Understanding Eating Disorders

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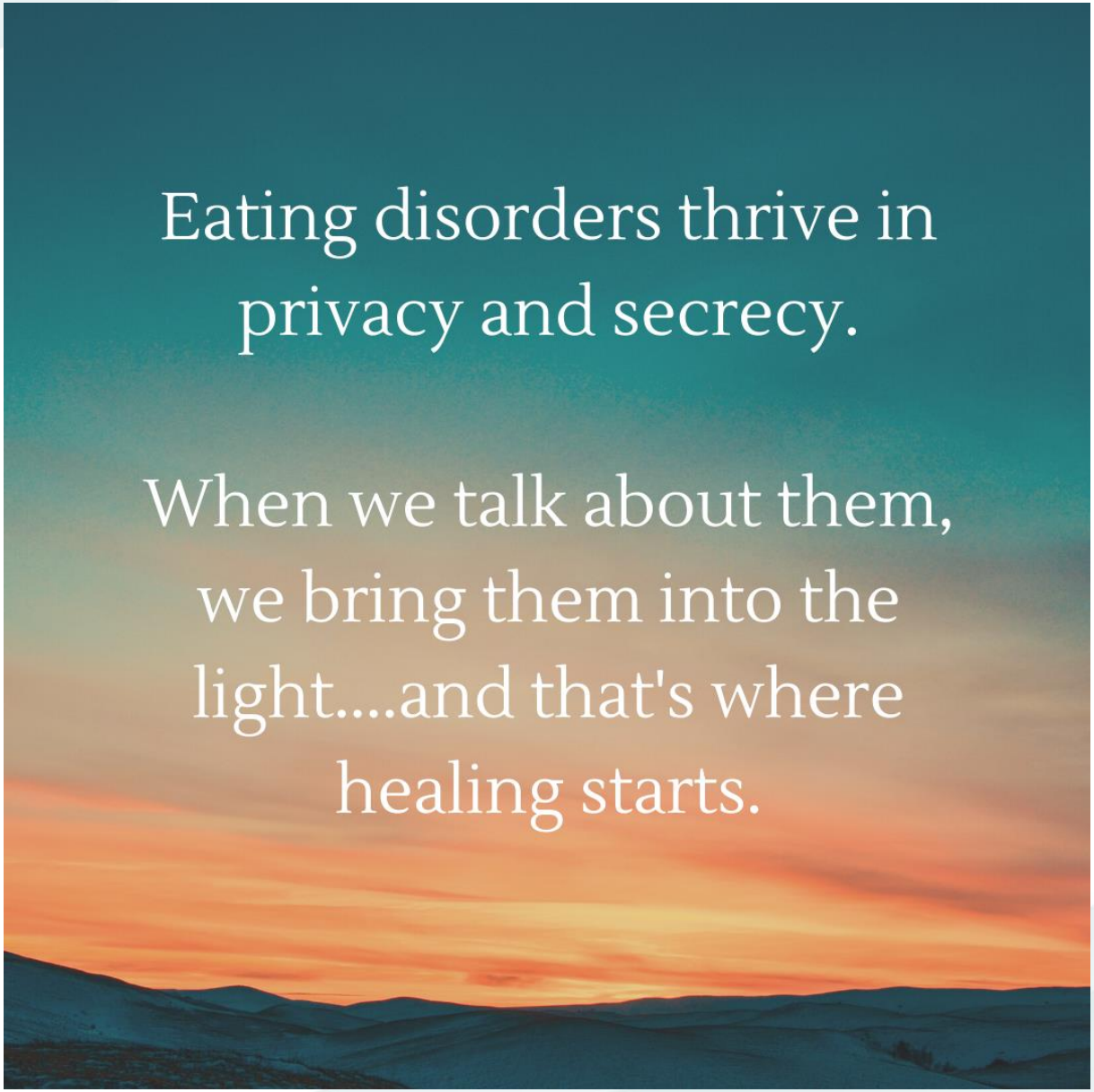

Eating disorders thrive in privacy and secrecy.
When we talk about them, we bring them into the light....and that's where healing starts.

AGENDA

- Identifying Eating Disorder Diagnoses
- Myths/Truths About Eating Disorders
- Understanding the “Why” of Eating Disorders
- Addressing Eating Disorders in the Healthcare Setting (Assessment, Treatment)
- Q&A
- Resources

Common Indicators (noticed by caregivers, inquisitive healthcare professionals)

Playing with food/pushing around the plate	Leaving table within ten minutes after a meal	Cycle of skipping meals and overeating meals
Consistent and extreme exercise despite injury or illness	Focus or preoccupation with being physically healthy	Preoccupation with healthy eating or “clean” eating
Assigning morality to food (e.g. “good or bad”)	Negative body image and comments	Rigidity or rules about eating and food

What puts someone at higher risk of an eating disorder?

- Temperament (our hard-wired personality traits)
- One or more family members with an eating disorder
- History of dieting or extreme weight loss methods
- Early onset puberty
- Competitive or high-pressure environment
- High-risk sports or industry (e.g. modeling, gymnastics, dance)
- Other mental health diagnoses (anxiety, depression, bipolar disorder) or substance use disorder

Eating Disorder Diagnoses

Anorexia Nervosa

Divided into two subtypes: restrictive type, and binge/purge subtype

Diagnostic Criteria

- Restriction of energy intake leading to significantly low body weight (e.g. a weight that is less than minimally normal or expected)
- Intense fear of gaining weight, of becoming fat, or continued behavior that interferes with weight gain
- Body image disturbance, influence of body weight/shape on self-evaluation, or lack of recognition of severity of low body weight

Bulimia Nervosa

Diagnostic Criteria

Recurrent episodes of binge eating characterized by:

- Eating, in a discrete period of time, an amount of food much larger than what most individuals would eat under similar circumstances
- A sense of lack of control over eating during the episode

Recurrent inappropriate compensatory behaviors (e.g. self-induced vomiting, laxative abuse, diuretic abuse, medications, fasting, exercise)

Body image disturbance

Eating Disorder Diagnoses

Avoidant/Restrictive Food Intake Disorder (ARFID)

Diagnostic criteria

Eating or feeding disturbance (e.g. lack of interest in eating, avoidance of food due to sensory characteristics of food, fear of aversive consequences of food) manifested by persistent failure to meet appropriate nutritional and/or energy needs associated with one or more:

- Significant weight loss (or failure to achieve expected weight gain or faltering growth in children)
- Significant nutritional deficiency
- Dependence on tube feeding or oral nutritional supplements
- Marked interference with psychosocial functioning

The disturbance is not:

- Due to a lack of available food or a culturally sanctioned practice
- Due to a concurrent medical condition or another mental disorder
- During the course of anorexia nervosa or bulimia nervosa

Binge Eating Disorder

Diagnostic criteria

Recurrent episodes of binge eating characterized by:

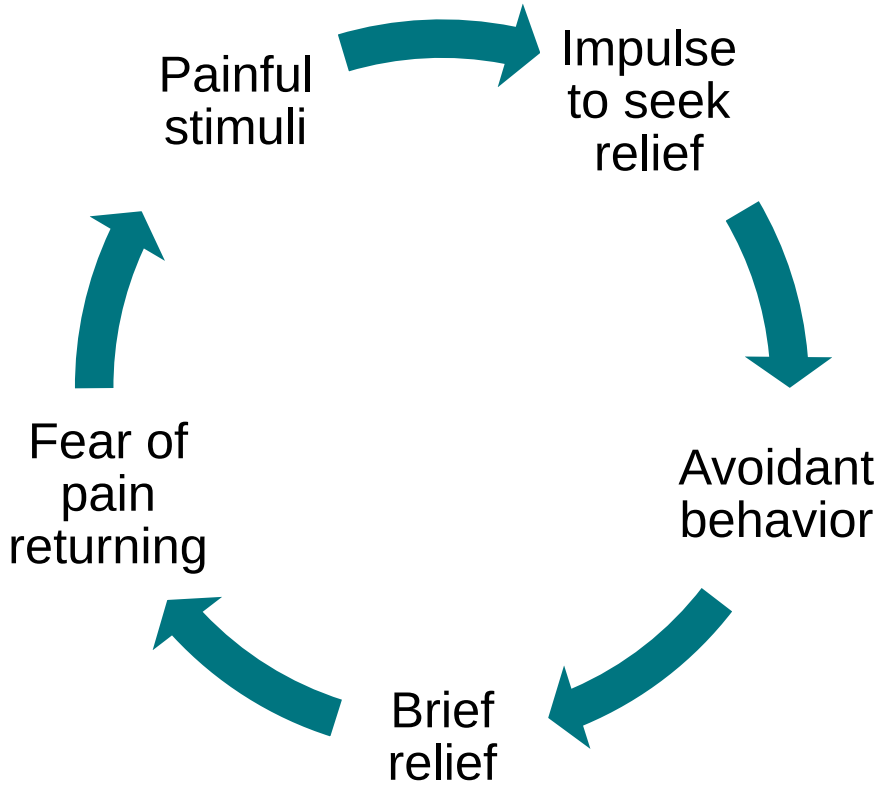
- Eating, in a discrete period of time, an amount of food much larger than what most people would eat under similar circumstances
- A sense of lack of control overeating during the episode

Binge eating episodes are associated with three or more of the following:

- Eating much more rapidly than normal
- Eating until feeling uncomfortably full
- Eating large amounts of food when not feeling physically hungry
- Eating alone due to feeling embarrassed by how much one is eating
- Feeling disgusted with one's self, depressed, or guilty after binge eating occurs

Understanding the “Why” of Eating Disorders

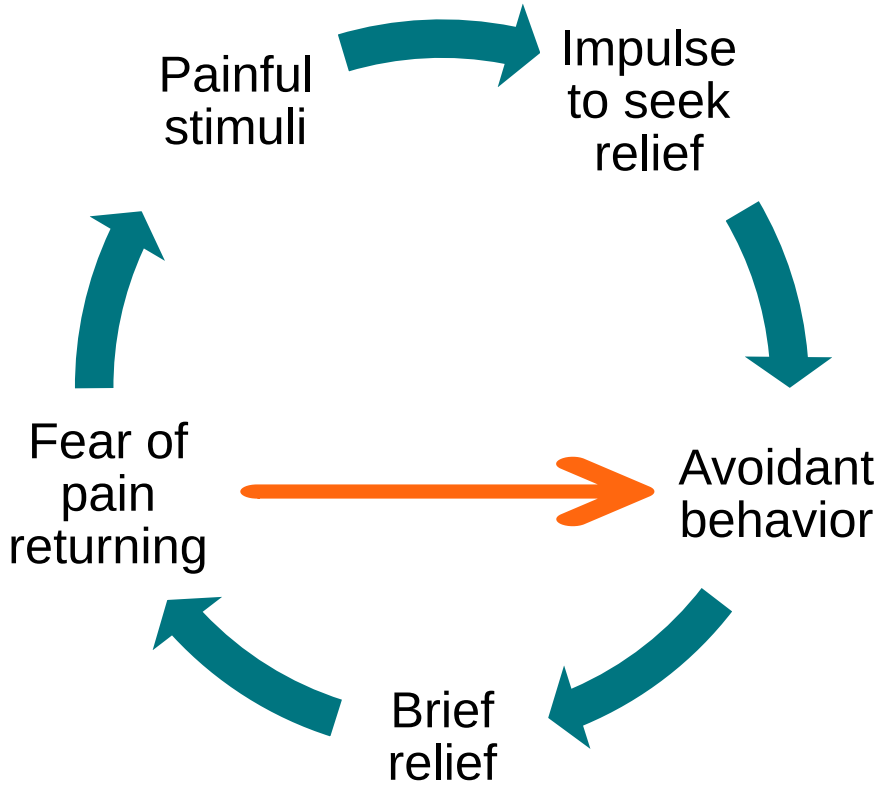
Experiential Avoidance:
Humans are conditioned to move away from pain (physical OR emotional).



Understanding the "Why" of Eating Disorders

When does "disordered eating" become an eating disorder?

- When avoidant behavior starts to become the rule, not the exception.
- In other words: when we begin to limit our options in life (or feel as if we have fewer options), in favor of the avoidant behavior



What to do if I suspect an eating disorder?

Be curious. Take notice. Lead with connection.

- Observe! Do not assume the person has an eating disorder
- Use your observations as a red flag and to initiate a conversation about concerns
- Let the person know you care about them, and noticed they may be having a hard time with food, eating, body image, etc.
- Keep personal opinions about food and body to yourself.
- Physical appearance is not an indicator of level of illness or symptoms!

Take the stance of
“noticing” and “curiosity”
(this works in your personal life, too!)

Examples of Relevant Intake Questions

Have you ever engaged in the following behaviors in order to control your weight/body?

- restricting calorie intake/skipping meals
- purging after meals
- following elimination diets (removing dairy, gluten, sugar, etc. from your diet)
- regular focus on “clean eating”
- exercise in order to compensate for calories consumed
- binge eating
- laxative use

Assessments & Questionnaires for Eating Disorder Assessment

- SCOFF (5 questions)
- EDQOL (quality of life/impact)
- Stages of Change Questionnaire
- Add relevant questions to patient intake forms

Tips for Taking Weights

Offer Blind Weights. (ex. “Would you like to face towards or away from the scale?”, “Do you want to know your weight today?”)

How to Take Blind Weights

- Patient faces away from scale, steps off scale still facing away
- Ask patient to remove shoes, heavy jewelry, watch, outerwear
- Paperwork that is handed to patient DOES NOT have weight on it.
- Do not comment on weight changes- communicate with treatment provider.

What To Say (or not say…)

DO:

- What do you think about your body?
- Do you diet or attempt to lose weight in other ways?
- Do worries or fears about eating and your body affect your daily life? (for example: backing out of social plans, having foods/restaurants that are off-limits, etc.)
- Do you ever try to make up for calories after eating as an attempt to keep from gaining weight?
- Do you feel out of control when eating?
- Do you eat for reasons other than physical hunger?

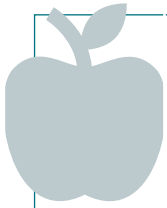
DO NOT:

- “I could stand to lose weight myself”
- “I wish I had your willpower!”
- “You look good.”
- “You look healthy.”
- “Just eat healthier foods.”
- “You don’t look fat.”
- “You are too skinny.”
- “You don’t look like you have an eating disorder”

Treating Eating Disorders

Medical Stabilization

Behavioral Intervention/Insight-oriented Therapy



Nutrition

Goals for recovery:
Identify maintaining factors of an eating disorder
Focus on functional interference

Therapies

- Acceptance and Commitment Therapy (ACT)
- Dialectical Behavioral Therapy (DBT)
- Cognitive Behavioral Therapy (CBT)
- Family Based Therapy (FBT)
- Emotionally Focused Family Therapy (EFFT)

Levels of Care at Eating Recovery Center

Inpatient

- Medical and/or psychiatric instability
- Nursing care 24/7
- Daily psychiatric rounding

Residential

- Need for 24 hour containment for eating disorder behaviors or psychiatric concerns
- Need for close staff supervision

Partial Hospitalization

- Day treatment; can adequately manage in the evenings with community housing

Intensive Outpatient

- Group and experiential-based programming three times per week

When should I refer a patient to a higher level of care?

- Significant weight loss
- Medical instability markers (labs, vitals)
- Inability to interrupt or reduce purging behaviors
- Interference with daily functioning (ask about school and work!)
- Three to four weeks of uninterrupted symptoms despite outpatient support
- When in doubt- reach out!

Resources & Support

Support Groups

https://www.eatingrecoverycenter.com/support-groups

https://eatingdisorderfoundation.org/get-help/support-groups/support-group-schedule/

Mental Note Podcast

https://www.eatingrecoverycenter.com/mental-note-podcast-episodes

Outpatient therapy (CEDS certified if possible)

Virtual and In-person Intensive Outpatient Programming

Higher levels of care (partial hospitalization, residential, inpatient treatment)

https://www.eatingrecoverycenter.com/treatment

@eatingrecovery

@pathlightbh

Questions

Eating Recovery Center

Pathlight Mood & Anxiety Center

Thank You

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