

Language Matters: Treating Body Image in Eating Disorder Patients

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Credit: One (1) Continuing Education Credit Awarded

Posttest (For reference only. You must take and pass the test online for CE credit.)

1. In which eating disorder diagnosis does body image have the most impact?
 - A. Anorexia nervosa and bulimia nervosa
 - B. Atypical anorexia
 - C. ARFID
 - D. Anorexia, atypical anorexia, bulimia, binge eating disorder, ARFID and OSFED
2. Body image is:
 - A. Based on weight
 - B. A person's subjective picture or mental image of their own body
 - C. What we see in the mirror, objective
 - D. Based on feedback from those around us
3. Nutritional restoration is
 - A. The responsibility of the Registered Dietitian alone
 - B. Not a factor in body image considerations
 - C. A responsibility for the whole team to understand and support
 - D. Uncomplicated for most patients
4. Body image issues typically appear
 - A. At the onset of eating disorder symptoms
 - B. As the initial trigger of an eating disorder
 - C. During the course of treatment
 - D. Once weight restoration is achieved
5. Body image issues can be aggravated during treatment by
 - A. Fullness or constipation
 - B. Fear of weight gain
 - C. Genetics
 - D. A and B
6. HAES is
 - A. Widely accepted by physicians
 - B. Well supported by studies
 - C. Principles include weight inclusivity, eating for well-being and respectful care
 - D. B and C
7. Some examples of problematic words or phrases are
 - A. Weight does not dictate health
 - B. We won't let you gain weight
 - C. I'm so happy to see you
 - D. Weight gain is a normal process
8. The process of avoiding stigmatizing language can include
 - A. Reducing how much we talk about weight
 - B. Examining our own potential fatphobia
 - C. Leaving weight talk to the RD
 - D. Not worrying about weight for patients in treatment

9. Specific actions for promoting body image with language include
 - A. Use patient-preferred words and language
 - B. Remove gendered language
 - C. A and B
 - D. Constantly tell everyone around you how pretty/handsome they are
10. Some considerations for trans, nonbinary and gender dysphoric patients do not include
 - A. Recognizing that body positivity isn't helpful
 - B. Understanding body composition changes, hormone effects
 - C. Supporting the health of the body
 - D. Asking for explanation as to why the patient's gender doesn't align with their sex