Eating Disorders and Co-Occurring OCD

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Disclosures

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Overview

• Description of key features of:
  • Obsessive-compulsive disorder (OCD)
  • Eating disorders
• Review of overlap between OCD and eating disorders
  • Co-occurrence
  • Overlap in key features
  • Maintaining factors
• Discussion of how exposure therapy can apply to both conditions
Case Examples

Example 1: Nathan

• 24-year-old male graduate student
• Extreme preoccupation with lean, athletic physique
• Fearful of weight gain → significant undereating, daily self-weighing, and excessive exercising
• Also worries that he will become “lazy” and “let himself go” physically, resulting in premature death
• Has rigid exercise routine with specific number of activities that must be done
Case Examples

Example 2: Elizabeth

• 19-year-old female college student
• Very focused on high achievement throughout childhood
• Became “obsessed with thinness” as an adolescent
• Withholding food from herself as well as self-induced vomiting
• Concerns with extreme perfectionistic tendencies
• Frequent ordering & arranging belongings and tidying apartment
• Repeated checking homework and emails for possible errors
Case Examples

Example 3: Bill

- 51-year-old divorced male, working as an accountant
- Persistent binge eating episodes that he feels powerless to prevent
- Extremely self-conscious of larger body size and avoidant of many activities due to fears of being judged others
- Experiences unwanted thoughts/impulses of blurting out obscenities when speaking with others
- Pauses when speaking and uses mental “diversions” to keep himself from blurting obscenities
- Often seeks reassurance about whether he offended others
Case Examples

Example 4: Judith

- 30-year-old female living alone, working at daycare
- Intense fears of vomiting → eats very limited range of foods
- Often uses supplements to meet her nutritional needs
- Frequent handwashing and cleaning to prevent illness
- Experiences unwanted mental images of sexually molesting children
- Significant patterns of avoidance at work (e.g., refusing to change diapers)
- On leave of absence due to impairment in functioning
Case Examples

• All 4 people experiencing significant symptoms of eating disorders and OCD
• Different fears and behaviors, but similar underlying themes
  • Preoccupation with feared outcomes
  • High levels of anxiety and distress
  • Repetitive behaviors used to prevent feared outcomes
  • Avoidance of situations that cause anxiety
Key Features of OCD

Obsessions

• Intrusive, unwanted mental experiences (e.g., thoughts, images, impulses, etc.)
• Trigger intense emotions
  • Fear/anxiety
  • Disgust
  • Doubt
• In many cases, individual recognizes these thoughts do not make sense and/or are inconsistent with how they view themselves
• Some experience of these intrusive thoughts is normative
Key Features of OCD

Obsessions

• If intrusive thoughts are normal, how do they become obsessions?

- Intrusive thought
  - Viewed as harmless
    - Minimal anxiety
      - Easy to discard
  - Viewed as threatening
    - Intense anxiety
      - Difficult to discard
Key Features of OCD

Compulsions (also known as “safety behaviors”)

- Repetitive behaviors or mental acts used to address perceived threat posed by obsessions
- Often very time-consuming and get in the way of important, valued life activities
- Individual feels they must engage in compulsions because:
  - they temporarily reduce anxiety
  - they seem to prevent significant negative consequences
<table>
<thead>
<tr>
<th>Obsessions</th>
<th>Compulsions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact with bodily fluids, germs, and other contaminants</td>
<td>Repetitive handwashing, bathing, cleaning, and avoidance of contact</td>
</tr>
<tr>
<td>Unwanted thoughts of being responsible for catastrophes</td>
<td>Excessive checking to ensure no harm was or will be done</td>
</tr>
<tr>
<td>Need for things to be ordered, arranged, or “feel” a certain way</td>
<td>Ordering, fixing, straightening, or repeating things until “just right”</td>
</tr>
<tr>
<td>Personally unacceptable thoughts of “taboo” sexual or religious themes</td>
<td>Mental acts (e.g., praying, “undoing”) to neutralize unwanted thoughts</td>
</tr>
</tbody>
</table>
What is not OCD?

- Obsessions in the more “typical” sense – fixation of thoughts or interests on a particular idea, desire, or fascination
  - Video games
  - Sports
  - Celebrities
  - Stalking
  - Mass shootings
What is not OCD?

- “Compulsive” behaviors that are better described as problems with controlling impulses
  - Lying
  - Gambling
  - Excessive shopping
  - Pornography use
  - Substance use
What is **not** OCD?

- A wide variety of “quirks” that do not cause significant problems in an individual’s functional ability
  - Insisting on setting the alarm clock for an “even” time
  - Checking texts for spelling mistakes before sending
  - Holding breath when driving past a cemetery
- A synonym for “clean freak” or similar description
- Abnormally narrow range of interests, as often seen in autism spectrum disorder
Co-occurrence of OCD and Eating Disorders

- Among individuals with eating disorders, over 25% also met criteria for OCD (Kaye, Bulik, Thornton, Barbarich, & Masters, 2004)
- Other studies suggest higher rates (e.g., 37%) (Thiel, Broocks, Ohlmeier, Jacoby, & Schüssler, 1995)
- Females with OCD are 16 times more likely to meet criteria for an eating disorder; this risk is more than double in males (Cederlöf et al., 2015)
- In most cases, OCD is present for years before eating disorder begins (Kaye et al. 2004)
- After successful eating disorder treatment, OCD symptoms often persist if not addressed (von Ranson, Kaye, Weltzin, Rao, & Matsunaga, 1999)
Overlap between OCD and Eating Disorders

Shared features (Garcia-Soriano, Roncero, Perpiñá, & Belloch, 2014; Steinglass et al., 2014)

- Obsessional thoughts (i.e., preoccupations) that evoke fear
- Common themes in thinking style
  - Overestimating likelihood of catastrophes
  - Overestimating severity of mishaps
  - Magical beliefs
- Attention is often biased (i.e., directed toward threat cues)
Overlap between OCD and Eating Disorders

Shared features (Garcia-Soriano, Roncero, Perpiñá, & Belloch, 2014; Steinglass et al., 2014)

• Avoidance of scenarios that cause anxiety
  • Touching objects/surfaces that other people have handled
  • Using appliances for fear of being responsible for housefire
  • Attending church for fear of experiencing sacrilegious thoughts

• Compulsive “safety behaviors” aimed at:
  • Reducing anxiety
  • Preventing feared outcome(s)
Overlap between OCD and Eating Disorders

Obsessional thoughts that cause anxiety

- OCD
  - The thought of harming loved ones
- Eating disorders
  - The thought of becoming overweight
Overlap between OCD and Eating Disorders

Overestimating likelihood of catastrophes

- OCD
  - “I will contract a fatal illness from sitting on a public toilet seat.”

- Eating disorders
  - “I will choke on any solid foods and suffocate.”
Overlap between OCD and Eating Disorders

Overestimating severity of mishaps

• OCD
  • “It would be unbearable to get anything less than 100% on this exam.”

• Eating disorders
  • “It would be unbearable if I felt really full and bloated after eating pizza.”
Overlap between OCD and Eating Disorders

Magical beliefs

- OCD
  - “If I have a thought about blurting out an ethnic slur, it means that I will do it.”
    (Thought-action fusion)

- Eating disorders
  - “If I have a thought about eating a high-calorie food, it will make me gain weight.”
    (Thought-shape fusion)
Overlap between OCD and Eating Disorders

Attention directed toward threat cues

- OCD
  - Attending to objects/surfaces that other people have touched
- Eating disorders
  - Attending to mild sensations of nausea after eating a meal
Overlap between OCD and Eating Disorders

Avoidance of scenarios that cause anxiety

• OCD
  • Avoidance of being close to children (e.g., changing diapers)

• Eating disorders
  • Avoidance of wearing clothing that “reveals” body size/shape
Overlap between OCD and Eating Disorders

Compulsive “safety behaviors”

- OCD
  - Repeatedly checking intersections to make sure one did not run over pedestrians

- Eating disorders
  - Repeatedly chewing food into very small pieces before swallowing to prevent choking
Overlap between OCD and Eating Disorders

Other areas of overlap

• Similar to relationship between obsessions and compulsions, eating disorder thoughts:
  • cause anxiety
  • are often followed by safety behaviors (Levinson et al., 2018)

• Many eating disorder behaviors have strong OCD quality
  • Handwashing/cleaning excessively to remove calories from hands
  • Repeatedly checking nutritional information on food labels
  • Rigid exercise routines that need to be completed to burn calories
Eating Disorders

- Abnormal eating patterns
- Extreme concern with size/shape of body
- View of weight as indication of self-worth
- Desperate efforts to alter weight/shape

OCD

- Frequent concerns about feared outcomes
- Consistent avoidance of unpleasant emotions
- Frequent distressing thoughts/images
- Safety behaviors used to prevent feared outcomes
- View of intrusive thoughts as indication of serious consequence
- Concerns about being responsible for bad outcomes to others
- Recognition that obsessions do not make sense
Maintenance of OCD and Eating Disorders

• Preoccupation with feared outcomes:
  • Increases attention toward threat cues
  • Leads to views of safe situations as genuinely threatening
  • Causes high levels of anxiety

• Safety behaviors used to prevent feared outcomes
  • Reduction of fear is relieving = more likely to use in future
  • Prevents opportunity to learn that feared outcome does not occur
  • Non-occurrence of feared outcome attributed to safety behaviors
  • Prevents opportunity to develop improved tolerance of anxiety
Preoccupation with Feared Outcomes

“Thinking about hurting kids must mean I’ll do it.”

Increased Attention Toward Threat

Attention drawn toward kid-related stimuli

Fear Expectation

“If I get close to these kids, I’ll harm them.”

Excessive Anxiety

Heart racing, breathlessness, trembling

Avoidance and/or Safety Behaviors

Walk away from kids, use mental “chant”
Preoccupation with Feared Outcomes
“If I feel full, I will gain weight uncontrollably.”

Increased Attention Toward Threat
Attention drawn toward fullness sensations

Fear Expectation
“Feeling this full means I’m gaining a ton.”

Excessive Anxiety
Nausea, overheating, chest tightness

Avoidance and/or Safety Behaviors
Checking weight, exercising, purging
Exposure Therapy

• What is it?
  • Gradually confront feared stimuli
  • Stopping use of safety behaviors
• Aims:
  • Reduce fear/anxiety
  • Develop more helpful beliefs about feared stimuli
  • Increase tolerance of distress
• Key component of cognitive behavioral therapy for anxiety disorders
• Highly effective strategy for treating OCD
• Has been effectively applied to eating disorders
Exposure Therapy

• Why does it work?
  
  • Habituation  →  anxiety decreases with increased exposure to feared scenarios

  • Violation of Expectancies  →  fears about negative outcomes are disconfirmed

  • Self-Efficacy  →  increased confidence in tolerating distressing emotions
Exposure Therapy: Treatment Steps

Functional assessment of symptoms

- Goal: develop an understanding of the OCD and/or eating disorder fears and how these fears are maintained.
- What is assessed?
  - Fear cues (“What causes you to become afraid?”)
  - Feared consequences (“What do you fear will happen?”)
  - Safety behaviors and avoidance (“What do you do to prevent it?”)
## Exposure Therapy: Treatment Steps

- Functional assessment (example)

<table>
<thead>
<tr>
<th>Fear Cues</th>
<th>Feared Consequences</th>
<th>Safety/Avoidant Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holding sharp objects around others</td>
<td>“I will lose control and stab someone.”</td>
<td>Avoid sharp objects Move away from others</td>
</tr>
<tr>
<td>Wearing a bathing suit at a beach or pool</td>
<td>“I won’t be able to handle being so embarrassed about my body.”</td>
<td>Covering up with large shirt Stay submerged in water</td>
</tr>
<tr>
<td>Taking normal-sized bites of food</td>
<td>“I will choke on the food and die.”</td>
<td>Eat slowly and take small bites Wash down each bite with water</td>
</tr>
</tbody>
</table>
Exposure Therapy: Treatment Steps

Development of exposure hierarchy

- *Exposure hierarchy* lists fear-evoking activities from least to most feared
- Subjective Units of Distress Scale (SUDS) → 0-100 scale used to rate fear intensity
- Creates a “roadmap” to address fears throughout treatment
- Individual does each hierarchy item repeatedly until:
  - fear reduces
  - individual can manage adaptively in the situation
- Goal of treatment is to complete all items on hierarchy
Exposure Therapy

Exposure tasks addressing common OCD concerns

• Contamination fears
  • Contact with common, “high traffic” objects (e.g., money, door handles)
  • Approaching “dirty” scenarios (e.g., use public restrooms)
• Fear of being responsible for harm to others
  • Use appliances without checking to be sure they were turned off
  • Hold sharp objects while near family members
• Need for symmetry/exactness/precision
  • Purposefully leaving belongings disorganized
  • Send emails with deliberate grammar errors/misspellings
# Example Hierarchy – Contamination Fears

<table>
<thead>
<tr>
<th>Exposure</th>
<th>Fear Rating (0-100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eat food after using restroom without washing hands</td>
<td>100</td>
</tr>
<tr>
<td>Touch dumpster lid, then rub hands on face</td>
<td>95</td>
</tr>
<tr>
<td>Run hands across the bottom of shoes before eating</td>
<td>85</td>
</tr>
<tr>
<td>Take out trash, then eat something without washing hands</td>
<td>70</td>
</tr>
<tr>
<td>Change baby’s diaper before touching clean clothing</td>
<td>60</td>
</tr>
<tr>
<td>Hold “dirty” dollar bill to face</td>
<td>55</td>
</tr>
<tr>
<td>Drop cell phone on high-traffic area of floor &amp; pick up</td>
<td>45</td>
</tr>
</tbody>
</table>
Exposure Therapy

Exposure tasks addressing common eating disorder concerns

• Feared/avoided foods
  • Gradually include normal portions of feared foods into diet
  • Violating eating disorder “rules” (e.g., eat dessert in the morning)

• Body image disturbance
  • Prolonged exposure to body size/shape in mirror
  • Fear-evoking clothing (e.g., tank top) and activities (e.g., swimming)

• Recurrent binge eating
  • Confronting common binge scenarios (e.g., large quantity of rich foods)
  • Exposure to common emotional “cues” that precede binge episodes
### Example Hierarchy – Fear of Eating Desserts

<table>
<thead>
<tr>
<th>Exposure</th>
<th>Fear Rating (0-100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Go out for ice cream with friends, eat full serving</td>
<td>100</td>
</tr>
<tr>
<td>Have a slice of apple pie after a family meal</td>
<td>95</td>
</tr>
<tr>
<td>Eat ice cream for dessert alone at home</td>
<td>85</td>
</tr>
<tr>
<td>Go out for gourmet cupcakes with a friend</td>
<td>70</td>
</tr>
<tr>
<td>Bake cookies with family and eat one cookie</td>
<td>60</td>
</tr>
<tr>
<td>Have a few bites of cake after dinner</td>
<td>55</td>
</tr>
<tr>
<td>Have one spoonful of ice cream after dinner</td>
<td>45</td>
</tr>
</tbody>
</table>
Exposure Therapy

Completing exposure tasks

• Begin with exposure at moderate fear rating in hierarchy
• Individual is encouraged to stay engaged in exposure activity without using any safety behaviors
• Therapist:
  • Provides consistent support/encouragement
  • Occasionally assesses SUDS (0-100) rating
  • Discourages use of safety behaviors or other avoidant strategies
• Individual is guided in doing exposures in variety of settings in order to generalize learning
Effectiveness of Exposure Therapy for OCD and Eating Disorders

- 56 individuals with OCD and eating disorder were treated in specialized residential program using exposure therapy
- Exposure was delivered concurrently for both conditions
- Eating disorder and OCD severity was assessed before and after treatment
- Results showed significant improvement in both domains as well as reduced depression severity
- Length of stay (~60 days) did not differ when compared to OCD-specific residential program (Simpson et al., 2013)
Summary

• Overlap between OCD and eating disorders
  • Frequent co-occurring
  • Many shared symptom features
    • Preoccupation with feared outcomes
    • Safety behaviors aimed at reducing anxiety and preventing feared outcomes

• Exposure therapy
  • Involves confronting feared scenarios and preventing safety behaviors
  • Demonstrates good treatment outcomes in both OCD and eating disorders
THANK YOU

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