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Treating Eating Disorders

TREATING BINGE EATING DISORDER:
HOW FOCUSING ON WEIGHT KEEPS YOUR PATIENT FROM HEALING

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Monte Nido & Affiliates

BINGE EATING DISORDER

- Only added to DSM-V in 2013
- Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
  - Eating, in a discrete period of time (for example, within any two-hour period), an amount of food that is definitely larger than most people would eat in a similar period of time under similar circumstances
  - A sense of lack of control over eating during the episode (for example, a feeling that one cannot stop eating or control what or how much one is eating)
  - The binge-eating episodes are associated with three (or more) of the following:
    - Eating much more rapidly than normal
    - Eating until feeling uncomfortably full
    - Eating large amounts of food when not feeling physically hungry
    - Eating alone because of feeling embarrassed by how much one is eating
    - Feeling disgusted with oneself, depressed, or very guilty afterwards
  - Marked distress regarding binge eating is present.
  - The binge eating occurs, on average, at least once a week for three months.
  - The binge eating is not associated with the recurrent use of inappropriate compensatory behavior (for example, purging) and does not occur exclusively during the course of anorexia nervosa, bulimia nervosa, or avoidant/restrictive food intake disorder.

DIFFERENTIATING

Descriptions (Food & Body)	Binge Eating Disorder
Overeating	Awareness / Attunement
Emotional Eating	Awareness
Grazing	Quantity
Large Body Size	Not all BED clients are in larger bodies Not all individuals in larger bodies binge eat.

Subjective “binge” – individual feels shame or guilt but is not consumed in a large quantity (ie. Slice of cake, flavored latte)

WHAT WE KNOW…

- BED is the most common ED among US adults
  - 3x more than both AN & BN combined.
- BED occurs at a similar rate in adults across various races within the US
  - non-Latino white (1.4%), Latino (2.1%), Asian (1.2%), and African American (1.5%) adults in the US.
- Approximately 40% of those with BED are male.
- Weight & Disease States
  - HTN
  - Atherosclerosis
  - Diabetes – Type 2
  - Cancer

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APPROACH

Binge Eating Disorder

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HEALTH AT EVERY SIZE

What it is…

- Focus is on health, not body size
- Individuals in all body sizes can be healthy or unhealthy
- Health status can change without changing weight
  - BMI & IBW do not account for body composition, age, genetics, or historical growth norms

What it is not…

- Disregard for health

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HEALTH AT EVERY SIZE

- NIH funded study

- HAES Group
  - 8% dropout
  - No significant weight loss
  - Improved body image & self esteem
  - Moved from dieting/restrained eating to IE
  - Improvements in:
    - Blood pressure
    - LDL
    - Activity level x 4
    - Depression

Dieting Group

- Over 50% dropout
- Initial weight loss with regain
- All variables that improved for HAES group either stayed the same or worsened
- Self esteem plummeted

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FAQS ON WEIGHT BIAS

- Weight-biased care focuses on **weight** over **health**
- Weight bias adversely effects health
- When seeking medical help, individuals in larger bodies often receive less thorough assessment & are told to lose weight to manage conditions vs thinner individuals
- Weight bias can be subtle
  - Accommodations
  - Furnishings
- Medical & nutritional professionals are taught from a weight-biased perspective
- Fat-phobic treatment does not lead to true freedom in recovery

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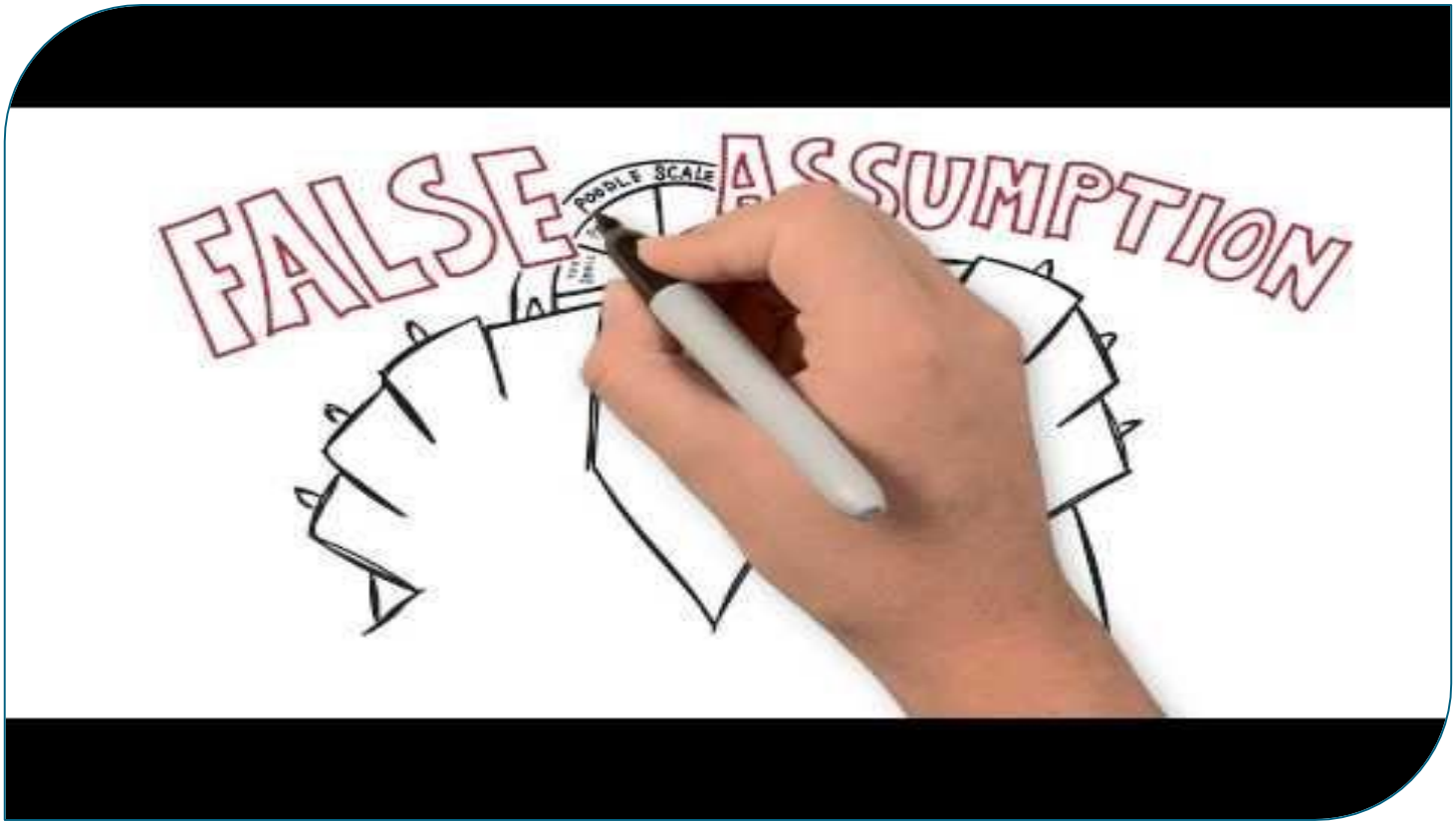
https://www.youtube.com/watch?v=H89QQfXtc-k



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ASSESSMENT

Binge Eating Disorder

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ASSESSMENT – SAM

- 26yo graduate student
- Referred by therapist for weight loss & "stress eating"
- Started dieting & exercise regimens for weight mgmt. 6th grade
  - Weight gain in undergrad, categorized as obese 3years ago
- Always active and played sports throughout school, including intramurals in undergrad
  - Coaches youth soccer league
- Family predisposition for diabetes & high blood pressure

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ASSESSMENT – SAM

- Goals
  - Client
  - Provider/s
- Nutrition status & Intake
  - Malnutrition
  - Maladaptive patterns
- Weight history
  - Recent change / why
  - Weight cycling
- Food / Body perspectives
- Binge behavior

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NUTRITION STATUS - SAM

- Are BED clients malnourished?
- Are clients in larger bodies malnourished?

- BED folks are very often restrained eaters!
- Labs & vitals are correlated with nutrition status, not weight!

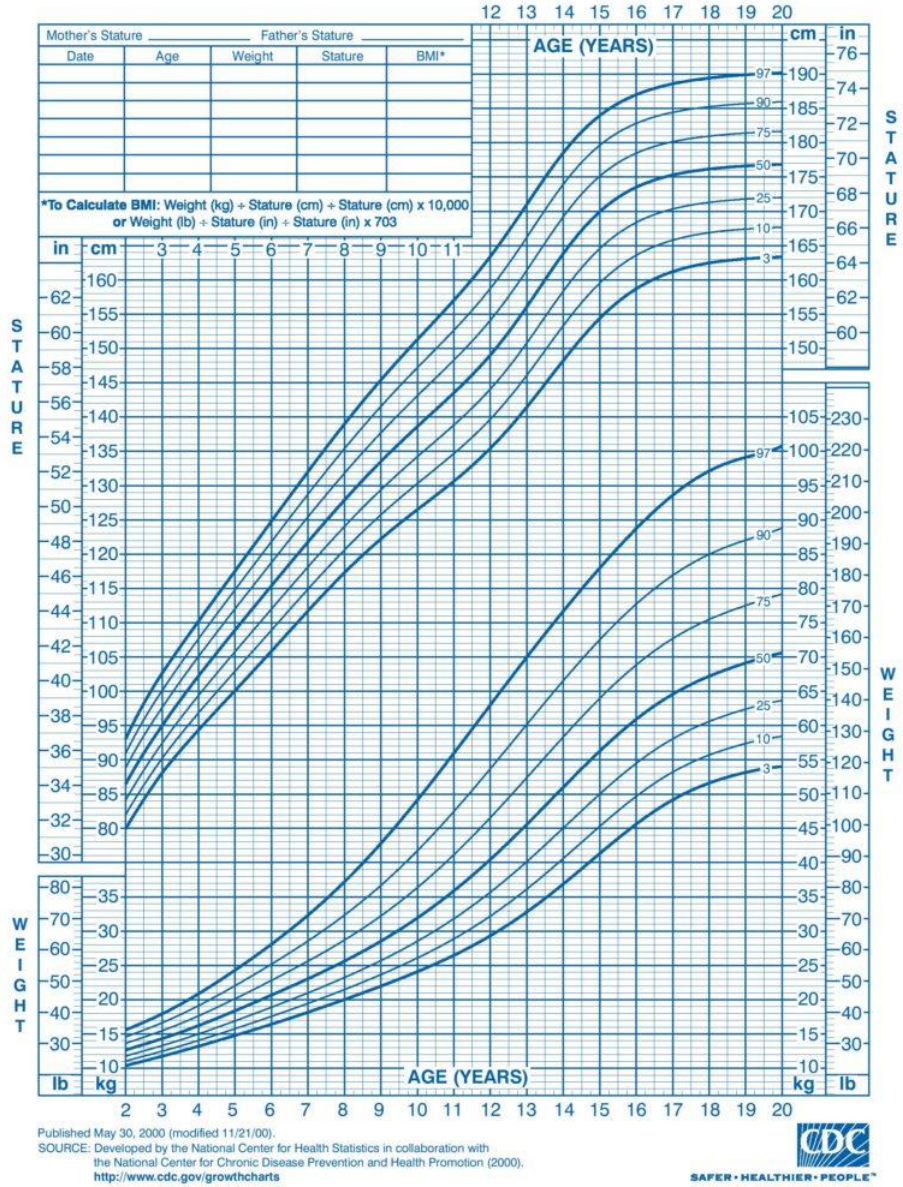
WEIGHT-RELATED ASSESSMENT

- Individualized weight and body history
- Growth charts – for ALL ages
  - What happens to growth chart in college age, after 20yo, what about menopause, etc…
- Set point
  - The weight you maintain when you listen and respond to your body's signals of hunger and fullness.
  - The weight you maintain when you don't fixate on your weight or food habits.
  - The weight you keep returning to between diets.

2 to 20 years: Boys
Stature-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



Published May 30, 2000 (modified 11/21/00).
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
http://www.cdc.gov/growthcharts

CDC
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2 to 20 years: Girls
Stature-for-age and Weight-for-age percentiles

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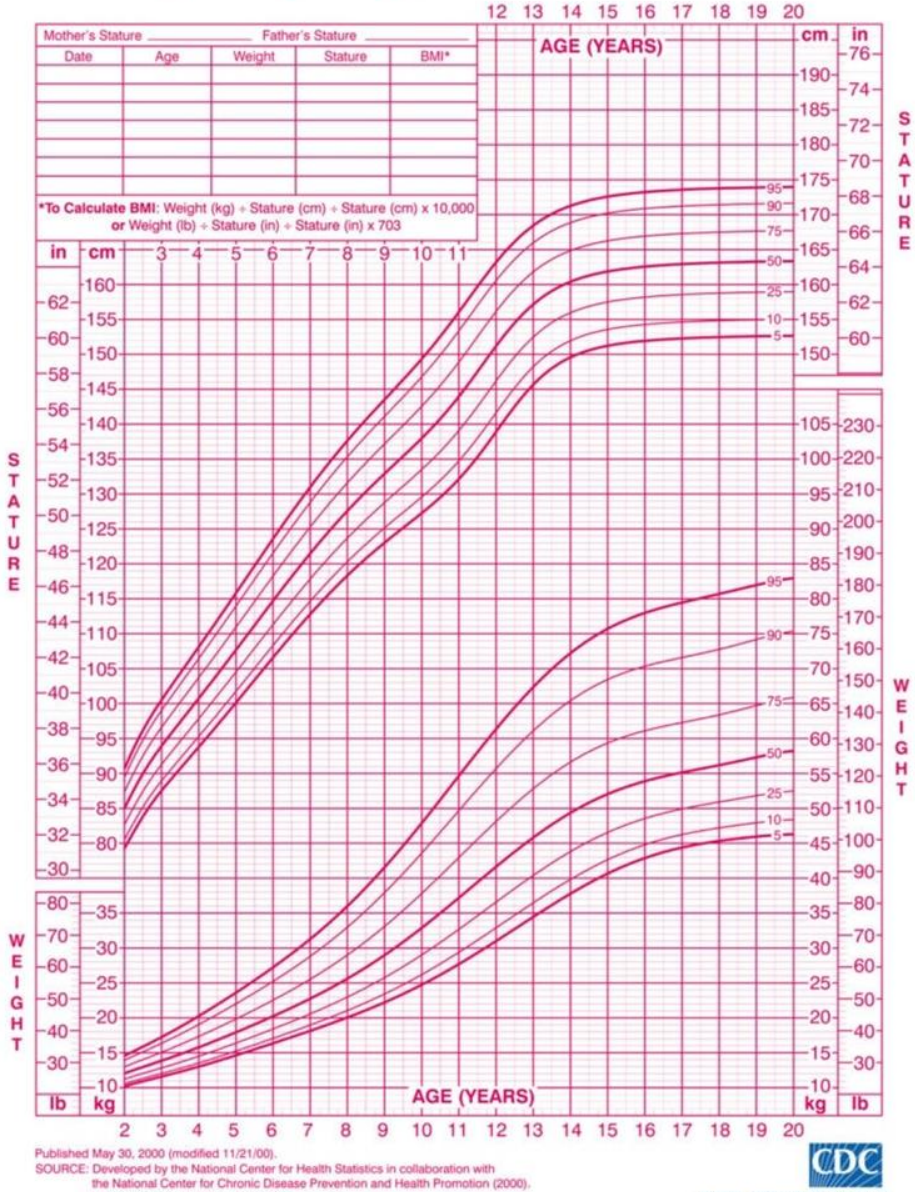

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ASSESS WEIGHT HISTORY - SAM

Weight Cycling compared to Higher BW "Obesity"
↑ CV stress d/t fluctuations with risk variables
↑ BP
↑ Lipids
↑ Blood Glucose
23% ↑ risk of developing diabetes
↓ general well-being, including ↑medication use

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WEIGHT CYCLING

Females

- Compared to females with stable weight, weight cyclers:
  - Worse lipids
  - Worse insulin resistance

Males

- Compared to males with stable weight, weight cyclers:
  - Worse HDL
  - Worse insulin resistance

Weight Cyclers with Normal Weight

- Worse HDL
- Worse LDL

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ASSESS BINGE BEHAVIOR - SAM

- Ask specific questions
  - Do you ever feel out of control with food? Can you tell me more about this?
  - How often do you binge?
  - How often do you have urges to binge?
  - Could you give me an example of what you eat during a binge?
  - How long does a typical binge last? What happens at the end of a binge episode?
  - Do you keep foods at home specifically for a binge?
  - How do you get foods for a binge - Drive through? Order delivery? Go out to get food?
  - Do you ever compensate for a binge (purge bx, exercise, withhold eating after)? Do you pre-plan and restrict in prep for a binge?
  - Are there any foods you avoid out of fear of bingeing

FOOD-RELATED INTERVENTIONS

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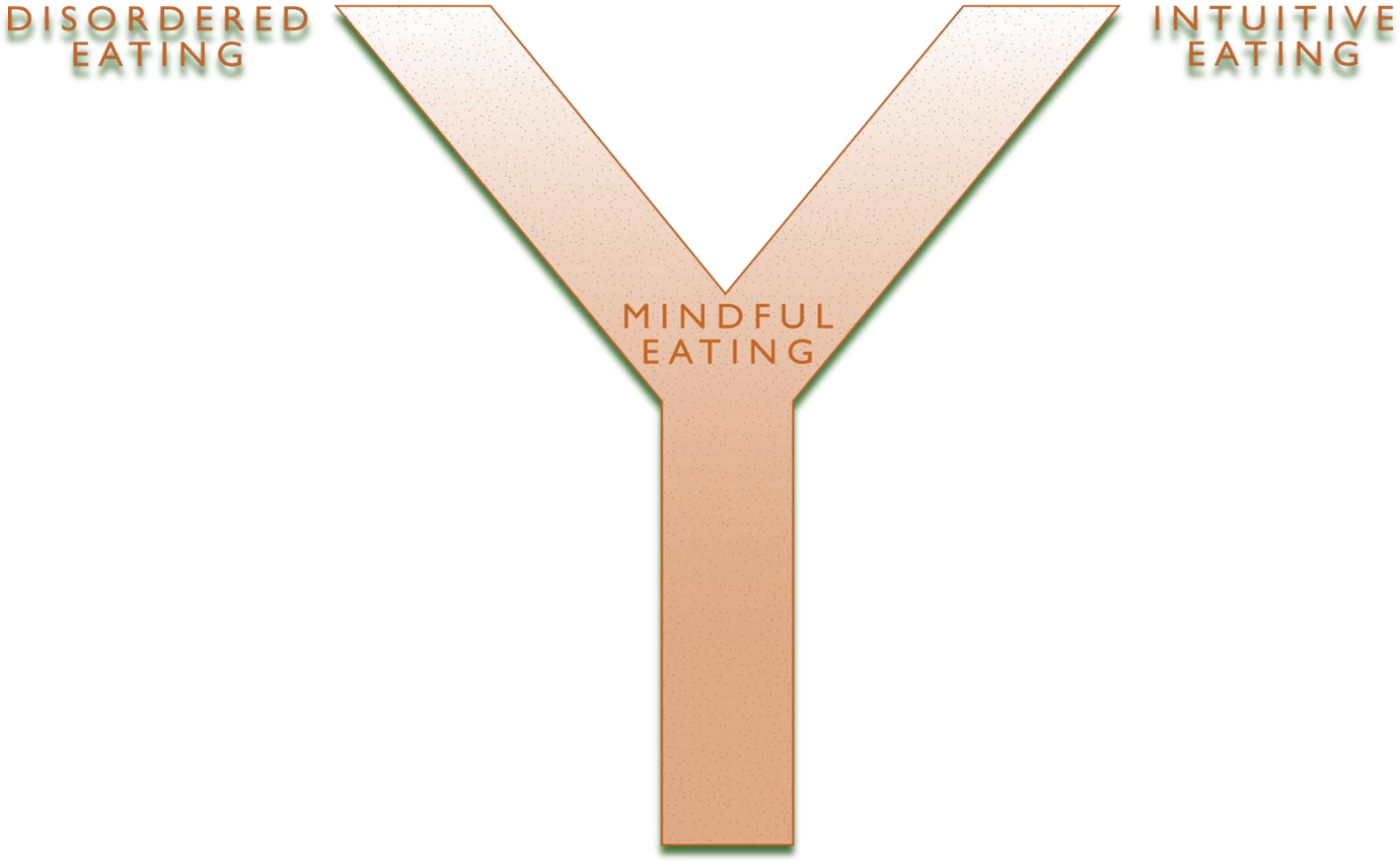
THE WHY "Y"



Adapted from Karin Kratina, PhD,RD,LD/N, and Molly Kellogg, RD,LCSW; Choosing "Y"

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MINDFUL EATING

- Mechanical
- Awareness without judgment or attachment
- Anxiety peaks, then drops

- Sensory
- Identifying body's needs
  - Re-nourishing body
  - Weight restoration
  - Reintroduction to exercise
- Challenges/Fears
- Legalizing foods
- Hunger/Fullness awareness
- Food density
- Emotional awareness

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PRINCIPLES OF INTUITIVE EATING

Reject the Diet Mentality

Honor Your Hunger

Make Peace with Food

Challenge the Food Police

Feel Your Fullness

Discover the Satisfaction Factor

Cope with Your Emotions without Using Food

Respect Your Body

Exercise – Feel the Difference

Honor Your Health with Gentle Nutrition

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INTUITIVE EATING / INTERNAL REGULATION

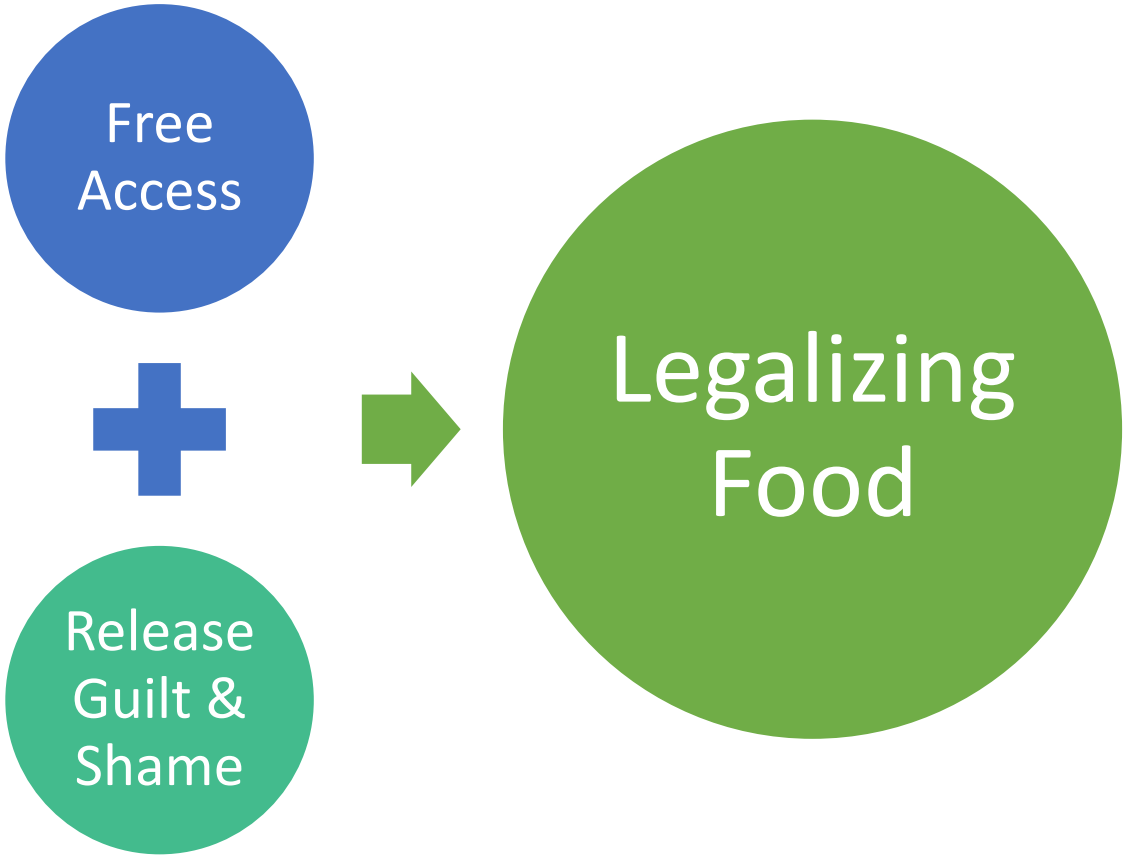
- Requires:
  - Healthy body
  - Healing mind/body connection
  - Emotional awareness
  - Foundation of mindfulness
- Falls into structure while learning
- Beginning to respond to healthy body cues
- Practicing the concepts and principles of Intuitive Eating while using the structure of a meal plan, attentive feedback, and one-on-one support

CUE EXPOSURE & BINGE BEHAVIOR

- Cue foods – binge foods & foods avoided due to fear of bingeing

Cue Exposure	Restraint/"Self-Control" Techniques
Repeated & consistent use of cue foods	Avoidance of cues foods
Significantly decreases binge behavior	Increases binge behavior
Often can lead to full cessation of binge behavior	Perpetuates binge behavior

LEGALIZING FOOD



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HIGHLY PALATABLE FOODS

- Factors that are positively correlated with longterm recovery from eating disorders (even moreso that weight restoration alone in underweight individuals) are …
  - food variety &
  - the inclusion of calorically dense foods!

SETTING GOALS

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Normal eating is going to the table hungry and eating until you are satisfied. It is being able to choose food you like and eat it and truly get enough of it —not just stop eating because you think you should. Normal eating is being able to give some thought to your food selection so you get nutritious food, but not being so wary and restrictive that you miss out on enjoyable food. Normal eating is giving yourself permission to eat sometimes because you are happy, sad or bored, or just because it feels good. Normal eating is mostly three meals a day, or four or five, or it can be choosing to munch along the way. It is leaving some cookies on the plate because you know you can have some again tomorrow, or it is eating more now because they taste so wonderful. Normal eating is overeating at times, feeling stuffed and uncomfortable. And it can be undereating at times and wishing you had more. 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

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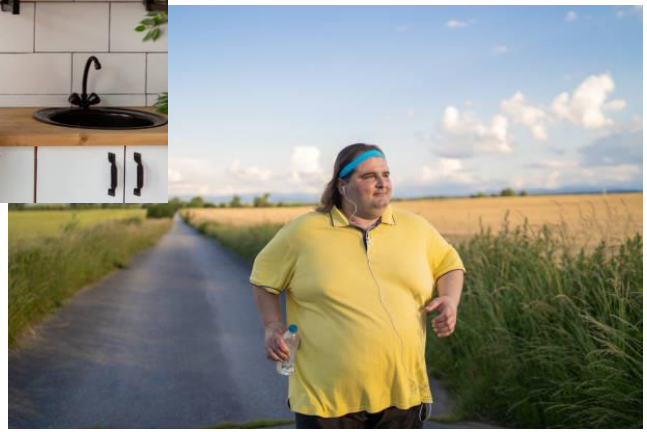
CLIENT-CENTERED

- This work is about the client! Not us or our ideals!
- What are their goals?
  - Are they reasonable & realistic?
  - Healthy?
  - Helpful?
  - Food/nutrition related?
  - Sustainable?



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NUTRITION GOALS

- Food & weight are not synonomous!

- #1 – Be sure they are eating enough!
  - *Minimum* of 2000kcals to avoid binge eating due to malnutrition.
- Consistently enough!
  - Every 3-4hrs minimum to avoid binge eating due to hunger.
- Including foods they enjoy!
  - To avoid binge eating due to breakout rebellion.
- Reaching satiety!
  - To avoid binge eating due to desired flavor despite fullness.

BEHAVIOR-FOCUSED GOALS

- Weight is not a behavior!

- Understand the function!
- Mindfulness
  - Get uncomfortable!
- Tolerate distress!
- Recovery is not a linear process!

REDIRECTING WEIGHT FOCUS

- How to shift focus from weight loss
- What if client is coming for weight loss
- What if doctor refers for weight loss
- Say what you mean – BED or larger body size
- Measurable goals that aren't weight (labs, vitals, etc)

HAES® INFORMED TREATMENT

- Recognize that healthy, recovered people come in all shapes and sizes
- Behavior focused, rather than weight focused
- Recognize that all bodies deserved to be nourished and experience satiety
- Weight loss attempts/focus are contraindicated for recovery from all eating disorder diagnoses

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BUILD YOUR COMPETENCY

- Acknowledge bias
  - Weight
  - Racial
  - Gender
  - Socio-economic
- Stay informed
  - Racial bias in healthcare research
  - HAES®-informed care
  - Treatment approaches
  - Limitations of BMI/IBW
  - Reading growth charts
- Focus on behavior change (not weight)
  - Look for results in labs, vitals, and vitality

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THANK YOU!

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