Eating Disorders and OCD: A Clinical Perspective

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Eating Disorders and Compulsive Behaviors

- Long standing association
- Repetitive behaviors including binge eating, purging, exercising, laxative abuse
- Ritualized eating patterns
- Preoccupation with food, weight, exercise
The Eating Disorder – OCD Connection?

• Family studies in eating disorder patients
  – Increased rates of eating disorders in family members
  – Increased rates of obsessive compulsive disorder (OCD) in both anorexia nervosa and bulimia nervosa
Family studies show increased rates of:
- Eating disorders
- Body dysmorphic disorder
- Hypochondriasis
OCD and Treatment of Eating Disorders

- Few studies have looked at this issue
- Most clinicians who treat eating disorders do not have specialized training needed to treat OCD
- Most eating disorder patients do not see OCD symptoms as a major problem especially if they are ordering, arranging and symmetry type symptoms
Does OCD Alter Treatment Outcome?

- 75 eating disorder patients (38% with OCD) followed up 30 months after inpatient treatment (Thiel et al.)

- At follow-up:
  - 51% did not meet criteria for anorexia nervosa or bulimia nervosa
  - Co-occurring OCD did not predict outcome
  - Decreased obsessive-compulsive traits associated with good outcome irrespective of OCD diagnosis
Our Experience at Rogers

Eating Disorder Services:

- 32 bed residential programs
  - 200+ admissions a year (males and females ages 12 and up)
  - 45% meet criteria for current anorexia
  - 57% meet life-time criteria for anorexia
  - Average length of stay is 45-60 days

- 14 bed inpatient programs for adults

- 13 bed inpatient programs for children and adolescents

- Partial hospital programs for adults

- Partial hospital programs for children and adolescents
Residential Center: Treatment Goals

- Recovery and a return to normal functioning is the primary outcome.
- Most residents have been treated in outpatient, inpatient and sometimes at other residential treatment programs.
- High commitment to recovery (50% are self-pay).
Obsessions
• Thoughts, ideas, images or impulses
• Cause anxiety
• Unwanted

Compulsions
• Behaviors or mental acts
• Reduce anxiety
CBT for OCD: Evaluation

- Identify:
  - All ritualistic behaviors and obsessions
  - All avoided situations or objects
  - Everything that triggers anxiety or rituals

- Yale-Brown Obsessive Compulsive Scale (Y-BOCS) Symptom Checklist

- Other Tools

- Detailed Elaboration
Hierarchy Development

• Create an exposure for each difficulty
  – Specificity and thoroughness improve outcome

• Graduated list of assignments
  – 0 to 7 rating scale
  – How anxious would it make you to ______?

• Start with ratings of 2 or 3

• Higher level assignments become less difficult as easier ones are completed
Example of Exposure Hierarchy

- **Anxiety Rating 1**
  - Turn back corner of towel in 1 drawer 1 inch
  - Hold hand 1 inch from public toilet seat
  - Move 1 hanger out of place in closet

- **Anxiety Rating 3**
  - Sit at different chair, same table, in dining room
  - Imagine 1 book out of place at home
  - Touch bathroom counter through paper towel
Example of Exposure Hierarchy

- Anxiety Rating 5
  - Switch order of 1 food item at lunch
  - Touch bathroom counter with one finger
  - Start laundry, no checking soap during wash

- Anxiety Rating 6
  - Sit in different table in dining room
  - Look at 1 tsp dirt on floor of bedroom
  - Touch bathroom counter with whole hand
Exposure and Response Prevention (ERP)

• Exposure is applied to things which increase anxiety
  – Touch a door knob
  – Leave a shirt on the floor

• Response Prevention is applied to things which decrease anxiety
  – Don’t wash your hands
  – Don’t seek reassurance
Habituation

Anxiety will decrease on its own if an exposure is performed without interruption by a ritual.
Prolonged Exposures

- Within Trial Habituation
- Goal is 50% reduction in anxiety
Repeated Exposures

- Between Trial Habituation
- Repeat until minimal anxiety
- Continue in day to day life

Anxiety

Minutes
OCD Patients with Eating Disorders

Additional Services:

• Eating Disorder Center groups
• Eating Disorder Center therapist
• Registered Dietitian
• Supervised meals
• Restricted exercise
Exposure and Response Prevention (ERP)

• Non-food, Non-weight OC symptoms
  – Symmetry, exactness and perfectionism
  – Ordering and arranging

• Weight, Size, Shape OC symptoms
  – Measuring, weighing, checking in mirror, etc.
  – What causes anxiety?
  – What reduces anxiety?
ERP for Food-related OC Symptoms

- Anxiety Reduction before meals
  - Thought challenging
  - Breathing exercises
- Meals and Snacks
  - Graduated food exposures
  - Ritualized eating patterns
  - Gradual increase in variety
  - Gradual decrease in control
ERP for Food-related OC Symptoms

• Individual Food Exposures
  – Especially for fats
  – Exposures can be without actual eating

• Shopping and Dining Out
  – Therapist aided

• Response Prevention
  – Restricting, over-exercising, binging, purging
  – Goal is 100% elimination
Thought Challenging

- Errors in Thinking
  - Denial of seriousness of low weight
  - Body image distortion
  - Undo influence of body size or weight on self-image

- Fear Identification
  - Gaining weight, becoming fat
  - Losing control
  - Becoming mature
Summary

- Assess for eating disorders in patients with OCD
- Assess for OCD in patients with eating disorders
- Reassess for OCD after weight gain and medications
- Cross train some staff
- Identify areas of overlap between CBT for OCD and CBT for eating disorders
Thank you

Rogers’ Eating Disorder Services are offered at these Wisconsin locations:

• Oconomowoc
• Milwaukee (West Allis)
• Madison

800-767-4411
rogershospital.org