Eating Disorder Overview

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Transforming Lives

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

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HL4 The Arizona Republic Thursday, March 12, 1998

Barbie gets big buildup

Students use oversize doll to make point

By Leslie Garcia
Dallas Morning News

DALLAS — My, Barbie, what long legs you have! What a humongous bustline and teeny waist! You may be a bombshell, babe, but your body ain't like any one of us has.

And while we know you don't singlehandedly cause eating disorders, we can't help but put a teensy-weensy bit of blame on you. After all, you personify what waifish models and so-slender actresses indicate: Skinny equals happy.

"Barbie is a representation of the woman who's unrealistic but whose images are everywhere," says Cathey Soutter, coordinator of Psychological Services for Women at Southern Methodist University.

To prove the point, she asked students in her Psychology of Woman course to build a life-size Barbie. The idea came from a Yale University study presented at a seminar attended by Soutter and colleague Mandy Golman. By measuring Barbie's body parts and their relationship to each other, the Yale study determined the dimensions a real-life Barbie would possess.

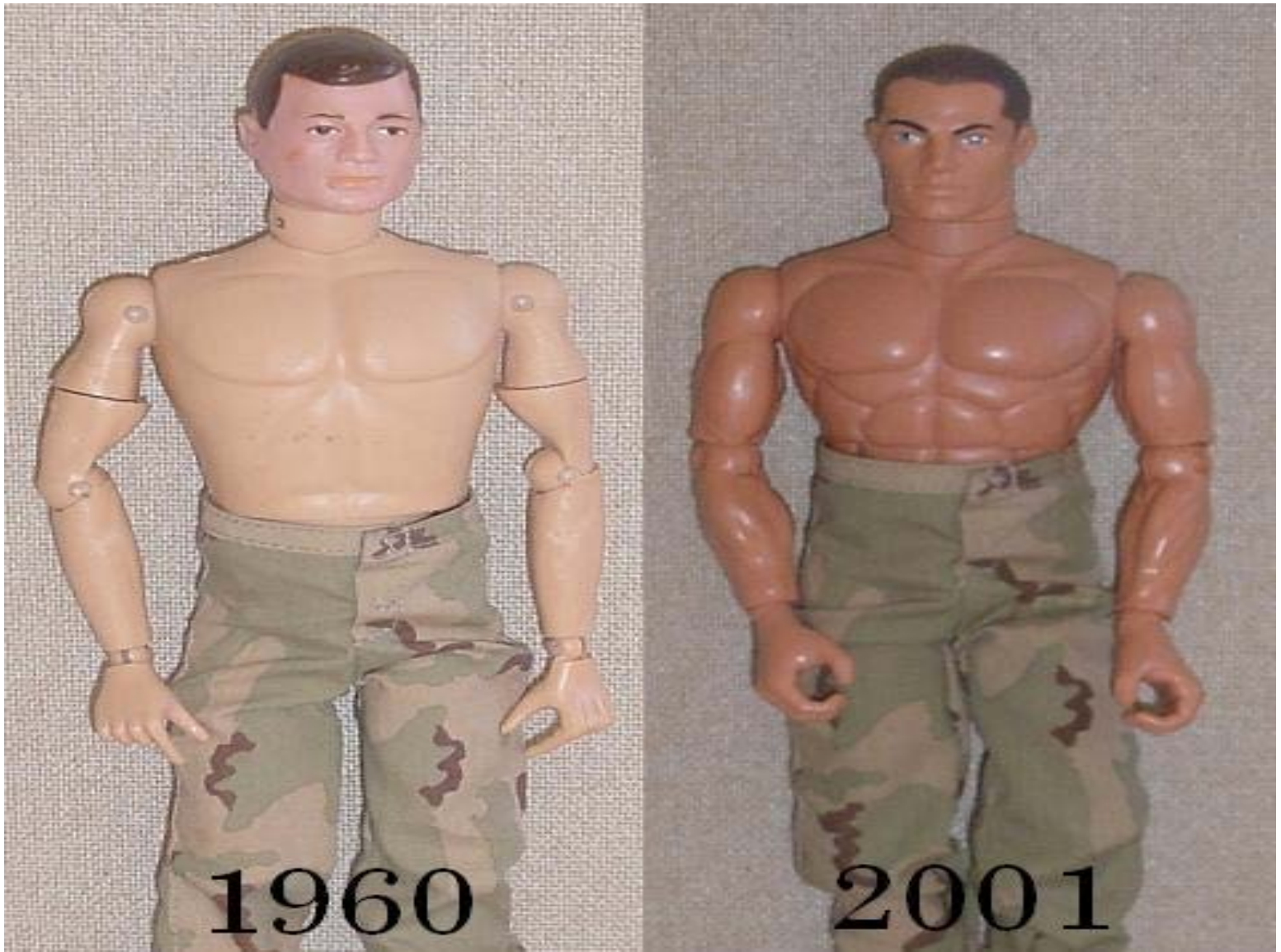
Barbie, with her dimensions multiplied by 8, has bust, waist, hip proportions of 40-22-36.

The papier-mache likeness of Barbie was on display recently in SMU's Hughes-Trigg Student Center. The Barbie exhibit was part of SMU's Eating Disorders Awareness Week, sponsored by the Elisa Ruth McCall Memorial Fund. At age 20, McCall took her life after years of struggling with bulimia.

Erich Schlegel/Dallas Morning New

A Barbie built to focus attention on eating disorders is flanked by Mandy Golman (left) and Cathey Soutter.

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 rage)
    - *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”

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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

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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

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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