The Multidimensional Nature of Eating Disorders

Brittany Davis, L.P.C.C.-S. Site Director

emilyprogram.com

Objectives

• Understand when to refer a patient to eating disorder treatment
• Identify treatment options and varying levels of eating disorder care
• Exhibit the ability to triage patients to specific levels of care
• Understanding of the different types of Eating Disorders

Types of Eating Disorders (DSM V)

• Anorexia Nervosa
• Bulimia Nervosa
• Binge Eating Disorder
• Avoidant/Restrictive Food Intake Disorder
• OSFED
  – Atypical AN
  – Sub BN
  – Sub BED
  – Purging Disorder
  – NES
DSM-5: Anorexia Nervosa

A. Restriction of energy intake relative to requirements leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health. Significantly low weight is defined as a weight that is less than minimally normal, or, for children and adolescents, less than that minimally expected.

B. Intense fear of gaining weight or becoming fat, or persistent behavior that interferes with weight gain, even though at a significantly low weight.

C. Disturbance in the way in which one’s body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.

Specify current type:
- Restricting Type: during the last three months, the person has not engaged in recurrent episodes of binge eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas)
- Binge-Eating/Purging Type: during the last three months, the person has engaged in recurrent episodes of binge eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas)

DSM-5: Bulimia Nervosa

A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
   (1) Eating, in a discrete period of time (for example, within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.
   (2) 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).

B. Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, or other medications; fasting; or excessive exercise.

C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least once a week for 3 months.

D. Self-evaluation is unduly influenced by body shape and weight.

E. The disturbance does not occur exclusively during episodes of anorexia nervosa.

DSM-5: Binge Eating Disorder

A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
   (1) Eating, in a discrete period of time (for example, within any 2-hour period), an amount of food that is definitely larger than most people would eat in a similar period of time under similar circumstances
   (2) 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)

B. The binge-eating episodes are associated with three (or more) of the following:
   (1) Eating much more rapidly than normal
   (2) Eating until feeling uncomfortably full
   (3) Eating large amounts of food when not feeling physically hungry
   (4) Eating alone because of feeling embarrassed by how much one is eating
   (5) Feeling disgusted with oneself, depressed, or very guilty afterwards

C. Marked distress regarding binge eating is present.

D. The binge eating occurs, on average, at least once a week for three months.

E. 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.
**DSM-5: Other Specified Feeding and Eating Disorders**

- **Atypical Anorexia Nervosa**
  - All of the criteria for Anorexia Nervosa are met, except that, despite significant weight loss, the individual’s weight is within or above the normal range.

- **Subthreshold Bulimia Nervosa (low frequency or limited duration)**
  - All of the criteria for Bulimia Nervosa are met, except that the binge eating and inappropriate compensatory behaviors occur, on average, less than once a week and/or for less than 3 months.

- **Subthreshold Binge-Eating Disorder (low frequency or limited duration)**
  - All of the criteria for Binge Eating Disorder are met, except that the binge eating occurs, on average, less than once a week and/or for less than 3 months.

- **Purging Disorder**
  - Recurrent purging behavior to influence weight or shape, such as self-induced vomiting, misuse of laxatives, diuretics, or other medications, in the absence of binge eating. Self-evaluation is unduly influenced by body shape or weight or there is an intense fear of gaining weight or becoming fat.

---

**Why do people get eating disorders?**

**Bio-Psychosocial Model of Eating Disorders**

![Bio-Psychosocial Model of Eating Disorders]

- **Biology**
  - Food restriction
  - Genetics
  - Physical changes
  - Puberty/Menopause
  - Neurotransmitters

- **Psychology**
  - Stressors
  - Identity/self-image
  - Personlity factors
  - Perfectionism
  - Depression
  - Coping

- **Social/Environment**
  - Cultural factors
  - Pressure to “fit in”
  - Normalization of dieting
  - Media

---

**Onset of Illness**

- Ages 16 to 20: 43%
- Age 10 or younger: 10%
- After age 20: 14%
- Ages 11-15: 33%

**Duration of Illness**

- 1-5 years: 30%
- 6 to 10 years: 31%
- 11 to 15 years: 16%

*National Association of Anorexia Nervosa and Associated Disorders ten-year study*
Timely Interventions

- People with EDs may not recognize that they are ill and/or they may be ambivalent about accepting treatment. This is a symptom of their illness.

- Concerned others are often frontline help-seekers for friends/roommates with EDs. Trust their concerns and get more information.

- Understand that no one, not the person, not the family, caused the illness; neither did the person choose to have it. This minimizes undue stigma associated with the disease.

- Monitor physical health including vital signs and laboratory tests.

- Research demonstrates that treatment within 3-5 years of onset is directly related to a higher rate of recovery.

Why should you refer to an ED specialist?

- Due to the bio-psycho-social nature, a comprehensive assessment is critical for assessing appropriate intervention.

- Generally, those struggling with an ED need a multi-disciplinary team including therapy, nutritional counseling and medical.
  - The #1 medicine for treatment is appropriate nutrition and that needs to occur simultaneously with therapy.

- You can’t talk someone out of poor body image.
  - Research demonstrates cognitive impairment caused by poor metabolic functioning.

- “Waiting” for it to pass or viewing it as attention seeking behavior could cause irreversible damage.

Treatment Options & Levels of Care

- Treatment can look a lot of ways:
  - Residential, or 24 hour care
  - Use of multi-disciplinary team including therapist, a dietitian, and a doctor
  - Attending a group for an hour or for most of the day

- Treatment is dependent on what the person needs:
  - Might be therapy, Nutrition, Medicine, Psychiatry, Residential, Intensive Day or Partial, Intensive Outpatient, Family Based Therapy, Outpatient, Inpatient, Group

- Family or supporter involvement in the treatment process is especially important when possible.
In Treatment We Are Trying To...

Help Individuals:
• Eat and be active in tune with the body’s needs
• Eat when hungry and stop when satisfied
• Eat a variety of foods without fear
• Focus on health
• Appreciate the body
• Think critically about media
• Employ adaptive coping skills

Who does what, when, and how often?

**DIETITIAN**
- Meal Planning
- Nutrition Education
- Establishment of wt range
- Education regarding physical aspects of ED
- Weight monitoring
- Strategizing food related activities
- Body image
- Teach Coping Skills

**THERAPIST**
- Assesses/treats symptoms of related diagnoses (anxiety, depression)
- Monitor and address suicidal thoughts/self-injury
- Explore etiology and maintaining factors of ED
- Body image
- Teach coping skills

**PHYSICIAN**
- Medical monitoring and treatment of medical conditions related to ED
- Medication monitoring
- Weight monitoring
- Education regarding physical aspects of ED

Outpatient

• An outpatient treatment team usually consists of an individual/family therapist and a dietitian. Appointments are generally weekly but vary by need. In addition, clients can work with other disciplines including medical, psychiatry, group therapy, and alternative therapies (such as yoga, art therapy, recreational therapy, spiritual services).
Intensive Outpatient Programs (IOP)

IOP provides regular, structured group and individual programming throughout the week with an emphasis on maximum involvement of a support system. IOP clients see an individual therapist and registered dietitian weekly and a physician, as needed. Treatment is usually 3 hours daily, 3-5 days a week and includes group therapy, one supported meal/snack daily, and skills work.

Main IOP Goals:
- A step-up in support for someone needing more intensive help from outpatient to interrupt eating disorder symptoms
- A step-down for those transitioning from a higher level of care

Intensive Day Treatment (IDP) or Partial Hospitalization (PHP)

IDP/PHP provides the highest level of comprehensive outpatient eating disorder treatment, support, and structure for people with any ED diagnosis, and related issues. IDP/PHP can help prevent the need for inpatient hospitalization, which can be costly and disrupt everyday life.

It is usually 6-8 hours daily, meeting 5-7 times per week, to address psychological, nutritional and medical needs, gain new and healthier coping skills, and achieve individual treatment goals.

IDP/PHP's longer treatment day allows for more successful symptom interruption, more frequent intensive group therapy, and greater involvement of your support network. Clients also see an individual therapy, registered dietitian, and medical weekly, and psychiatry as needed.

Residential/Inpatient

Residential and inpatient care is 24/7 support for complete symptom interruption and intervention for medical stability. It includes structured support for eating all meals/snacks while engaging clients in intensive therapy to address underlying concerns. Inpatient care is usually to address medical concerns and averages a length of stay of about 3-14 days. Residential care tends to be longer and is used to implement more reinforced change and averages a length of stay of about 3-6 weeks.
TYPICAL TREATMENT RELATED QUESTIONS

- Where to start
- When, how, and to whom to refer
- What does treatment entail?
- Who is involved?
- How is it covered?
- How long does it take?
- When is it done?
- How does treatment impact school?

Determining Level of Care for Eating Disorders

<table>
<thead>
<tr>
<th>Determining Level of Care for Eating Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

The Emily Program Level of Care Pathway

- Initial steps
- Evaluation
- Treatment
- Discharge

Make Peace With Food
Contact Information:

Brittany.Davis@emilyprogram.com
(216)765-0500

LOCATIONS
Washington
Minnesota
Ohio
Pennsylvania

RESOURCES:
www.aedweb.org
www.eatingdisorderscoalition.org
www.tcm.org
www.mollykellogg.com
www.about-face.org
www.somethingfishy.org