What's new in Eating Disorders?

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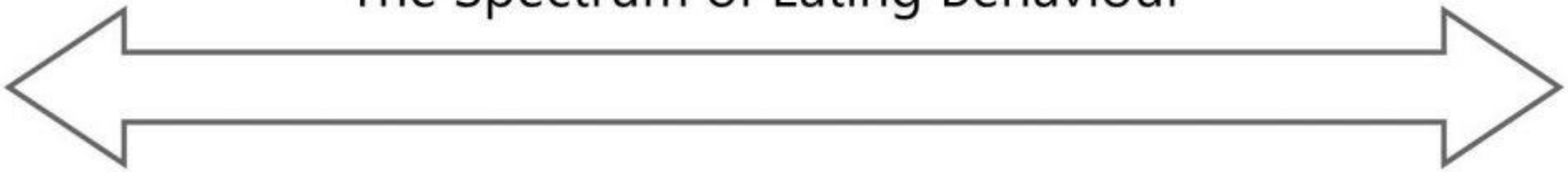
Outline

- Types of Eating Disorders
- Assessment
- Weight Stigma
- Office protocols

Disordered Eating vs. Eating Disorder

The Spectrum of Eating Behaviour*



Intuitive Eating

Eats when hungry
Views eating as pleasurable
Eats intentionally and with purpose
Stops eating when satisfied
Positive body image
Includes a variety of healthy foods
Allows for indulgences
Does not regulate emotions through food
Active for health and enjoyment

Disordered Eating**

Restricts intake (to control weight/shape)
Unresponsive to hunger/fullness cues
Eats to regulate emotions/environment
Compulsive eating and/or overeating
Negative body image
Limited and/or inflexible food intake
All-or-nothing approach to healthful eating
Firm dietary rules
Active to burn calories/in response to eating
Dieting culture

Eating Disorder

Anorexia Nervosa
Bulimia Nervosa
Binge Eating Disorder
Other Eating Disorders

*Classification based on overall dietary pattern
**Not all criteria must be met for an individual to identify with disordered eating

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Types of Eating Disorders

Anorexia Nervosa

ICD-10-CM Code F50.0

F50.01 Restricting Type

F50.02 Binge-Eating/Purging Type

Anorexia Nervosa

- Restriction of calorie intake leading to a low body weight or arrested growth (children and adolescents).
- Self worth unduly influenced by body size and shape.
- Purging- vomiting, exercise, laxatives
- Treatment delays- 2.5 years
- Pt. and family in denial of illness

Atypical Anorexia Nervosa

- Denial of illness.
- Weight suppression- % of body weight lost (highest body weight- current body weight/highest body weight) 5% is significant
- Treatment delays- 11.6 years
- Starvation symptoms- fatigue, hair loss, GI issues

Assessment: Anorexia Nervosa

- Look past body size
- Stomach pains
  - *Gastroparesis, constipation*
  - *Use to eliminate food groups*
- Vegan/Vegetarian
- Adolescents/Children
  - Missed menstrual cycles
  - Growth curve (BMI for age) decrease or increase by 2 %

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Starvation in Hormones and Bones

Low hormones: LH, FSH, estrogen, testosterone, Insulin-like growth factor (IFG-1)

Reduction in new bone production

1) Fracture risk- 60% increase

2) Permanent Kyphosis (hunched upper back)

3) Compression fractures-chronic pain

Recommendations:

DEXA Scan

Estrogen patch- bridge to weight restoration

Guadiani, J. "Sick Enough"

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Types of Eating Disorders

Bulimia Nervosa

ICD-10-CM Code F50.2

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Bulimia Nervosa

- Eating a large amount of food in a short amount of time followed by compensatory behaviors 1x/week for 3 months or more.
- Self-induced vomiting, laxative or diuretic abuse, insulin misuse, excessive exercise, diet pills
- Intense fear of weight gain with self-evaluation unduly influenced by body shape and weight.
- Treatment delays- 4.4 years
- Shame

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Assessment: Bulimia Nervosa

- Normal weight
- Labs- may not show illness
- Stomach pains
  - *Gastroparesis, constipation*
- Purging numbs feelings/empty
- Purging can be self-harm
- Types of purging: laxatives, vomiting, exercise, etc….
- Patients may be in denial unless electrolytes are low

Types of Eating Disorders

Binge Eating Disorder

ICD-10-CM Code F50.81

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Binge Eating Disorder

- Eating a large amount of food with a sense of lack of control and distress over the amount of the food consumed or the pace.
- Binge eating, in the absence of compensatory behavior, 1x/week for at least three months
- Patients may be in a larger body
- Treatment delays- 5.6 years
- Shame
- Weight stigma may hinder treatment
- MOST COMMON Eating Disorder

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Assessment: BED

- Increase in weight
- Eating rapidly
- Feeling out of control…”I can’t stop eating”
- Eating large amounts of food when not hungry
- Eating alone
- Emotional eating
- Hiding food

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Types of Eating Disorders

Other Specified Feeding and Eating Disorder (OSFED):

ICD-10-CM Code F50.89

OSFED

- OSFED is the diagnosis for EDs that do not meet full criteria for AN, BN or BED.
- AN- may not meet low body weight criteria (Atypical AN)
- BN and BED- low frequency or limited behaviors
- Night Eating Syndrome- eating after awakening from sleep or by excessive food consumption after the evening meal.
- Might miss in older patients- divorce, empty nester, menopause, chronic dieter

Orthorexia

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Athletes

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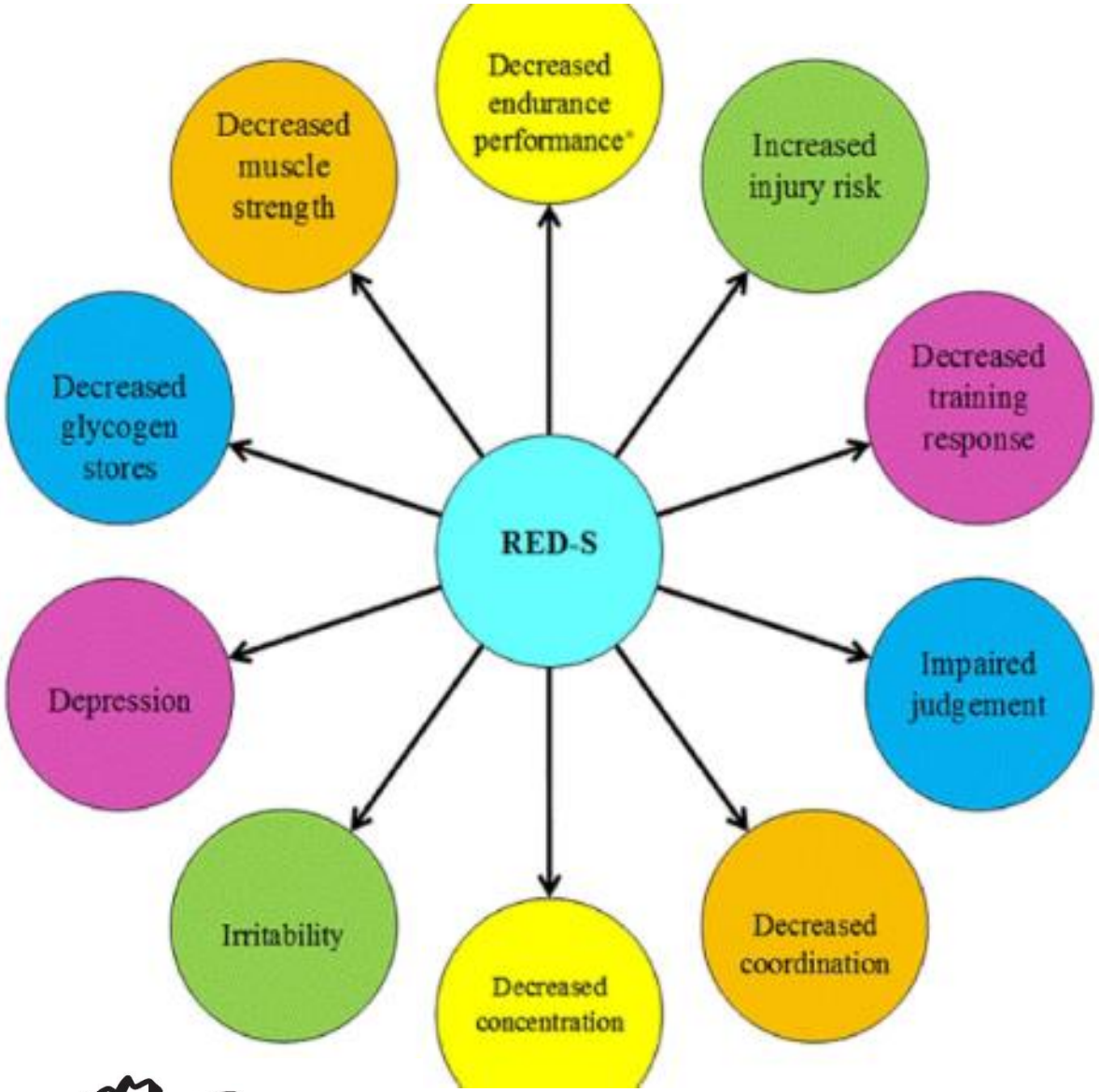

Relative Energy Deficiency in Sport

RED-S

Formerly “Female Athlete Triad”

Includes male athletes

Lack of energy availability

Multi-system effects

Athlete heart vs starving heart

Screening

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Brief Eating Disorder in Athletes Questionnaire (BEDA-Q) (5)

1. I feel extreme guilt after eating.
   □always □usually □often □sometimes □rarely □never
2. I am preoccupied with the desire to be thinner.
   □always □usually □often □sometimes □never
3. I think that my stomach is too big.
   □always □usually □often □sometimes □rarely □never
4. I feel satisfied with the shape of my body.
   □always □usually □often □sometimes □never
5. My parents have expected excellence of me.
   □always □usually □often □sometimes □never
6. As a child, I tried very hard to avoid disappointing my parents and teachers.
   □always □usually □often □sometimes □never
7. Are you trying to lose weight now? □yes □no
8. Have you tried to lose weight? □yes □no
9. If yes, how many times have you tried to lose weight? □1-2 □3-5 □>5 times

Sick-Control-One stone-Fat-Food (SCOFF)

1. Do you make yourself **S**ick because you feel uncomfortably full?
2. Do you worry you have lost **C**ontrol over how much you eat?
3. Have you recently lost more than **O**ne stone (14lb) in a three-month period?
4. Do you believe yourself to be **F**at when others say you are too thin?
5. Would you say **F**ood dominates your life?

Assessment of Eating Disorders

The medical consequences of EDs can go unrecognized, even by an experienced clinician.

Weight is not the only clinical marker of an ED. People who are at low, average, or high weights can have an ED, and individuals at any weight may be malnourished and/or engaging in ED behaviors.

Assessment

- Comprehensive Metabolic Panel (Including Magnesium and Phosphorus)
- Complete Blood Count
- Vitamin D
- Urine Analysis
- Prealbumin
- Free T4
- DEXA scan (if possible)
- EKG
- ESR
- TSH
- Amylase

Orthostatic blood pressure and changes (↓20 mg systolic/10 mg diastolic- ↑ HR 30 bpm)

Bradycardia <60 bpm

Chest pain

Cold intolerance

Hair loss

Lanugo hair on face, neck, back, arms

Dental problems- enamel erosion

Swollen or tender parotid glands

Frequent gastroesophageal reflux

Chronic indigestion/heartburn

Constipation/diarrhea

Extreme fatigue/weakness

Abdominal bloating/swelling of hands, ankles, feet

Electrolyte disturbances

Assessment

Weight Stigma- discrimination or stereotyping based on a person's weight

“weight discrimination occurs more frequently than gender or age discrimination”..

https://www.nationaleatingdisorders.org/weight-stigma

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Weight Stigma- assumptions

1) Higher body weight = poorer health
2) Long term weight loss is highly achievable
3) Weight loss results in consistent improvements in physical health
4) Stigmatizing weight loss promotes weight loss
5) Recognizing that one is overweight promotes healthier behaviors

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Don’t recommend weight loss

- Increased body dissatisfaction
- Are at an increased risk for eating disorder symptoms
- Engage in more frequent binge eating
- Are more likely to have a diagnosis for binge eating disorder (BED)

Where does Weight Stigma happen?

Families

- Weight based teasing
- Diet talk

Health care providers

- Provide them with less health information
- Spend less time with them
- View them as undisciplined, annoying, and noncompliant with treatment

Change the culture

Office procedures

Weight isn’t always necessary

If it is- be sensitive (blind wt)

Weight neutral talk

Focus on activity

Meal planning

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Referral options- Therapist and Dietitian

Outpatient:

Therapist

Dietitian- RDN, CEDS

Tanner Clinic Eating Disorder - Layton

Modern Eve

Trevor Therapy and Associates

Treatment Centers:

Center for Change (Orem, Cottonwood Heights)

Avalon Hills- Logan

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Eating Disorders are not a lifestyle choice…….

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References

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Resources

Academy for Eating Disorders: https://higherlogicdownload.s3.amazonaws.com/AEDWEB/27a3b69a-8aae-45b2-a04c-2a078d02145d/UploadedImages/Publications_Slider/FINAL_AED_Purple_Nutrition_Book.pdf

International Association of Eating Disorder Professionals: http://www.iaedp.com/

National Eating Disorder Association (NEDA)- toolkits: https://www.nationaleatingdisorders.org/toolkits

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