EATING DISORDER ESSENTIALS

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Eating Disorders are... illnesses not choices
THE DANGEROUS REALITY

There is a lingering perception that eating disorders are not really serious diseases.

What we know is that:

- They are associated with an elevated risk of premature death
- The diseases can last a long time
- Extensive treatment is the norm
- Many patients will require hospitalization at some time
- Treatment is expensive and difficult to access due to insurance limitations
- These disorders can wreck lives, relationships, and futures
Changes in the Clinical Population

- Younger and older ages
- Lower ideal body weights
- Ethnic Diversity
- Increase in co-morbidity
EATING DISORDER CLASSIFICATION

- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder
- Eating Disorder NOS
Anorexia Nervosa
Anorexia Nervosa

Anorexia affects your whole body

**Brain and Nerves**
can’t think right, fear of gaining weight, sad, moody, irritable, bad memory, fainting, changes in brain chemistry

**Hair**
hair thins and gets brittle

**Heart**
low blood pressure, slow heart rate, fluttering of the heart (palpitations), heart failure

**Blood**
anemia and other blood problems

**Muscles and Joints**
weak muscles, swollen joints, fractures, osteoporosis

**Kidneys**
kidney stones, kidney failure

**Body Fluids**
low potassium, magnesium, and sodium

**Intestines**
constipation, bloating

**Hormones**
periods stop, bone loss, problems growing, trouble getting pregnant. If pregnant, higher risk for miscarriage, having a C-section, baby with low birthweight, and post partum depression.

**Skin**
bruise easily, dry skin, growth of fine hair all over body, get cold easily, yellow skin, nails get brittle
Bulimia Nervosa
Bulimia Nervosa

How bulimia affects your body:

- **Brain**: depression, fear of gaining weight, anxiety, dizziness, shame, low self-esteem
- **Cheeks**: swelling, soreness
- **Mouth**: cavities, tooth enamel erosion, gum disease, teeth sensitive to hot and cold foods
- **Throat & Esophagus**: sore, irritated, can tear and rupture, blood in vomit
- **Muscles**: fatigue
- **Stomach**: ulcers, pain, can rupture, delayed emptying
- **Skin**: abrasion of knuckles, dry skin

- **Blood**: anemia
- **Heart**: irregular heart beat, heart muscle weakened, heart failure, low pulse and blood pressure
- **Body Fluids**: dehydration, low potassium, magnesium, and sodium
- **Intestines**: constipation, irregular bowel movements (BM), bloating, diarrhea, abdominal cramping
- **Hormones**: irregular or absent period

Dash line indicates that organ is behind other main organs.
Binge Eating Disorder
Binge Eating Disorder: Signs & Symptoms

- Most common Eating Disorder
- Episodes of uncontrolled eating or binge eating followed by periods of guilt and depression
- Consumption of large quantities of food
- Continued eating after becoming uncomfortably full
Eating Disorders are not just about food and weight.
BIOLOGICAL

SOCIO-CULTURAL

PSYCHOLOGICAL
**Biological and Genetic Factors**

- Imbalance of chemicals in the brain that control sense of well being, hunger, appetite and digestion.
- Dieting, binging, purging and excessive exercise alters neurochemistry. (Increases Serotonin, Endorphins and decreases hormone levels)
- Alterations in neurochemistry potentially results in physiological addiction (self medication)
- Family history of eating disorders, mood disorders, anxiety disorders
- Temperament
TEMPERAMENT
## Traits and Temperament

### Anorexia Nervosa
- anxious/fearful
- cautious
- shy
- rejection sensitive
- harm avoidant
- concrete
- preference for ritual
- orderly
- perfectionistic
- sensitive to separation

### Bulimia Nervosa
- dramatic/erratic
- impulsive
- chaotic
- variable moods
- novelty seeking
- extroverted
- seeks complexity but easily overwhelmed
**Psychological Features**

*There are common psychological features associated with eating disorders. Many of them may be intensified by the effects of abnormal eating.*

- Low self-esteem
- Strong feelings of inferiority
- Fear of maturity
- Depression, anxiety, anger or loneliness
- Perfectionism
- Impulsivity, mood dysregulation
- Body image distortion
Do You See What I See?
Eating disorders rarely travel alone. Most patients with eating disorders have other psychiatric diagnoses as well.

These can include:
- Depression
- Obsessive Compulsive Disorder
- Trauma and PTSD
- Substance Abuse
- Learning Disorders/ADD
- Personality Disorders
  - Impulsivity and variable moods
  - Rigid perfectionism
  - Potent forms of low self esteem
Negative Impact of Perfectionism

Perfectionism is a very common trait in people with eating disorders. Softening perfectionism can help patients recover.

- Perfectionism is a risk factor for depression
- Patients with higher levels of perfectionism have more negative treatment outcomes
- Patients with high perfectionism may generate more stressful life events
SELF ESTEEM

- Longstanding low self esteem w/o significant environmental explanations
- Failed social contract: Life success and feelings about self are incongruent
- Moral issue: Bad Self

Johnson, 2005
Socio-cultural Factors

It is difficult to recover from an eating disorder in a culture that glorifies thinness. Recovery often requires efforts to modify this “toxic recovery environment.”

- Environments that glorify & emphasize thinness/muscularity.
- Narrow definitions of beauty & strength that include specific body weights & shapes.
- Norms that value people on the basis of physical appearance rather than inner qualities.
- Belief that dieting enhances well-being.
The Real Truth
BOSTON--May 17, 1999

“A dramatic increase in disordered eating among teenage girls in the Pacific island nation of Fiji may be linked to the recent introduction of TV”. (Harvard Medical School researchers report)
INTERPERSONAL FACTORS

Certain experiences seem to be common in people who develop eating disorders although it is unlikely that any of them, on their own, cause eating disorders.

- Difficulty expressing emotions and feelings
- Peer groups with unhealthy behaviors
- History of being teased or ridiculed based on size or weight
- Life stressors
**Other Stressors**

- Situational pursuits (Ballet, wrestling)
- Illness (Type I Diabetes)
- Family issues
WHAT DOES AN EATING DISORDER DO?

Patients with eating disorders often have mixed feelings about giving up their illness. Why would anyone want to “hold on to” their eating disorder?

- Stability
- Avoidance/Distraction
- Mental Strength
- Self-confidence
- Identity
- Disappearance/Death
- A “holding pattern.”
- A coping strategy
- Self-protective by intent
- Self-destructive by consequence
Eating Disorders Treatment

- Early detection and intervention necessary
- Treatment must be as complex as the illness
- Varied levels of care
LONG TERM GOALS

- Complete recovery is the goal.
  - The majority of well-treated patients get better.
- Initial intensity of treatment helps.
- Experienced specialists improve outcome.
- Results should begin quickly but complete recovery sometimes takes years.
THANK YOU!

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