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Message from the President



S. Bryn Austin,
ScD, FAED

Do you know what you'll be doing on Sunday, June 2? Maybe planning your winter vacation if you happen to be in the southern hemisphere, planning your summer vacation if you're in the northern hemisphere, or planning for monsoon season if you happen to be around the middle of the two. But no matter where you are, we can all be planning what we will do for [World Eating Disorders Action Day \(WEDAD\)](#) on June 2, 2019.

With the fourth annual WEDAD just around the corner, now is a great time to take stock of what we can do to collectively make progress for the eating disorders community. This year WEDAD is shining a light on the glaring need for improving training in eating disorders for frontline healthcare providers, namely pediatricians, primary care doctors, nurses, physician assistants, dentists, emergency room clinicians, and school health providers. What training do they need most? Early detection and appropriate referral for treatment.

We all want to have a positive impact, but one of the biggest set of hurdles we face as a community is that, because of myriad problems with healthcare delivery systems around the globe, the majority of people with eating disorders — or mental health conditions of any type, for that matter — do not get diagnosed or receive treatment. The recent [comprehensive report](#) from the Lancet Commission on Global Mental Health makes it painfully clear that this is true in countries worldwide, regardless of whether a nation falls in the high end, low end, or in the middle of the range of the World Bank's country income classifications. We can dedicate our careers to developing all manner of effective treatments, but if at the end of the day they are not reaching the vast majority of people who need them, what impact have we had?

A sobering thought, I know, but we shouldn't let that stop us from coming together to find ways over and around these hurdles. WEDAD's central focus for this year is right on target. For the AED, education for frontline health providers is near and dear to our hearts too. We do this through our annual conference, webinars, collaborations with other professional societies, and publications like our [Medical Care Standards Guide](#). Also, thanks to the AED's Partners, Chapters, and Affiliates Committee (PCAC), our capacity for training throughout many parts of the world is greatly enhanced.

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Message from the President *continued*



But still there are countless places — including perhaps your own state, province, or hometown — where frontline healthcare providers are not getting trained in the basics of early detection and appropriate referral. Is this true in your area? If yes, ask yourself, “what can I do?” Who could you team up with in your own area — perhaps a clinical professional society chapter and local board of health or school board — to offer training for your local frontline providers?

I know this might sound like a challenging proposition, but don’t write me off yet. I promise that you don’t have to go it alone and you don’t need to start from scratch. The AED has many helpful resources to help you get started, top among them is our [Medical Care Standards Guide](#). This outstanding guide, created by a dedicated team of AED members who are medical specialists, is available in Arabic, Brazilian Portuguese, English, Hebrew, Italian, Japanese, Portuguese, Spanish, and Turkish, and translations are in the works now for Chinese, Czech, French, and Russian. Are you fluent in a language not on this list? If yes, help us get this essential guide out to an even broader cross section of frontline medical care providers around the world. [Email](#) AED Executive Director Lisa Myers and let us know you’d like to lend a hand in translating the guide into another language.

Now, a few thoughts on the ABCs of trainings for frontline medical providers:

- Providers are more able to fit trainings into their day amid all the competing demands for their time and attention if what’s offered is short and to the point. Preferably also the trainings come with some kind of continuing education credits the providers may be required to fulfill.
- The trainings ideally should cover the basics of what the variety of eating disorders are, how to recognize the early signs, and how to make an appropriate referral in their local area. The reality is that general healthcare resources and eating disorders-specific resources, training platforms and policies that can be leveraged for eating disorders, and community demographics, needs, and barriers to care can all be highly localized. These local nuances makes you — as an AED member and eating disorders expert — the perfect person to join forces with allies in your community to make sure healthcare providers in your area are getting vital training in eating disorders early identification and referral.
- Another crucial element will be to address the stereotypes about eating disorders that lead providers to miss cases in the first place. Just like the lay public, healthcare providers often hold misconceptions about who can be affected by an eating disorder and so especially miss signs in their patients who are male, people of color, or living in a larger body. Widespread underrecognition and undertreatment of eating disorders in these groups is well-documented, but it doesn’t have to be this way. If we emphasize this in trainings, we develop awareness that diverse individuals are affected by eating disorders and we explicitly tackle weight stigma in healthcare. With this, we can make a dent in the barriers to early identification caused by pernicious stereotypes about eating disorders.

Some free — and importantly, brief — online trainings along these lines already exist in some areas of the world. All of these could be augmented or tailored for use in trainings with frontline healthcare providers in your home state, province, or hometown. If you’d rather create your own training so you can fully tailor it to the needs and priorities of your home community, you can simply use these example resources as inspiration for your own ideas:

- Last year the AED collaborated in producing an English-language, one-hour training [webinar for pediatric primary care providers](#) based in the U.S. The recording is freely available online and addresses all the key considerations I listed above for basic training and debunking stereotypes and biases that get in the way of early identification.

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Message from the President *continued*

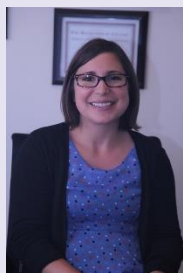
- Some other English-language resources include a free webinar for frontline healthcare providers working with adults offered by the U.S.-based [National Center of Excellence for Eating Disorders \(NCEED\)](#), which will stream online on June 4, 2019, and then archived on the NCEED website afterward. Also check out the [MindEd program](#) developed by the National Health Service in the U.K., which produced a series of free, online introductory training modules for early detection of eating disorders for health and youth services professionals. And the Australian Eating Disorders Collaboration has a set of [free online training videos](#), including one specifically on [screening and assessment](#).

This is not an exhaustive list, and in fact, I hope after this article comes out, lots of AED members will [email us](#) to tell us about other free, online trainings in a variety of languages for frontline health professionals on screening and referring for eating disorders. But even if I missed a few, what I do know for sure is that there are not nearly enough out there to meet the need for basic training in early detection for frontline healthcare professionals around the world.

The time-honored adage “Think globally, act locally” is a perfect fit for WEDAD’s focus this year. None of us single-handedly has to figure out how to get frontline healthcare providers all over the globe trained in eating disorders early identification and referral. But by finding like-minded allies to team up with in our home communities and connecting local frontline providers to existing resources or creating new ones tailored to local needs, we can start to move the needle on this persistent challenge in eating disorders access to care. Be an AED Hero by helping us ensure that more frontline medical providers get the basic training in eating disorders that they so vitally need to recognize eating disorders early and save lives.

So what will you do on June 2 for World Eating Disorders Action Day?

Message from the Editor



Anna Cio, PhD

Welcome to the post-conference issue of the AED *Forum*! This issue features updates, reflections, and photos from the 2019 International Conference on Eating Disorders. Many of the articles also speak to changes and goals for the next year, and it’s exciting to think about what the AED will accomplish soon.

Speaking of change, I would like to extend a warm welcome to our incoming AED *Forum* editor, Melissa Munn-Chernoff. Melissa will take over as primary *Forum* editor over the next several months, and I have no doubt that she will do an excellent job. I also want to welcome our new *Forum* book reviewers: Martha Levine and Abigail Matthews. They will be taking the place of Elin Lantz Lesser and Camden Matherne, who have done a fabulous job showcasing relevant books for our community over the past two years.

Thank you to everyone who submitted articles for this issue. Please submit your articles, letters, and announcements for the next issue of the *Forum* by **July 15, 2019**. Submit your contributions (no more than 250 words per entry) and suggestions to Forum@aedweb.org.

Greetings from the Executive Director



Elissa Myers, MA,
CAE, IOM

One of the greatest works of Literature include the words, “We hold these truths to be self-evident...” And yet, seldom do we stop, think through and embrace the significance and true meaning of that phrase. Self-evident truths are few in number. And being few in number, the power that they convey are undeniable.

At AED, we hold these truths to be self-evident:

- Eating disorders have a devastating impact on the sufferer as well as their family – parents, siblings, and children.
- Eating disorders are a frequently occurring mental illness throughout the world.
- Eating disorders are responsible for a large number of often preventable deaths.
- Inadequate nutrition often results in cognitive deficits from the malnutrition.
- Early diagnosis and adequate treatment, in combination, are the most promising response to an eating disorder, and represent a cost-efficient response to this deadly disease oh wait... maybe we don’t know that that’s a self-evident fact.

In fact, we don’t know with much certainty what the economic cost of the cluster of disorders called eating disorders actually is – or what the downstream fiscal benefit of the various forms of treatment are, on a global basis.

In a [presentation](#) to the United Nations, Mabel Bianco, President of the Foundation for Women’s Studies in Argentina wrote,

The economic approach to analyze the health care services system was used for many decades. Cost benefits studies were developed to evaluate the economic gain related to the expenditure for a specific treatment or health care method. The great challenge of those studies are how to quantify, for example, the life of a person, its health status or some morbidity condition, in order to compare the cost of a treatment to the benefit in terms of health, cure or death avoidance. How much is the cost of a life? Cost benefit studies face also the methodological problem to evaluate the intervention impact and to avoid the influence of other variables.

It’s complicated to measure the right things the right way.

Thanks to some groundbreaking research done by Deloitte Access Economics for the Australian Butterfly Foundation, Australia has some real insight into the cost-benefit of eating disorders and their treatment. The [first study](#), commissioned in 2012, found that “there were more than 913,000 sufferers across Australia with an estimated socio-economic cost of \$69.7 billion.” And looking at the death toll from these deadly diseases, David Murray, Chairman of the Butterfly Foundation, noted that “we are losing people who would have otherwise led fulfilling and meaningful lives.”

Their [second study](#), *Investing in Need*, built on the 2012 findings, “providing Australia with a clear economic imperative for adopting a cost-effective way for the health system to meet the needs of Australians with an eating disorder.” The business case is clear: optimal treatment interventions for eating disorders deliver a five-to-one benefit-cost ratio for the government’s investment on behalf of the community.

Lynne Pezzullo, Lead Partner in Health Economics and Social Practice at Deloitte Access Economics, and chief architect of the current study, wrote:

Under the current system, in any given year, the great majority of people with an eating disorder receive no treatment specifically for their condition. For those who do receive standard

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Greetings from the Executive Director *continued*

treatment, it is often expensive and ineffective. Some will never recover – one in every ten of those with anorexia will die prematurely. Many will struggle with their disease for decades, and most will face five to ten years with high morbidity. Best practice treatment, on the other hand, is substantially more cost-effective than standard treatment, and can lead most people with eating disorders to recovery in under two years.

Rolling out enough best practice multidisciplinary centers would not be cheap – possibly costing around \$500 million over five years. But it is less expensive than doing nothing. New cases of eating disorders in 2015 will cost the economy billions of dollars in lost productivity every year until recovery. Every dollar spent supplying effective treatment will pay for itself more than five times over, through productivity gains and other savings.

In my experience, the fragmented, confused, emotionally charged approach to seeking funding and agreeing on evidence based treatment is crying out for this kind of cost-benefit analysis. Like any sustainable treaty between compelling but competing interests, the gulf between human need and the mandate for corporate profits requires a bridge. Perhaps, working together, we can build this bridge – we can capture the data that will demonstrate why insurers and societies should invest in the treatment of eating disorders.

It's not cheap—but it's less than you might guess—to make a profound leap in this direction. If you would like to help us pull together the funding to make this happen, please contact me! And if you don't, I may be contacting you!

It is a self-evident truth that there is strength in numbers – double entendre intended!

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Shop online today at
www.aedweb.org/store



SIG and Committee Updates

Advocacy and Communications *Committee Update*

Christine M. Peat

The Advocacy and Communication Committee (ACC) is dedicated to communicating the mission and standpoint of the AED, disseminating the collective expertise of the AED on issues of concern to the organization, advocating for better understanding of eating disorders, and improving access to treatment.



The ACC would like to welcome its newest members:

Abigail Matthews
Jessica McClelland
Alicia Pinelli

Our new colleagues join existing members: Christine Peat, Renee Rienecke, Leigh Brosf, Hallie Espel-Huynh, Andrea LaMarre, Erin Parks, and Millie Plotkin, some of whom were able to meet up at this year's conference.

This year, the ACC will continue to develop and support initiatives that further the AED's mission. In January 2019, the ACC solicited advocacy ideas from the AED membership via an online survey. The most common issues identified were weight stigma, insurance, and access to providers trained in eating disorders.

In line with these responses, the ACC is developing a document to guide clinicians through insurance reviews. Additionally, the recently launched [National Center of Excellence for Eating Disorders](https://www.nimh.nih.gov/health/topics/eating-disorders/national-center-of-excellence-for-eating-disorders) in the U.S. is providing eating disorders education and training for healthcare providers. Interested members are also encouraged to join the Weight Stigma and Social Justice SIG, which aims to address issues of weight stigma and intersecting oppressions in the eating disorders community. To respond to the ACC's survey, please visit: <https://www.surveymonkey.com/r/L7QT9ZK>.

If you have questions or ideas about an advocacy issue to be addressed, please contact the current ACC co-chairs:

- Christine Peat: christine_peat@med.unc.edu
- Renee Rienecke: rienecke@musc.edu

Membership, Retention, and Recruitment *Committee Update*

Angela Derrick

The MRRC is pleased to report that 36 new members joined the ranks of the AED this March, bringing us to a current total of 1,478 members. Many of our new members attended the fantastic ICED conference in New York. At the conference, the MRRC worked hard on our initiative to recruit and retain members. One of our strategies was to incentivize purchasing a new membership or renewing an existing membership, and we awarded six lucky individuals with prizes such as a complimentary 2020 ICED registration, complimentary AED membership, and recordings from the 2019 ICED conference. By the way, did you happen to see anyone wearing flashing Big Apple pins? While the MRRC couldn't compete with the ANZAED koalas, we did meet our goal of bedazzling the event!

Also at the conference, the MRRC hosted the annual mentor-mentee breakfast, organized by Lisa Anderson and Janet Lydecker. The event was attended by 260 participants, with a large range of mentor/mentee interests represented, including experts by experience, advocacy, health at every size, binge-eating disorder, obesity, research-practice integration, therapeutic modalities, and neuroscience. This year's attendance was the strongest showing yet, indicating that there is continued interest in holding this space to bring people together. We had an approximate ratio of 3:1 for mentees:mentors, so please consider sharing your time and expertise at future conferences. We will be sending out a survey to attendees to gather feedback on ways to keep improving this popular event.

Research-Practice *Committee Update* – ICED 2019 Think Tank Recap

Caitlin Martin-Wagar

The Research-Practice Committee would like to thank all who attended our 2019 Research Practice Global Think Tank in New York City. It was clear throughout the conference and during the well-attended event how important research-practice integration initiatives are to ICED attendees.

This year's Think Tank, *Bringing Evidence-Based Practices to the People and Places that Need Them: Diverse Perspectives on Implementation Science*, focused on implementation science. A diverse panel provided their perspectives and recommendations related to barriers that researchers, clinicians, consumers, and other stakeholders experience related to applying evidence-based practices (EBP) with populations and settings across the globe.

U.S.-based advocates Stephanie Covington-Armstrong and Shalini Wickramatilake cited cultural, body size, and age-related barriers to assessment and treatment of individuals with eating disorders. Private practice clinician Abby Sarrett-Cooper (U.S.) discussed EBP dissemination barriers and access to mentoring resources. Clinician Rachel Millner (U.S.) emphasized the role of weight stigma in both treatment and research. Clinician-investigator Eva Trujillo (Mexico) addressed cultural considerations when using EBPs, and the need for increased access to evidence-based treatments in Latin America. Clinician-investigator Josie Geller (Canada) shared a model utilizing a problem-solving approach to treatment improvements that includes patients as research collaborators.

Overall, Think Tank attendees engaged their passion by brainstorming a variety of ways in which the eating disorder field can work to improve access to EBPs. A primary concern highlighted throughout the discussion was the importance of integrating underserved populations throughout all stages of research and dissemination. Others encouraged utilizing a broader approach using knowledge gained in other fields and communities to learn how we can best bring EBPs to a variety of underserved communities and tackle institutional barriers.

SIG Oversight *Committee Update*

Suzanne Dooley-Hash

Greetings! It was wonderful to see so many of you in New York at ICED 2019. Hopefully, you had a chance to see some of the many great SIG panel presentations. We had a lot of traffic at our SIG information table this year. For anyone who didn't get a chance to attend the conference or to stop by the table, you can still find information on all of the SIGs on the AED website under both the [Membership](#) and [Get Involved](#) tabs. SIGs play an important role in our community by giving members with similar interests a forum for connecting and collaborating. Our committee focus for this year is to increase engagement in our diverse group of SIGs in order to maximize the benefit for everyone. We welcome your input and suggestions on this.

We would also like to thank Kelly Alison, Marci Gluck, and Elizabeth Holm for their service over the past three years as they rotate off the committee. Each of you has made significant contributions to our committee and you will be missed. At the same time, we welcome our new members Julia Cassidy, Julie Trim, Abby Sarrett-Cooper, Mindy Solomon, and Marita Cooper, and our new board liaison Kelly Bhatnagar. We're looking forward to working with you as well.

Finally, all of the SIGs held their annual meetings in New York. Some had speakers or hosted panel discussions, while others discussed plans for the upcoming year. As a reminder for SIG co-chairs, please submit your Annual Report as soon as possible. We're looking forward to hearing what everyone has been up to over the past year and can't wait to see what the upcoming one brings.



Pictured: FBT SIG Annual Meeting at ICED 2019
Photo credits: Lauren Muhlheim



Pictured: Weight Stigma SIG Annual Meeting at ICED 2019



Social Media *Committee Update*



Pictured: SMC Co-Chairs Mirjam Mainland (left) and Millie Plotkin (right)

Millie Plotkin

As always, the Social Media Committee kept very busy during the #ICED2019. Here is a summary of our activities:

- We hosted the annual TweetUp to exchange tips for using social media. This is always a fun opportunity to meet our “followers” and help out people who are eager to use social media for their profession but are not quite sure how to get started.
- Facebook: We live streamed the conference opening remarks and the business meeting and awards for people who were unable to attend. These videos are saved on our page and can be viewed at any time. We also used the Facebook Stories feature to post during the poster sessions.
- Twitter: We live-Tweeted all of the plenaries as well as the Research Practice Think Tank. As with Facebook livestreaming, this gives people who cannot attend the conference a chance to learn about what we are seeing and hearing. Some committee members also posted tweets during other workshops and meetings they attended.
- Instagram: We recently created an Instagram account devoted entirely to promoting our conferences. Throughout the ICED we posted pictures, stories, and videos of #ICED2019, as well as telling people about the locations and dates for future conferences. Now we are using this page to promote sites around Sydney, Australia for people who will be attending the #ICED2020.

Get Social with AED

Follow AED on **Facebook, Twitter, LinkedIn, Instagram,**
and **YouTube**
and add your voice to dynamic discussions.

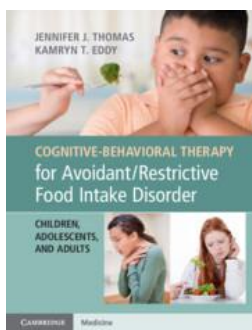
Visit **www.aedweb.org** and access our social media
channels at the links at the bottom of the homepage

We look forward to tweeting with you soon!



Association Updates and Other News

Book Review Corner



Elin Lantz Lesser, AED Book Reviewer

Cognitive-Behavioral Therapy for Avoidant-Restrictive Food Intake Disorder written by Jennifer J. Thomas and Kamryn T. Eddy (Cambridge University Press, 2019, 181 pages).

Cognitive-Behavioral Therapy for Avoidant-Restrictive Food Intake Disorder fills an important gap in eating disorder treatment: it offers a comprehensive, smart, and straightforward manualized treatment for a mental disorder new to the DSM-5, Avoidant/Restrictive Food Intake Disorder (ARFID). Given the need for an effective treatment for this condition, this book is an up-and-coming staple in any eating disorder clinician's library.

The approach presented in this book integrates strategies from previous evidence-based treatments while grappling with the new challenges inherent to an unfamiliar diagnosis with a distinct constellation of maintenance factors. The treatment was built by leading researchers in the ARFID field, and it offers a well-conceived model for conceptualizing the condition. The book is easy to read and considers a variety of practical challenges that one might meet in treating ARFID. The manual presents the information in a cogent, concise manner that makes treatment implementation easier for the reader. For example, it provides direct treatment materials that aid in patient interactions and therapist training, including comprehensive food lists, self-monitoring forms, visually friendly handouts, and therapist treatment adherence rating scales. Perhaps most importantly, the treatment approach balances structure with flexibility and is sensitive to individual patient factors.

The first part of the manual provides a thorough presentation of the assessment process for ARFID, including specific questions to ask about problems that are unique to ARFID or may be less familiar to clinicians. It also gives assessment guidelines for medical concerns that may be more complicated for therapists, such as tube feeding and medication considerations.

The authors then present a working case formulation that can be applied flexibly to individual patients with ARFID. The model posits that many individuals with ARFID are born with a sensory sensitivity that leads them to perceive food with greater intensity. It considers how a biological predisposition in combination with negative feelings about food or the consequences of eating can lead to food restriction. The formulation then offers an explanatory maintenance cycle, involving nutritional compromise and limited opportunities for exposure to foods or social modeling around food. This conceptualization assists clinicians in seeing the patient as a whole person within the context of the individual's environment and particular biological vulnerabilities. It also helps patients understand their particular disorder better, so that they can map out their own symptoms and histories in an understandable way.

The book also addresses other important logistical considerations when starting treatment. For example, the treatment offers family-supported and individual formats with a flow chart for deciding which medium is appropriate. Additionally, the manual discusses variable treatment length based on patient weight status, as well as treatment goals and session structure.

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Book Review Corner *continued*

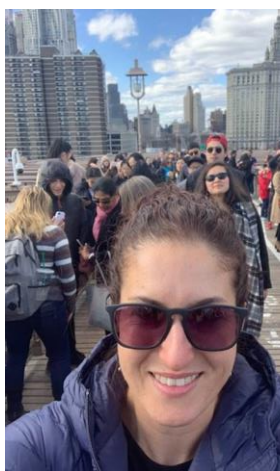


The treatment approach includes four stages, each offering differing strategies to improve symptoms. Some specific strategies include psychoeducation on nutrition and tackling maintenance factors like sensory sensitivity, fear of aversive consequences, and a lack of interest in food or eating. Behavioral components of treatment include gradually integrating new foods and the use of techniques to make that process easier, such as creatively infusing seasonings or breaking disliked food down into its parts.

Along with the treatment approach, the manual offers case examples and completed handouts to illustrate the treatment in real life. It integrates psychoeducation, cognitive work, and a variety of behavioral strategies to encourage patients to gradually get accustomed to a wider range of foods on their own terms.

The treatment and its manual are specific, active, and adaptable for the individual patient, taking into account the variety of presentations and maintenance factors found in ARFID and making it relatively easy for clinicians to slip confidently into their role as an ARFID therapist. It offers cutting-edge therapy strategies for a previously misunderstood condition while also being accessible and practical. Given the relative unfamiliarity many eating disorder experts have with ARFID as well as the distinct nature of this disorder and its maintenance factors, this manual is a must have for any clinician or clinical researcher in the field of eating disorders. As awareness of ARFID continues to increase in this field and beyond, this book will likely serve as a necessary resource for ARFID and anyone looking to keep up to date on effective treatments for varied eating pathology.

Member's Viewpoint – *2019 ICED Experience Summary*



Hiba Jebeile, APD, ANZAED/AED Young Investigator Travel Scholarship recipient

The 2019 ICED experience provided me with many firsts. My first time attending ICED, my first oral presentation at an international conference, and my first trip to New York – what a week!

The opening address by Kyle DeYoung particularly resonated with me. He spoke about the intersection between personal belief, skepticism, and science, encouraging open and respectful dialogue to drive both research and clinical practice. This set the tone for the conference with contentious and controversial topics being discussed. The AED took a lead role in modelling open dialogue on areas of disagreement with a dedicated session to identify areas of common disagreement. This was a new experience for me, and really highlighted that through discussion, we often achieve consensus.

It also was wonderful that a large focus of this conference was tailored to meet the needs of students in order to learn and network. Of particular benefit were the mentor/mentee breakfast and 'Meet the Expert' sessions. My mentor was very friendly and supportive, even attending my presentation and asking a very thoughtful question. The passion of long-standing AED members towards supporting students and new researchers is inspiring. The 'Meet the Expert' session offered a range of topic areas and our table included a broad range of participants, including those working in bariatric surgery from a research and clinical practice space, and those using a Health At Every Size-informed approach, with much discussion on how these areas may intersect.

I would like to take this opportunity to thank the ANZAED and AED for this scholarship, and in particular the members of the ANZAED Executive Committee, the AED Board, and the ICED conference committee who went out of their way to ensure I had a positive conference experience. The week was incredible, and I hope to see everyone again at the ICED 2020 in Sydney!



Upcoming Conferences, Meetings, and Seminars

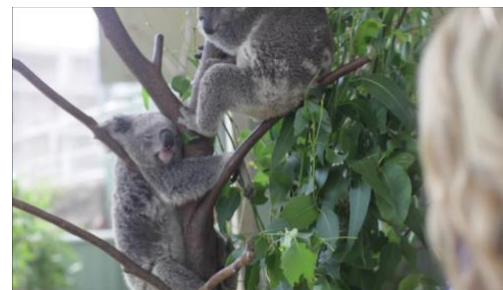
G'day! As the Co-Chairs of the ICED 2020 Sydney (ANZAED and AED) Scientific Program Committee, and on behalf of our amazing and hardworking team of committee members, we enthusiastically invite you to attend the next ICED meeting in Sydney, Australia!

Now, we recognize that heading to Australia may be a substantial trip for many AED members and regular ICED attendees. Commensurate with the nature of that trip, the theme of the conference is **"Taking a Different Perspective."** If you're already planning to go, great! If you're coming up with excuses to avoid the trip, challenge yourself to attend this conference. We promise to provide a fun and stimulating conference that does not shy away from courting tough conversations and debates, stepping outside of comfort zones to broaden horizons, and encouraging critical reflection on the field. In addition, as this conference represents the first time the Australia & New Zealand Academy for Eating Disorders (ANZAED) and AED are co-hosting the meeting, we will be working hard to blend the best of both conferences, including the famed laid-back atmosphere and complementary catering of ANZAED meetings! If the location, theme and free food are not enough to convince you, perhaps the following will:

- We're excited to announce our keynote speaker, Janet Treasure, who will provide a talk on controversial perspectives on understanding the relationship between eating disorders and the brain, guided by her long career in research and clinical practice.
- The conference will take place in the gorgeous, ultra-modern International Convention Centre Sydney (ICC, <https://www.iccsydney.com.au/>), situated in Darling Harbour. The post-conference social is a harbor cruise with views of the Sydney Harbour Bridge, Sydney Opera House, and the amazing Vivid Sydney Light & Music Festival! (<https://www.vividsydney.com/>). Unwind from the conference, dance, and sight-see all at once!
- Many of you will be travelling a considerable distance to attend, so we encourage you to make the most of your trip by attending one of the clinical or research pre-conference days. Alternatively (or in addition), you can arrange a visiting clinical or research observership with one of our many Australia and New Zealand-based colleagues (details to be distributed).
- Your trip doesn't only have to be about work. Bring along a travelling companion and/or your family. After the conference, see the Outback and Uluru (June is the best time of year to go!), or snorkel in the Great Barrier Reef (before it's [sadly] completely destroyed by climate change)!
- For those travelling alone, particularly students looking for low-cost accommodations, ANZAED is kindly exploring low cost accommodation options and the possibility of having ANZAED members host students during the conference (details to be distributed).
- If you are based in the US, American Airlines partners with Qantas, and Qantas flies directly from Los Angeles, New York City, San Francisco, Dallas, and Honolulu.

If you have any questions or you're still wondering whether to come, drop us a message!

Join us down under in 2020!



ICED 2020 Sydney (ANZAED and AED) Scientific Program Committee Co-Chairs:

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