Make waves
COMMUNITY EDUCATION DAY

BREAK THE SILENCE.
Feeding the Demon: One Family’s Struggle with Anorexia

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Photo by Mike Davis
It started with a bike ride . . .
... and then a diagnosis.
Anorexia Nervosa

• A disease of adolescence

• Two typical peaks of onset: 13-14 and 17-18

• Serious endocrine, cardiovascular, and gastrointestinal complications

• Anorexia nervosa has the highest mortality rate of any psychiatric illness—between 5 and 20 percent
Evidence-based Research

• Few randomized controlled trials (RCTs) have been done on anorexia
• One treatment that has been studied: Family-Based Treatment (FBT), or the Maudsley approach
• Results from those studies ➔ FBT should be the first-line treatment for teens and young adults with AN
• FBT is also effective for bulimia nervosa
FBT: First-line Treatment for Teens with AN

• A number of studies now show good to excellent long-term outcomes with FBT

• Between 50 and 90 percent of teens recover are still recovered 5 years later

• Used more widely in the U.S. now; has been standard of care in the U.K. for 20+ years
3 Phases of FBT

• Phase 1: Restore weight
• Phase 2: Gradually return control over eating to the teen
• Phase 3: Support teen in establishing healthy identity
KEEP CALM AND DO IT YOURSELF
Phase 1: Weight Restoration
What FBT does . . .

• Supports child/teen to health with loving persistence and consistency
• Considers parents an essential resource in a child’s recovery
• Works to mobilize family through initial stage of denial into action
• Empowers parents to help their child/teen recover
... and what it doesn’t do

• Force-feed
• Punish or use punitive/negative methods
• Tell parents exactly how to “get their child to eat”
• Get hung up on what anorexia is “about”
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<th>Value</th>
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<th>BP</th>
<th>Creatinine</th>
<th>Test Results</th>
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<td>92/60</td>
<td>No urine</td>
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The Re-feeding Experience

- Anorexia “voice”
- Irrationality around food
- Extreme anxiety
- Rages
- Regression
- Deceptive behaviors/personality shifts
Ancel Keys’ Experiment
5 Things I Want You to Know About Anorexia
1. It’s not a choice

“While the symptoms are behavioral, this illness has a biological core, with genetic components, changes in brain activity, and neural pathways currently under study.”

–Thomas Insel, M.D., former director, National Institute of Mental Health
• People with anorexia, especially teens, are **anosognosic**
• When duration < 3 years, **weight restoration** often \( \rightarrow \) recovery
• Insight-oriented therapy is **ineffective** with malnourished patients
2. Early, aggressive intervention is crucial

• Many eating disorders begin in middle school as “healthy eating”

• Failure to gain weight is as much a symptom as weight loss

• You wouldn't “watch and wait” with cancer; why would you with an eating disorder?
3. Families are essential to recovery

• Families know their child best and have the biggest investment in a child’s recovery
• Families can be there 24/7, and that’s what it takes for recovery
• There’s no evidence that families cause anorexia; even if they do contribute . . .
• . . . blaming them is counterproductive
• Families of choice can facilitate recovery too
4. Full recovery is possible!

- Hope is crucial to recovery
- Traditional course of disease—multiple hospitalizations/relapses, 5 to 7 years duration—does not apply to young adolescents
- Your words are more powerful than you think!
5. It affects all genders, races, ethnicities, and body sizes
Resources

- Maudsley Parents: www.maudsleyparents.org
- National Eating Disorders Association: www.nationaleatingdisorders.org
- National Association of Anorexia Nervosa and Associated Disorders: www.anad.org
- National Alliance on Mental Illness: www.nami.org