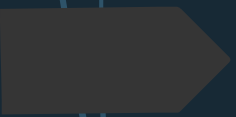


# The Role of Nutrition in Eating Disorder Treatment & Prevention

Samantha Lewandowski,  
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# Treatment

# Risk Factors for Eating Disorders

## Biological

- Close relative with an eating disorder
- Close relative with a mental health condition
- History of dieting
- Negative energy balance
- Type I DM

## Psychological

- Perfectionism
- Body image dissatisfaction
- Personal history of anxiety disorder
- Behavioral inflexibility

## Social

- Weight stigma
- Teasing/bullying
- Appearance ideal internalization
- Acculturation
- Limited social networks
- Historical trauma

# DSM-5 Feeding & Eating Disorder Diagnoses

- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder
- Other Specified Feeding or Eating Disorder
- Unspecified Feeding or Eating Disorder
- Avoidant Restrictive Food Intake Disorder
- Pica
- Rumination Disorder

# What About Disordered Eating?



**More common, but  
less harmful?**



**Often considered  
“healthy”**



**“Normative  
discontent”**



**May lead to clinical  
eating disorder  
diagnosis**

Those with genetic  
predisposition at higher risk



# This Could Look Like...

- ▶ Focus on diets, dieting behaviors, weight changes
- ▶ Talking about diets, weight, food
- ▶ Concern about amounts, types of food eaten
- ▶ Categorizing food as “good” or “bad”
- ▶ Guilt or regret after eating
- ▶ Ignoring hunger or fullness signals
- ▶ Body image concerns

What is the motivation behind the behavior?  
What is the level of consistency?

“An RD may be the first to recognize an individual’s ED symptoms or be the first health care professional consulted by a patient with this condition.”



Academy of Nutrition & Dietetics, 2006

# It's Not Really About the Food...



Yet symptoms are food related & have significant health consequences



Relationship with food over time can be deeply impacted



Healing happens through behavior change



Support is vital



# The RD Role: Art & Science

- Focus on behaviors
- Seek to establish trust & rapport
- Help to reduce shame
- Assess stage of change, level of motivation
- Cultivate empathy in the behavior change process
- Work with parents, family members, significant others
- Consider culture, finances, food insecurity or other issues that may impact nutrition recommendations

# Points of Education



Recovery is a process



RD role in recovery – NOT the food police



Medical consequences of disordered behaviors



Cycle of restricting



Good/bad food labels



Harms of dieting, diet culture



Mindful eating practices, Intuitive Eating

# Goals of Nutrition Therapy

- Assist in symptom management
- “Normalized” eating
- Provide meal structure
- Address adequacy of intake
- Assess & help improve recognition of hunger & fullness cues
- Collect & monitor weight data, as needed
- Help incorporate activity as appropriate
- Identify support people
- Potentially move toward more mindful eating practices



# What is Normal?

- ▶ Regular meals, snacks
- ▶ Adequate nutrient intake
- ▶ Neutralized view of foods
- ▶ Variety
- ▶ Comfort
- ▶ Freedom
- ▶ Moderation
- ▶ Awareness
- ▶ Understanding body cues
- ▶ Enjoyment



“

Normal eating is trusting your body to make up for your mistakes in eating. Normal eating takes up some of your time and attention, but keeps its place as only one important area of your life.

In short, normal eating is flexible. It varies in response to your hunger, your schedule, your proximity to food and your feelings. ”

Ellyn Satter, 1983

<https://www.ellynsatterinstitute.org/how-to-eat/adult-eating-and-weight/>



# Assessment Focus

## ➤ History

- Medical
- Weight
- Eating
- Symptoms
- Family
- Exercise

## ➤ Current

- Weight
- Eating
- Symptoms
- Exercise
- Schedule, lifestyle
- Goals

A dark blue arrow points to the right from the left edge of the slide. Several thin, curved lines in shades of blue and grey originate from the left side and sweep across the slide towards the text.

# Nutrition Guidelines for Anorexia Nervosa

- ▶ Weight restoration
- ▶ Prevent further weight loss
- ▶ Increase intake, add structure
- ▶ Practice with fear foods
- ▶ Seek opportunities to eat with others
- ▶ Plan challenges regularly
- ▶ Address rigidity
- ▶ Monitor labs

# Nutrition Guidelines for Bulimia Nervosa

- ▶ Address meal pattern, add in structure
- ▶ Help recognize triggers for bingeing
- ▶ Incorporate fear foods - may be same as binge foods
- ▶ Identify any restricting or restrict/binge cycle
- ▶ Determine type & frequency of purging
- ▶ Monitor labs & possible weight fluctuations
- ▶ Support alternative coping skills



# Nutrition Guidelines for Binge Eating Disorder

- ▶ Address meal pattern, add structure
- ▶ Identify any restricting or restrict/binge cycle
- ▶ Help recognize triggers for bingeing
- ▶ Incorporate fear/binge foods
- ▶ Support alternative coping strategies

# For Children & Adolescents

1

May benefit from  
Family-Based  
Treatment (FBT)

2

Consider how to  
work with client &  
parents separately  
& together

3

Utilize growth charts

4

Education for  
parents/family  
members

5

Critical to stay in  
touch with other  
team members



# What About Meal Plans?

- ▶ Can provide a roadmap for recovery
- ▶ Aids in moving towards better recognition of hunger & fullness cues
- ▶ Provides structure
- ▶ Pulls in support from others
- ▶ Allows for practice with time management & organizational skills
- ▶ Can decrease difficult decision making
- ▶ Leads to more opportunities eating with others

# Meal Plan Options



EXCHANGE  
BASED



ITEMS BASED



RULE OF 3



PLATE  
METHOD



# Using Food Journaling

Observation of  
current eating,  
symptoms

Starting point for  
goal setting

Provides  
concrete  
information

Useful as  
reference,  
sample

Allows  
patient/client to  
view progress

Caution with  
restrictive  
behaviors

Recovery  
focused apps  
can be helpful

# What Can the RD do About Body Image?



## **Ask**

about it!



## **Listen**

to thoughts, feelings,  
experiences



## **Be**

empathetic



## **Recommend**

topics to share in  
therapy



## **Notice**

how it intersects with  
our work

- Appetite, rest,  
activity, self-care,  
mindfulness



## **Utilize**

self-reflection



NO WRONG WAY



TO HAVE A BODY



by RACHELLE CARROLL 2014

## Collaborating as a Team



Continuity of care



Communication is key

Helps avoid splitting,  
manipulation



Allows each team  
member to focus on  
their specialty

Expertise from others is a  
wonderful resource!



Know your role &  
scope of practice

“Stay in your lane”





# Levels of Care



- ▶ Inpatient
  - ▶ For medical stability
  - ▶ Weight generally <85% IBW
- ▶ Residential
  - ▶ More medically stable than IP
  - ▶ May need high level of support
- ▶ Partial Hospitalization
  - ▶ Step down from IP or Res
  - ▶ 12 hours per day, includes meals
  - ▶ Incorporates time off
- ▶ Intensive Outpatient
  - ▶ 3-4 days per week for ~4 hours
  - ▶ Often group based
  - ▶ Includes one meal
- ▶ Outpatient
  - ▶ Varied frequency
  - ▶ Medically stable

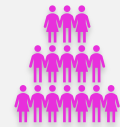
## When to Refer



Know your personal limitations & comfort level



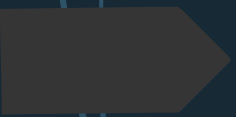
Have referral sources in your community to call on



Utilize the experience of treatment centers



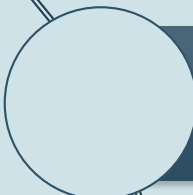
Inpatient guidelines



# Prevention



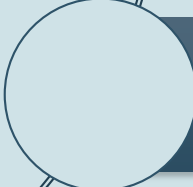
# What We Do Know...



Our culture plays a role in eating disorder development.



How we feed our children plays a role in eating disorder development.



How we talk about nutrition & weight to both children and adults can play a role in eating disorder development.

# Statistics to Consider

- Girls begin to express weight/shape concerns as young as age 6 (Smolak, 2011)
- Age 14 may be critical time for prevention efforts for girls (Rohde, et al, 2015)
- Disordered behaviors such as bingeing, purging, & fasting are almost as common in males as females (Mond, et al, 2014)

# What Can the RD Do?

1

Enhance our  
assessment

2

Educate &  
support  
parents/families

3

Collaborate  
with other  
providers

4

Understand diet  
culture

5

Build additional  
skills as needed  
or desired

Improving  
Our  
Assessment

Recognize signs & symptoms of disordered eating & eating disorders

Behavioral & emotional

Preoccupation with food, weight, numbers

Mood swings

Isolating

Uncomfortable eating with others

Physical

Sleep problems

GI complaints

Brittle hair, skin, nails

Dizziness



# Additional Assessment Questions

- ▶ Are there foods you genuinely enjoy, but feel you shouldn't eat?
- ▶ Have you ever felt like you didn't have control over your eating?
- ▶ Have you ever used diet pills or laxatives as a means to control your weight?
- ▶ Talk me through your relationship with food when you were growing up.
- ▶ Define more about what health/healthy means for you.
- ▶ Tell me about your motivation to exercise.







# Educate & Collaborate

## Parents & families

- ▶ Teach a focus on behaviors, not weight & size
- ▶ Utilize strategies that are sustainable long-term
- ▶ Ellyn Satter's Division of Responsibility in Feeding

## Other Clinicians

- ▶ Communicating with those in your network of referrals
- ▶ Provide research or other information as needed

# Diet Culture



How it impacts our profession, our patients/clients & our work in all settings of dietetics



Start with awareness



Notice how it shows up in conversations



Wellness & lifestyle changes

## What else can we do?



Take your personal journey into account



Consider your implicit bias

<https://implicit.harvard.edu/implicit/takeatest.html>



Increase awareness of when/how we make assumptions, especially about weight



Seek to do no harm



Practice self-compassion



## Expanding Your Skills

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Jessica Setnick's Eating Disorder Bootcamp

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Marci Evans' online training

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IAEDP core courses & certification

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Treatment centers

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The Academy's Standards of Practice paper

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*Nutrition Counseling in the Treatment of Eating Disorders* by Marcia Herrin & Maria Larkin



## Expanding Your Skills

### Child feeding

- Ellyn Satter Institute
- Katja Rowell – The Feeding Doctor

### HAES ®

- Association for Size Diversity & Health
- *Health at Every Size* by Linda Bacon

### Motivational Interviewing

- Molly Kellogg's Counseling Intensive
- *Motivational Interviewing in Nutrition & Fitness* by Dawn Clifford & Laura Curtis

### Intuitive Eating certification

# Resources

- ▶ International Association of Eating Disorder Professionals (iaedp)
- ▶ International Federation of Eating Disorder Dietitians (IFEDD)
- ▶ National Eating Disorders Association/Binge Eating Disorder Association (NEDA/BEDA)
- ▶ Association for Size Diversity & Health (ASDAH)
- ▶ Gurze Book Catalogue

Thank you!

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