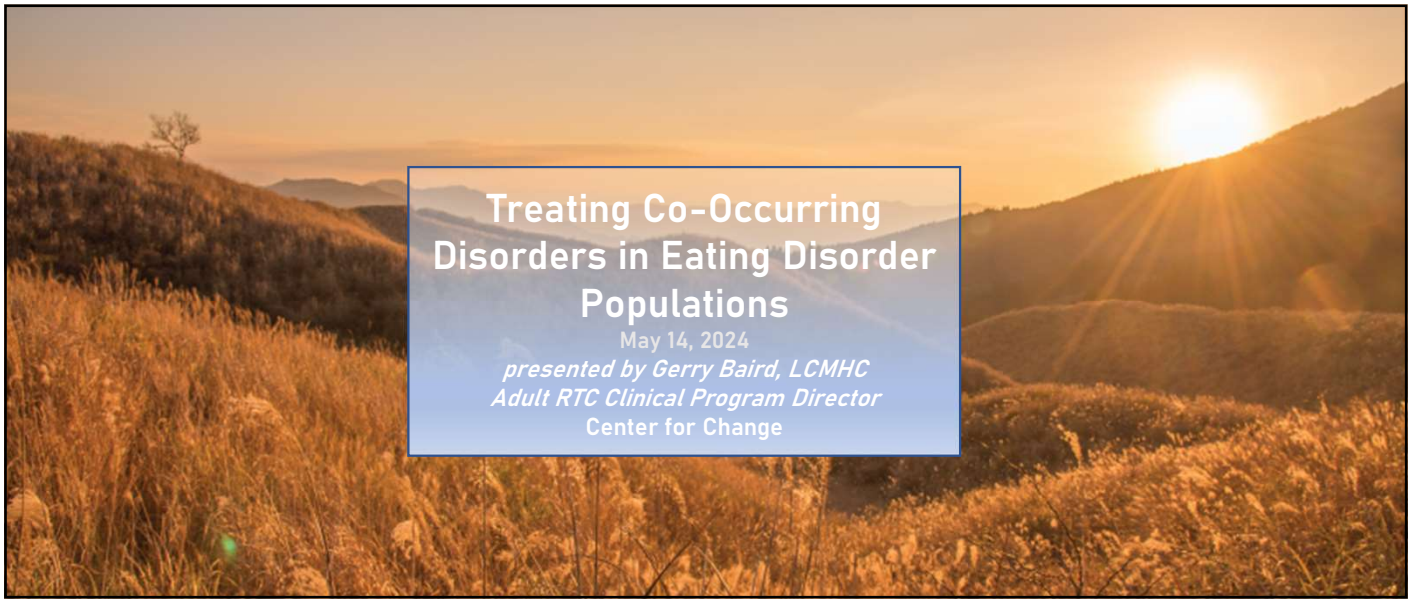


1

Eating & Co-occurring Disorders

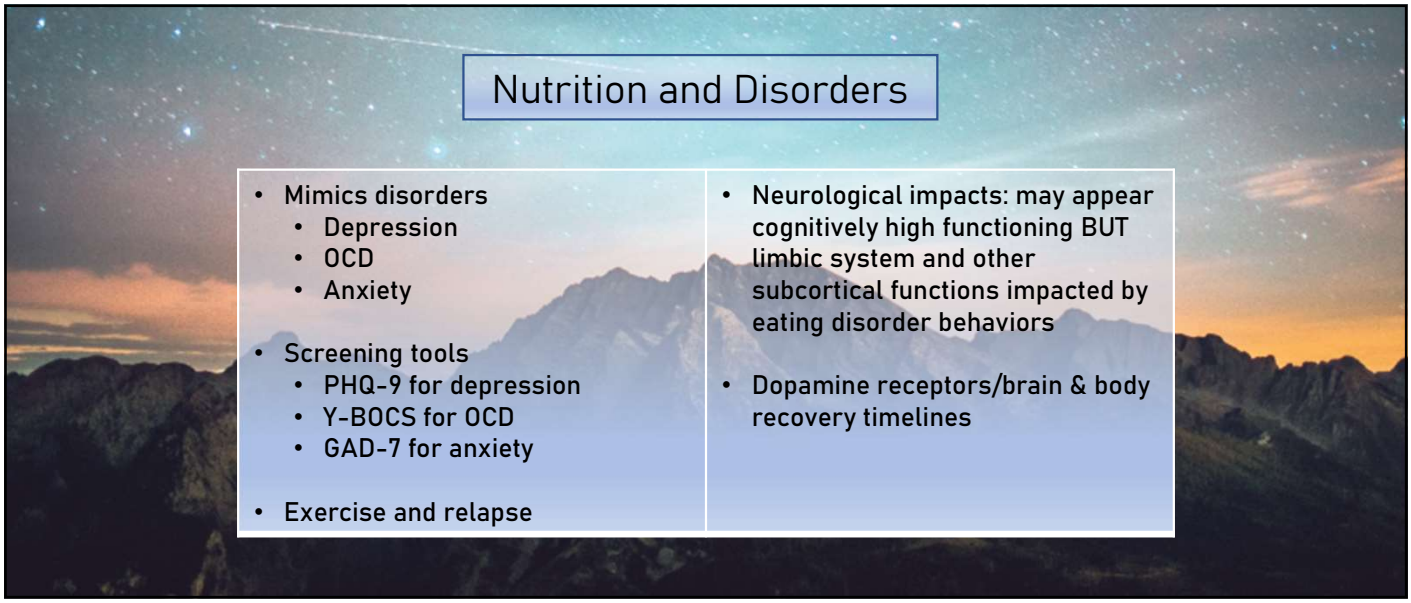
Alcohol Use/Dependency	
Anorexia	25%
Bulimia	34%
Binge Eating Disorder	21%
Any Substance Abuse	
Anorexia	27%
Bulimia	37%
Binge Eating Disorder	23%
Anxiety Disorders	
Anorexia	48-51%
Bulimia	54-81%
Binge Eating Disorder	55-65%

Adamson et al., 2020; Hudson et al., 2007; Huke et al., 2013; Ulfvebrand et al., 2015

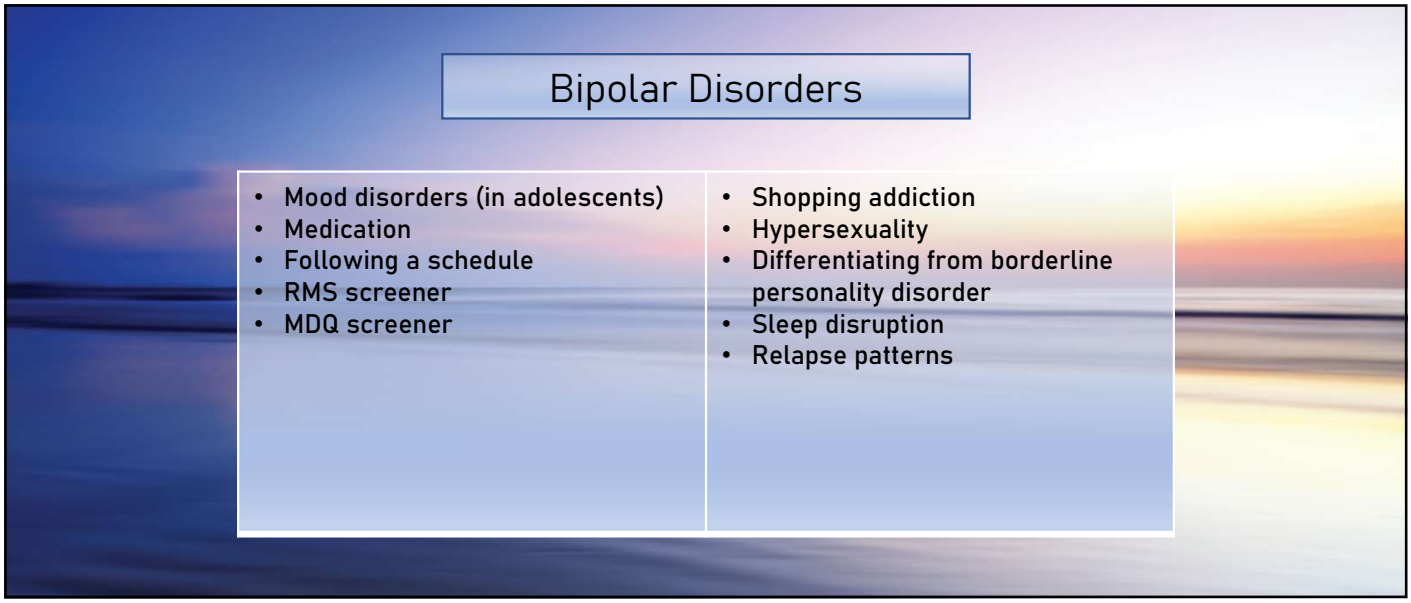
Post Traumatic Stress Disorder	
Anorexia	12%
Bulimia	45%
Binge Eating Disorder	26%
Major Depressive Disorder	
Anorexia	32-39%
Bulimia	36-50%
Binge Eating Disorder	26%

Markedly elevated risk for **obsessive-compulsive disorder** and **autism** among those with eating disorders. One qualitative study indicated that carers for those with autism felt anorexia behaviors increased at this stage of life due to the stresses of coping with complex social situations during the transition to college.

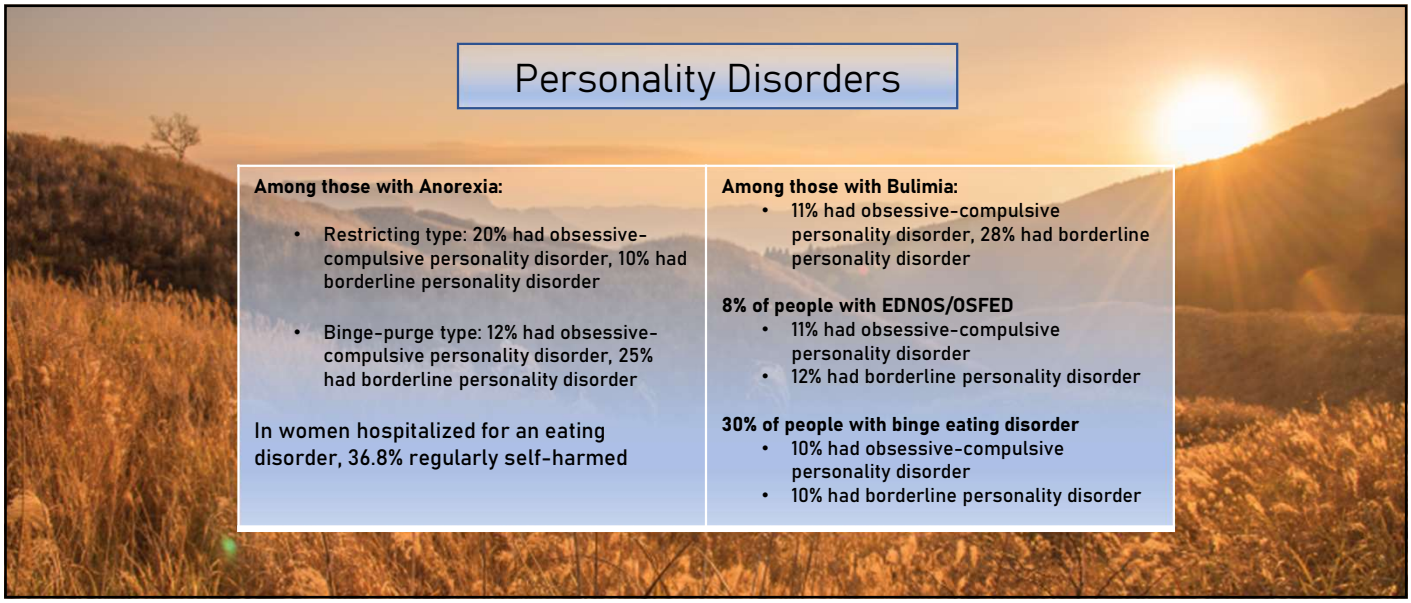
2


Nutrition and Disorders
• Mimics disorders
• Depression
• OCD
• Anxiety
• Screening tools
• PHQ-9 for depression
• Y-BOCS for OCD
• GAD-7 for anxiety
• Exercise and relapse
• Neurological impacts: may appear cognitively high functioning BUT limbic system and other subcortical functions impacted by eating disorder behaviors
• Dopamine receptors/brain & body recovery timelines

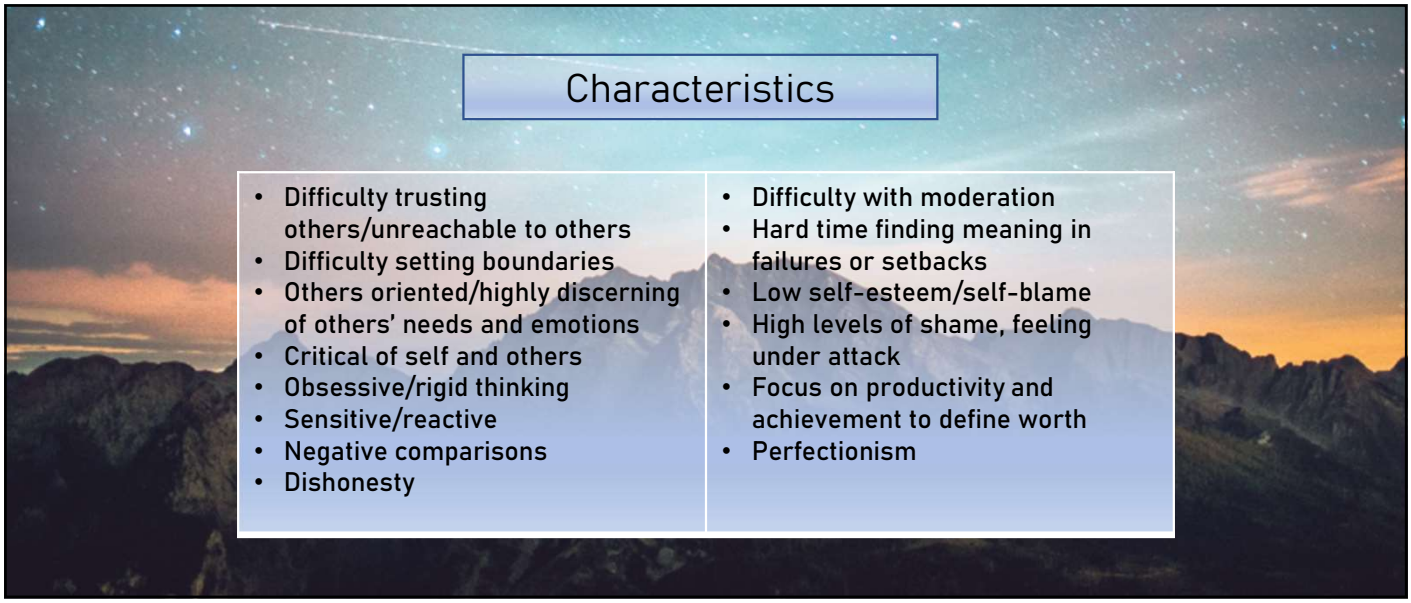
3


Bipolar Disorders
• Mood disorders (in adolescents)
• Medication
• Following a schedule
• RMS screener
• MDQ screener
• Shopping addiction
• Hypersexuality
• Differentiating from borderline personality disorder
• Sleep disruption
• Relapse patterns

4


Personality Disorders
Among those with Anorexia:
• Restricting type: 20% had obsessive-compulsive personality disorder, 10% had borderline personality disorder
• Binge-purge type: 12% had obsessive-compulsive personality disorder, 25% had borderline personality disorder
In women hospitalized for an eating disorder, 36.8% regularly self-harmed
Among those with Bulimia:
• 11% had obsessive-compulsive personality disorder, 28% had borderline personality disorder
8% of people with EDNOS/OSFED
• 11% had obsessive-compulsive personality disorder
• 12% had borderline personality disorder
30% of people with binge eating disorder
• 10% had obsessive-compulsive personality disorder
• 10% had borderline personality disorder

5


Characteristics
• Difficulty trusting others/unreachable to others
• Difficulty setting boundaries
• Others oriented/highly discerning of others' needs and emotions
• Critical of self and others
• Obsessive/rigid thinking
• Sensitive/reactive
• Negative comparisons
• Dishonesty
• Difficulty with moderation
• Hard time finding meaning in failures or setbacks
• Low self-esteem/self-blame
• High levels of shame, feeling under attack
• Focus on productivity and achievement to define worth
• Perfectionism

6

Other Complicating Factors

- Treatment providers feel high burnout rate
- Medical residents working with anorexia patients report higher anger, helplessness, and stress than with other patients

- Patients struggle to trust providers
- Patients do not want to change
- High mortality rate
- Ego syntonic
- Chronic conditions

Warren et al., 2012

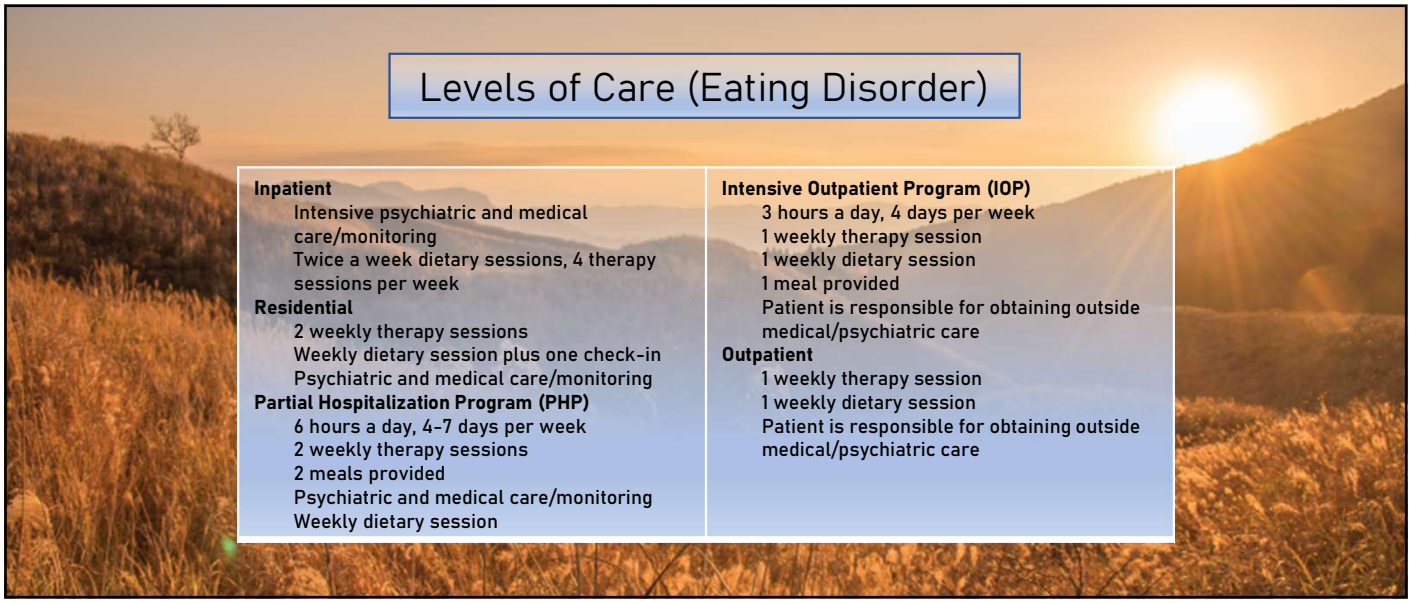
7

Comprehensive Care

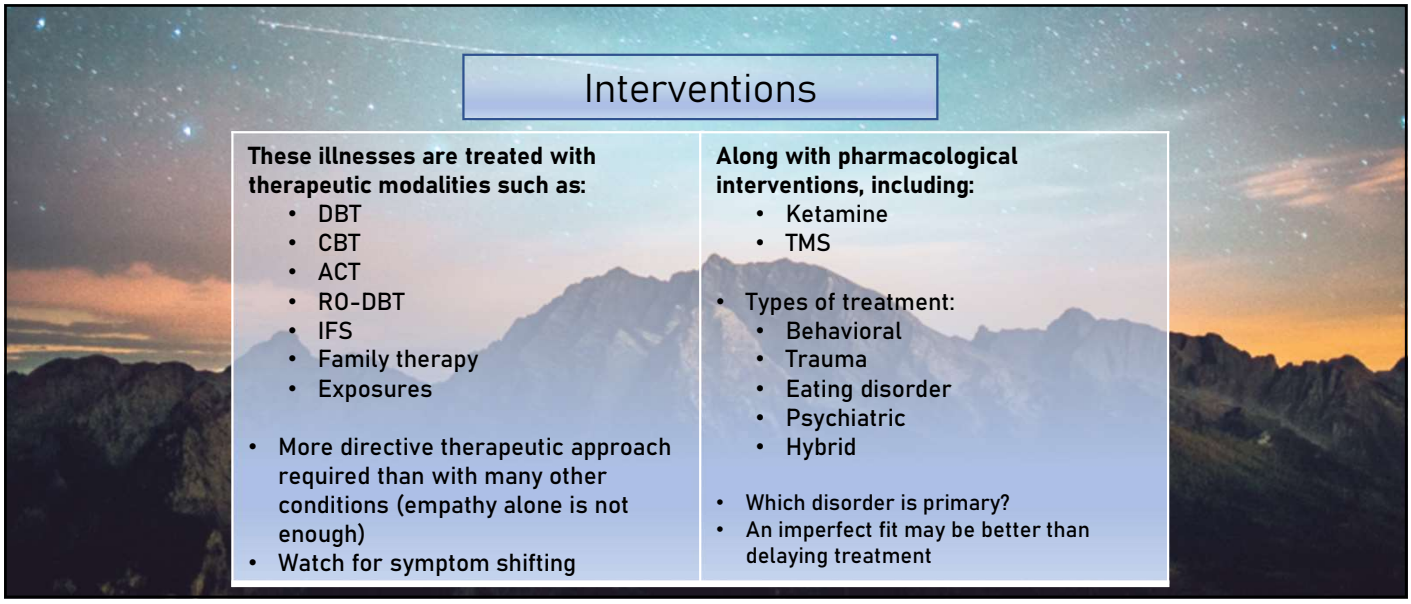
- **Treatment team:**
  - Psychiatric care
  - Medical care
  - Dietary care
  - Psychotherapy/case management
- **Direct care:**
  - Nursing
  - Staff/techs

- **Experiential therapy:**
  - Art
  - Music
  - Movement
  - Outings
  - Games/activities
- **Occupational therapy**

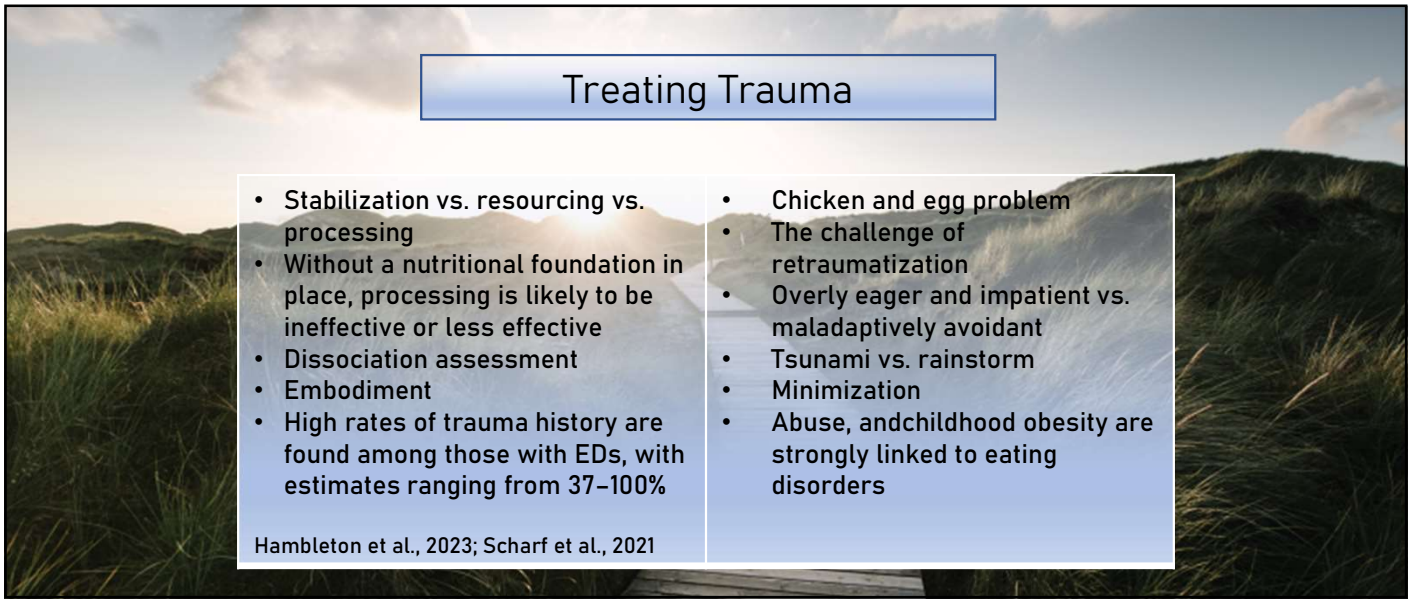
8


Levels of Care (Eating Disorder)
Inpatient
Intensive psychiatric and medical care/monitoring
Twice a week dietary sessions, 4 therapy sessions per week
Residential
2 weekly therapy sessions
Weekly dietary session plus one check-in
Psychiatric and medical care/monitoring
Partial Hospitalization Program (PHP)
6 hours a day, 4-7 days per week
2 weekly therapy sessions
2 meals provided
Psychiatric and medical care/monitoring
Weekly dietary session
Intensive Outpatient Program (IOP)
3 hours a day, 4 days per week
1 weekly therapy session
1 weekly dietary session
1 meal provided
Patient is responsible for obtaining outside medical/psychiatric care
Outpatient
1 weekly therapy session
1 weekly dietary session
Patient is responsible for obtaining outside medical/psychiatric care

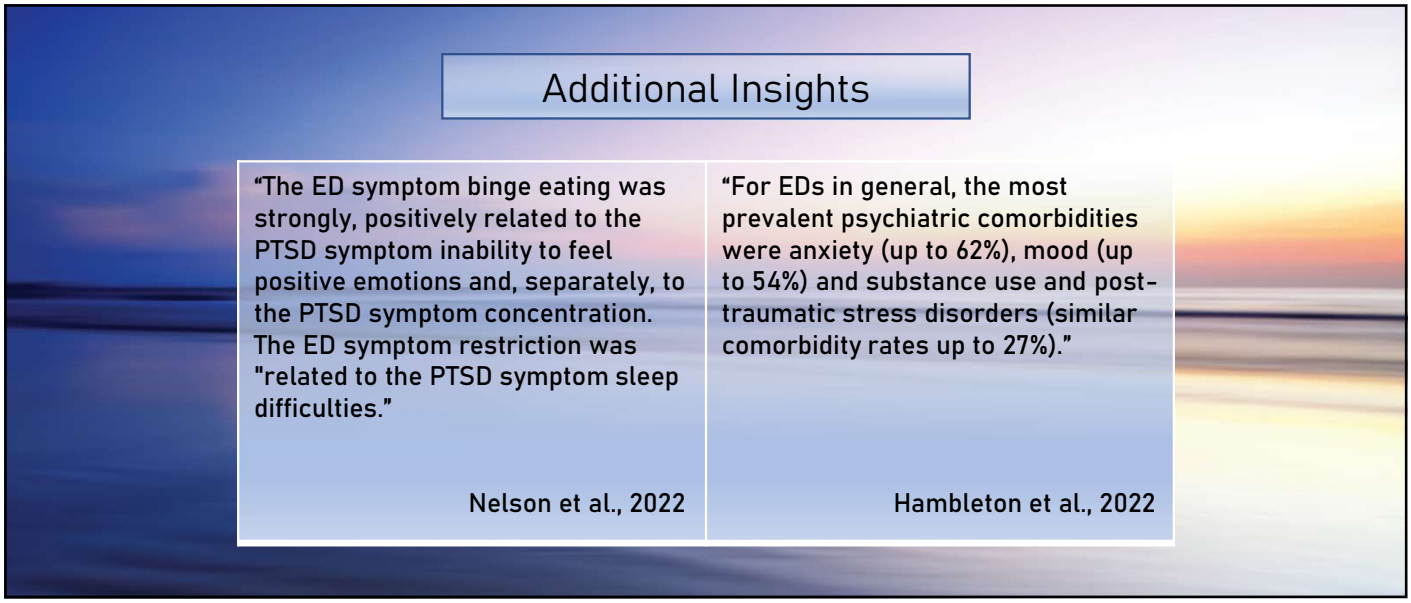
9


Interventions
These illnesses are treated with therapeutic modalities such as:
DBT
CBT
ACT
RO-DBT
IFS
Family therapy
Exposures
More directive therapeutic approach required than with many other conditions (empathy alone is not enough)
Watch for symptom shifting
Along with pharmacological interventions, including:
Ketamine
TMS
Types of treatment:
Behavioral
Trauma
Eating disorder
Psychiatric
Hybrid
Which disorder is primary?
An imperfect fit may be better than delaying treatment

10


Treating Trauma
• Stabilization vs. resourcing vs. processing
• Without a nutritional foundation in place, processing is likely to be ineffective or less effective
• Dissociation assessment
• Embodiment
• High rates of trauma history are found among those with EDs, with estimates ranging from 37–100%
Hambleton et al., 2023; Scharf et al., 2021
• Chicken and egg problem
• The challenge of retraumatization
• Overly eager and impatient vs. maladaptively avoidant
• Tsunami vs. rainstorm
• Minimization
• Abuse, andchildhood obesity are strongly linked to eating disorders

11


Additional Insights
"The ED symptom binge eating was strongly, positively related to the PTSD symptom inability to feel positive emotions and, separately, to the PTSD symptom concentration. The ED symptom restriction was "related to the PTSD symptom sleep difficulties."
Nelson et al., 2022
"For EDs in general, the most prevalent psychiatric comorbidities were anxiety (up to 62%), mood (up to 54%) and substance use and post-traumatic stress disorders (similar comorbidity rates up to 27%)."
Hambleton et al., 2022

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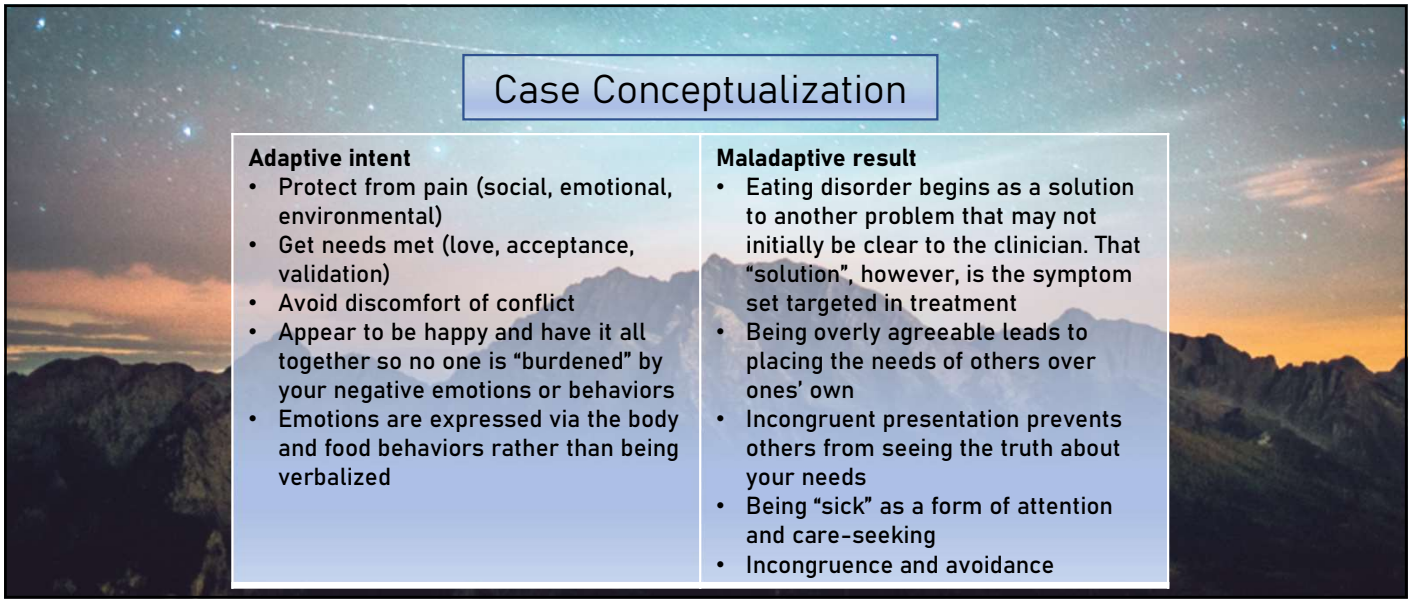
Case Conceptualization
Adaptive intent
• Protect from pain (social, emotional, environmental)
• Get needs met (love, acceptance, validation)
• Avoid discomfort of conflict
• Appear to be happy and have it all together so no one is "burdened" by your negative emotions or behaviors
• Emotions are expressed via the body and food behaviors rather than being verbalized
Maladaptive result
• Eating disorder begins as a solution to another problem that may not initially be clear to the clinician. That "solution", however, is the symptom set targeted in treatment
• Being overly agreeable leads to placing the needs of others over ones' own
• Incongruent presentation prevents others from seeing the truth about your needs
• Being "sick" as a form of attention and care-seeking
• Incongruence and avoidance

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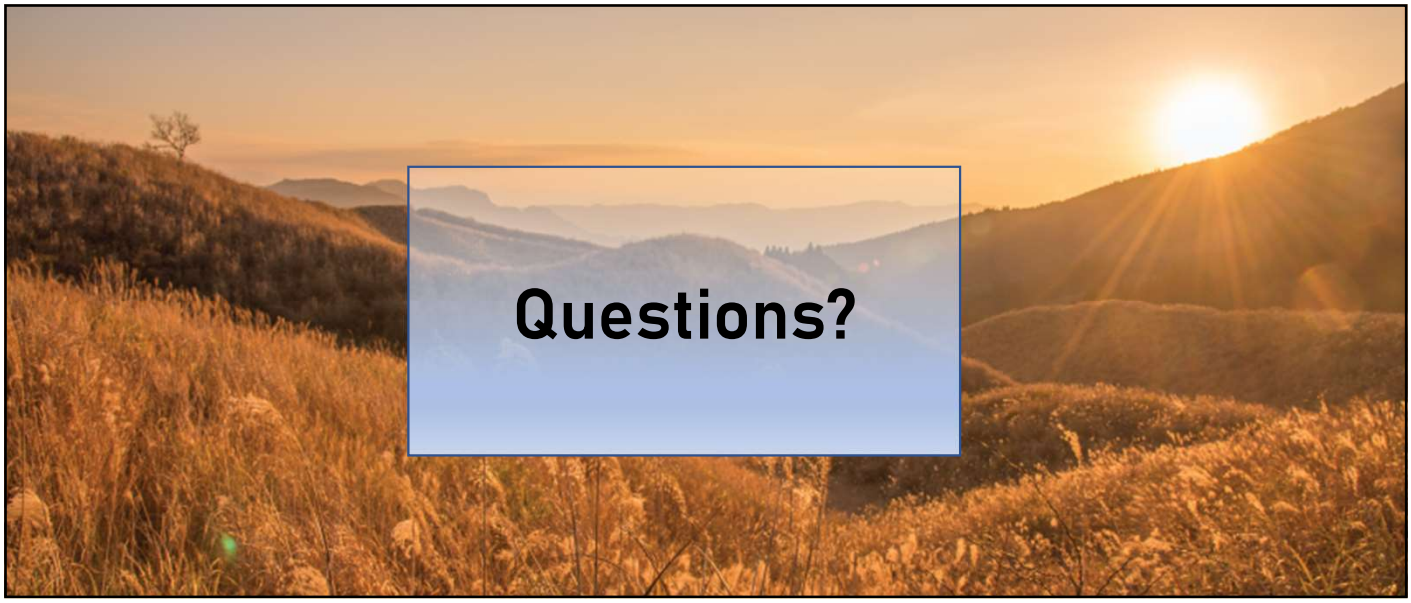
Questions?

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