



More on the Web - lindnercenterofhope.org

> Library of Resources

This library offers resources that will enhance the understanding of mental illness, specific diagnoses, and treatment options.

> Treatment Teams

Lindner Center of HOPE has a diverse team offering patients and families expertise in diagnosis and treatment.

> Support Groups

Review the list of support groups available at the Center.

> For the Patient with Complex, Co-Morbid Needs

A short-term residential treatment center where clinicians are dedicated to bringing the latest treatment methods to optimize successful patient outcomes. Call (513) 536-0537 to learn more about Sibcy House.

www.lindnercenterofhope.org

(513) 536-HOPE (4673)



4075 Old Western Row Rd.
Mason, OH 45040
(888) 536-HOPE (4673)

Interested in touring
Lindner Center of HOPE?

Contact Katie Hamm at (513) 536-0324.

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Lindner Center of HOPE | 

PSYCHIATRY AND PSYCHOLOGY NEWS FOR MENTAL HEALTH PROFESSIONALS

SEPTEMBER 2014



Events

October 7

Grand Rounds: Charles Brady, PhD, ABPP, Lindner Center of HOPE, Psychologist, and **Chris Tuell, EdD, LPCC-S, LICDC**, Lindner Center of HOPE Clinical Director of Addiction Services, present *Eye Movement Desensitization and Reprocessing (EMDR): Clearing the Past*, Noon, Lindner Center of HOPE Gymnasium/Conference Center

October 16

Lynn Gordon, ThD, will present at NAMI Warren County in Lebanon at 7:00 p.m. on *Can Two Walk Together Except They Be Agreed?*

October 16

Bullying in Youth presented **Tracy Cummings, MD**, Lindner Center of HOPE, Psychiatrist, the second in a series of talks presented at the Sharonville Recreation Department. The discussions will be held at the community center at 10990 Thornview Drive from 7 to 8 p.m.

October 17

Clifford Cabansag, MD, CTTS, Lindner Center of HOPE Addiction Medicine Physician, presents *Impact of Heroin use on HIV and Hepatitis Transmission in the Rural Community* at the Rural Health Collaborative Conference, 10:15 a.m. at Hilton Garden Inn, Dayton, contact lunneyma@uc.edu for more information.

October 23

Chris Tuell, EdD, LPCC-S, LICDC, Lindner Center of HOPE Clinical Director of Addiction Services, presents *Behavioral Addictions: Understanding gambling, pornography, compulsive shopping and gaming addictions* at the Epilepsy Foundation 9 a.m. to 12 p.m. at the Health Foundation Building

October 28

Charles Brady to present *Managing Perfectionism* to Suburban Cincinnati CHADD



A Look At Binge Eating Disorder

By **Anna I. Guerdjikova, PhD, LISW**

Binge eating disorder (BED) is an eating disorder characterized by binge eating without subsequent purging episodes. Individuals with BED consume large amounts of food in a short period of time while feeling out of control and powerless to stop the overeating. BED patients often struggle with feelings of guilt, disgust, and depression related to their abnormal eating behavior.

BED is the most common eating disorder in adults. The lifetime prevalence of BED has been estimated to be 2.0% for men and 3.5% for women, higher than that of the commonly recognized eating disorders anorexia nervosa and bulimia nervosa. Of note, BED is found in all cultures and ethnicities and spans from childhood to old age.

Since May 2014, the updated version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) formally recognized BED as a distinct eating disorder, separate from the general Eating Disorder, Not Otherwise Specified category where BED was categorized. In order to receive the diagnosis of BED, an individual must meet the DSM-5 diagnostic criteria listed below: experiencing recurring episodes of binge eating (consuming an abnormally large amount of food in a short period of time) and experiencing a lack of control over eating during the episode. Binge eating episodes must also exhibit at least 3 of the following characteristics: consuming food faster than normal; consuming food until uncomfortably full; consuming large amounts of food when not hungry; consuming food alone due to embarrassment; and feeling disgusted, depressed, or guilty after bingeing. A bingeing episode needs to occur at least once weekly for 3 months for formal diagnosis.

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An example of a binge episode might be: an individual would eat a bowl of cereal with milk, 2 scoops of ice cream, ½ bag of chips and a sleeve of cookies in a two hour period, shortly after a full size dinner; or a person driving through a fast food restaurant after work, consuming a whole meal there, and then going home to eat a regular dinner with family. Of note, the binge eating episode must be accompanied by sense of lack of control and distress in order to meet DSM-5 diagnostic criteria for BED.

While etiology of BED is not fully understood, it is believed that dysregulation in dopamine, serotonin and glutamate neurotransmitter systems might contribute to BED development. Furthermore, there may be a genetic inheritance factor involved in BED. Risk factors for BED development may also include repetitive yo-yo dieting, childhood obesity, critical comments about weight, low self-esteem, depression, and physical or sexual abuse in childhood.

Individuals with BED commonly have other psychiatric comorbidities such as mood disorders (major depressive disorder or bipolar disorder) and anxiety disorders. Binge eating is also a core symptom of bulimia nervosa. Unlike in bulimia, however, individuals with BED do not exhibit compensatory behaviors such as purging, fasting or engaging in compensatory excessive exercise after binge eating episodes.

Individuals suffering from BED often have a lower overall quality of life and commonly experience social difficulties. BED is often associated with increased medical morbidity. Up to 80% of individuals with BED are overweight or obese and are at risk of suffering from obesity related complications like metabolic syndrome, increased risk for cardiovascular diseases, gastrointestinal problems and cancer.

Successful treatment of BED begins with proper and thorough diagnosis. Binge eating is a shameful behavior and most of the time patients do not disclose it readily. Focusing their attention on specific examples like excessive, repetitive snacking or sneaking food or eating way beyond the point of comfort regularly might help with self-disclosure.

If BED is diagnosed, a plethora of psychological and pharmacological options for its treatment are available. BED care is best implemented by a professional team consisting of a psychiatrist, a psychologist and a dietician. Cognitive behavior therapy (CBT) is currently considered the gold standard in the treatment for BED. Dialectical Behavior therapy techniques as well as guided self-help might also be helpful. While no medication is currently approved in the treatment of BED, certain antidepressants, antiepileptic and Attention Deficit Hyperactivity Disorder (ADHD) drugs hold promise in controlling BED. For example, Vyvanse (lisdexamfetamine dimesylate; approved for ADHD in the US) was recently announced to be effective in significantly decreasing binge days per week as compared to placebo in two pivotal Phase 3, multi-center, randomized studies.

BED is a biological illness and an important public health problem that is under-recognized. Timely diagnosis and comprehensive treatment are important in BED management, possibly decreasing long term consequences of dysregulated eating behavior and associated weight gain.

In the News

Lindner Center of HOPE's Dr. Johnson Facilitated Panel Discussion During *1st and Goal*



In July, **Danielle Johnson, MD**, Lindner Center of HOPE psychiatrist, served as facilitator for a panel discussion that took place during *1st and Goal: Moving the Conversation Forward*. The event, entitled: *1st and Goal: Moving the Conversation Forward Overcoming Stigma, Addressing Disparities and Achieving the Goal of Recovery*, featured Dwight Hollier, former Miami Dolphins linebacker, and the National Football League's Director of Transitions and Clinical Services Program.

Dr. Johnson facilitated the panel discussion which featured local Cincinnati health experts, opening with remarks highlighting that barriers remain in accessing quality care.

The Research Institute at Lindner Center of HOPE is one of 17 sites in U.S. to conduct Smoking Cessation Study

The Research Institute at Lindner Center of HOPE began recruitment this month for a Smoking Cessation Study. The Research Institute is conducting a clinical trial of a non-invasive, investigational medical device, Deep Transcranial Magnetic Stimulation, that may help people quit smoking.

Eligible participants must:

- Be between the ages of 22 and 70 years old
- Have smoked at least 10 cigarettes a day for over a year
- Want to quit smoking

All qualified participants will receive study related exams, lab work and treatments at no cost. Enrolled participants will receive compensation for time and travel.

For more information, interested parties should call Anna at: (513) 536-0721 or visit lcoh.info



Patient Satisfaction

Patient Satisfaction results for August 2014 averaged a rating of **4.35 out of 5**, with 5 signifying the best possible care.



Lindner Center of HOPE Partners with Sharonville Recreation Department on Speakers Series at Sharonville Community Center

Lindner Center of HOPE clinicians will provide six months of free community education at the Sharonville Community Center beginning in September. The presentations will be offered the third Thursday of each month beginning on September 18, 2014 and concluding on February 19, 2015. The discussions will be held at the community center at 10990 Thornview Drive from 7 to 8 p.m.

October 16, 2014 - Bullying in Youth

Tracy Cummings, MD, Lindner Center of HOPE, Staff Psychiatrist

- The audience will receive an overview of various and current forms of bullying, risk factors and signs and interventions when bullying has been identified.

November 20, 2014 - The Truth About Eating Disorders and Body Image

Sarah Lavanier, PsyD, Lindner Center of HOPE, Staff Psychologist, Harold C. Schott Foundation Eating Disorders Program

- The audience will learn the myths and basic facts about eating disorders and what can be done in families and communities to improve body image in youth.

December 18, 2014 - Adolescent Self-Injury

Marcy Marklay, LPCC, Lindner Center of HOPE, Adolescent Therapist

- The audience will learn what it is, who is at risk, and about treatment.

January 15, 2015 - Anxiety in School Age Children

Jennifer Wells, MSW, LISW, Lindner Center of HOPE, Social Worker

- The audience will receive an overview of anxiety and strategies for parents and school personnel to respond to it.

February 19, 2015 - Healthy vs. Unhealthy Adolescent Development

Jennifer Bellman, PsyD, Lindner Center of HOPE, Staff Psychologist

- The audience will learn about the typical "angst" of adolescent years and what makes this age difficult – for the adolescents themselves and for the parents raising them. Information will be shared as to "warning signs" that suggest one is experiencing struggles beyond what might be anticipated for this age.



Openings in DBT Groups

Lindner Center of HOPE has openings in their Dialectical Behavior Therapy groups, both afternoon and evening groups. To refer someone, please call Kelly at (513) 536-0634.