LINDNER CENTER OF HOPE

Harold C. Schott Eating Disorders Program at Lindner Center of Hope

Questions & Answers about Eating Disorders

What is an Eating Disorder (ED)?

Eating disorders are characterized by abnormal thinking and behaviors related to weight and food. Individuals of all ages, genders, ethnicities, and races experience these illnesses. They include Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, Other Specified Feeding or Eating Disorder (OSFED), and Avoidant Restrictive Food Intake Disorder (ARFID).

Eating disorders have the second highest mortality rate of all psychiatric illnesses. All eating disorders have potentially life-threatening consequences.

How is Anorexia Nervosa diagnosed?

The most important criteria for diagnosis of Anorexia Nervosa are:

- The individual is unable to maintain a minimally normal body weight.
- The individual is intensely afraid of gaining weight.
- The individual has a significantly distorted body image.

There are two types of Anorexia Nervosa: Restricting type and Binge/Purge type.

How is Bulimia Nervosa diagnosed?

The most important criteria for diagnosis of Bulimia Nervosa are:

- The individual experiences recurrent episodes of binge eating.
- The individual experiences a sense of a lack of control while eating during the episode.
- The individual demonstrates recurrent compensatory behavior to prevent weight gain that occurs at least twice a week for 3 months. For example, the individual may induce vomiting after eating, abuse of laxatives, restriction, or exercise excessively.
- The individual's self-evaluation is overly influenced by body shape and weight.

How is Binge Eating Disorder (BED) diagnosed?

The most important criteria for diagnosis of BED are:

- The individual experiences recurrent episodes of binge eating.
- During binge episodes, the individual eats a large amount of food rapidly in a short amount of time. The individual experiences a sense of a lack of control while eating, eats beyond fullness, and binge eats in secret.
- The individual experiences marked distress around binges.

How is Avoidant Restrictive Feeding or Intake Disorder (ARFID) diagnosed?

The most important criteria for diagnosis of ARFID are:

- The individual experiences a feeding or eating disturbance that results in weight loss, nutritional deficiency, dependency on nutritional supplements, or interference in social functioning.
- The disturbance is not caused by body image distress or desire to change their weight, shape, or size.

What is Other Specified Feeding or Eating Disorder (OSFED)?

OSFED is the diagnosis given to an individual who has disabling symptoms of an eating disorder but do not have ALL of the criteria for Anorexia Nervosa, Bulimia, BED, or ARFID. Individuals diagnosed with OSFED may have Atypical Anorexia, i.e. all of the dangerous symptoms of anorexia except for a low BMI, Bulimia/BED with lower frequency of behaviors or duration of behaviors than outlined in the criteria, or another presentation of challenging eating disorder symptoms. Despite being an "other" diagnosis, **the symptoms of OSFED and challenges of achieving recovery can be just as severe as other eating disorders.**

Why won't my family member eat now, he/she never had trouble with food before?

Often a different relationship with food becomes strikingly apparent in a person who develops an eating disorder. Eating disorders are illnesses, not choices. Food refusal is not an act of defiance. Meals and snacks are anxiety-provoking. Sometimes, a healthy eating pattern becomes increasingly restrictive until just a few food groups are eaten. It is often very frightening for a person with an eating disorder to normalize their eating habits.

The effects of malnutrition, independent of the eating disorder, increase a person's obsessive thought process around food and can cause odd food related behaviors. Individuals can experience the negative effects of malnutrition in any size body.

Why did my family member develop an eating disorder?

Eating disorders are complex medical and psychological problems. **Families do not cause eating disorders.** People often choose to go on a diet but no one chooses to develop an eating disorder. There is never one reason, situation or event that causes an eating disorder. There are usually many contributing factors in the development of an eating disorder.

- Biologic contributors: Genes, neurotransmitters, enzymes, hormones and the effects of starvation have all been found to play a part in the development and continuance of eating disorders.
- Psychologic contributors: A person's temperament, world view, and self image can contribute to an increased risk of developing an eating disorder.
- Social contributors: Cultures which value thinness and the effects of media pressures increase the risk of eating disorders.

How are eating disorders treated?

We know that eating disorders are caused by a combination of biological, psychological, and social factors. Our treatment must therefore be focused on all three areas as well.

Biologic treatments: The effects of malnutrition can exacerbate many symptoms of an eating disorder and mood disorders. Treatment of eating disorders must include nutritional stabilization and nutritional education. Also, medications can be helpful in controlling symptoms of anxiety, insomnia, thought disturbances, agitation, and mood problems.

Psychologic treatments: Individuals are provided with individual, family, and group psychotherapy.

Social interventions: Meal support and social support are necessary for an individual undergoing nutritional stabilization. Media awareness training and building consciousness of conflicting societal expectations are examples of social treatments beneficial to recovering individuals.

Who are the members of an eating disorder treatment team?

Generally, eating disorders are best treated with a multidisciplinary approach. Ideally, a treatment team will include a member from each of the following disciplines:

- Primary Care Physician
- Psychologist/ Social Worker/ Counselor
- Psychiatrist
- Registered Dietician

What are some common themes that will be covered in my family member's psychotherapy?

While each individual will have individual needs, some common themes in eating disorder recovery are:

- Making peace with food; restoring healthy eating and exercise habits.
- Getting comfortable with your body.
- Learning skills to respond differently and effectively to painful thoughts and emotions.
- Recognizing and challenging self-defeating behaviors.

- Developing a healthy "voice". Recognizing personal strengths. Practicing assertiveness and conflict resolution skills.
- Discovering how spirituality or a connection to a higher power can
- support recovery.
- Identifying values and building a values-driven life. Rediscovering fun. Practicing self-care. Reconnecting with or building new leisure activities.

My family member is afraid to eat. How is nutrition restored in an underweight individual?

It is important to focus on normalizing a person's health status before expecting sustainable cognitive or behavioral change to occur. Once an individual is getting regular, appropriate nutrition, whether by mouth or via nasogastric feeding, they are more likely to respond to the mental health interventions available. Early in treatment, it is very important to focus on correcting malnutrition, as the individual will benefit most from therapy when they have reached their healthy weight.

The caloric requirements to gain weight once a person is severely malnourished can be overwhelming to the individual who is afraid to gain weight. Two to three times as many calories must be eaten to restore rather than maintain weight. At the LCOH, we offer a combination of meals, snacks and nasogastric feedings to support appropriate weight gain. We often suggest that our individuals work to practice eating what will be a maintenance diet, not a weight gain diet.

Nasogastric feeds can be used to provide the needed weight restoration calories and to help re-establish a normal weight. They are not a punishment or a sign of failure.

My family member does not want help. He or she does not even think there is a problem. What can I do?

Eating disorders are illnesses that seem to "tell" the individual that they are not ill. Shame about their illness, not wanting to be a burden, and fear of the difficult work of treatment may also make it difficult for individuals to ask for and accept help. Malnutrition makes these symptoms even worse. When an individual has clearly lost control of their symptoms, we must step in to provide control of the symptoms until they have stabilized. Treatment interventions are meant to be supportive, interrupt the eating disorder, and build motivation to choose recovery. Although firm limits and clear expectations are needed for almost all recovering eating disorder individuals, we will never be able to "cure" an individual by trying to wrestle the illness away from them. Supporting the individual in knowing and growing all the parts of their healthy identity and in learning new skills for self-expression can help the individual separate themselves from the illness and come to accept treatment.

How can we explain the illness to our family members and friends?

Many extended family members and friends may want to help with your family member's recovery. Often, they are afraid of saying the wrong thing or that they will give the wrong advice. It is usually a good idea to talk openly with your family members and friends about the illness. Explain what the illness means to you and your family. Provide education about the illness as you continue to learn about these illnesses. Give your family and friends information about progress and about what is helping and not helping in recovery. Be sure to explain that any comments about food or weight can be unproductive. Any positive comment such as "Oh, you look better/healthy" or "oh, you've gained weight thank goodness..." might be viewed negatively by the individual.

How can we know when an individual with an eating disorder needs an inpatient level of care?

The American Psychiatric Association has developed guidelines with recommendations for utilizing appropriate levels of care for individuals with eating disorders. While every individual will need an individual assessment, in general, the indications for inpatient treatment are:

- Rapid, progressive weight loss despite outpatient treatment
- Severe malnutrition: weight loss of more than 25% of ideal body weight for height
- Significant medical comorbidity – e.g. diabetes
- Heart problems: Cardiac failure, arrhythmias, heart rate less than 40 beatsper minute, electrocardiogram changes with prolonged QT interval
- Electrolyte disturbance (for example, low calcium or low potassium)
- Low blood sugar in a malnourished individual
- Signs of inadequate brain perfusion, symptomatic low blood pressure or fainting
- Lack of response to outpatient treatment
- Seizures
- Uncontrollable binging/purging
- Refusal to eat
- Psychiatric emergencies: for example, acute psychosis, severe depression, OCD, substance use, or suicidal risk

How will we know when our family is ready for discharge after an inpatient stay?

Every individual will work closely with a treatment team to establish discharge criteria and complete a discharge plan. In general, individuals will not be considered appropriate for discharge until:

- The individual is tolerating adequate nutrition by mouth to continue nutritional restoration in their next steps in treatment
- Vital signs, weight, and laboratory studies are stable as indicated for the level of care following discharge
- The individual actively participates in meal planning and other therapeutic interventions
- The individual demonstrates improved ability to interrupt disordered eating behaviors (restriction, purging, exercise, etc.)
- There is a plan in place for next steps (residential, PHP, intensive outpatient, etc.)

What if I am interested in research?

You may call Lindner's Research Institute and be interviewed over the phone by a research assistant (RA) to assure that you qualify for one of our current research studies. The RA will ask you questions about your eating behaviors, weight, and psychiatric history. If it is established that you qualify for a study, you will be invited for a visit at the Research Institute where you will undergo a screening process, including a thorough psychiatric assessment, physical exam, and some lab work. If it is decided by the research team that you meet inclusion criteria for participation, you will further proceed with the study. Your participation in any research study is completely voluntary, you can drop out at any time, and you will be reimbursed for your time and travel.

Eating Disorder Screening

For those who suffer with eating disorders, the very process that sustains us can become a source of fear, panic, anxiety and pain. Left untreated, this cycle can race out of control, with potentially deadly consequences.

Below is a self-test developed by eating disorders experts that can help people decipher if they may have an eating disorder.

Please answer yes or no to each of the following:

- Are you satisfied with your eating patterns? ("No" is the concerning response)
- Do you ever eat in secret? ("Yes" is the concerning response)
- Does your weight affect the way you feel about yourself? ("Yes" is the concerning response)
- Have any members of your family suffered with an eating disorder? ("Yes" is the concerning response)
- Do you currently suffer with or have you ever suffered in the past with an eating disorder ("Yes" is the concerning response)

If you answered the concerning response to 2 or more of the above questions, we would recommend that you seek professional advice and consider a formal evaluation.

Eating Disorder Screen for Primary Care *(ESP) Cotton MA, Ball C, Robinson P. Four simple questions can help screen for eating disorders. American Journal of Medicine, 2003*