THE TRIAD OF TREATMENT APPROACH TO EATING DISORDERS

A Dietitian's Perspective

Laura Phillips, RD, LD

Disclosure to Audience

No one involved in the planning or presentation of this activity has any relevant financial relationships with a commercial interest to disclose

The following are North Star Behavioral Health's Content Controllers:

Laura Phillips, RD, LD - Presenter
Dr. Andy Mayo, CEO
Dr. Ruth Dukoff, System Medical Director
Lori Hoffman, QIRM Director
Denise Gleason, CME Coordinator
Evelyn Alsup, Education Director
Medical Staff:
Dr. Phillip Neuberger
Dr. Manuel Rodriguez
Dr. Elizabeth Baisi
Dr. David Hjellen
Dr. Judith Bautista
Education Committee:
Sabrina Ben, HRD
Carla MacGregor, Administrator
Ron Meier, PRTC Administrator
Melanie Nelson, Administrator
Sarah Skeel, PRTC Administrator
Business Development Department:
Elke Villegas, Director of Business Development
Becky Bitzer, Clinical Community Liaison
Sarah Twaddle, Clinical Community Liaison
Wayne Jackson, Clinical Community Liaison

EATING DISORDERS

3 Primary:

- Anorexia
- Bulimia
- Binge Eating Disorder

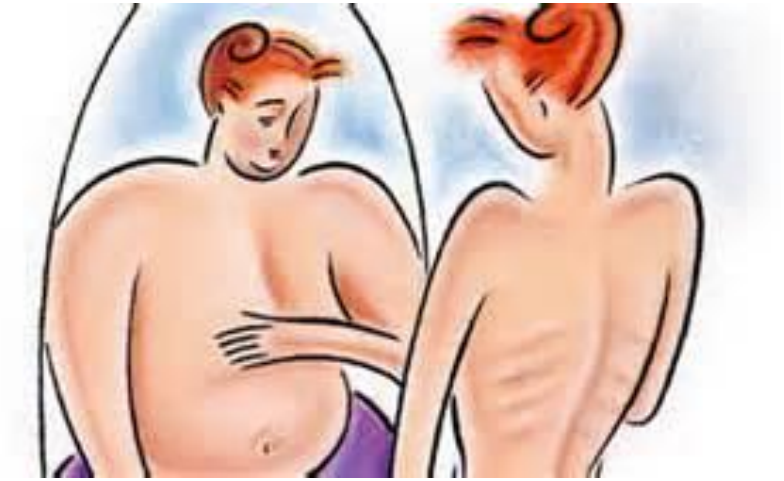
SELF SCREENING TOOL

Do you:

- ✓ Constantly think about food, weight, or body image?
- ✓ Worry about what your last meal is doing to your body?
- ✓ Experience guilt or shame about your body?
- ✓ Count calories or fat grams whenever you eat or drink?
- ✓ Feel “out of control” whenever you eat?
- ✓ Binge eat twice a week or more?
- ✓ Obsess about the size of specific body parts?
- ✓ Weigh yourself several times daily?
- ✓ Exercise to lose weight even when you are ill or injured?
- ✓ Label foods as “good” and “bad”?
- ✓ Vomit after eating?
- ✓ Severely limit your food intake?

ANOREXIA

Defined as self starvation, a way to cope with uncomfortable feelings, and an intense fear of weight gain



DIAGNOSTIC CRITERIA AND TENDENCIES

- Maintaining a body weight 15% below normal for age, height, and body type
- Intense fear of gaining weight, even though underweight
- Distorted body image
- Absence of a menstrual cycle for at least three consecutive cycles
- Adherence to rigid rules and beliefs
- Limited caloric intake (500-1,000 calories/day)
- Excessive exercise despite low body weight
- Engaging in food rituals- eating alone, cutting food into small pieces, moving food around on plate, excessive chewing, spitting out food
- Weight on scale determines mood for the day, weighing numerous times per day
- Low self-esteem, perfectionism, high achiever, approval seeking

COMPLICATIONS OF ANOREXIA

- 5-20% death rate (highest of all mental illnesses)
- Cardiac arrest from electrolyte imbalances/dehydration
- Decreased heart size and rate
- Constipation and delayed gastric emptying
- Ineffective nutrient absorption in small intestine
- Loss of menstrual cycle
- Depression
- Dry skin, nails, and hair
- Fainting and low blood sugar
- Brittle bones/low bone density(Osteoporosis)
- Lanugo- growth of fine hair on body

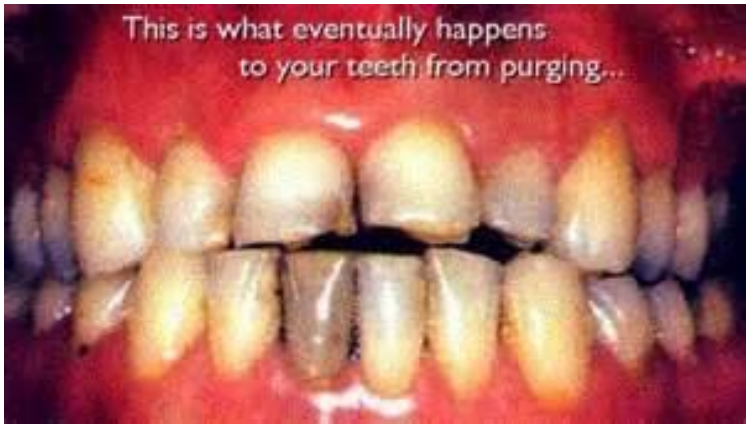
BULIMIA

Diagnostic Criteria and Tendencies:

- Eating within a 2 hr period, an excessive amount of food larger than what most individuals would eat
- A feeling that one cannot stop eating in that 2 hr period
- Self-induced vomiting, misuse of laxatives, fasting or excessive exercise
- Above behaviors occur at least once a week for 3 months
- Avoidance of reality and feelings
- Impulsive/Compulsive behavior
- Emotional eating, isolation and shame
- Fears of abandonment
- Anxiety

COMPLICATIONS OF BULIMIA

- Electrolyte imbalances/Dehydration
- Tooth enamel erosion
- Esophageal rupture
- Constipation/Bloating



- Swollen facial/neck glands- “chipmunk cheeks”

BINGE EATING DISORDER (BED)

A subcategory of Bulimia characterized by obesity and the absence of purging food

Diagnostic criteria and tendencies are very similar to Bulimia

WHY ???

Why would someone develop an eating disorder?

- Seeking control over their lives
- History of abuse, neglect or trauma
- Belief that thinness brings you happiness
- Self-absorbed, vain or societal pressure
- Feelings of accomplishment, sense of security
- Sense of power and success
- Family dysfunction, ie.- father absent emotionally or physically, mother has unrealistic body image expectations

Triad of Treatment

Treatment Team

- Physician- makes diagnosis and manages medical complications
- Therapist- provides psychological and behavioral counseling
- Dietitian- provides nutritional and behavioral counseling

NUTRITIONAL COUNSELING

How can a dietitian assist in the process?

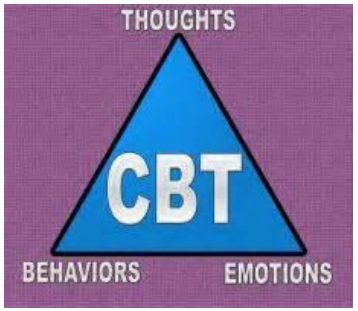
1. Establish a relationship of trust and build rapport
2. Address fears surrounding food
3. Provide concrete facts about food, body weight and metabolism
4. Address body image concerns
5. Conduct a comprehensive health assessment to include: Age, height, weight/weight history, goal weight, physical symptoms, dieting history, family dynamics, evaluation of laboratory values, behavioral counseling, family counseling
6. Develop a collaborative meal plan with client
7. Monitor progress and create achievable goals
8. Non-judgemental support and encouragement
9. Design an exercise plan
10. Assist in identifying fear and safe foods, binge and purge foods
11. Make multidisciplinary referrals
12. Encourage client to get rid of the scale!

COGNITIVE BEHAVIORAL THERAPY (CBT)

Increases awareness of thoughts that precede behaviors

Negative thoughts= Negative feelings= Negative behaviors= Negative belief system= Negative identity

CBT…



- Reinforces the physiological, metabolic, and foods facts that have been distorted
- Helps client set small attainable goals
- Encourages repetition of new behaviors
- Assists in negotiating change and working out agreements

Example: What do you think you would like to see happen this week? VS. This is what you need to work on this week.

Example: What are you willing to do this week? VS. This is what you should do this week.

Therapist and Dietitian

Provide very important roles

- Important to exchange therapeutically appropriate information on a weekly or monthly basis
- Achieve dual goals by working on similar concepts

Example:

1. Client can't ask husband for what they want.

2. Dietitian has client ask for special food preparation in a restaurant setting.

TREATMENT = TEAM AND TIME

The complicated nature of eating disorder treatment requires an experienced team of medical professionals that collaborate on behalf of the client to ensure the most effective outcomes.

Statistics suggest that recovery takes time.

1/3 of clients fully recover

1/3 of clients “maintain”

1/3 of clients remain chronically ill

RECOVERY IS LIFE