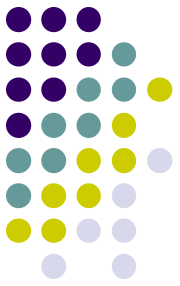


# **Eating Disorders: Recognising a burgeoning eating disorder and knowing how to respond to it**

Mental Health  
“Everybody’s Business”

# Southern Support

eating disorder service



## ● Referral & Clinical Assessment Pathway

People who present with symptoms & /or behaviours consistent with ED / Disordered Eating

- Initial identification & Assessments (1-3 sessions)
- Brief interventions (6 - 8 sessions)
- Recommendations – to client & referrer
- Education & Support (families / whanau)
- Referrals for specialist interventions
- **NB:** Assessments usually conducted in referrers practice & clinical responsibility remains the responsibility of referrer.

## ● Education & Professional Networking Pathway

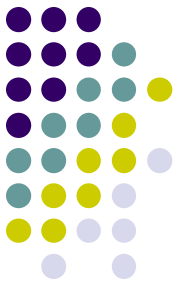
Health Organisations, professionals, schools & other community groups

- Consultation & Clinical Support
- Networks for Health Professionals
- Education
- Resources

# Anorexia Nervosa (AN)

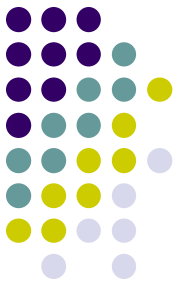
Restricting type

Binge eating / purging type



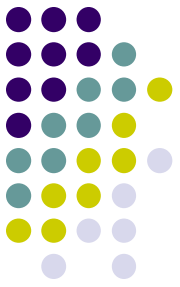
- Refusal to maintain body weight at or above the minimum normal range for age / height.
- Body image disturbance: Intense fear of gaining weight or becoming fat even though under weight.
- Absence of at least 3 consecutive menstrual cycles.

(Ref: DSM-IV TR, 2004)



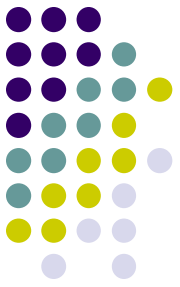
DENIAL

# Physical Signs & Symptoms with AN: General



- Sudden weight loss
- Emaciation, often concealed with clothing.
- Preoccupation with additional weight loss despite thinness.
- Failure to  $>$  weight in proportion to height, particularly for children / adolescents.
- Low body temperature / cold intolerance. Hands and feet are frequently purplish-blue.

# Physical Signs & Symptoms with AN: Include...



## Cardiac / Respiratory

- Chest pain
- ↑ heart rate
- ↓ blood pressure

## Gastrointestinal

- Constipation
- Abdominal pain
- Feeling full early
- Delayed gastric emptying

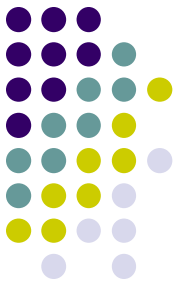
## Endocrine

- Periods stop
- Low bone mineral density
- Infertility

## Skin / Hair

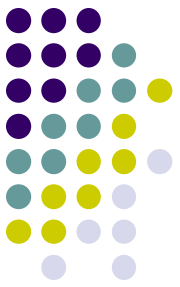
- Fine downy hair (face, neck, arms).
- Hair loss

# Physical Signs & Symptoms with AN: Neurological & Psychiatric



- Memory loss-poor concentration
- Sleeplessness
- Depression/Anxiety/Obsessive behaviour
- Self-harm
- Risk: Suicidal ideation/attempt

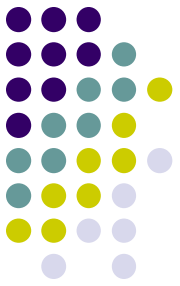
# Anorexia Nervosa (age-adjusted)



- Any **clinically significant degree of weight loss** not due to medical illness.
- Excessive dieting and exercise for a period of more than **1 month**.
- Talking about **fear of weight gain** is **not** required.
- Disturbance in way in which one's body or shape is experienced.
- Body weight or shape influences self-evaluation.
- Weight often NOT talked about BUT noticed by either **behavioural observation** or reported by others.
- Amenorrhea doesn't apply
- **Investigate failure to >weight / height or delayed pubertal development.**

# Bulimia Nervosa (BN)

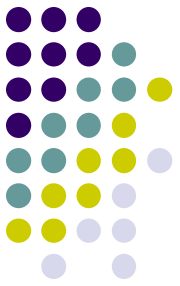
Purging & non purging sub types



- Recurrent episodes of binge eating
- Compensatory behaviours (eg: vomiting; laxatives; excessive exercise...)
- Frequency: 2/week for 3 months
- Self-evaluation influenced by shape/weight
- AN excluded

(Ref DSM-IV TR, 2004)

# BN: Physical signs & symptoms include



## General

- Fluctuating weight patterns
- OR normal weight

## Oral & Dental

- Red corners of mouth
- Damaged teeth
- Swollen / tender parotid glands

## Cardio respiratory

- Chest pain; palpitations

## Dermatologic

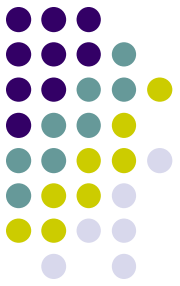
- Calloused knuckles (Russell's sign)

## Gastro intestinal

- Abdominal bloating
- Constipation
- Reflux
- Vomiting blood

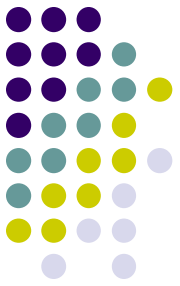
*NB: Questioning of specific s/s highlights the effects. General questioning usually has the person stating they feel fine.*

# EDNOS



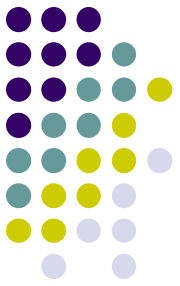
- Currently includes Binge Eating Disorder (BED)
- Meets criteria for AN and/or BN **BUT** Females have menses.
- May have significant weight loss **BUT** in general weight is in the normal range.
- Binging and purging occurs less frequently than in BN.

# Associated features: BED



- Depression or anxiety (Approx 30%)
- Obesity
- Non specific tension (relieved by binge)
- Avoiding / numbing feelings
- Marked weight fluctuations
- Repeated diets
- Low self esteem
- Relationship problems
- Substance abuse / dependence

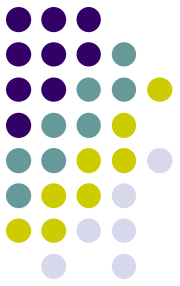
# Comorbidity & Medications



- Depression
  - Obsessive Compulsive Disorder (OCD)
  - Anxiety Disorder
  - Substance Abuse
  - Post Traumatic Stress Disorder (PTSD)
  - Personality Disorder
  - Self Harm
- 
- Physical illnesses: diabetes, osteoporosis, infertility, mal absorption...

**Medication:** treat physical consequences

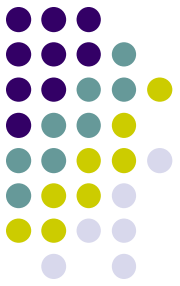
# Prognostic factors: Good



- Young age/first episode/short duration
- Relatively preserved body weight
- Intact family
- Established other roles
- Absence of co-morbidity

(Ref: Dr R Morgan, Consultant Psychiatrist; Regional ED Service)

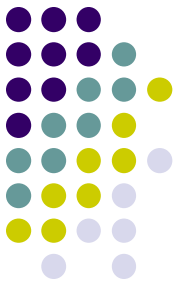
# Prognostic Factors: Bad



- Purging anorexia
- Chronicity > 6 years
- Alcohol and drug use
- Psychiatric co-morbidity especially personality disorder
- Unrelenting lack of insight

(Ref: Dr R Morgan, Consultant Psychiatrist; Regional ED Service)

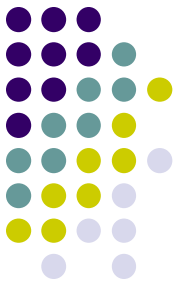
# Prevalence



- 1.7 Any eating disorder
- Onset AN: Average 17 years
- Onset BN: Average late adolescence / early adulthood
- ED: All ethnicities / socioeconomic groups / gender
- Clusters: high school; university; sports where weight is important
- Suicide rate: 58 x > than for women without ED
- Death: Physical complications

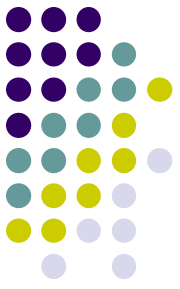
(Ref: Oakley & Browne et al., 2006; Hertzog, Greenwood & Dorer et al , 2000)

# Early Recognition: Warning Signs of an Eating Disorder



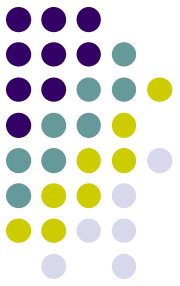
- Diet books, pondering over labels, evidence of visiting pro-anorexia or eating disorder websites, dieting behaviours (eg: diet pills; artificial sweeteners; gums).
- Persistent refusal to eat non diet foods.
- Sudden decision to become vegetarian, increased picky eating, especially eating only “healthy foods”.
- Fasting and skipping meals regularly.
- Refusing to eat with the family or friends
- Multiple showers in a day / Always going to the bathroom immediately after eating.
- Unusual number of stomach flu episodes.

# Act Now Signs and Symptoms



- Precipitous weight loss/gain/fluctuations.
- Failure to achieve expected weight/height milestones.
- Two skipped periods in conjunction with weight loss.
- Any binge-purge episodes.
- Large amounts of food missing.
- Excessive caffeine; hot/cold drinks

# Act Now Signs and Symptoms cont...



- Refusal to let others prepare foods.
- Extreme calorie counting (weighing and measuring foods).
- Electrolyte abnormalities – with / without ECG changes.
- Excessive exercise > than 1 hour per day and weight loss.

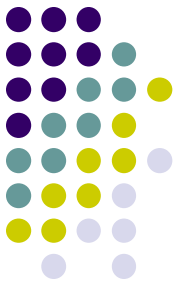
# SCOFF Questionnaire

Morgan, Reid, & Lacey (1999)



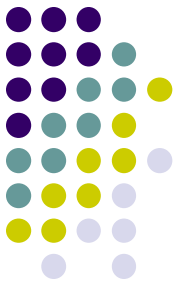
- **S-** Do you make yourself sick ( induce vomiting) because you feel uncomfortably full?
- **C-** Do you worry that you have lost control over how much you eat?
- **O-** Have you recently lost more that (one stone) 6.4 kg in a three-month period?
- **F-** Do you think you are too fat, even though others say you are too thin?
- **F-** Would you say that food dominated your life?
- One point for every yes answer, a score >2 indicates further follow up required

# Assessment and Screening Questions



- Has there been any change in your weight?
- What did you eat yesterday?
- Do you ever binge?
- Have you ever used self-induced vomiting to lose weight or compensate for overeating?
- Have you ever used laxatives, diuretics or enemas to lose weight or to compensate for over-eating?
- How much do you exercise in a typical week?
- How do you feel about your appearance?
- Are your menstrual periods regular?

# General Care Providers: Questions for Sports Coach, PE Teacher; Physio.....



- Many people have concerns about food & weight. Do you have any concerns about these things?

Or

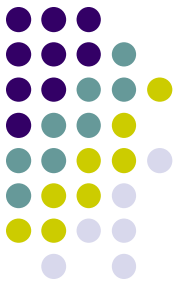
- Many people have trouble with eating too much. Has this ever been a problem for you?

Or

- Exercise.....

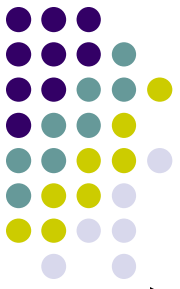
***NB: Education would include strategies to manage; education; referral to...***

# Simple Physical Screening



- Height and weight
- Hydration
- Temperature
- Squat test
- Lying and standing pulse and BP
- Blood for WBC and potassium
- ECG
- BMI & Height / weight Centile

# CBT Model of an Eating Disorder



## RISK FACTORS: FAMILY

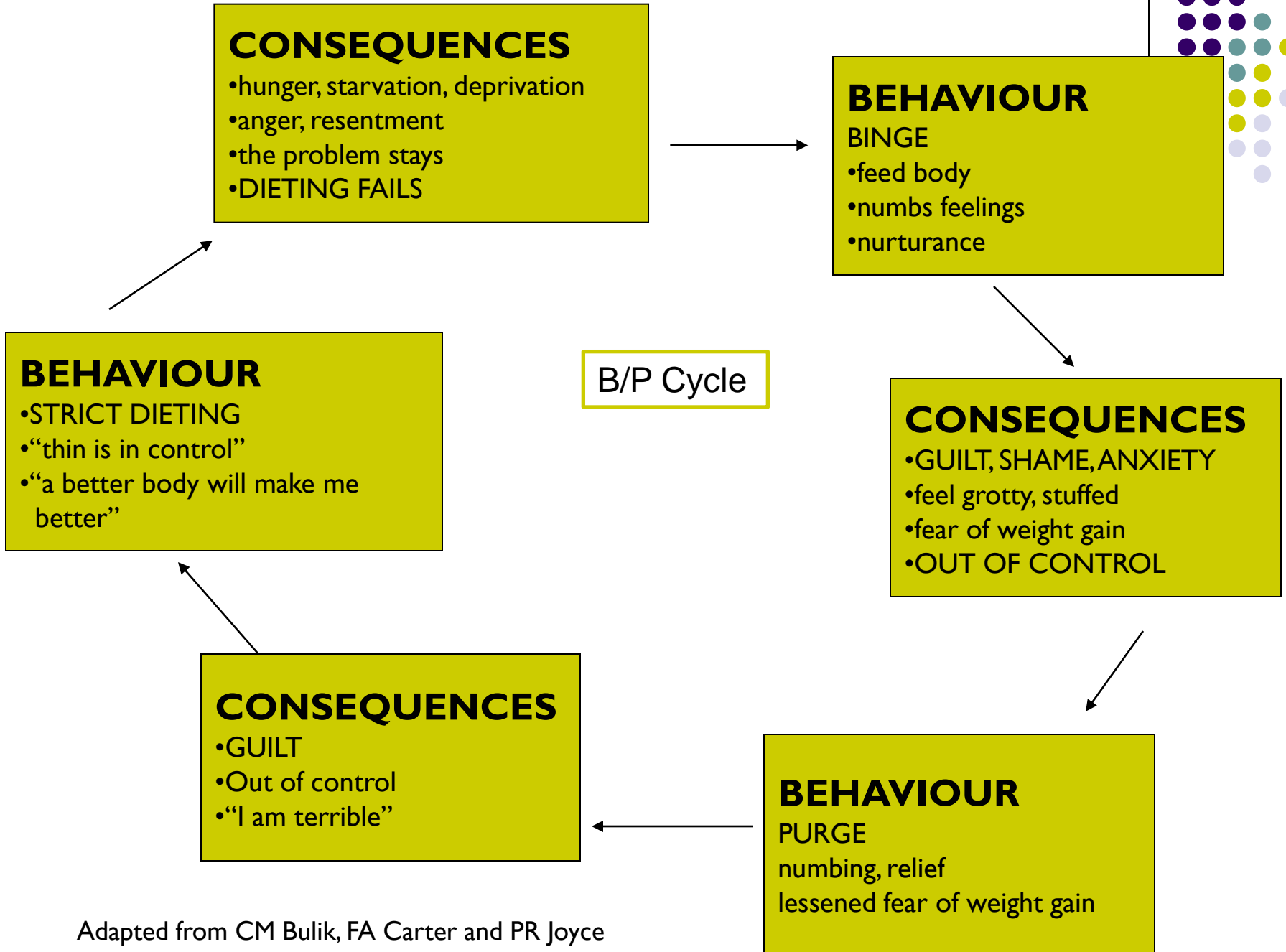
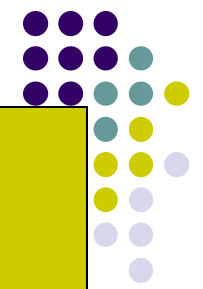
- family history of depression
- family history of alcoholism
- family conflict of trauma
- parental deprivation
- sexual abuse
- physical abuse
- emotional abuse

## RISK FACTORS: SOCIETY

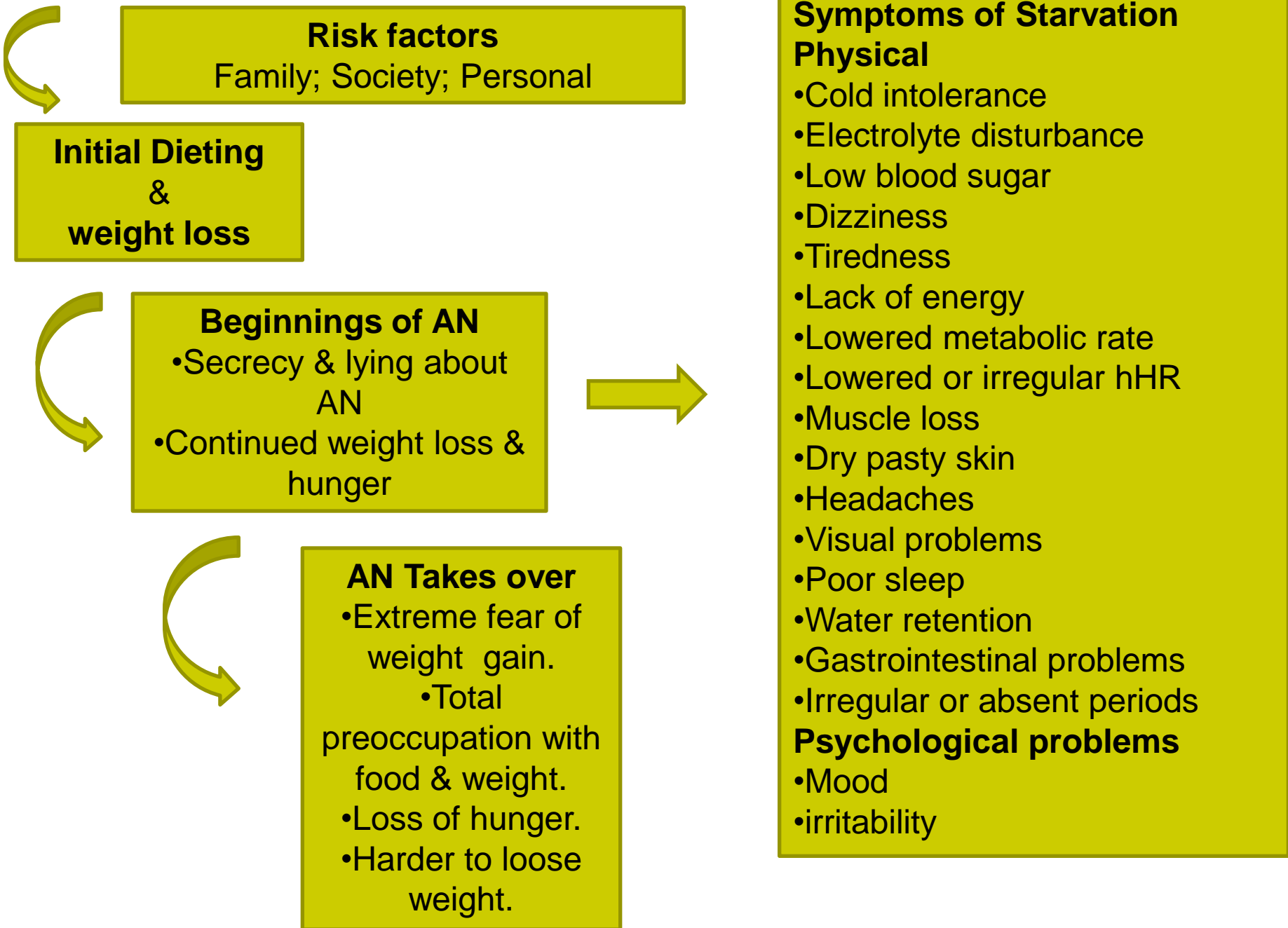
- social pressures on women
- emphasis on thinness
- role confusion
- mixed messages for woman

## RISK FACTORS: SELF

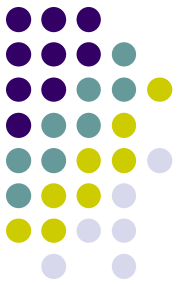
- poor problem solving skills
- low self-esteem
- low mood, depression
- high anxiety, nervousness
- perfectionism
- self-critical
- impulsivity
- fears about sexuality
- fears about relationship problems



Adapted from CM Bulik, FA Carter and PR Joyce



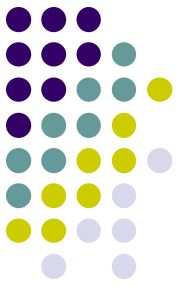
**SSCM Model of Anorexia Nervosa:** (Adapted from McIntosh & Jordan, 2010, ANZAED)



# Plan

- Assessment:  
physical/psychiatric/psychological/nutritional
- Who needs to be involved
- Contract: What has to happen / when
- Goal planning
- Relapse prevention

# AN: Specialist Supportive Clinical management (SSCM)



## Phase 1:

- Identify target symptoms
- Set goal weight range
- Set goals for normalising eating
- Psycho-education

## Phase 2:

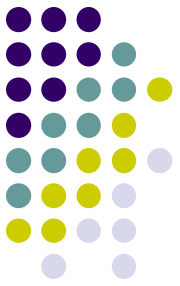
- Focus on target symptoms
- Normalise eating
- Address other issues raised by person

## Phase 3:

- Prepare for end of therapy relationship
- Plan for maintaining Changes

Ref: (SSCM Model of Anorexia Nervosa: McIntosh, Jordan & Luty et al., 2006.)

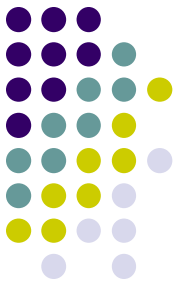
# Maudsley Family Therapy for AN



- Endorsed by NICE Guideline (grade B )
- Good long-term outcome in young patients with short duration of illness.
- > than 3 years recovery rate is low
- “What causes inadequately treated AN to persist? ...**starvation & stress**” (Treasure & Russell, 2011, p. 6)
- Motivational Interviewing: During initial phase of treatment to guide towards change.

(Price-Evans, & Treasure, 2011)

# BN: treatment options



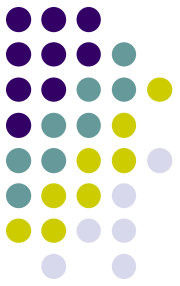
## Self help books:

- Getting better bit(e) by Bit(e): A survival kit for sufferers of bulimia nervosa and binge eating disorders, Ulrike Schmidt & Janet Treasure.
- Crave: Why you binge eat and how to stop  
Cynthia Bulik

## Internet resources:

- [www.smart-eating.com](http://www.smart-eating.com)
- [www.bulimiahelp.org](http://www.bulimiahelp.org)

# Core Functions of an ED

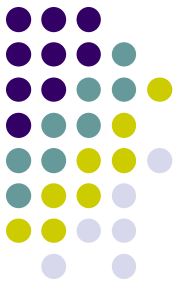


- Specialness
- Virtue
- Control
- Emotional regulation.
- Identity

“Even though anorexia nervosa is sustained by malnutrition and predisposing biological traits, the disease state becomes further entrenched because it is existentially ‘needed’ for its protective and compensatory elements”.

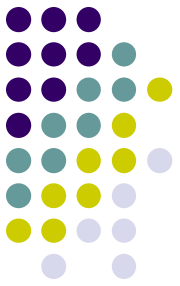
(Strober, 2004, p. 249-250)

# Helpful Hints



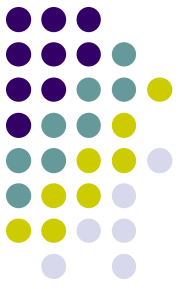
- Separate the person from the disorder.
- Encourage person to seek help.
- Remind person about other skills & attributes.
- Build self esteem: Try to focus on the positive behaviours rather than the destructive ones.
- Keep communication positive & open.
- Take focus off food & weight when possible.
- Plan for / contract about meals.
- Set boundaries.

# Helpful Hints



- Do things you normally would.
- Enjoy things together.
- Spend time with other members of family or friends...
- Become informed
- Be Patient: The person doesn't want to be unwell - There is no specific timeframe for recovery.

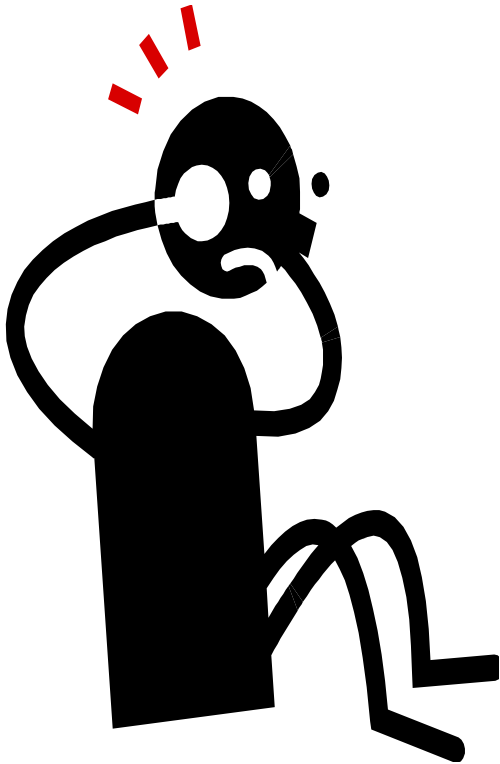
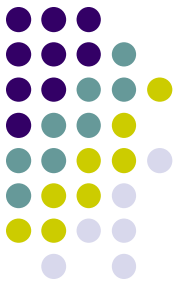
# Negative Consequences



Allow the person to connect the negative consequences of their illness to life events that are important to them e.g. work, academic, leisure activities.

Never make assumptions.  
Develop a greater understanding of the persons experience of their illness and of what is motivating for them.  
Stay curious

# Feeling Out of Control

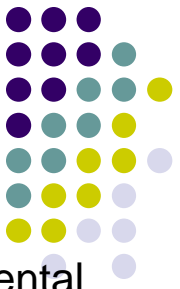


Prepare the person for a period of uncertainty and feeling “out of control” as they attempt to improve their medical state by reducing their eating disordered behaviours.

Clinicians have found that although the person may initially deny they are ill, this stand will change once a therapeutic relationship has been established.

Provide information about of possible experiences before they occur e.g. bloating, night sweats, or weight gain initially occurring centralized.

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