The Eating Disorder Treatment Experience

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Eating Disorders are Serious Mental Illnesses

Your Strength is WITHIN
Types of Eating Disorders

- Anorexia
- Bulimia
- Binge Eating Disorder
- Avoidant Restrictive Food Intake
- Otherwise Specified Eating Disorders
Anorexia Nervosa

- Restriction of energy intake leading to a significantly low body weight
  - Restricting or Binge/Purge subtypes
- Body image distortion – fear of fat
- Menses may stop, but not mandatory for diagnosis
- Malnourished state seen as an accomplishment rather than a problem, risks denied
- Highest mortality rate of any psychiatric illness
Bulimia Nervosa

- Binge eating: Episodes of rapid consumption of a large quantity of food associated with distress
- Shame and disgust associated with binge eating leads to “undoing”
  - Vomiting, laxatives, diet pills, fat burners, exercise
- Binge/purge cycle occurs at least once a week
- Does not always have a visible impact on weight
- High fatality rate
Binge Eating Disorder (BED)

- Binge eating: Eating in a discrete period of time (~2 hours) an amount of food larger than most would eat in a similar period of time
  - Typically several thousand calories or more
- Most people binge when alone, feel unable to stop, often eating beyond fullness
- Binges are associated with disgust, shame or guilt and fear of gaining weight
- Binges occur at least once a week
Avoidant/Restrictive Food Intake Disorder (AFRID)

- Failure to meet appropriate energy needs leading to significant physiological/psychosocial problems
- Broad category intended to capture a range of presentations in children and adults
  - Kids who are “picky eaters”
  - May begin with “healthy” eating – orthorexia
- No disturbance in the way body weight or shape is experienced
Other Specified Feeding or Eating Disorders

- More common than Anorexia or Bulimia
- May have some symptoms of Anorexia, Bulimia and/or Binge Eating Disorder
- Is severe enough to cause distress and require intervention and treatment
- High fatality rate
Signs of Hungry Brain

- Increased obsessional thinking
- Distracting comparing mind states
- Irrational body image distortion
- Intense ruminations about body size, shape and weight
- Critical, judging mindset
- Somatic preoccupation: fullness, bowels
- Indecisiveness
- Trouble seeing big picture
- Intolerance, anxiety with change
Intervene, Provide Support and Insist on a Professional Diagnosis

Treatment is Critical
Benefits of Early Detection and Intervention

- Better treatment outcome
- Prevents or limits long-term health risks
- Prevents or limits academic impairment

*Emerging data suggests we can prevent development of EDs in high risk groups*

Source: Taylor et al, Arch Gen Psychiatry, 2006
Treatment is Complex

It takes a multidisciplinary team of mental and medical health care providers to achieve a successful outcome

- **Therapist:** individual, group and/or family therapy
- **Dietitian:** nutritional assessment and weight restoration
- **Physician(s):** ongoing assessment and treatment of medical complications and psychiatric comorbidities

**Education/therapy/family intervention**

**Structured meals/medication/intensive treatment**
Body and Mind Treatment Goals

- Medically stabilize the patient
- Help the patient to stop destructive behaviors
- Address and resolve any coexisting mental health problems
Continuum of Eating Disorder Care

- Inpatient
- Residential
- Partial Hospitalization
- Intensive Outpatient
- Outpatient
Inpatient Medical Stabilization

Medical Inpatient Unit

- Medical instability
  - Dangerous acute medical complications
- Very low weight, high risk for refeeding syndrome, severe electrolyte/acid base imbalances
- Intensive medical interventions
  - IV therapy, TPN, cardiac monitoring, ongoing specialty consultations
Psychiatric Inpatient Unit

- Psychiatric instability
  - Risk of eminent harm to self/others
- Suicidal, aggressive, violent and/or psychotic patients
- Patients in acute danger or severely ill requiring commitment to accept care
Residential Treatment

- 24 hour support to reduce likelihood of compensatory behavior
  - Patients unable to fully function in normal social, educational or work situations, engaging in daily eating disorder behaviors
  - Patients unable to respond to PHP or outpatient treatment
  - Provides increased safety and structure
  - Supported meals and snacks
  - Daily medical monitoring and bathroom monitoring
  - Tube feeding as a support
Partial Hospital Programs

- PHP can provide 6 or 10 hours of support
  - Regular assessment of medical status
  - More structure for weight gain and to practice food exposures
  - Adds support if family unavailable
  - Allows for active ongoing treatment of comorbid psychiatric conditions
  - Intensified skills building, family education and active psychotherapies
  - Patients do some meals and snacks away from treatment
Intensive Outpatient/Outpatient

- IOP provides support while returning or continuing social, educational or vocational responsibilities
  - Community integration
  - Dealing with triggering situations
  - Developing independence
  - Practicing coping skills
  - Developing healthy eating and exercise patterns
  - Increasing healthy attitudes toward weight, eating and appearance
  - Works best with a collaborative team
    - MDs, therapists, dietitians with expertise in treating ED
Strategies for Anorexia/ARFID

- Small treatment community for exposures comfort in homelike setting
- Exposures to increase flexibility around weight, accepting a natural, healthy, sustainable body image
- Meal strategy to expand repertoire of foods, support weight restoration and long term sustainability
- Meals are delivered in small groups, working on mindfulness, appreciation
- Therapy around rigid thinking, body checking, comparing mindsets, and critical self evaluation
- Able to work with and sort out food allergies and intolerances
Strategies for Bulimia Nervosa

- 6 meals a day
- Build skills to regulate emotion: DBT, Mindfulness
- CBT for exposures and to reduce body checking, judging and comparing mindset
- Behavior experiments to support recovery

Your Strength is WITHIN
Strategies for BED

- Integrate regular eating and skills building to address urges to binge eat
- Supported Exposures to binge foods to reduce their power
- Evidence based psychotherapy
- Support in transition with family work, cooking, grocery shopping
- Physicians use evidence based medication strategies as indicated