Objectives

- Identify the classifications of eating disorders based on the Diagnostic and Statistical Manual of Mental Disorders, 5th Ed.
- Review the variety of settings for eating disorders treatment and the role of the various team members.
- Discuss strategies used in individual nutrition sessions by the dietitian to help facilitate care of a client with an eating disorder in an outpatient setting.

Anorexia Nervosa

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

- Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
  - Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than what most individuals would eat in a similar period of time under similar circumstances.
  - A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).
- Recurrent inappropriate compensatory behaviors in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, or other medications; fasting; or excessive exercise.
- The binge eating and inappropriate compensatory behaviors both occur, on average, at least once a week for 3 months.
- Self-evaluation is unduly influenced by body shape and weight.

Binge Eating Disorder

- Recurrent and persistent episodes of binge eating
- 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 being embarrassed by how much one is eating
  - Feeling disgusted with oneself, depressed, or very guilty after overeating
  - Marked distress regarding binge eating
- Absence of regular compensatory behaviors (such as purging).

Avoidant/Restrictive Food Intake Disorder (ARFID)

- An Eating or Feeding disturbance as manifested by persistent failure to meet appropriate nutritional and/or energy needs associated with one (or more) of the following:
  - Significant loss of weight (or failure to achieve expected weight gain or maintaining growth in children)
  - Specific nutritional deficiencies
  - Dependence on enteral feeding or oral nutritional supplements
  - Marked interference with psychosocial functioning
  - The behavior is not better explained by lack of available food or by an associated culturally sanctioned practice.
  - This behavior does not occur exclusively during the course of anorexia nervosa or bulimia nervosa, and there is no evidence of a disturbance in the way one's body weight or shape is experienced.
- The eating disturbance is not caused by a medical condition, or better explained by another psychiatric disorder. Usually, it begins before age 18 and symptoms of ARFID predominate. The baseline somatic status is usually normal, but they have symptoms of recent nutritional deficiency.
Other Specified Feeding or Eating Disorder (OSFED)

- Atypical Anorexia Nervosa: All criteria are met, except despite significant weight loss, the individual’s weight is within or above the normal range.
- Binge Eating Disorder (of low frequency and/or limited duration): All of the criteria for BED are met, except at a lower frequency and/or for less than three months.
- Bulimia Nervosa (of low frequency and/or limited duration): All of the criteria for Bulimia are met, except at a lower frequency and/or for less than three months.
- Purging Disorder: Recurrent purging behavior to influence weight or shape in the absence of binge eating.
- Night Eating Syndrome: Recurrent episodes of night eating. Eating after awakening from sleep, or by excessive food consumption after the evening meal. The behavior is not better explained by environmental influences or social norms. The behavior causes significant distress/impairment. The behavior is not better explained by another mental health disorder (e.g. BED).

Other diagnoses

- Unspecified Feeding or Eating Disorder (UFED)
- Pica
- Rumination disorder

Levels of Care
Inpatient

- Unstable or depressed vital signs
- Laboratory findings presenting acute health risk
- Complications due to coexisting medical problems such as diabetes
- Patient is psychiatrically unstable as determined by:
  - Rapidly worsening symptoms
  - Suicidal and unable to contract for safety

Residential

- Patient is medically stable and requires no intensive medical intervention
- Patient still needs intensity of care
- Patient is psychiatrically impaired and unable to respond to partial hospital or outpatient treatment

Partial Hospitalization

- Patient is medically stable but:
  - Eating disorder impairs functioning, though without immediate risk
  - Needs daily assessment of physiologic and mental status
- Patient is psychiatrically stable but:
  - Unable to function in normal social, educational, or vocational situations
  - Engages in daily binge-eating, purging, fasting or very limited food intake, or other pathogenic weight control techniques
INTENSIVE OUTPATIENT/OUTPATIENT

- Patient is medically stable and does not need daily medical monitoring
- Patient is psychiatrically stable and has symptoms under sufficient control to be able to function in normal social, educational, or vocational situations and continue to make progress in recovery

Role of Registered Dietitians

- Provide medical nutrition therapy for the normalizing eating patterns and nutritional status
- May appear challenging to patients with an eating disorder
- Four Main Areas:
  - Assessment
  - Education
  - Recommendations
  - Support

Role of dietitians- assessment

- Current intakes and eating history
- Eating habits
- Weight history
- Eating disorder behaviors
- Dieting history (patient and family)
- Current nutritional knowledge
- Dietary rules
- Activity level and exercise
- Motivation to change
- Patient goals
- Calculation of nutritional requirements
Role of dietitian-education/recommendations

- Distorted views on diet
- Question dietary “rules”
- Provide more accurate information
- Collaborative effort between the dietitian and patient
- Realistic and achievable nutrition goals

Role of dietitian-support

- Relationship of food and feelings
- Challenge food fears and distortions
- Validate struggles with food
- Listen empathically
- Help patient learn to trust food (and themselves) again
  - beliefs about food and nutrition can become very distorted and rigid
  - involves risk and experimentation
  - Very difficult to do, even with a motivated patient
  - Collaborate with other team members, family, etc...

Success
what people think it looks like
what it really looks like
Regular eating-use of a meal plan

- Keeps your blood sugar level up
- Small to provide comfortable volume
- Provides energy throughout the day
- Reduces the risks of extreme hunger
- Try to work within patient preference

Meal plan

- Use of different strategies
  - Exchanges
  - My Plate
  - Calorie counting
  - Liquid supplements
- Accept initially that this is not “normal” eating
Food Diary

- Documentation tool: information gathering
- Include more than just foods eaten
  - When you ate it
  - Emotions before and after eating
  - What you wanted vs what you ate
  - Physical symptoms
  - Binge vs purge?
  - Hunger before and after

Why keep it?
- Get it out of your head and on paper
- Objective view
- Give someone else a chance to see it
- Hard to remember
Hunger Scale

- Some patients do not recognize hunger
- Feelings are likely there, they just haven’t been used recently
- Certain medications can interfere or modify appetite dramatically

Sample Hunger Scale
Hunger Scale

- Where is the patient before and after they eat?
  - If at a “1” before a meal or snack, may eat to a “5” on the scale
- Undereating and overeating are part of the same cycle
- Pendulum swing

Identify possible trends in eating patterns:

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Eating disorder vs disordered eating

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Orthorexia

- Preoccupation with “healthy eating”
- Fixation on righteous eating
- May lead to restrictive eating

Goals of nutrition therapy
- Address food rules
- Discuss food fears
- Expand food choices
- Help look at food a different way
- Decrease thoughts about food

Why am I eating?

- Physical vs emotional hunger
- Apple test
- Black and white or good vs bad compared to rainbow thinking
- Give yourself permission

Resources

- National Eating Disorders Association
  - http://www.nationaleatingdisorders.org/
- Nearby programs
- Local behavioral health
What is Normal Eating?

The Secrets of Feeding a Healthy Family
By Ellyn Satter (1999, Kelcy Press)

What is normal eating?...

- Normal eating is being able to eat when you’re hungry and continue eating until you are satisfied.
- It is being able to choose food you like, and eat it and truly get enough of it, and not just stop eating because you think you should.

What is normal eating?...

- Normal eating is being able to use some moderate constraint in your food selection to get the right foods, but not being so restrictive that you miss out on pleasurable foods.
What is normal eating?

Normal eating is giving yourself permission to eat something because you’re happy, sad or bored, or just because it feels good.

Normal eating is three meals a day, or can be choosing to munch along. It’s leaving some cookies on the plate because you know you can have some again tomorrow, or it’s eating more now because they taste so wonderful when they’re fresh.

Normal eating is overeating at times, feeling stuffed and uncomfortable. It is also undereating at times and wishing you had more.
What is normal eating?...

- Normal eating is trusting your body to make up for your lapses in eating.
- Normal eating takes up some of your time and attention, but it keeps its place as only one important area of your life.

In short, normal eating is flexible. It varies in response to your emotions, your schedule, your hunger, and your proximity to food.
Any Questions?

References:
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