Eating Disorder Treatment
A Recovery Perspective
by Dr. Kelly
What is an Eating Disorder?

Eating disorders refer to a group of conditions defined by abnormal eating habits that may involve either insufficient or excessive food intake to the detriment of an individual's physical and mental health.

(Wikipedia, 2011)
Types of Eating Disorders

**Anorexia Nervosa**
Individual refuses to maintain a minimally normal body weight, is intensely afraid of gaining weight, and exhibits a significant disturbance in the perception of the shape or size of his/her body.

**Bulimia Nervosa**
Binge eating and inappropriate compensatory methods to prevent weight gain, such as laxatives, purging, excessive exercise.

**Binge Eating (compulsive overeating)**
Uncontrolled eating or bingeing followed by periods of guilt and depression.
Warning Signs for Anorexia

- Individual is thin and continues to lose weight.
- Continuing to restrict foods or diet, despite not being overweight.
- Distorted body image – feels fat even though looks thin.
- Preoccupied with food, calories, nutrition, or cooking.
- Denies hunger.
- Exercises obsessively.
- Weighs self frequently.
- Thinning or loss of hair.
- Stops menstruating.
Warning Signs for Bulimia

• Engages in binge eating and cannot voluntarily stop.
• Uses the bathroom frequently after meals.
• Reacts to emotional stress by overeating.
• Menstrual irregularities.
• Swollen glands.
• Experiences frequent fluctuations in weight.
• Obsessively concerned about weight.
• Feels guilty or ashamed about eating.
• Feels out of control.
• Depressive moods.
• Cannot voluntarily stop eating.
Warning signs for Binge Eating Disorder

- Eats large amounts of food when not physically hungry.
- Eats much more rapidly than normal.
- Eats until the point of feeling uncomfortably full.
- Often eats alone because of shame or embarrassment.
- Feelings of depression, disgust, or guilt after eating.
- History of marked weight fluctuations.
- Hoarding of food.
Anorexia

- Gradual or abrupt weight loss that cannot be explained by any other medical condition.
- Irregular menstrual periods or amenorrhea (absence of period).
- Pale complexion.
- Discolored skin and nails.
- Hair loss.
- Dull eyes.
- Frequently dizzy; fainting spells.
- Prone to injury; brittle bones.
- Frequently tired and fatigued.
Medical Issues Associated with Eating Disorders

**Bulimia**

- Frequent shift in weight, between 5-10 lbs, that cannot be explained by any other medical condition.
- Irregular menstrual periods or none at all.
- Brittle nails and hair; dull eyes.
- May vomit blood; prone to stomach aches.
- Chronic sore throat.
- Re-occurring headaches.
- Frequently tired and feel rundown.
- Heartburn, especially after purging.
- Swollen throat glands.
- Water retention.
- Blood shot eyes.
Medical Issues Associated with Eating Disorders

Binge Eating

- High blood pressure.
- Type 2 diabetes.
- Digestive problems.
- Heart disease.
- Joint/muscle pain.
- Headaches.
- Obesity.
Psychological Issues Associated with Eating Disorders

Anorexia

- Perfectionist – nothing is ever good enough, including weight.
- People pleaser – never saying “no” because then people may not like you.
- Black and white thinking.
- Low self-esteem and self-worth.
- Feelings of worthlessness after eating a certain amount of calories or gaining weight.
- Depression, mood swings, general irritability.
- Feel that your body is the ONLY thing you can control.
- Scale determines whether it is a “good” or “bad” day.
Psychological Issues Associated with Eating Disorders

**Bulimia**

- All the factors for anorexia, plus…
- Feel that purging your food and your weight are the ONLY things you can control.
- Often feel like you don’t belong.
Psychological Issues Associated with Eating Disorders

**Binge Eating**

- Stress/tension that is only relieved by eating.
- Embarrassed over the amount of food you’ve eaten.
- Feeling numb while binging – eating on “auto pilot”.
- Never feeling satisfied, regardless of amount of food you’ve eaten.
- Feelings of guilt, depression, and disgust after eating.
Behavioral Issues Associated with Eating Disorders

Anorexia

- Increased isolation and increased focus on counting calories, food, and weight.
- Obsess or express “great interest” in reading recipes, cooking shows, cooking for others, memorizing calorie content in food.
- Wear baggy clothes to mask weight loss or because you are frequently cold.
- Purposely restrict caloric intake to the point that you are hungry the majority of the day.
- Only allow yourself to eat at certain times of day.
- Avoid social gatherings and outings where you know food is involved.
- Exercise compulsively.
- Frequently check weight on scale.
Behavioral Issues Associated with Eating Disorders

**Bulimia**

- Force yourself to purge for any length of time.
- Increased isolation and increased focus on food, calories, and weight.
- Plan out when you can binge and where you can purge.
- Starve or severely restrict your calorie intake during the day and then secretly binge at night.
- Only like to eat alone.
- Avoid social gatherings where food is involved.
- Abuse various pills (laxatives, diuretics).
- Hoard food.
- Exercise compulsively, especially after a binge.
- Frequently check weight on a scale.
Behavioral Issues Associated with Eating Disorders

Binge Eating

- Inability to control/stop eating.
- Rapidly eating large amounts of food.
- Continuing to eat, even when full.
- Hiding food to later eat in private.
- Avoiding social gatherings where food will be present.
- Social withdrawal and isolation.
Myths About Eating Disorders

Myth – 1
You have to be underweight to have an eating disorder.
• People with eating disorders come in all shapes and sizes. Many individuals with eating disorders are of average weight or are overweight.

Myth – 2
Only teenage girls and young women are affected by eating disorders.
• While eating disorders are most common in young women in their teens and early twenties, they are found in men and women of all ages.
Myth – 3
People with eating disorders are vain.
• It’s not vanity that drives people with eating disorders to follow extreme diets and obsess over their bodies, but rather an attempt to deal with feelings of shame, anxiety, low self-esteem and self-worth, and powerlessness.

Myth – 4
Eating disorders aren’t really that dangerous.
• All eating disorders can lead to irreversible and even life-threatening health problems, such as heart disease, bone loss, stunted growth, infertility, and kidney damage.
How do you talk to someone with an eating disorder?

• Focus on feelings and relationship, not weight and food.
• Express concern about their health while respecting their privacy.
• Avoid commenting on how they look.
• Avoid using terms such as “fat” and “skinny”.
• Avoid power struggles about eating.
• Avoid placing shame, blame, or guilt.
• Avoid giving solutions, or suggesting ways to “fix” them.
Psychotherapy

• Individual and group therapy can help with exploring underlying issues contributing to eating disorder.
• Helps to improve self-esteem.
• Helps individual to learn healthy ways of responding to stress and emotional pain.
• Family therapy can be beneficial when family is willing and can actively participate in a healthy way that will be beneficial to the client; addresses the impact the eating disorder has on the entire family unit.
Nutritional Counseling

• Dieticians or nutritionists are often involved in the treatment of eating disorders.
• Help client to design meal plans that are healthy, balanced, and realistic.
• Help client to achieve dietary goals, and reach and maintain a healthy weight.
• Provides education about nutrition and the health consequences of eating disorders.
Support Groups

• Provides support from other individuals experiencing similar issues.
• Client feels less alone and ashamed.
• Facilitated by peers rather than professionals.
• Provides a safe environment to share experiences, advice, encouragement, and healthy coping strategies to maintain recovery.
Residential Treatment

- Residential or hospital-based care may be necessary when client is experiencing severe physical, emotional, and/or behavioral problems as a result of eating disorder.
- Problems may include, but are not limited to: resistance to treatment, medical issues requiring constant monitoring and supervision by a doctor, continued weight loss, suicidal ideation/attempt as a result of emotional impairments experienced.