let the results deter you from seeking help. For example, some individuals with Binge Eating Disorder (BED) score low on the EAT-26 but may have a serious eating disorder. Completing the EAT-26 yields a "referral index" based on three criteria: 1) the total score based on the answers to the EAT-26 questions; 2) answers to the behavioral questions related to eating symptoms and weight loss, and 3) the individual's body mass index (BMI) calculated from their height and weight. Generally, a referral is recommended if a respondent scores "positively" or meets the "cut off" scores or threshold on one or more criteria. Regardless of the score, if a respondent feels that they are suffering from feelings that are interfering with daily functioning, they should seek an evaluation from a trained mental health professional. The Eating Attitudes Test is not designed to make a diagnosis of an eating disorder or to take the place of a professional diagnosis or consultation. The EAT-26 alone does not yield a specific diagnosis of an eating disorder. Neither the EAT-26, nor any other screening instrument, has been established as highly efficient as the sole means for identifying eating disorders. Permission to Reproduce: Go to the Permission Tab. Other Questions? David M. Garner, Ph.D. Eating Attitudes LLC Arvada, CO dmgarner@gmail.com Eating disorders are serious mental health conditions characterized by persistent disturbances in eating behaviors that negatively affect physical health, emotional well-being, and social functioning. Recognizing the signs and symptoms is crucial for early intervention and treatment, as these disorders can lead to severe medical complications if left untreated. While each type of eating disorder has unique characteristics, several symptoms are common across most eating disorders, including: Chronic Dieting: Frequent attempts to lose weight despite having a healthy body-mass index. Obsessive Behaviors Around Food: Counting calories, eliminating food groups, or preparing meals in rigid ways. Eating Rituals: Behaviors such as eating alone, cutting food into small pieces, or concealing food. Frequent Weight Fluctuations: Noticeable and frequent changes in body weight. Emotional Symptoms: Depression, lethargy, and obsessive thoughts about food and body image. Behavioral Extremes: Alternating between overeating and fasting. Understanding the main categories of eating disorders can help identify specific symptoms associated with each condition: Binge Eating Disorder: Binge eating disorder is marked by repeated episodes of consuming large quantities of food in a short period, often accompanied by feelings of guilt or embarrassment. Unlike bulimia nervosa, binge eating is not followed by compensatory behaviors like purging or excessive exercise. As a result, individuals with this condition are often at risk for obesity and related health complications. Bulimia Nervosa: Bulimia involves cycles of binge eating followed by compensatory behaviors such as vomiting, laxative use, or excessive exercise. These episodes are often done in secret and lead to feelings of shame and guilt. The constant cycle of overeating and purging can cause severe physical harm, including electrolyte imbalances and gastrointestinal issues. Anorexia Nervosa: Anorexia is characterized by extreme restriction of food intake, often coupled with cleansing rituals like excessive exercise or diuretic use. Individuals with anorexia have an intense fear of weight gain and a distorted body image, which leads to behaviors that can result in severe malnutrition and life-threatening medical conditions. Eating disorders affect the body and mind. Physically, individuals may experience fatigue, dizziness, gastrointestinal distress, and weakened immune systems. Emotionally, they often struggle with low self-esteem, feelings of worthlessness, and difficulty concentrating. Recognizing the signs and symptoms of eating disorders is the first step toward getting help. If you or someone you know is showing these symptoms, seeking professional guidance can prevent long-term complications and promote recovery. Eating disorders are complex mental health conditions that require a thorough and individualized approach to diagnosis and treatment. Early identification and intervention are key to improving outcomes and preventing severe health consequences. This article explores the processes involved in diagnosing and treating eating disorders. A diagnosis of an eating disorder begins with a comprehensive evaluation conducted by a healthcare professional. Key steps include: Clinical Interviews: Assessing eating habits, thoughts about food, weight, and body image, as well as overall emotional health. Physical Examination: Checking for physical signs of malnutrition or health complications, such as abnormal heart rate, electrolyte imbalances, or digestive issues. Psychological Assessments: Using standardized questionnaires and diagnostic criteria to evaluate disordered eating patterns and co-occurring mental health conditions. Treating eating disorders typically involves a multidisciplinary team of healthcare professionals, including therapists, nutritionists, and medical doctors. Each treatment plan is tailored to the individual's needs and the specific type of eating disorder. Interventions include: Counseling and Psychotherapy: Therapy is a cornerstone of eating disorder treatment. Common therapeutic approaches include: Cognitive Behavioral Therapy (CBT): Helps individuals identify and change negative thought patterns and behaviors related to food and body image. Dialectical Behavior Therapy (DBT): Focuses on emotional regulation and coping skills to manage stress and triggers. Family-Based Therapy (FBT): Engages family members in the recovery process, particularly for adolescents with eating disorders. Nutrition Counseling: Nutrition counseling helps individuals establish healthier eating patterns and address nutritional deficiencies caused by disordered eating. A registered dietitian works with patients to create balanced meal plans that support physical recovery and long-term health. Supportive Care: In addition to therapy and nutrition counseling, supportive care may include stress management techniques, group therapy, or involvement in support groups. These resources provide individuals with a sense of community and shared experience, which can be vital for sustained recovery. While eating disorders are challenging to overcome, effective treatment is available. With a personalized and holistic approach, individuals can achieve recovery and regain a healthy relationship with food and their bodies. If you or someone you know may have an eating disorder, seeking professional help is a critical step toward healing. Eating disorders are serious conditions that can have devastating effects on physical and emotional health. Recognizing when to seek help is crucial for preventing long-term complications and starting the path to recovery. This article outlines the key indicators that it may be time to reach out for professional support. If you or someone you know is experiencing the following symptoms, it's important to consult a healthcare professional: Chronic dieting or preoccupation with weight and body image Frequent episodes of binge eating or purging Unexplained weight changes or fluctuations Physical symptoms such as dizziness, fatigue, or gastrointestinal distress Obsessive thoughts or rigid behaviors related to food and eating Social withdrawal or avoiding meals with others Untreated eating disorders can lead to severe medical complications, including malnutrition, heart problems, and bone loss. Additionally, individuals may experience worsening mental health issues, such as anxiety, depression, or isolation, further complicating recovery. If you suspect an eating disorder, consider the following steps to seek help: Speak to a Primary Care Provider: They can provide an initial assessment and refer you to specialists. Consult a Mental Health Professional: Therapists and counselors with expertise in eating disorders can guide diagnosis and treatment. Reach Out to Support Networks: Many organizations provide resources, support groups, and guidance for those affected by eating disorders. Several organizations offer support for individuals and families dealing with eating disorders. These include: Seeking help for an eating disorder is a sign of strength, not weakness. Early intervention can make a significant difference in recovery and long-term well-being. If you or someone you love is struggling with disordered eating, reaching out to a professional is the first step toward healing and reclaiming a healthy life. Approximately 20 million women and 10 million men in the U.S. suffer from an eating disorder at some point in their lives, with anorexia nervosa having the highest mortality rate.