

Healing The Hunger *Recognition and Treatment* *of Eating Disorders*



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**INTERPLAY
COUNSELING & CONSULTING**



Our Topic



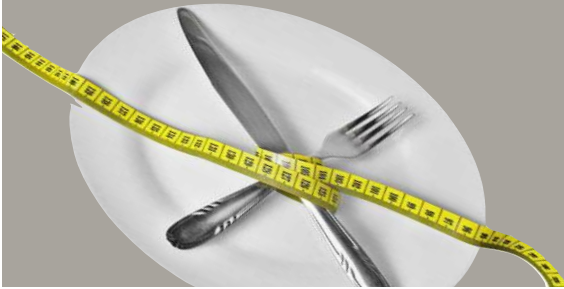
OUR GOALS

- **Know the nature of illnesses associated with eating disorders.**



OUR GOALS

- **Knows how to advocate for persons with eating disorders.**



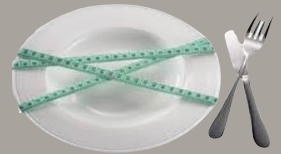
OUR GOALS

- **Knows how to identify factors of eating disorders that may contribute to abuse and/or neglect.**



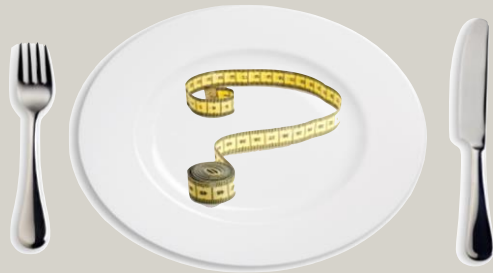
OUR GOALS

- **Knows indicators of psychiatric emergencies for eating disorders.**



YOUR GOALS

- **What would you like to gain from our discussion?**



FOOD FOR THOUGHT



GROUP ACTIVITY

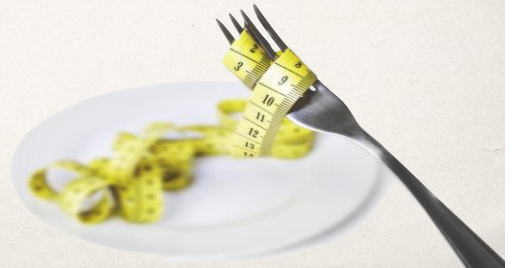
- **What messages have you received about food?**
- **What kind of values and beliefs do you have regarding food?**
- **How are these messages different for men versus women?**

Important Terms



ANOREXIA NERVOSA

- **An eating disorder involving self-starvation and the inability to maintain a healthy and appropriate body weight.**



NEDA, 2017

BULIMIA NERVOSA

- **An eating disorder that involves binge eating followed by purging behaviors (self-induced vomiting, laxatives, diuretics) and/or other behaviors to prevent weight gain (fasting, over-exercise).**

NEDA, 2017



BINGE EATING DISORDER

- **When binge eating occurs at least once a week for a period of three months, in the absence of any purging behaviors.**



NEDA, 2017

BINGE EATING

- **Eating an abnormally large amount of food in a short period of time while feeling unable to stop.**

NEDA, 2017



PURGING

- **The use of self-induced vomiting, laxatives, and diuretics after eating in order to prevent weight gain and relieve anxiety.**



NEDA, 2017

COMPENSATORY BEHAVIOR

- **Eating disorder behaviors that are used to try and “undo” the effects of eating or binge eating, such as exercise or purging.**



NEDA, 2017

BODY IMAGE

- **One's thoughts and perceptions about their physical appearance.**



NEDA, 2017

BODY CHECKING

- **Obsessive, intrusive thoughts and behaviors about body shape and size that can involve repeatedly checking appearance in the mirror, checking the size and appearance of certain body parts, and/or asking others whether they look fat.**



NEDA, 2017

RELAPSE

- **A return to eating disordered behaviors after a period of remission or recovery.**



NEDA, 2017

AMENORRHEA

- **The loss of menstrual periods for at least three months.**



NEDA, 2017

DBT

- **A form of therapy originally devised for borderline personality disorder that is often used to treat eating disorders.**

NEDA, 2017



CBT

- **Works to change the way a person thinks (their cognitions) and their behaviors in order to decrease symptoms of depression and anxiety.**



NEDA, 2017

Eating Disorders Defined



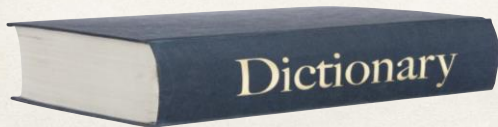
EATING DISORDERS

- **What comes to your mind when you hear the term eating disorders?**



EATING DISORDERS

- **Eating disorders are serious but treatable mental illnesses that can affect people of every age, sex, gender, race, ethnicity, and socioeconomic group.**

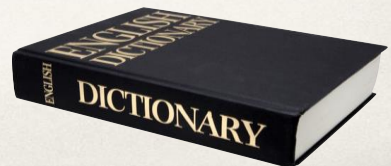


NEDA, 2017

EATING DISORDERS

- **Eating disorders are serious conditions related to persistent eating behaviors that negatively impact your health, your emotions and your ability to function in important areas of life.**

MAYO CLINIC, 2017



EATING DISORDERS

- **Eating disorders Eating disorders are abnormal eating habits that can threaten your health or even your life.**

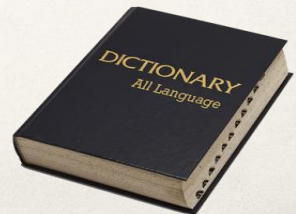


**AMERICAN PSYCHOLOGICAL
ASSOCIATION , 2017**

EATING DISORDERS

- **Eating disorders are actually serious and often fatal illnesses that cause severe disturbances to a person's eating behaviors. Obsessions with food, body weight, and shape may also signal an eating disorder.**

NIMH , 2017



TYPES OF EATING DISORDERS



ANOREXIA

- **People with anorexia nervosa may see themselves as overweight, even when they are dangerously underweight. People with anorexia nervosa typically weigh themselves repeatedly, severely restrict the amount of food they eat, and eat very small quantities of only certain foods.**



BULIMIA

- **People with bulimia nervosa have recurrent and frequent episodes of eating unusually large amounts of food and feeling a lack of control over these episodes.**

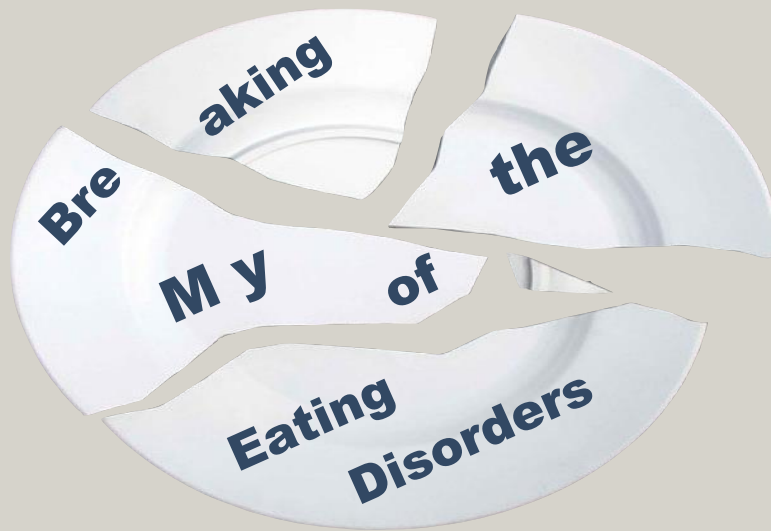


BINGE EATING DISORDER

- **People with binge-eating disorder lose control over his or her eating. Unlike bulimia nervosa, periods of binge-eating are not followed by purging, excessive exercise, or fasting.**

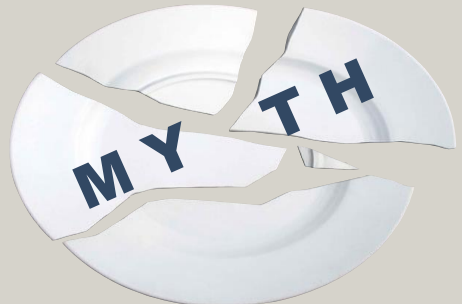






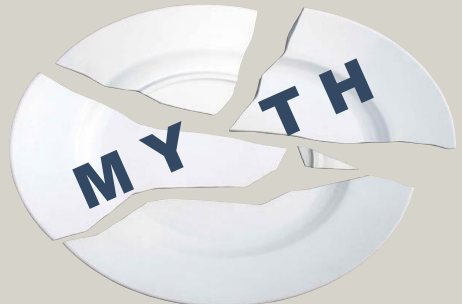
MYTHS

- **Only teenage girls suffer from eating disorders.**



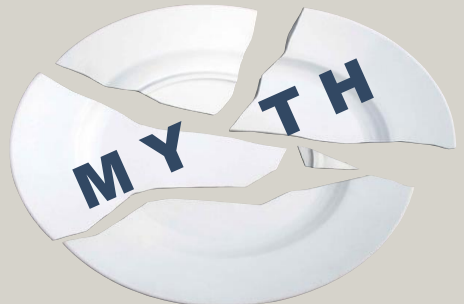
MYTHS

- **You can never recover from eating disorders.**



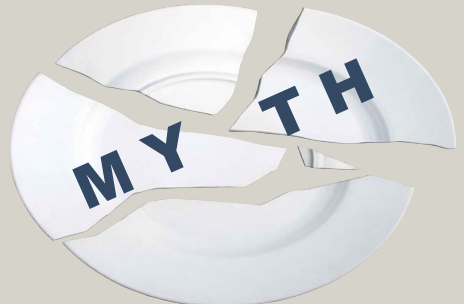
MYTHS

- **Men diagnosed with eating disorders are gay.**



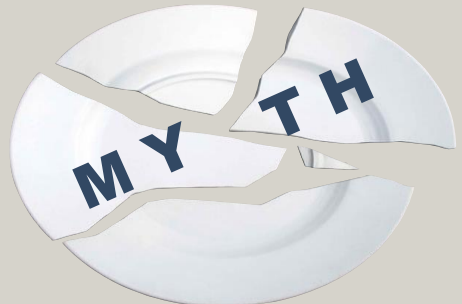
MYTHS

- **Eating disorders are solely a problem with food.**



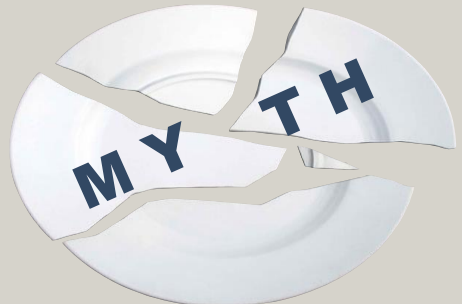
MYTHS

- **Bulimics always purge by vomiting.**



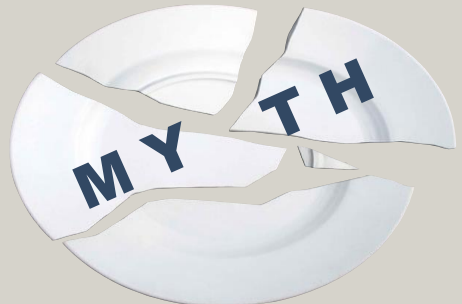
MYTHS

- **You can tell if someone is anorexic by appearance.**



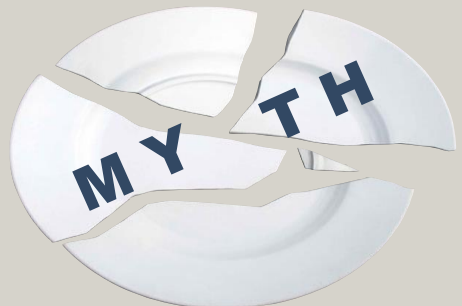
MYTHS

- **Anorexics do not eat candy, chocolate, etc.**



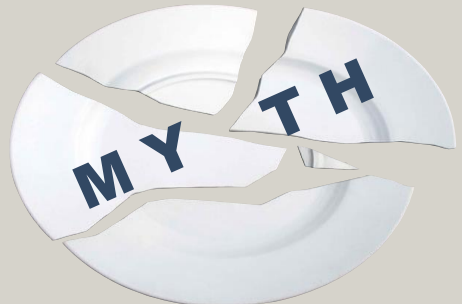
MYTHS

- **Anorexics do not binge or purge.**



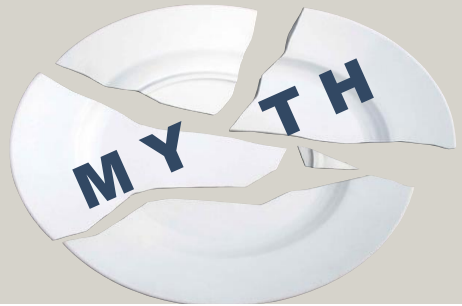
MYTHS

- **You cannot die from bulimia.**



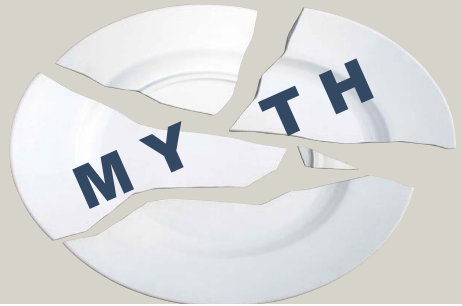
MYTHS

- **People with eating disorders only want to hurt their family and friends.**



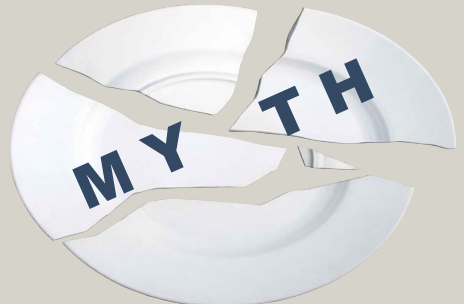
MYTHS

- **Compulsive eating is not part of an eating disorder.**



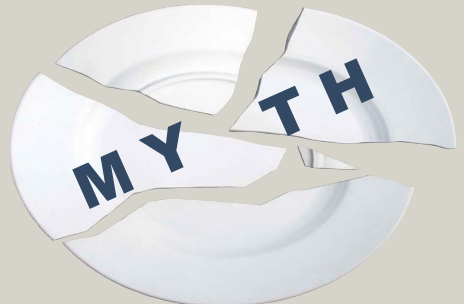
MYTHS

- **Compulsive eaters are just lazy.**



MYTHS

- **People cannot have more than one eating disorder.**



THE NUMBERS



PREVALENCE

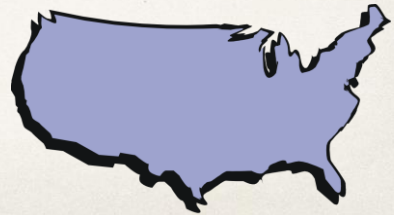
In the United States, 20 million women and 10 million men suffer from a clinically significant eating disorder at some time in their life



NEDA, 2017

PREVALENCE

- **10% of the population is afflicted with an eating disorder.**



NEDA, 2017

PREVALENCE

- **According to Time magazine, 80% of all children have been on a diet by the time they've reached fourth grade.**
- **86% of people with eating disorders report onset of an eating disorder by age 20.**

NEDA, 2017



PREVALENCE

- **Anorexia is the third most common chronic disease among young people, after asthma and type 1 diabetes.**

NEDA, 2017



PREVALENCE

- **Young people between the ages of 15 and 24 with anorexia have 10 times the risk of dying compared to their same-aged peers.**

NEDA, 2017



PREVALENCE

- **Males represent 25% of individuals with anorexia nervosa, and they are at a higher risk of dying.**



NEDA, 2017

PREVALENCE

- **Subclinical eating disordered behaviors (including binge eating, purging, laxative abuse, and fasting for weight loss) are nearly as common among males as they are among females.**

NEDA, 2017



PREVALENCE

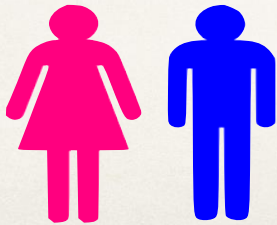
- **The onset of eating disorders is occurring at younger ages for both genders.**



NEDA, 2017

PREVALENCE

- **At any given point in time, 1.0% of young women and 0.1% of young men will meet diagnostic criteria for bulimia nervosa.**



NEDA, 2017

PREVALENCE

- **28.4% of people with current BED are receiving treatment for their disorder**



NEDA, 2017

PREVALENCE

- **Three out of ten individuals looking for weight loss treatments show signs of BED.**



NEDA, 2017

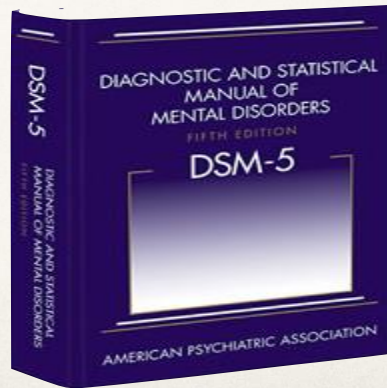
PREVALENCE

- **Eating disorders have increased threefold in the last fifty years.**



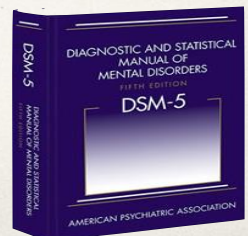
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THE DIAGNOSIS



ANOREXIA

- **According to the DSM-5 criteria, to be diagnosed as having Anorexia Nervosa a person must display:**

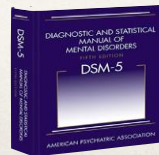


ANOREXIA

- **Persistent restriction of energy intake leading to significantly low body weight (in context of what is minimally expected for age, sex, developmental trajectory, and physical health) .**
- **Either an intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain (even though significantly low weight).**

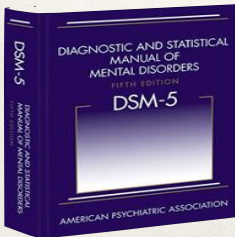
ANOREXIA

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



ANOREXIA

- **Subtypes:**
 - **Restricting type**
 - **Binge-eating/purging type**



BULIMIA

- **According to the DSM-5 criteria, to be diagnosed as having Bulimia Nervosa a person must display:**
- **Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:**

BULIMIA

- **Eating, in a discrete period of time (e.g. 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.**
- **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).**

BULIMIA

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

BULIMIA

- **Self-evaluation is unduly influenced by body shape and weight.**
- **The disturbance does not occur exclusively during episodes of Anorexia**

BINGE-EATING

- **According to the DSM-5 criteria, to be diagnosed as having Binge Eating Disorder a person must display:**
- **Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:**

BINGE-EATING

- **Eating, in a discrete period of time (e.g. 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.**
- **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).**

BINGE-EATING

- **The 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 feeling embarrassed by how much one is eating**
- **feeling disgusted with oneself, depressed or very guilty afterward**

BINGE-EATING

- **Marked distress regarding binge eating is present**
- **Binge eating occurs, on average, at least once a week for three months**
- **Binge eating not associated with the recurrent use of inappropriate compensatory behaviors as in Bulimia Nervosa and does not occur exclusively during the course of Bulimia Nervosa, or Anorexia Nervosa methods to compensate for overeating, such as self-induced vomiting.**

CAUSAL FACTORS

- **Personality Traits**
- **Genetics**
- **Environmental Influences**
- **Biochemistry**
- **Media**
- **Subcultures existing within our society**

COMORBIDITY

- **Depression**
- **Bipolar disorder**
- **Panic and anxiety disorders**
- **Post-Traumatic Stress Disorder**
- **Obsessive Compulsive Disorder**
- **Obsessive Compulsive Personality Disorder**
- **Borderline Personality Disorder**
- **Sleep Disorders**
- **Substance Use Disorder**

HOSPITALIZATIONS

- **Severe malnutrition (< 75% IBW)**
- **Dehydration**
- **Electrolyte disturbances**
- **Cardiac dysrhythmia**
- **Arrested growth & development**
- **Physiologic instability**
- **Failure of outpatient treatment**
- **Acute psychiatric emergencies**
- **Comorbid conditions that interfere with the treatment of the ED**

TREATMENT



ASSESSMENT

- **A full physical exam**
- Laboratory and other diagnostic tests
- A general diagnostic interview
- Specific interview that goes into more detail about symptoms

TREATMENT

- **Only 1 in 10 people with eating disorders receive treatment**
- **Treatment of an eating disorder ranges from \$500/day to \$2,000/day.**
- **The cost of outpatient tx. can extend to \$100,000 or more**

TREATMENT

- **Individual, group, or family psychotherapy**
- **Medical care and monitoring**
- **Nutritional counseling**
- **Medications (e.g., antidepressants)**

TREATMENT

- 1) Outpatient Treatment**
- 2) Intensive Outpatient Treatment**
- 3) Residential Treatment**
- 4) Inpatient / Hospital Treatment**

TREATMENT MODELS

Most therapists use multiple approaches:

- **Cognitive behavioral therapy (CBT)**
- **Psychodynamic**
- **Psychoeducational**
- **Dialectic behavior therapy (DBT)**
- **Interpersonal/Relational therapy**
- **Family/multifamily therapies**
 - **Structural and systems**
 - **Maudsley Approach**
 - **Group therapy: DBT, expressive, body image**

QUESTIONS

