

AN OVERVIEW OF EATING DISORDERS & THEIR TREATMENT

What Every Loved One Needs to Know

Presented by

Marlena Tanner, RDN, CEDRD-S

OBJECTIVES

Understand what Eating Disorders are and to recognize their symptoms

Discuss possible etiology of Eating Disorders

Learn size-inclusive, weight-neutral philosophies

Feel better equipped to speak to support your loved one with their ED struggles

Understand treatment levels of care, interdisciplinary team, and philosophies

Explore your own relationship to food, body, and exercise



WHAT IS AN EATING DISORDER?

- Eating disorders are serious but treatable mental and physical illnesses that can affect people of every age, sex, gender, race, ethnicity, and socioeconomic group. National surveys estimate that 20 million women and 10 million men in America will have an eating disorder at some point in their lives.
- Illnesses that are thought to be bio-psychosocial in nature
- They serve the function of regulating emotions

WARNING SIGNS OF EATING DISORDERS

Changes in weight—includes loss, gain, and
fluctuations

Negative Self-talk especially when focused
around body

Depression, anxiety, isolation

Refusal to eat specific foods/entire food groups

Strong opinions about food and exercise

Refusal to eat at school or with peers and family

Preoccupation with food or weight

Frequent self-weighing, weighing of food, or use
of tracking apps

Guilt associated with eating or not exercising
“enough”

Frequent Dieting



WARNING SIGNS OF EATING DISORDERS

- Food rituals; unusual use of condiments, slow-paced eating, picking on food, not letting foods touch, microbiting, eating foods in a certain order
- Skipping of meals or eating small portions at mealtimes
- Extreme mood swings
- Frequent body checking
- Food disappearing more quickly than expected e.g. finding evidence of wrappers under the bed, in the garbage, etc.
- GI complaints
- Dizziness especially with standing

WARNING SIGNS OF EATING DISORDERS

- Difficulty concentrating
- Feeling cold all the time
- Sleep problems
- Swelling in the face around salivary glands
- Maintenance of excessive, rigid, exercise regimen despite injury or other obligations
- Drinking excessive amounts of water
- Chewing excessive gum
- Evidence of purging such as bathroom use after eating, need to burn off calories via exercise/fasting, diuretics or laxative use

TYPES OF EATING DISORDERS

- Some types include Binge Eating Disorder (BED), Anorexia Nervosa (AN), Bulimia Nervosa (BN), Avoidant Restrictive Food Intake Disorder (ARFID), Ruminant Disorder, and Other Specified Feeding or Eating Disorders (OSFED) such as Purging Disorder and Night Eating Syndrome.
- Not in the DSM-V but worth addressing: Orthorexia, Diabulimia, and Compulsive Exercise

WHAT IS THE “ED” SELF?

- The Eating Disorder or “ED” is a part of Self that splits off from the True Self
- Think of the inner Critic in overdrive; a sort of terrorist with specific ideas and rules surrounding food, body and exercise
- Example of ED Rules (every disorder is slightly different)
- First step is to actually identify what thoughts come from ED versus the True Self
- The next step is to learn to talk back to and stand up to ED
- We need to adopt new ways of thinking which includes a more compassionate voice

THE MEDICAL DANGERS

- Bradycardia
- Hypoglycemia
- Electrolyte imbalance
- Heart failure
- Anemia
- Hormone imbalance—sex hormones, thyroid hormones, stress hormones
- Muscle wasting—organs are not exempt
- Bone loss

THE PSYCHOLOGICAL DANGERS

- Depression
- Anxiety
- Sleep disturbance
- Personality changes
- Isolation
- Food and body obsession
- Body dysmorphia
- Self-loathing
- Self-harm

STEREOTYPES/MYTHS OF EDS

Young white girl's disease

You can tell by looking at someone if
they have an eating disorder

It's all about "food and weight"

It's a shallow disease that people
choose when they want to look better

Any others you have heard?



SOME STATISTICS

- Males represent 25% of individuals with anorexia nervosa, and they are at a higher risk of dying, in part because they are often diagnosed later since many people assume males don't have eating disorders.
- At least 30 million people of all ages and genders suffer from an eating disorder in the U.S.
- Every 62 minutes at least one person dies as a direct result from an eating disorder.
- Eating disorders have the highest mortality rate of any mental illness.
- 13% of women over 50 engage in eating disorder behaviors.

SOME STATISTICS

- In a large national study of college students, 3.5% sexual minority women and 2.1% of sexual minority men reported having an eating disorder.
- 16% of transgender college students reported having an eating disorder.
- In a study following active duty military personnel over time, 5.5% of women and 4% of men had an eating disorder at the beginning of the study, and within just a few years of continued service, 3.3% more women and 2.6% more men developed an eating disorder.
- Eating disorders affect all races and ethnic groups.

EATING DISORDER ETIOLOGY

- Biological
 - Having a close relative with an ED or mental illness, history of dieting, negative energy-balance, type 1 diabetes
- Psychological
 - Self-oriented perfectionism, anxiety, behavioral inflexibility (following the rules, black and white thinking, one way of doing things “right”), and body image dissatisfaction (*a word about co-occurring disorders here)
- Sociocultural
 - Weight stigma, teasing, bullying, trauma, acculturation, buying into the socially defined beauty ideals, limited social networks

PROBLEMS WITH OUR CURRENT CULTURE

We are currently in an externalized, weight-discriminatory, success-oriented, health and fitness obsessed culture.

Healthism is the idea that following a particular set of health behaviors is "good" and not doing so is "bad."

Unfortunately, "health" is one of a long list of categories that our culture tends to use to value an individual's worth, along with appearance, size, weight, age, ability, gender, race, and others.

How does this exacerbate eating disorders?



WEIGHT STIGMA

Weight stigma, also known as weight bias or weight-based discrimination, is discrimination or stereotyping based on a person's weight.

Weight stigma can increase body dissatisfaction, a leading risk factor in the development of eating disorders.

What are some of the assumptions we make about a person with a larger body?



TAKING A HEALTH AT EVERY SIZE (HAES) PERSPECTIVE



- Celebrates body diversity;
- Honors differences in size, age, race, ethnicity, gender, dis/ability, sexual orientation, religion, class, and other human attributes.
- Challenges scientific and cultural assumptions;
- Values body knowledge and lived experiences.
- Finding the joy in moving one's body and being physically active;
- Eating in a flexible and attuned manner that values pleasure and honors internal cues of hunger, satiety, and appetite, while respecting the social conditions that frame eating options.

TAKING A HAES PERSPECTIVE

- Never makes assumptions about someone's character or health based on body size or shape
- Take the focus off weight and put it on health and self-esteem. Dump weight-based programs like BMI screening.
- Teach children that their bodies deserve love and respect no matter how much they weigh.
- Implement media literacy programs that challenge the current thin ideal in the media. Discuss body size as a diversity issue as you would race or gender.

WHY DIETS FAIL US

The diet industry is a multi-billion dollar industry

We don't fail diets, diets fail us

They set up both physical and psychological deprivation

Physical deprivation can lead to bingeing or "loss of control with food"



WHY DIETS FAIL US

Categorizing foods as "Good" or "Bad" will increase the value of bad foods and lead to psychological response in our thoughts, emotions and behavior

Psychological deprivation makes us desire the bad food more. For example:

Belief: "Cookies are bad"

Thoughts: "I shouldn't have eaten that cookie. I blew it".

Feelings: "Guilt, shame, remorse"

Behavior: "eat more cookies"



WHY DIETS FAIL US

- When we restrict our calories we slow down our metabolisms
- Children and adolescents should never go on diets or restrict their calories. This can affect normal growth and development.
- Focusing on weight increases body shame and dissatisfaction. It makes our inner critic louder. Despite what we are often taught a louder inner critic does not lead to taking better care of ourselves, instead it leads to secret eating, hopelessness, and often eating more.
- **“We don’t take very good care of someone we don’t like”**

CAUSES OF OVEREATING

- Most commonly deprivation is the cause of overeating
- Emotional overeating serves the function of avoiding uncomfortable emotions and even disassociating from trauma
- BED is by far the most common ED. However, not everyone who lives in a larger body has BED nor does everyone with BED live in a larger body
- If someone reports they are overeating it's useful to explore what might be driving the overeating---
- Can you think of some triggers?