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

Source: NEDA
https://www.nationaleatingdisorders.org/risk-factors
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

Assessment Focus

- **History**
  - Medical
  - Weight
  - Eating
  - Symptoms
  - Family
  - Exercise

- **Current**
  - Weight
  - Eating
  - Symptoms
  - Exercise
  - Schedule, lifestyle
  - Goals
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
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](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
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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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www.BigpictureRD.com