Eating Disorders 101

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WHAT IS AN EATING DISORDER?

“A persistent disturbance of eating behavior or behavior intended to control weight, which significantly impairs physical health or psychosocial functioning.”

Drs. Fairburn and Walsh

AN EATING DISORDER OFTEN FEELS LIKE THIS... ...
PREVALENCE

An estimated 20 million women and 10 million men have experienced some type of eating disorder in their lifetime.

Approximately half a million teens struggle with an eating disorder or disordered eating.

National Eating Disorders Association

RISK FACTORS

• Dieting is the number one precipitant
• Female gender
• “Aesthetic” sports (dance, gymnastics), “weight-class” sports (weight lifting, wrestling), “endurance” sports (running, rowing)
• Appearance oriented activities (modeling)

MYTHS ABOUT EATING DISORDERS?

Image is valued over substance
– How I look is more important than who I am
Denial of biological diversity
– Anyone can be slim if he or she works at it
– Fat people eat too much and/or are inactive
– Fat is bad or wrong and inevitably unhealthy
Denial of the effects of externally prescribed hunger regulation
– Dieting is an effective weight loss strategy
Discounting the value of health; complacency about choices that do not result in the desired lean look
– Why eat healthy if it won’t make me thin
**ANOREXIA NERVOSA**

- Inability to maintain normal body weight
- Intense fear of weight gain
- Body image distortion, self evaluation based on weight, or denial

- **Restricting type**: no regular bingeing/purging
- **Binge Eating/Purging type**: regular episodes of bingeing and purging

**BULIMIA NERVOSA**

- Regular episodes of binge eating
- Compensatory behavior
- Feelings of loss of control
- Self evaluation over reliant on weight
- Behaviors occur at least weekly for 3 months
BINGE EATING DISORDER

HIGHEST MORTALITY RATE

Eating Disorders have the highest mortality rate of all psychiatric illnesses

Most common causes of death

- Suicide: 32% (n=84)
- Anorexia Nervosa: 19% (n=39)
- Cancer: 11% (n=29)
- Substance Use: 5% (n=13)

Average age at Death: 34.2 years
Mean age at first admission: 19.4 years
Death occurred ~ 15 years after admission
COMMON ASSOCIATED FEATURES

- Depression - over 50% precedes ED
- Anxiety - over 50% precedes ED
- Obsessive-compulsive disorders
- Substance abuse and/or dependence
  - AN 27%
  - BN 36.6%
  - BED 35%
- Post-traumatic stress disorder

Why Does Someone Develop An Eating Disorder?

No single reason

The Perfect Storm

BIO-PSYCHO-SOCIAL FORMULATION

<table>
<thead>
<tr>
<th>Factors</th>
<th>Biological</th>
<th>Psychological</th>
<th>Social</th>
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<tbody>
<tr>
<td>Predisposing</td>
<td>Genetic</td>
<td>Low self-esteem</td>
<td>Thin culture</td>
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<td></td>
<td>Gender</td>
<td>Perfectionistic/ OCD Traits</td>
<td>Family dieting</td>
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<td></td>
<td>Age</td>
<td>Anxiety / Mood Disorders</td>
<td>High achievement</td>
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<td>Ethnicity</td>
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<td>Precipitating</td>
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<td>Life Stressors</td>
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<td>Stress</td>
<td>Interpersonal dynamics</td>
<td>Peers</td>
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<td>Dieting</td>
<td>Trauma / neglect / PTSD</td>
<td>Family</td>
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<td>Perpetuating</td>
<td>Semi-starvation</td>
<td>Cognitive distortions</td>
<td>Media</td>
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<td>CNS changes</td>
<td>Interpersonal problems</td>
<td>Reinforcement</td>
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<td></td>
<td>Fear Conditioning</td>
<td>Trauma / neglect</td>
<td>Family dysfunction</td>
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An eating disorder can often look like this...

An eating disorder often start from these photoshopped...

To these...

An eating disorder helps a person cope with uncomfortable feelings, stressors, and other psychological issues.

It’s a “pseudo solution”.

Dove Commercial Challenges
Women’s negative body image biases
Dove video 1
Dove video 2
THE VICIOUS CYCLE

Emotional Disturbance (stressors) → Dieting (Maladaptive Coping) → Starvation state → Compensatory behaviors → Psychological physical changes

PATRICK CARNES
CYCLE OF ADDICTION MODEL

ADDITIONAL REFERENCES
**HOW IS AN EATING DISORDER TREATED?**

**INTERDISCIPLINARY TEAM**

- Psychiatrist - medication management (and possibly therapy)
- Internist - medical complications
- Individual therapist - psychotherapy
- Dietician/Nutritionist - meal planning/support and nutritional education
- Family therapist - family work
- Group therapy - support and/or process group
- It takes a team! Don’t try it alone.

Earlier Assessment, Diagnosis, and Treatment = Better Prognosis
**GOALS OF TREATMENT**

- Weight restoration
- Development of eating behavior that is normal in time, manner, and content
- Development of social comfort in normalized eating in a wide variety of situations
- Treatment of co-morbid psychiatric disorders
- Moderate, appropriate exercise
- Resolution of major distortions regarding body shape and size, pursuit of thinness, fear of fat etc

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**GOALS OF TREATMENT (CONT)**

- Treatment of medical complications
- Improved family/interpersonal interaction
- Development of age-appropriate identity
- Development of mentalizing capacities
- Aftercare plans, relapse prevention plan and reintegration plans

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**DECONSTRUCTING THE MEANING OF FOOD**

- Food is a symbol. Work with it as if it were an element in a dream.
- Food stories contain the patient’s history. Listen for how individual psychology is embedded in stories about eating, food preparation, withholding of nurturance
- Food is a source of communication. Be prepared to talk about food as you do any other experience.
- Food is a test. Be willing to talk about the patient’s fantasies of the therapist’s use or misuse of food.
- Food is fuel. Remind patient of the biological reality of how they must sustain life and challenge a tendency to be counter dependent by not eating or caring for the self

Zerbe 2008
REMEMBER…

Food is Medicine

THERAPY APPROACHES

- CBT: gold standard for treatment
- DBT: adapted for ED
- ACT: Acceptance-Commitment Therapy
- IPT: Talk therapies
- Psychodynamic perspective
- MBT: Mentalising based therapy
- Cognitive remediation
- Maudsley approach for adolescents
- POT- Plain Old Therapy

PREDICTORS OF SUCCESS

- Early diagnosis and treatment
- Readiness for change
  - Willing and able
  - Stages of Change
- Brain maturation (up to mid 20s correlated with improvement in ED)
- Full restoration of weight
**PROGNOSIS**

Anorexia Nervosa:
- ½ recover
- 33% improve somewhat
- 20% chronically ill

Bulimia Nervosa:
- 50% recover
- 30% improve somewhat
- 20% meet full criteria
- Duration of symptoms and personality disturbance predict a more negative outcome
- Over 10 years, 10% recover

**TIME TO REMISSION**

- Rapid weight loss/gain
- Diet books/dieting behavior
- Sudden decision to become a vegetarian
- Increased picky eating or only “healthy foods”
- Always going to bathroom s/p meals
- Skipping meals
- Large amounts of food missing
- Decreased social interactions
- Intense fear of becoming fat
- Any binge eating or purging episodes (diet pills, laxatives)
- Excessive exercise
- Extreme calorie counting or portion control
WHAT TO DO?
• Eating Disorders are specialized illnesses that need to be treated by a professional
• If you suspect that you or someone you know struggles with an eating disorder:
  – Contact Eating Recovery Center
• In the meantime....

WHAT TO SAY/DO
• DO focus and comment on the patient’s inner qualities and strengths
• DO be mindful that change is a process
• DO be patient and listen; ED patients often have difficulty identifying and/or expressing feelings
• DO be mindful of meals and liquids consumed in front of ED patients

WHAT NOT TO SAY/DO
• DO NOT comment on appearance
  – “You look great” → may be interpreted as that she has gained weight
• DO NOT discuss food, weight, exercise, body image
  – “You did a great job eating all of your meal today” → ED patients already hyperfocused on food
• DO NOT blame the individual, as this may express feelings of inadequacy, hopelessness, and exacerbate ED behaviors
  – “You are only getting worse, do you even want to get better?”
• DO NOT discuss own body image, weight size etc around patients with ED
**IMPORTANT POINTS TO KEEP IN MIND**

- Eating disorders are serious mental illnesses
  - Not an illness of choice, vanity, or lifestyle
  - Biological/genetic vulnerability
  - Impaired functioning
- Eating disorders result from many factors
- Eating disorders provide psychological benefits
  - Control, certainty, security, stability, safety, slow pace, accomplishment, superiority, dull feelings

**CONCLUSIONS**

The earlier the eating disorder diagnosis is made and treatment is initiated, the better the prognosis.

The best chance of successful treatment is through the cooperative and integrated efforts of a multidisciplinary team of professionals addressing all issues.

**Full recovery is possible** with comprehensive treatment and a motivated patient.
Questions?

EATING RECOVERY CENTER

Eating Recovery Center’s Mission is to provide the very best care to patients, families, and providers of care in the treatment of and recovery from eating disorders and related conditions.

WHAT WE TREAT AT EATING RECOVERY CENTER

• Anorexia Nervosa
• Bulimia Nervosa
• Binge Eating Disorder
• Avoidant Restrictive Food Intake Disorder
• Other Specified Feeding and Eating Disorders
• Unspecified Feeding and Eating Disorders
• Comorbid conditions
WHO WE TREAT

• Adolescents ages 12+
  – Will consider younger kids on an individual basis
• Adults 18+
• Females and males
• Vegetarians

ASSESSMENT

• Complete complimentary, no-obligation evaluation with Master’s level clinician
• Assess ED symptoms and comorbid conditions along with full biopsychosocial history
• Provide recommendations for appropriate level of care using APA Practice Guideline for The Treatment of Eating Disorders

ASSESSMENT

• Check insurance benefits and guide pt/family through process
• Liaison with ERC program to coordinate admission
SCOFF QUESTIONS

- Do you make yourself sick because you feel uncomfortably full?
- Do you worry you have lost control over how much you eat?
- Have you recently lost more than 14 pounds in a 3 month period?
- Do you believe yourself to be fat when others say you are too thin?
- Would you say that food dominates your life?

*One point for every “yes”; a score of >2 indicates a likely case of anorexia nervosa or bulimia

Addition of 3 questions to better assess binge eating behavior.

- Do you eat large amounts of food until you are uncomfortably full, even when you are not hungry?
- Do you feel embarrassed or disgusted with yourself after eating?
- Are you distressed about eating or your body?

BINGE EATING DISORDER (BED) QUESTIONNAIRE

- Do you feel like you have episodes where you eat more than what most people would eat in the same time period (bingeing)?
- Do you experience any distress around your eating, including guilt, shame or regret?
- Do you sneak food or eat alone due to embarrassment over what or how you are eating?
- Do you feel like your eating is out of control?
- Did either of your parents struggle with binge eating or substance use?
- I feel addicted to food
- I eat mindlessly throughout the day or during the night
- I am always worried or think a lot about my weight and/or shape
- I am struggling with eating disorder behaviours after having bariatric surgery
- I have gained more than 15 pounds in the last 12 months.

LEVELS OF CARE
VERTICALLY INTEGRATED TREATMENT

Intensive Outpatient Program (IOP)
- 3 days/wk, 9 hrs/wk
  - Encourage/coordinate outpatient team
Partial Hospitalization Program (PHP)
- 7 days/wk, 11 hrs per day, 3 meals/ 2 snacks
Inpatient/Residential
- Denver, WA, Dallas
Treatment Tracks in Houston
  - General ED – PHP, IOP
  - BETR – PHP, IOP
Alumni and family events
  - Alumni support group: 2nd and 4th Tuesday of month
  - Multi-family Education group: Saturdays 9am – 11am
GENERAL RESOURCES

APA Practice Guidelines

National Institute of Clinical Excellence (NICE) Guidelines:

National Eating Disorder Association (NEDA)
– www.nationaleatingdisorders.org

Academy of Eating Disorders
– www.aedweb.org

International Association of Eating Disorder Professions (IAEDP)
– www.iaedp.com

Other websites:
– www.edrefferal.com
– www.somethingfishy.org
– www.bulimia.com

LOCAL SUPPORT/ TREATMENT

• Eating Recovery Center- Houston
• HEDS- Houston Eating Disorder Specialist
• The Menninger Clinic
• Texas Children’s Hospital
• Sentido Center
• Walker Wellness
• The Healthy Weigh
• The House of Extra Healthy Measures
• Center for Discovery

Questions?
ADDITIONAL REFERENCES

The Binge Cycle

- binge
- feel bad/guilty
- feel better
- binge again
- want to feel better