Disordered Eating: Less About Food, More About Relationships

SCAFCS Annual Meeting 2019
Columbia, SC

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Disclosures & Acknowledgements

- Disclosures/Funding: None.

Presentation Objectives

1. Differentiate between disordered eating and an eating disorder.
2. Define common disordered eating conditions.
3. Identify symptoms of common disordered eating conditions.
4. Define relationship-based therapies to address disordered eating.
5. Explore principles of mindful and intuitive eating as intervention strategies for disordered eating.

Defining the Terms

Disordered Eating

- Unhealthy relationship with food manifested in irregular eating behaviors
- Descriptive terminology

Eating Disorder

- DSM-V: “Persistent disturbance of eating or eating-related behavior that results in the altered consumption or absorption of food and that significantly impairs physical health or psychosocial functioning.”
- Clinical diagnosis

Feeding & Eating Disorders (per DSM-V)

Anorexia Nervosa (AN)

Bulimia Nervosa (BN)

Binge Eating Disorder (BED)

Pica

Rumination

Avoidant/Restrictive Food Intake Disorder (ARFID)

Disordered Eating

Food Aversion

Impulsive Eating

Emotional (“Stress”) Eating

Night Eating Syndrome (NES)

Orthorexia

Overweight/Obesity

Symptoms of Disordered Eating

- Preoccupation with food, weight, body image
- Self worth tied to body image, shape, weight
- Rigid classification of food as “good” vs. “bad”
- Obsessive calorie or other nutrient counting
- Rigid rituals and routines involving food and exercise

Symptoms of Disordered Eating

- Feelings of guilt and shame associated with eating
- Feelings of loss of control around food
- Compulsive and/or avoidant (restrictive) eating habits
- Frequent dieting and chronic weight fluctuations
- Using compensatory mechanisms

Triggers of Disordered Eating

Anorexia Nervosa (AN)

A. Restrictive energy intake relative to requirements leading to significantly low body weight

B. Intense fear of gaining weight or becoming fat OR persistent behavior interfering with weight gain

C. Distorted perception of body weight or shape OR undue influence of body weight or shape on self-evaluation OR persistent lack of recognizing seriousness of current low body weight

- Two Types: Restricting and Binge-Eating/Purging
- Severity based on Body Mass Index (BMI)

Bulimia Nervosa (BN)

A. Recurrent episodes of eating significantly more food in a discrete period of time (i.e., 2 hrs) than most people would eat under similar circumstances + sense of lack of control

B. Recurrent inappropriate compensatory behavior to prevent weight gain

C. Binge eating and inappropriate compensatory behaviors both occur, on average, ≥1x per week for 3 months

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

E. Disturbance does not occur exclusively during episodes of anorexia nervosa

Binge Eating Disorder (BED)

A. Recurrent episodes of eating significantly more food in a discrete period of time (i.e., 2 hrs) than most people would eat under similar circumstances + sense of lack of control

B. Episodes characterized by ≥3 attributes: rapid eating, feeling uncomfortably full, eating large amounts even when not hungry, eating alone out of embarrassment, feeling disgusted with oneself/depressed/guilty afterward

C. Marked distress regarding binge eating

D. Binge eating occurs, on average, ≥1x/week for 3 months

E. Binge not associated with inappropriate compensatory behavior

Pica

A. Persistent eating of nonnutritive, nonfood substances over a period of ≥1 month

B. Eating of the nonnutritive, nonfood substances is inappropriate to the developmental level of the individual

C. Eating behavior not part of a culturally supported or socially normative practice

D. May occur in context of another mental disorder or medical condition but is sufficiently severe to warrant additional clinical attention

Rumination Disorder

A. Repeated regurgitation of food over a period ≥1 month

B. Repeated regurgitation not attributable to GI or other medical condition (i.e., GERD)

C. Eating disturbance does not occur exclusively during other feeding and eating disorder

D. May occur in context of another mental disorder or medical condition but is sufficiently severe to warrant additional clinical attention

Avoidant/Restrictive Food Intake Disorder (ARFID)

A. Eating or feeding disturbance (i.e., disinterest in eating or food, avoidance based on sensory characteristics of food, concern about choking or vomiting) + persistent failure to meet appropriate nutritional/energy needs

B. Disturbance not explained by lack of available food or culturally sanctioned practice.

C. Eating disturbance does not occur exclusively during other feeding and eating disorder

D. Eating disturbance not attributable to concurrent medical condition or another mental disorder

Night Eating Syndrome (NES)

- Recurrent episodes of night eating – eating after awakening from sleep or by excessive food consumption after evening meal
- Awareness and recall of eating
- Night eating not explained by external influences
- Night eating causes significant distress and/or impaired functioning
- Eating disturbance not attributable to another mental disorder

Orthorexia

- Eating driven by obsession over “healthy” or “good” foods
- Avoid foods deemed “unhealthy” or “bad”
- Features
  - Compulsive reading ingredient lists/nutrition labels
  - Removing entire food groups from the diet
  - Obsession over food and healthy life styles

Chronic Care Model

Environment

- Family
- School
- Worksite
- Community

Medical System

- Information Systems
- Decision Support
- Delivery System Design
- Self-Management Support

Family and Patient Self-Management

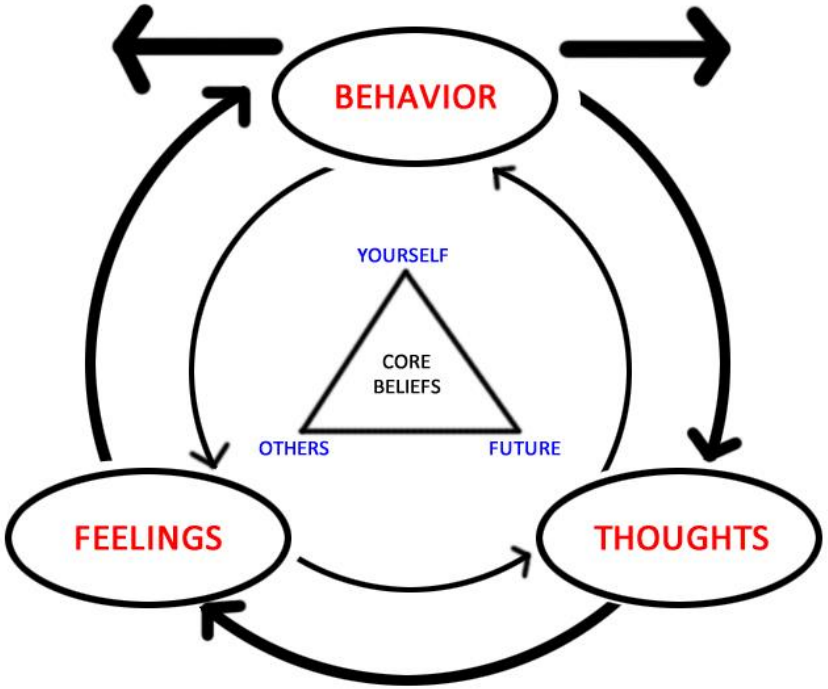
Barlow S. *Pediatrics*. 2007;120(4):S164-S192.

Focusing on Healthy Behaviors

- Focusing on food quality rather than food quantity
- Learning proper portion sizes and food combinations
- Support consistent structure to meals and snacks (no skipping)
- Encouraging family meals away from electronics
- Limiting meals at restaurants (consider healthier options)
- Limit, not eliminate, “treat” foods
- Avoid rewarding and/or punishing with food

Cognitive Behavioral Therapy (CBT)

- All behavior is learned and is directly related to internal factors (thoughts) and external factors (environment) that are related to the problem behavior.



Source: Wikimedia.org

Cognitive Behavioral Therapy

- Emphasizes changing thoughts/environment to change behavior.
  1. Identify critical behaviors
  2. Determine if critical behaviors are excesses or deficits
  3. Evaluate critical behaviors for frequency, duration, intensity
  4. Decrease excess, Increase deficits
- Goal-directed (measurable outcomes)
- Process-oriented (helps one decide how to change)
- Advocates small rather than large changes

Dialectical Behavioral Therapy (DBT)

- Teaches client how to replace disordered behaviors with more skillful behaviors.
- Uses a series of questions to help client think about behaviors and contributing factors for the correction of thoughts and behaviors.
- Includes mindfulness, acceptance, and coping skills

Dialectical Behavioral Therapy

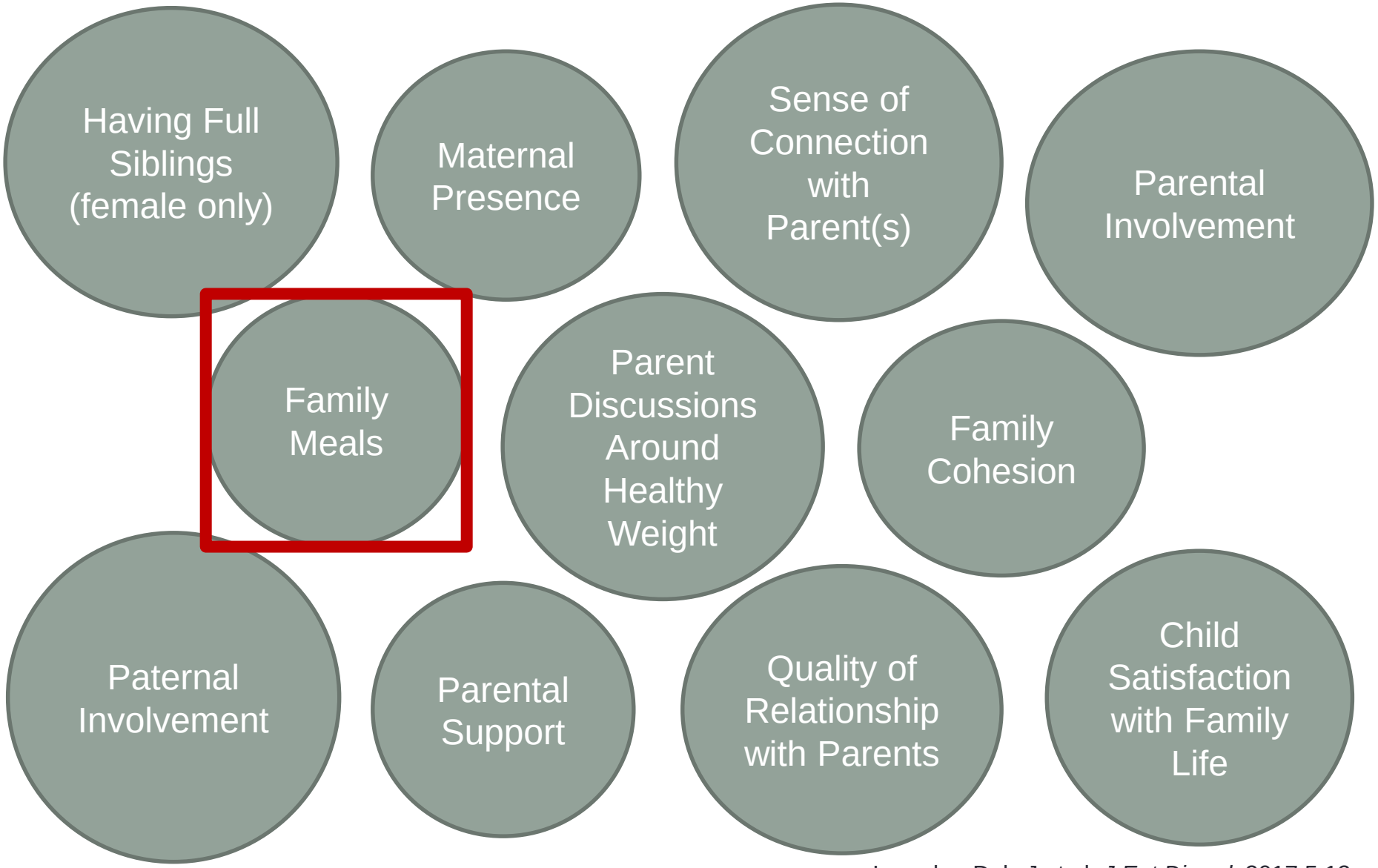
Behavioral Chain Analysis

1. Describe problem behavior.
2. What prompted the behavior?
3. What made you vulnerable to the behavior?
4. What are the consequences of the behavior?
5. How can I change the cause and/or behavior?

Family Engagement in Treatment

Approach	Summary
Family-Based Treatment (FBT) Maudsley Approach	Teaches parents to play an active role in restoring weight and normal eating patterns in children through *exploration*.
Multiple-Family Day Treatment (MFDT)	Guides families to explore own resources in restoring weight and normal eating patterns in children.
Behavioral Systems Family Therapy (BSFT)	Teaches parents to play an active role in restoring weight and normal eating patterns in children through *coaching*.

Protective Factors in Family Systems



Langdon-Daly J et al. *J Eat Disord*. 2017;5:12.

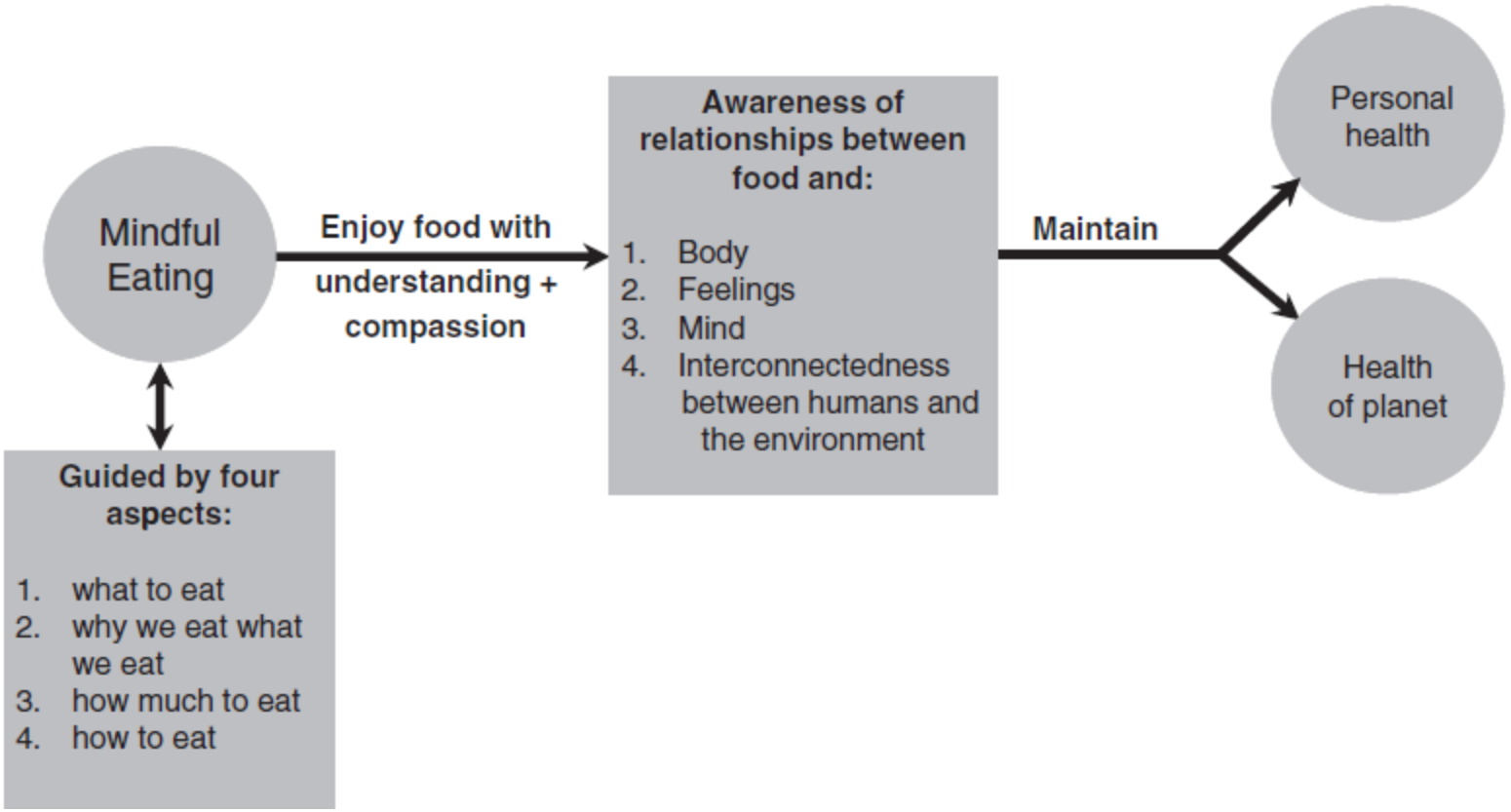
Mindful Eating

- Mindfulness-Based Eating Awareness Training (MB-EAT)
- An approach focused on ***how*** food is eaten
- Focusing on one's experience with food – "in the moment"

Mindful Eating

- Conscious awareness of…
  1. When food is eaten – hunger vs. appetite vs. satiety
  2. Where food is eaten – removing distractions
  3. How food is eaten – pace of eating
  4. Response to eating – sensory vs. physical vs. emotional

Mindful Eating



Fung et al. *J Acad Nutr Diet*. 2016;116(7):1081-1086.

Mindful Eating Questionnaire

Factor 1: Disinhibition
I stop eating when I'm full even when eating something I love.
When a restaurant portion is too large, I stop eating when I'm full.
When I eat at "all you can eat" buffets, I tend to overeat.
If there are leftovers that I like, I take a second helping even though I'm full.
If there's good food at a party, I'll continue eating even after I'm full.
When I'm eating one of my favorite foods, I don't recognize when I've had enough.
When I'm at a restaurant, I can tell when the portion I've been served is too large for me.
If it doesn't cost much more, I get the larger size food or drink regardless of how hungry I feel.

Framson C et al. *J Am Diet Assoc*. 2009;109(8):1439-1444.

Mindful Eating Questionnaire

Factor 2: Awareness
I notice when there are subtle flavors in the foods I eat.
Before I eat I take a moment to appreciate the colors and smells of my food.
I appreciate the way my food looks on my plate.
When eating a pleasant meal, I notice if it makes me feel relaxed.
I taste every bite of food that I eat.
I notice when the food I eat affects my emotional state.
I notice when foods and drinks are too sweet.
Factor 3: External Cues
I recognize when food advertisements make me want to eat.
I notice when I'm eating from a dish of candy just because it's there.
I recognize when I'm eating and not hungry.
I notice when just going into a movie theater makes me want to eat candy or popcorn.
When I eat a big meal, I notice if it makes me feel heavy or sluggish.
At a party where there is a lot of good food, I notice when it makes me want to eat more food than I should.

Framson C et al. *J Am Diet Assoc*. 2009;109(8):1439-1444.

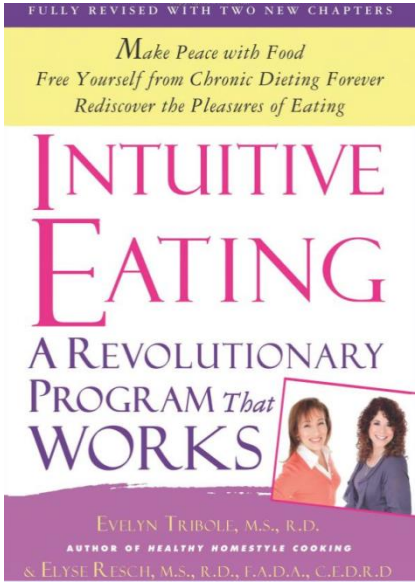
Mindful Eating Questionnaire

Factor 4: Emotional Response
When I'm sad I eat to feel better.
When I'm feeling stressed at work I'll go find something to eat.
I have trouble not eating ice cream, cookies, or chips if they're around the house.
I snack without noticing that I am eating.
Factor 5: Distraction
My thoughts tend to wander while I am eating.
I think about things I need to do while I am eating.
I eat so quickly that I don't taste what I'm eating.

Framson C et al. *J Am Diet Assoc*. 2009;109(8):1439-1444.

Intuitive Eating

1. Reject the Diet Mentality
2. Honor Your Hunger
3. Make Peace with Food
4. Challenge the Food Police
5. Respect Your Fullness
6. Discover the Satisfaction Factor
7. Honor Your Feelings Without Using Food
8. Respect Your Body
9. Exercise – Feel the Difference
10. Honor Your Health



Tribole E, Resch E. *Intuitive Eating*. 2nd ed. 2003.

Summary

- Disordered eating encompasses more than clinically diagnosed feeding and eating disorders.
- Disordered eating can manifest in a variety of symptoms.
- Prevention and intervention strategies should address relationships and behaviors not only with food but also with people.

Questions?