Eating Disorder Overview

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Family’s Role in Treatment and Recovery

• We believe that families…
  • do not cause eating disorders
  • should not be shamed or blamed
  • are our allies; communication is key!
  • are an integral part of treatment and recovery
  • deserve to be treated with compassion and respect
Statistics

- Up to 30 million people of all ages, races/ethnicities, and genders suffer from an eating disorder in the U.S.
- Every 62 minutes, someone dies from an ED
- Eating disorders have the highest mortality rate of any mental illness
- 90% of American women are dissatisfied with their appearance
- 81% of 10-year-olds are afraid of becoming fat
- 18% of boys are highly concerned about their weight and physique
Anorexia Nervosa
Anorexia Nervosa

- Restriction of food leading to a significantly low body weight
- Intense fear of gaining weight or becoming “fat,” even when underweight
- Disturbance regarding weight or shape and denial/distortion of low weight

- Possible specifiers:
  - Restricting type vs Binge/Purge Type
  - Mild, Moderate, Severe, and Extreme (dependent on BMI)
  - Partial vs Full Remission
Average woman:
5’4” – 166 lbs*

Average female model: 5’10” – 107 lbs
G.I. Joe’s Evolution:
Bulimia Nervosa
Bulimia Nervosa

- Eating a large amount of food in a short period of time while experiencing a perception of having a lack of control over eating (i.e., binge)
- Recurrent compensatory behaviors to prevent weight gain (i.e., purge)
- Binge/purge episode occurs at least once per week for 3 months
- Self-evaluation significantly influenced by body shape/size

- Possible specifiers:
  - Mild, Moderate, Severe, or Extreme (dependent on frequency of purge episodes)
  - Partial or Full Remission
Binge Eating Disorder (BED)
Binge Eating Disorder

- Eating a large amount of food in a short period of time while experiencing a perception of having a lack of control over eating (i.e., binge)
- Marked distress regarding the behavior
- Behavior occurs once per week for 3 months
- At least 3 of the following: Eating rapidly, eating until overly full, eating when not hungry, eating alone due to embarrassment, feeling guilty/depressed/disgusted afterwards

- Possible specifiers:
  - Mild, Moderate, Severe, or Extreme (dependent on frequency of binge episodes)
  - Partial or Full Remission
Avoidant/Restrictive Food Intake Disorder (ARFID)

- Restriction of food leading to being either significantly underweight, nutritionally deficient, reliant on nutritional supplements, or impaired psychosocially
- Not attributed to a medical condition
- May be related to being excessively picky, having sensory preferences related to food, or having had an incidence of choking or aversive consequence of eating

- Possible specifier:
  - In Remission
Other Specified or Unspecified Feeding or Eating Disorders

Other Specified Feeding or Eating Disorder (OSFED)
- Eating disorder characteristics that cause significant impairment but do not meet full criteria for other diagnoses
  - Examples include
    - Atypical Anorexia (significant weight loss but weight within normal range)
    - Bulimia Nervosa or BED with low frequency
    - Purging Disorder
    - Night Eating Syndrome

Unspecified Feeding or Eating Disorder (UFED)
- Eating disorder characteristics that cause significant impairment but not enough info for diagnosis
Possible Psychological Characteristics

• People-pleasing
• Perfectionistic
• Obsessions
  • Examples:
    • Types and/or amounts of food
    • Body size/shape
    • Exercise/movement
    • Rigidity in schedule
    • Needing to stay busy

• Avoidant of conflict/normal negative emotion
• Emotional Disturbances:
  • Examples:
    • Depression
    • Anxiety
    • Irritability
    • Anger

• May feel worthless, unloved, unaccepted, deficient, abandoned
Psychological Characteristics Cont’d

- Risk taking
- Impulsivity
- High Novelty-Seeking
- Easily Bored
- Emotional Dysregulation
Comorbidity

- Substance Abuse (The National Center on Substance Abuse, 2003)
  - 50% of individuals with an eating disorder are also abusing substances

- Anxiety Disorders (Kaye, Bulik, Thorton, Barbarich, & Masters, 2004)
  - 64% rate of lifetime anxiety disorders

- Depression (The National Center on Substance Abuse, 2003)
  - Up to 50% of individuals with eating disorders suffer from clinical depression

- Self-Injurious Behavior (Paul, Shroeter, Dahme, & Nutzinger, 2002)
  - 34.6% rate of lifetime self-injurious behavior- Inpatient setting
Possible Behavioral Features

- Continue ED after achieving “goal” weight
- Nibbles Food, Binges
- Eat slowly/Rapidly
- Denial
- Defensive/hostile when eating behavior is addressed
- Avoids public eating

- Exaggerated interest in recipes and cooking for others
- Foods are "good or bad"
- Become tearful around food
- Constant Movement
- Excessive Exercise
Possible Behavioral Features

- Quick exit following eating
- Multiple addictions
- Sexual promiscuity
- Self-injurious behaviors
- “Thinspiration”
High Risk Activities for ED’s

- Aesthetic Activities (Ballet, Figure Skating, Gymnastics, Modeling)
- Soccer, Cross Country
- Cheerleading
- Wrestling
- Extreme clean eating (Orthorexia)
- Compulsive Exercise
- Crossfit
- P.E./Health Class
Possible Physical Changes

• Amenorrhea
• Fatigue
• Muscle Cramps
• Hair loss
• Dizziness/Fainting
• Poor sleep
• Headaches

• Poor motor control
• Decreased tolerance for cold
• Lanugo
• Muscle/organ atrophy
Possible Health Consequences

- Electrolyte disturbances
- Tooth Erosion
- Kidney dysfunction
- Gastrointestinal disturbances
- Bone abnormalities
- Infertility
- Death
Factors that may Contribute to Eating Disorders
Genetic Predisposition

- **Genetics** - individuals who are born with certain genotypes are at heightened risk for the development of an eating disorder and are heritable. (Thornton LM, Mazzeo SE, Bulik CM)

- **Temperament** (Tyrka AR, Waldron I, Graber JA)
  - perfectionism
  - sensitivity to reward and punishment, harm avoidance
  - neuroticism (emotional instability and hypersensitivity)
  - impulsivity, especially in bulimia nervosa
  - rigidity and excessive persistence, especially in anorexia nervosa
  - obsessive thinking
Factors Contributing to ED’s (contd)

- Genetic Predisposition
- Highly sensitive Temperament
- Family dynamics/Social Systems
- Cultural/Societal pressure for thinness
- Dieting/Semi-starvation
- Teasing
- Weight Stigma
- Major life change/stress/lack of control/trauma
- Hormonal Changes
- Acculturation Issues
Recovery
Levels of Care

- Inpatient Hospitalization
- Residential Treatment (RTC)
- Partial Hospitalization Programming (PHP)
- Intensive Outpatient Programming (IOP)
- Outpatient Providers
  - Psychiatrist
  - Primary Care Physician
  - Therapist(s)
  - Dietitian
Treatment Goals

- Individualized Treatment Plan
- Stabilize eating patterns
- Eliminate eating disorder behaviors
- Discovery underlying factors of the eating disorder
- Learn and consistently practice alternative coping strategies
- Increase verbalization of feelings to family, peers, and staff
Our Treatment Team

- Primary Care Physician
- Psychiatrist
- Program Director
- Therapist
  - Individual/Family/Group
- Registered Dietitian
- Facility Manager
- Nurse Administrator
- Aftercare Coordinator
- “Discovery Connect” website
UCLA Study of Patients with Anorexia

Strober, Freeman, Morrell (1997) - Neuropsychiatric Institute and Hospital, School of Medicine, UCLA

**Significant Findings**

Two factors lengthened time to recovery:

a) Hostility toward family
b) Extreme compulsivity in daily routines

Additional findings:

a) Immediate weight loss following discharge was a predictor of chronic outcome
b) 29% began binge eating, especially those who had hostility towards family and/or lack of parental affection
How Can Loved Ones Help?

• Practice Validation
• Be okay with the concept of vulnerability
• Attend family therapy and groups
• Be sure to have your own support
• Be familiar with the concepts of Intuitive Eating