Eating Disorders:
Preventing, Intervening & Referring

Presenter:

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Learning Objectives

Participants will…

- ❑ Be able to identify at least 3 factors that make an individual susceptible to developing an eating disorder.
- ❑ Learn about specific behavior patterns characteristic of the 4 most frequently diagnosed eating disorders.
- ❑ Recognize a minimum of 3 indicators that an individual is beginning to struggle with disordered eating tendencies.
- ❑ Acquire specific strategies for intervening on clinical and sub-clinical eating disorders.

Why Talk about Eating Disorders?

Nutritional Therapy Practitioners WILL encounter clinical and sub-clinical eating disorders.

Why Talk about Eating Disorders?

- Many people who have an eating disorder do not pursue treatment on their own.
- Eating disorders have the highest mortality rate of any mental illness.[1]

In the United States, at least every 62 minutes, one person dies as a result of an eating disorder or eating disorder related complications. [2]

The NTP's Opportunity

As health professionals, NTPs have a unique opportunity in the prevention and eradication of eating disorders.

People are…

- Talking about food
- Motivated to seek services
- Looking for a solution
- [Hopefully] being honest

In one study, approximately 50% of participants who met full criteria for one of the Eating Disorders never talked about their concerns despite having contact with a health care provider. [3]

The NTP's Responsibility

- SCREENING…for vulnerabilities
- KNOWING…what to look for
- PREVENTING…the development of an eating disorder
- MONITORING…over time
- INTERVENING…on concerning behavior patterns
- REFERRING…when specialty services are needed

SCREENING…for Vulnerabilities

Not everyone develops an eating disorder.

and…

Approximately 1 in 4
people who walk through your door are at risk. [4]

Knowing who is at risk can inform treatment.

SCREENING…for Vulnerabilities

If an individual is vulnerable to developing an eating disorder, there is risk associated with the following:

Weight Loss

Eliminating/Restricting Foods

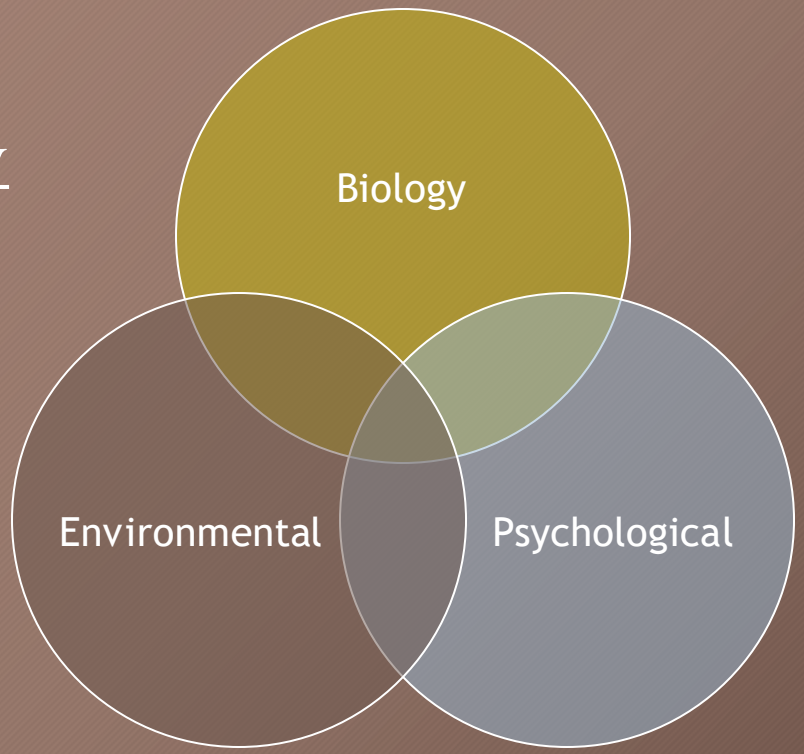
Self-Weighing or Focusing on Weight

Over-Focus on Food

Logging Intake

SCREENING…for Vulnerabilities

Eating Disorders are Biologically based illnesses influenced by environmental and psychological factors.



Knowing what makes a person vulnerable, or predisposed, to developing an ED, improves providers' ability to prevent their development.

SCREENING…for Vulnerabilities

- Structural and functional differences are present in the brains of people with eating disorders, particularly those with Anorexia, Bulimia and Binge Eating Disorder.

- Without the assistance of brain scans, screening for vulnerabilities involves evaluation and awareness of:
  - Behaviors
  - Traits
  - Genetics
  - History

SCREENING…for Vulnerabilities

BEHAVIORS

- Perfectionistic Striving
- Compulsive Tendencies
- Impulse Control Challenges
- Avoidance of Emotions
- Care-Taking/People Pleasing
- Control Strategies
- Active Eating Disorder Symptom Use

SCREENING…for Vulnerabilities

TRAITS (*often resulting from a combination of brain chemistry and environment*)

- Low Self-Esteem
- Worth Dependent on Performance
- Diminished Sense of Self
- Preference for Predictability/Control
- Elevated Self-Standards
- Increased Sensitivity
- Harm Avoidance

SCREENING…for Vulnerabilities

GENETICS

Family History or Presence of:

- Substance Dependence or Behavioral Addictions
- Existing Mental Health Diagnoses

  In Particular:

  * Anxiety Disorders
  * Depressive Disorders
- Sensory Processing Difficulties

Approximately 50% of people with Anorexia and Bulimia have a comorbid mood disorder, such as Anxiety or Depression.[5]

SCREENING…for Vulnerabilities

HISTORY

Personal History of:

- Early Menstruation
- Bullying
- Body Dissatisfaction
- Dieting
- Trauma/Abuse

Children exposed to bullying behaviors demonstrated twice the risk of developing an eating disorder when compared to their non-bullying/bullied counterparts.[6]

SCREENING…for Vulnerabilities

SUGGESTIONS:

- Include questions regarding Behaviors, Traits, History & Genetic/Family background on intake forms.
- Consider using established screening tools for eating disorder behaviors at intake (EAT-26, CHEDS, EDE-Q).
- Ask questions about Behaviors, Traits, History & Genetic/Family background during initial session(s).

KNOWING…What to Look For

4 Most Commonly Diagnosed Eating Disorders

Anorexia Nervosa

Bulimia Nervosa

Binge Eating Disorder

Other Specified Feeding or Eating Disorder

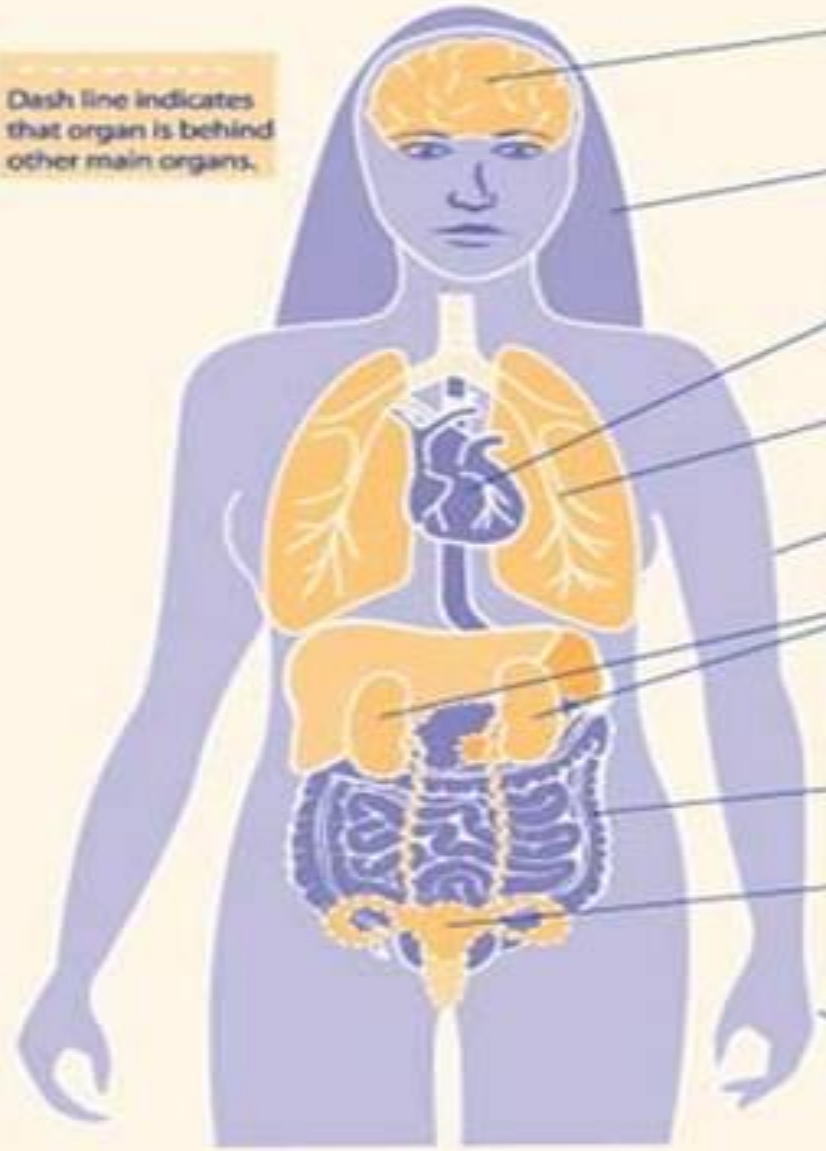
KNOWING…What to Look For

Anorexia Nervosa is characterized by deliberate restriction of intake, fear of weight gain, body image distortion, and undue evaluation of self based on weight and/or shape.

Important to Note:

- People with Anorexia tend to minimize the severity of their symptoms.
- People in "average" weighted bodies can have an Anorexia diagnosis.
- Anorexia is accompanied by significant medical risks.
- People with Anorexia are at risk of "Refeeding Syndrome," which can be fatal.

Anorexia affects your whole body



Brain and Nerves
can't think right, fear of gaining weight, sad, moody, irritable, bad memory, fainting, changes in brain chemistry

Hair
hair thins and gets brittle

Heart
low blood pressure, slow heart rate, fluttering of the heart (palpitations), heart failure

Blood
anemia and other blood problems

Muscles and Joints
weak muscles, swollen joints, fractures, osteoporosis

Kidneys
kidney stones, kidney failure

Body Fluids
low potassium, magnesium, and sodium

Intestines
constipation, bloating

Hormones
periods stop, bone loss, problems growing, trouble getting pregnant. If pregnant, higher risk for miscarriage, having a C-section, baby with low birthweight, and post partum depression.

Skin
bruise easily, dry skin, growth of fine hair all over body, get cold easily, yellow skin, nails get brittle

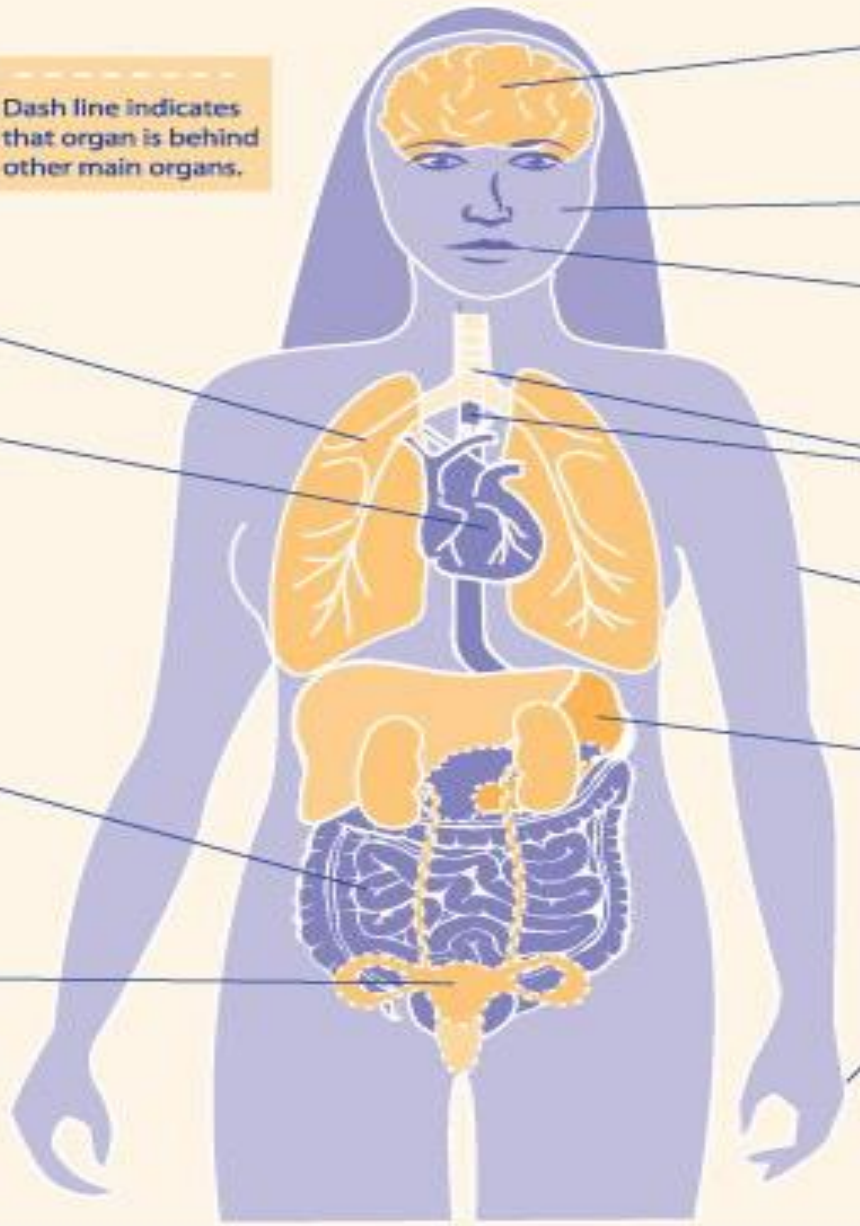
KNOWING…What to Look For

Bulimia Nervosa is characterized by recurrent episodes of binge-eating followed by self-induced vomiting or an alternative "undoing" behavior (including exercise). It is also marked by feeling out of control when eating, and undue evaluation of self based on shape and/or weight.

Important to Note:

- With Bulimic tendencies, people often experience shame associated with their behaviors and may be reluctant to talk about them.
- The #1 precursor to binge eating is restricting one's intake.
- Exercise can be a form of purging or undoing calories consumed.

How bulimia affects your body



Dash line indicates that organ is behind other main organs.

Brain
depression, fear of gaining weight, anxiety, dizziness, shame, low self-esteem

Cheeks
swelling, soreness

Mouth
cavities, tooth enamel erosion, gum disease, teeth sensitive to hot and cold foods

Throat & Esophagus
sore, irritated, can tear and rupture, blood in vomit

Muscles
fatigue

Stomach
ulcers, pain, can rupture, delayed emptying

Skin
abrasion of knuckles, dry skin

Blood
anemia

Heart
irregular heart beat, heart muscle weakened, heart failure, low pulse and blood pressure

Body Fluids
dehydration, low potassium, magnesium, and sodium

Intestines
constipation, irregular bowel movements (BM), bloating, diarrhea, abdominal cramping

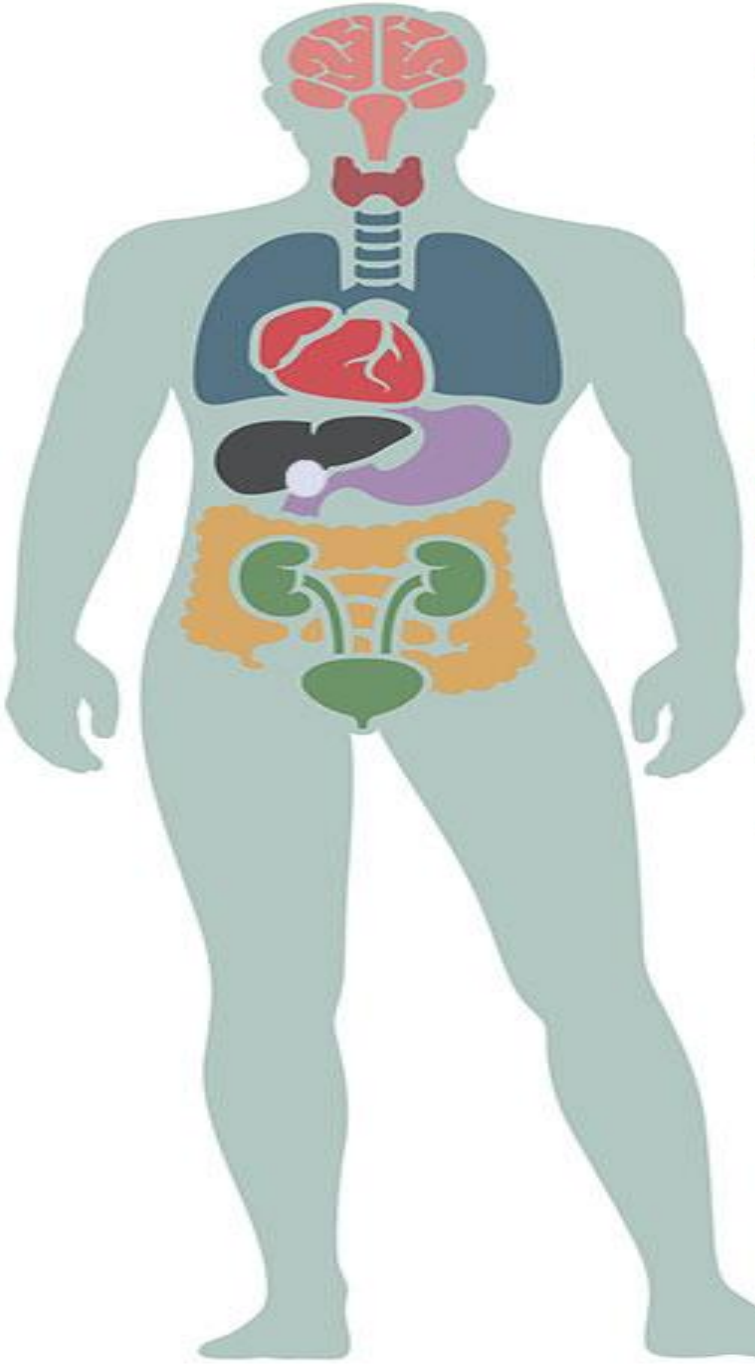
Hormones
irregular or absent period

KNOWING…What to Look For

Binge Eating Disorder is characterized by periods of eating an excessive quantity of food in a discreet period of time, while feeling out of control and/or unable to stop eating. There is an absence of compensatory behavior to undo calories consumed.

Important to Note:

- Typically, BED is accompanied by shame and, frequently, weight gain.
- Oftentimes, people with BED are motivated to change their behaviors or are interested in weight loss.
- Restrictive meal plans will likely be difficult for somebody with BED.



BODY
weight gain, fatigue, lethargy

BRAIN
low self-esteem, anxiety, depression, guilt, distressed by behaviour

THROAT
sleep apnoea

HEART
high blood pressure, high cholesterol, stroke, heart attack

GALLBLADDER
gallbladder disease

PANCREAS
type 2 diabetes

KIDNEYS
chronic kidney problems, kidney failure

BONES
osteoarthritis

eating disorders victoria

KNOWING…What to Look For

Other Specified Feeding or Eating Disorder is characterized by some, or most, of the behaviors present with the other clinical eating disorders, but not ALL diagnostic criteria are met.

Important to Note:

- Most common type of eating disorder diagnosed.
- Medical concerns present with the other disorders will be observed/noted.

KNOWING…What to Look For

Orthorexia is not an "official" eating disorder diagnosis, but is characterized by an obsession with eating "healthy" or "pure" foods, often resulting in rigid eating patterns, preoccupation with food, anxiety and deficiencies resulting from lack of variety or balance.

Important to Note:

- Can result in medical complications and fatality.
- Differentiated from Anorexia by focus on purity of self/body and food, as opposed to weight loss or control of body size/shape
- Term coined by Dr. Steven Bratman in 1996

PREVENTING…Eating Disorders

** PROCEED WITH CAUTION **

Eating Disorders are Serious, Life-Threatening Illnesses

- Explore the individual's history and relationship with food
- Be curious about motivation and long-term goals
- Provide information about potential risks
- Examine your own theory of, and relationship with, food

PREVENTING…Eating Disorders

- Use food logs cautiously and non-judgmentally
- Be aware of language used to describe food/food choices
- Explore responses to recommendations made
- Avoid imposing personal views
- Stay within scope of education

MONITORING…Over Time

Ongoing Evaluation:

- ❑ Is there a pattern to identified behaviors?
- ❑ Is there preoccupation?
- ❑ What is degree of preoccupation?
- ❑ Is there impairment?

MONITORING…Over Time

Ongoing Evaluation:

- ❑ What is level of rigidity w/regards to food?
- ❑ If symptom use is present, what is frequency?
- ❑ Is person's weight trending away from their expected range?

MONITORING…Over Time

Evaluation Tools:

- EAT-26 - widely used, and readily available, standardized tool for assessing symptoms/concerns characteristic of EDs

- CHEDS – Change in Eating Disorder Symptom scale

MONITORING…Over Time

SCOFF Questions[7]

1. Do you make yourself Sick?
2. Do you worry you have lost Control of how much you eat?
3. Have you lost more than One stone (14 lbs) in the last 3 months?
4. Do you believe yourself to be Fat when others say you are too thin?
5. Would you say that Food dominates your life?

INTERVENING…On Behaviors

- Describe what you are noticing with facts
- Explain what is causing you concern
- Explore what could be contributing to new behaviors
- Determine whether recommendations or service-related changes are contributors

INTERVENING…On Behaviors

- If necessary, stop protocol(s) that could be contributing (I.E. Stop Food Logs; Reintroduce Eliminated Foods; Increase Flexibility)
- Outline what would need to happen to alleviate concern (I.E. Increase Volume; Practice Flexibility; Arrest Weight Loss)
- Discuss barriers to implementing adjustments

INTERVENING…On Behaviors

- Know your limits and professional scope
- Recognize potential severity of situation
- Consult with Eating Disorder specialist if necessary
- Familiarize yourself with local Eating Disorder specialists and treatment facilities
- Provide information and resources
- Offer accountability and support while treatment is pursued

REFERRING…to Services

Treatment Options:

- Eating Disorder Treatment Centers
  -- Comprehensive Assessments & Recommendations
  -- Evidence-Based Treatment
- Private Practitioners
  -- Certified Eating Disorder Specialists
  -- Certified Eating Disorder Registered Dietitians

REFERRING…to Services

Resources:

- National Eating Disorders Association
  www.nationaleatingdisorder.org
- Eating Disorder Hope
  www.eatingdisorderhope.com
- Eating Disorder Referral & Information Center
  www.edreferral.com

References
&
Addendums

References

1. Smink, F. E., van Hoeken, D., & Hoek, H. W. (2012). Epidemiology of eating disorders: Incidence, prevalence and mortality rates. *Current Psychiatry Reports*,14(4), 406-414.
2. Eating Disorders Coalition. (2016). Facts About EDs: What The Research Shows. http://eatingdisorderscoalition.org.s208556.gridserver.com/couch/uploads/file/fact-sheet_2016.pdf
3. Swanson SA, Crow SJ, Le Grange D, Swendsen J, Merikangas KR. Prevalence and correlates of eating disorders in adolescents. Results from the national comorbidity survey replication adolescent supplement. Arch Gen Psychiatry. 2011 Jul;68(7):714-23.
4. Shisslak, C.M., Crago, M., & Estes, L.S. (1995). The spectrum of eating disturbances. International Journal of Eating Disorders, 18 (3), 209-219.
5. Ulfvebrand, S., Birgegard, A., Norring, C., Hogdahl, L., & von Hausswolff-Juhlin, Y. (2015). Psychiatric comorbidity in women and men with eating disorders results from a large clinical database. *Psychiatry Research*, 230(2), 294-299.
6. William E. Copeland, Cynthia M. Bulik, Nancy Zucker, Dieter Wolke, Suzet Tanya Lereya, Elizabeth Jane Costello. Does childhood bullying predict eating disorder symptoms? A prospective, longitudinal analysis. *International Journal of Eating Disorders*, 2015; DOI: 10.1002/eat.22459
7. Morgan JF, Reid F, Lacey JH. The SCOFF questionnaire: a new screening tool for eating disorders. *Western Journal of Medicine*. 2000;172(3):164-165.

DSM-V Diagnostic Criteria

ANOREXIA NERVOSA

A. Restriction of energy intake relative to requirements leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health. *Significantly low weight is defined as a weight that is less than minimally normal, or, for children and adolescents, less than that minimally expected.*

B. Intense fear of gaining weight or becoming fat, or persistent behavior that interferes with weight gain, even though at a significantly low weight.

C. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.

DSM-V Diagnostic Criteria

ANOREXIA NERVOSA Cont'd

Specify current type:

- Restricting Type: during the last three months, the person has not engaged in recurrent episodes of binge eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas)

- Binge-Eating/Purging Type: during the last three months, the person has engaged in recurrent episodes of binge eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas

DSM-V Diagnostic Criteria

BULIMIA NERVOSA

A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:

(1) Eating, in a discrete period of time (for example, within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.

(2) A sense of lack of control over eating during the episode (for example, a feeling that one cannot stop eating or control what or how much one is eating).

B. Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, or other medications, fasting; or excessive exercise.

DSM-V Diagnostic Criteria

BULIMIA NERVOSA Cont'd

C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least **once a week** for *3* months.

D. Self-evaluation is unduly influenced by body shape and weight.

E. The disturbance does not occur exclusively during episodes of anorexia nervosa.

DSM-V Diagnostic Criteria

BINGE EATING DISORDER

A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:

(1) Eating, in a discrete period of time (for example, within any 2-hour period), an amount of food that is definitely larger than most people would eat in a similar period of time under similar circumstances

(2) A sense of lack of control over eating during the episode (for example, a feeling that one cannot stop eating or control what or how much one is eating)

DSM-V Diagnostic Criteria

BINGE EATING DISORDER Cont'd

B. The binge-eating episodes are associated with three (or more) of the following:

(1) Eating much more rapidly than normal

(2) Eating until feeling uncomfortably full

(3) Eating large amounts of food when not physically hungry

(4) Eating alone because due to embarrassment

(5) Feeling disgusted with oneself, depressed, or very guilty

DSM-V Diagnostic Criteria

BINGE EATING DISORDER Cont'd

C. Marked distress regarding binge eating is present.

D. The binge eating occurs, on average, at least once a week for three months.

E. The binge eating is not associated with the recurrent use of inappropriate compensatory behavior (for example, purging) and does not occur exclusively during the course Anorexia Nervosa, Bulimia Nervosa, or Avoidant/Restrictive Food Intake Disorder.