



ISTITUTO di ISTRUZIONE SUPERIORE "Gae Aulenti"

I.I.S. "R. Vaglio"
Biella

I.P.S.S.A.R. "E. Zegna"
Mosso - Cavaglià - Biella

I.P.S.I.A. "G. Ferraris"
Biella

Classe: 5 A
Materia: Lingua Inglese
Docente: Ximena Flaminia Appolloni

SYLLABUS

NEW GRAMMAR FILES

Autori: E. Jordan, P. Focchi
Editore: Trinity Whitebridge

- Past simple (revision)
- Present perfect simple (revision)
- Forma passive (unit 36)
- Forma passiva altri tempi e modi (UNIT 36)
- Forma passiva con i modali (UNIT 36)
- Pronomi relativi in frasi subordinate restrittive (UNIT 29)

WELL DONE

AUDIO CDs + on line worksheets
Autori: Catrin Elen Morris
Editore: ELI

Programma svolto in presenza

Module 6: Safety and Nutrition

Health and Safety

- HACCP principles
- Hazards and control points
- Food infections and poisoning
- Prevention from food contamination

Diet and nutrition

- Organic food and GMOs
- The Mediterranean Diet
- Food intolerances and allergies
- Alternative Diets (macrobiotics, vegetarian, vegan, raw food, fruitarian, dissociated)

Module 7: Service

www.iisgaeaulenti.it biis00700c@istruzione.it

Sede Centrale: Viale Macallè, 54 - 13900 - Biella (BI)

Tel. 015-402748 Fax. 015-8496093

C.F. 90067580028



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- Understanding and serving wine

Module 8: Applying for a job

- How to write a Curriculum Vitae
- Europass CV
- Getting ready for an interview

Programma svolto in modalità DAD

Approfondimento sui disturbi alimentari con particolare riferimento ad anoressia e bulimia. Somministrazione di comprensioni del testo (adattate e allegate al presente documento) tratte dal sito <https://www.nationaleatingdisorders.org/> e così articolate:

01_two types of eating disorders
03_risk factors of eating disorders
04_health consequences of eating disorders
05_recovery from eating disorders.

Visione di filmati relativi a testimonianze di ex pazienti affetti da disturbi alimentari.

Strona, 14 maggio 2020



01_Two types of eating disorders

1. Anorexia nervosa

Anorexia nervosa is likely the most well-known eating disorder. It generally develops during adolescence or young adulthood and tends to affect more women than men (Trusted Source).

People with anorexia generally view themselves as overweight, even if they're dangerously underweight. They tend to constantly monitor their weight, avoid eating certain types of foods, and severely restrict their calories.

Common symptoms of anorexia nervosa include (8):

- being considerably underweight compared with people of similar age and height
- very restricted eating patterns
- an intense fear of gaining weight or persistent behaviors to avoid gaining weight, despite being underweight
- a relentless pursuit of thinness and unwillingness to maintain a healthy weight
- a heavy influence of body weight or perceived body shape on self-esteem
- a distorted body image, including denial of being seriously underweight

Obsessive-compulsive symptoms are also often present. For instance, many people with anorexia are often preoccupied with constant thoughts about food, and some may obsessively collect recipes or hoard food.

Such individuals may also have difficulty eating in public and exhibit a strong desire to control their environment, limiting their ability to be spontaneous.

Anorexia is officially categorized into two subtypes — the restricting type and the binge eating and purging type (8).

Individuals with the restricting type lose weight solely through dieting, fasting, or excessive exercise.

Individuals with the binge eating and purging type may binge on large amounts of food or eat very little. In both cases, after they eat, they purge using activities like vomiting, taking laxatives or diuretics, or exercising excessively.

Anorexia can be very damaging to the body. Over time, individuals living with it may experience the thinning of their bones, infertility, brittle hair and nails, and the growth of a layer of fine hair all over their body (9).

In severe cases, anorexia can result in heart, brain, or multi-organ failure and death.

Summary People with anorexia nervosa may limit their food intake or compensate for it through various purging behaviors. They have an intense fear of gaining weight, even when severely underweight.



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2. Bulimia nervosa

Bulimia nervosa is another well-known eating disorder. Like anorexia, bulimia tends to develop during adolescence and early adulthood and appears to be less common among men than women (7Trusted Source). People with bulimia frequently eat unusually large amounts of food in a specific period of time.

Each binge eating episode usually continues until the person becomes painfully full. During a binge, the person usually feels that they cannot stop eating or control how much they are eating.

Binges can happen with any type of food but most commonly occur with foods the individual would normally avoid. Individuals with bulimia then attempt to purge to compensate for the calories consumed and relieve gut discomfort.

Common purging behaviors include forced vomiting, fasting, laxatives, diuretics, enemas, and excessive exercise.

Symptoms may appear very similar to those of the binge eating or purging subtypes of anorexia nervosa. However, individuals with bulimia usually maintain a relatively normal weight, rather than becoming underweight.

Common symptoms of bulimia nervosa include (8):

- recurrent episodes of binge eating with a feeling of lack of control
- recurrent episodes of inappropriate purging behaviors to prevent weight gain
- a self-esteem overly influenced by body shape and weight
- a fear of gaining weight, despite having a normal weight

Side effects of bulimia may include an inflamed and sore throat, swollen salivary glands, worn tooth enamel, tooth decay, acid reflux, irritation of the gut, severe dehydration, and hormonal disturbances (9).

In severe cases, bulimia can also create an imbalance in levels of electrolytes, such as sodium, potassium, and calcium. This can cause a stroke or heart attack.

Summary People with bulimia nervosa eat large amounts of food in short periods of time, then purge. They fear gaining weight despite being at a normal weight.



03_Eating disorders – Risk factors

Eating disorders are complex and affect all kinds of people. Risk factors for all eating disorders involve a range of biological, psychological, and socio-cultural issues. These factors may interact differently in different people, so two people with the same eating disorder can have very diverse perspectives, experiences, and symptoms. Still, researchers have found broad similarities in understanding some of the major risks for developing eating disorders. The factors listed below may be applicable to those with anorexia nervosa, bulimia nervosa, binge eating disorder, or OSFED. Information on ARFID and pica risk factors are listed separately.

BIOLOGICAL

- **Having a close relative with an eating disorder.** Studies of families have found that having a first-degree relative (like a parent or sibling) with an eating disorder increases a person's risk of developing an eating disorder.
- **Having a close relative with a mental health condition.** Similarly, issues like anxiety, depression, and addiction can also run in families, and have also been found to increase the chances that a person will develop an eating disorder.
- **History of dieting.** A history of dieting and other weight-control methods is associated with the development of binge eating.
- **Negative energy balance.** Burning off more calories than you take in leads to a state of negative energy balance. Many people report that their disorder began with deliberate efforts to diet or restrict the amount and/or type of food they were eating in the form of dieting, other causes can include growth spurts, illness, and intense athletic training.
- **Type 1 (insulin-dependent) diabetes.** Recent research has found that approximately one-quarter of women diagnosed with type one diabetes will develop an eating disorder. The most common pattern is skipping insulin injections, known as diabulimia, which can be deadly.

PSYCHOLOGICAL

- **Perfectionism.** One of the strongest risk factors for an eating disorder is perfectionism, especially a type of perfectionism called self-oriented perfectionism, which involves setting unrealistically high expectations for yourself.
- **Body image dissatisfaction.** Body image encompasses how you feel both about and in your body. It's sadly not uncommon to dislike your appearance, but people who develop eating disorders are more likely to report higher levels of body image dissatisfaction and an internalization of the appearance ideal.
- **Personal history of an anxiety disorder.** Research has shown that a significant subset of people with eating disorders, including two-thirds of those with anorexia, showed signs of an anxiety



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disorder (including generalized anxiety, social phobia, and obsessive-compulsive disorder) before the onset of their eating disorder.

- **Behavioral inflexibility.** Many people with anorexia report that, as children, they always followed the rules and felt there was one "right way" to do things.

SOCIAL

- **Weight stigma.** The message that thinner is better is everywhere, and researchers have shown that exposure to this can increase body dissatisfaction, which can lead to eating disorders. Weight stigma is discrimination or stereotyping based on a person's weight, and is damaging and pervasive in our society.
- **Teasing or bullying.** Being teased or bullied – especially about weight - is emerging as a risk factor in many eating disorders. The harmful effects of bullying have received increased attention in recent years, starting an important national conversation. 60% of those affected by eating disorders said that bullying contributed to the development of their eating disorder. Weight shaming needs to be a significant part of anti-bullying discussions, particularly in the context of the widespread anti-obesity messaging.
- **Appearance ideal internalization.** Buying into the message of the socially-defined "ideal body" may increase the risk of an eating disorder by increasing the likelihood of dieting and food restriction.
- **Acculturation.** People from racial and ethnic minority groups, especially those who are undergoing rapid Westernization, may be at increased risk for developing an eating disorder due to complex interactions between stress, acculturation, and body image. Within three years after western television was introduced to Fiji, women, previously comfortable with their bodies and eating, developed serious problems: 74% felt "too fat;" 69% dieted to lose weight; 11% used self-induced vomiting; 29% were at risk for clinical eating disorders.
- **Limited social networks.** Loneliness and isolation are some of the hallmarks of anorexia; many with the disorder report having fewer friends and social activities, and less social support. Whether this is an independent risk factor or linked to other potential causes (such as social anxiety) isn't clear.
- **Historical trauma,** or intergenerational trauma, describes the "massive cumulative group trauma across generations," like with Jewish Holocaust survivors, Native American populations, and Indigenous groups that experienced European colonization. Research shows health consequences including "anxiety, intrusive trauma imagery, depression, elevated mortality rates from cardiovascular diseases as well as suicide and other forms of violent death, psychic numbing and poor affect tolerance, and unresolved grief" (Brave Heart, 1999). Similarities between the effects of eating disorders and historical trauma points to a need for more research and information that addresses these systems of oppression.



04_Eating disorders – Health consequences

Eating disorders are serious, potentially life-threatening conditions that affect a person's emotional and physical health. They are not just a "fad" or a "phase." People do not just "catch" an eating disorder for a period of time. They are real, complex, and devastating conditions that can have serious consequences for health, productivity, and relationships.

Eating disorders can affect every organ system in the body, and people struggling with an eating disorder need to seek professional help. The earlier a person with an eating disorder seeks treatment, the greater the likelihood of physical and emotional recovery.

CARDIOVASCULAR SYSTEM

- Consuming fewer calories than you need means that the body breaks down its own tissue to use for fuel. Muscles are some of the first organs broken down, and the most important muscle in the body is the heart. Pulse and blood pressure begin to drop as the heart has less fuel to pump blood. The risk for heart failure rises as the heart rate and blood pressure levels sink lower and lower.
- Purging by vomiting or laxatives depletes your body of important chemicals called electrolytes. The electrolyte potassium plays an important role in helping the heart beat and muscles contract, but is often depleted by purging. Electrolyte imbalances can lead to irregular heartbeats and possibly heart failure and death.

GASTROINTESTINAL SYSTEM

- Slowed digestion known as gastroparesis. Food restriction and/or purging by vomiting interferes with normal stomach emptying and the digestion of nutrients, which can lead to:
 - *Stomach pain and bloating*
 - *Nausea and vomiting*
 - Bacterial infections
 - *Feeling full after eating only small amounts of food*
 - Constipation, which can have several causes:
 - *Inadequate nutritional intake, which means there's not enough in the intestines for the body to try and eliminate*
 - *Long-term inadequate nutrition can weaken the muscles of the intestines and leave them without the strength to propel digested food out of the body*
 - Binge eating can cause the stomach to rupture, creating a life-threatening emergency.
 - Vomiting can wear down the esophagus and cause it to rupture, creating a life-threatening emergency.
 - *Frequent vomiting can also cause sore throats and a hoarse voice.*
 - When someone makes themselves vomit over a long period of time, their salivary glands under the jaw and in front of the ears can get swollen.
 - Both malnutrition and purging can cause pancreatitis, an inflammation of the pancreas. Symptoms include pain, nausea, and vomiting.
 - Intestinal obstruction, perforation, or infections.



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NEUROLOGICAL

- Although the brain weighs only three pounds, it consumes up to one-fifth of the body's calories. Dieting, fasting, self-starvation, and/or erratic eating means the brain isn't getting the energy it needs, which can lead to obsessing about food and difficulties concentrating.
- Extreme hunger or fullness at bedtime can create difficulties falling or staying asleep.
- Neurons use electrolytes (potassium, sodium, chloride, and calcium) to send electrical and chemical signals in the brain and body. Severe dehydration and electrolyte imbalances can lead to seizures and muscle cramps.
- If the brain and blood vessels can't push enough blood to the brain, it can cause fainting or dizziness, especially upon standing.

ENDOCRINE

- The body makes many of its needed hormones with the fat and cholesterol we eat. Without enough fat and calories in the diet, levels of hormones can fall, including:
 - *Sex hormones estrogen and testosterone*
 - *Thyroid hormones*
- Lowered sex hormones can cause menstruation to fail to begin, to become irregular, or to stop completely.
- Lowered sex hormones can significantly increase bone loss (known as osteopenia and osteoporosis) and the risk of broken bones and fractures.
- Without enough energy to fuel its metabolic fire, core body temperature will drop and hypothermia may develop.

OTHER HEALTH CONSEQUENCES

- Low caloric and fat consumption can cause dry skin, and hair to become brittle and fall out.
- To conserve warmth during periods of starvation, the body will grow fine, downy hair called lanugo.
- Severe, prolonged dehydration can lead to kidney failure.
- Anemia develops when there are too few red blood cells or too little iron in the diet. Symptoms include fatigue, weakness, and shortness of breath.



05_Recovery from eating disorders

The road to recovery from an eating disorder starts with admitting you have a problem. However, overcoming an eating disorder is about more than giving up unhealthy eating behaviors. It's also about learning new ways to cope with emotional pain and to improve self-esteem. First of all, it is important to reach out for support, and to open up about the problem by choosing someone who will be supportive and truly listen without judging you or rejecting you. This could be a close friend or family member or a teacher, or school counselor you trust, or a therapist or doctor.

While seeking professional help is important, people should never underestimate their own role in recovery. The more motivated people are to understand why they have developed an eating disorder, and to learn healthier coping skills, the quicker they will see change and healing. Accordingly, it could be useful to learn self-help strategies to cope with negative emotions and deal with life's challenges.

Tip 1: Learn healthier ways to cope with emotional pain

The first step is figuring out what's really going on inside. Are you upset about something? Depressed? Stressed out? Lonely? Is there an intense feeling you're trying to avoid? Are you eating to calm down, comfort yourself, or to relieve boredom? Once you identify the emotion you're experiencing, you can choose a positive alternative to starving or stuffing yourself.

There are a few suggestions to get you started: call a friend, listen to music, play with a pet, read a good book, Get out into nature, do something helpful for someone else.

Tip 2: Develop a balanced relationship with food

Developing a healthier relationship with it is essential to your recovery. Focusing nutritious food and thinking of food as fuel for our body will help find a balance. It is advisable to adopt a regular eating schedule and avoid skipping meals to facilitate the development of a balanced relationship with meals.

Tip 3: Learn to accept and love yourself as you are

It is important to base our self-worth on qualities, accomplishments and abilities we have than on physical appearance alone, ignoring all the rest. Think about our friends and family members. They love you for who you are and your appearance ranks low on the list of what they love about you. Here some tips that can help:

- **Make a list of your positive qualities.** Think of all the things you like about yourself. Are you smart? Kind? Creative? Loyal? Funny? What would others say are your good qualities? Include your talents, skills, and achievements. Also, think about negative qualities you DON't have.



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- **Stop body checking.** Pinching for fatness, continually weighing yourself, or trying on too-small clothes only magnifies a negative self-view and gives you a distorted image of what you really look like. The first to learn is that you shouldn't depend on a number on the scale or a perceived flaw you think you see in the mirror.
- **Challenge negative self-talk.** We all have negative thoughts about our appearance from time to time. The important thing is not to base your self-worth on these thoughts. [Challenge the negative thought](#) and ask yourself what evidence you have to support the idea. Just because you believe something, doesn't mean it's true.

Tip 4: improve your body image

- **Dress for yourself, not others.** You should feel good in what you wear. Pick clothes that express your personality and make you feel comfortable and confident.
- **Stop comparing yourself to others.** Even people without an eating disorder experience feelings of anxiety and inferiority when they compare themselves to others on social media. People exaggerate the positive aspects of their lives on Facebook, Instagram pretending everything is perfect. If necessary, [take a break from social media](#) and toss the fashion magazines. Stay away until you're confident they won't undermine your self-acceptance.
- **Pamper your body.** Instead of treating your body like the enemy, look at it as something precious. Pamper yourself with a massage, manicure, facial, a candlelight bath, or a scented lotion or perfume that makes you happy.
- **Stay active.** This is good for both your mental and physical well-being. The key is to differentiate between compulsive exercise—which is rule-driven, weight-focused, and rigid—and healthy exercise that is rule-free, fun, and flexible. Focus on activities you enjoy and do them because they improve your mood, not because they might change how you look. Outdoor activities can be especially good at generating a super boost in us.

Tip 5 : Avoid relapse

The work of eating disorder recovery doesn't end once you've adopted healthier habits. It's important to take steps to maintain your progress and prevent relapse.

- **Develop a solid support system.** Surround yourself with people who support you and want to see you healthy and happy. Avoid people who drain your energy, encourage disordered eating behaviors, or make you feel bad about yourself.
- **Avoid pro-ana and pro-mia websites.** Don't visit websites that promote or glorify anorexia and bulimia. These sites are run by people who want excuses to continue down their destructive path. The "support" they offer is dangerous and will only get in the way of your recovery.



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- **Stick with your eating disorder treatment plan.** Don't neglect therapy or other components of your treatment, even if you're doing better. Follow the recommendations of your treatment team.
- **Fill your life with positive activities.** Make time for activities that bring you joy and fulfillment. Try something you've always wanted to do, develop a new skill, pick up a fun hobby, or [volunteer in your community](#). The more rewarding your life, the less desire you'll have to focus on food and weight.
- **If you do lapse, don't beat yourself up.** Recovery is a process—and that often involves setbacks. Don't let feelings of guilt or shame derail your recovery, but think about how you'll handle the same situation next time. Remember: One brief lapse doesn't have to turn into a full-blown relapse.