It Takes a Village: A Multidisciplinary Approach to the Treatment of Eating Disorders

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Anorexia Nervosa

- Restriction of energy intake leading to significantly low body weight
- Intense fear of gaining weight or becoming fat or persistent behavior that interferes with weight gain, even though at a significantly low weight
- Disturbance in the way body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low weight.
Bulimia Nervosa

- Recurrent episodes of binge eating
- Recurrent inappropriate compensatory behaviors in order to prevent weight gain
- Both occur, on average, at least once a week for 3 months
- Self-evaluation is unduly influenced by body shape and weight

Binge Eating Disorder

- Recurrent episodes of binge eating
- Binge eating episodes are associated with three or more of the following:
  - Eating much more rapidly than normal
  - Eating until feeling uncomfortably full
  - Eating large amounts of food when not feeling physically hungry
  - Eating alone because of feeling embarrassed by how much one is eating
  - Feeling disgusted with oneself, depressed, or very guilty afterward
- Marked distress regarding binge eating
- Occurs once/week for 3 months
Other Specified or Unspecified Eating Disorder

- Other Specified Eating Disorder: Used when clinician chooses to communicate the specific reason that the presentation does not meet the criteria for any specific eating disorder (e.g., when all but one criteria is met)
- Unspecified Eating Disorder: Used when symptoms characteristic of an eating disorder that cause clinically significant distress or impairment but do not meet the full criteria for any of the disorders. Used when the clinician chooses not to specify the reason that the criteria are not met for a specific eating disorder.

Starvation Study
Ancel Keys

- Helping guide famine relief efforts taught about reactions to starvation
- Restricting intake to 1200-1500 calories/day plus walking
- MANY physiological and psychological reactions
Eat too much, exercise too little, gain weight and you will GET FAT!

How the body compensates for underfueling

- Loss of lean tissue
  - Immune system, reproductive system, organ tissue, skeletal muscle
- Storage of body fat
- Biochemically
  - ↓ intake → ↓ CHO → ↓ Serotonin
  - ↑ Depression, OC thoughts, Anxiety, Gastric Paresis
How is this corrected?

- **FUEL**
- Metabolism – need to support lean body mass
  - Calories and protein
  - Spread across the day
  - Calories/carbohydrates to support serotonin

Dispelling the Myths

- Not the “good guy”
- Not teaching about the Food Pyramid/My Plate
- Not just about eating
- Not all about the number on the scale
- Not about the client privileges
Starting out

- Finding the “hook”
- Managing the ambivalence

“What if you viewed chronic overeating or under eating not as a disorder, sickness, condition, character weakness, tragic flaw, or illness, but as your very best effort to deal with your life? What if eating or denying yourself food has been nothing more than a misguided attempt to take care of yourself? What if you didn’t look at disordered eating as your worst problem, but your best solution to date?”
Engaging in treatment: Anorexia Nervosa

- Gaining weight is a prerequisite for mental recovery
- Building rapport
- Managing Anxiety
- Engaging the client in treatment

Engaging in treatment: Bulimia Nervosa

- First step in treatment is to break the binge/purge cycle and restore normal patterns of eating
- Second step is to change unhealthy thoughts and patterns
- Third step is solving emotional issues
Questions?

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