

# EXPLAINED:

SUPPLEMENTS AND NUTRITION INTERVENTIONS  
FOR EATING DISORDER CLIENTS

*Dr. Heather Finley*













# SUPPLEMENTS

*are they necessary?*



# THE LESSON

Supplements can be utilized in combination with other interventions to improve outcomes



# ABOUT ME

*Dr. Heather Finley*

## REGISTERED DIETITIAN

Experience in clinical settings, outpatient treatment and now virtual private practice

## GUT HEALTH SPECIALIST

Focused my doctorate training on gut-related research and have my own personal experience with 20+ years of digestive issues





# PLAN FOR TODAY

1

**COMMON GI  
COMPLAINTS**



# PLAN FOR TODAY

1

**COMMON GI  
COMPLAINTS**

2

**WHEN  
SUPPLEMENTS  
CAN BE  
HELPFUL**



# PLAN FOR TODAY

1

**COMMON GI  
COMPLAINTS**

2

**WHEN  
SUPPLEMENTS  
CAN BE  
HELPFUL**

3

**HOW TO USE  
SUPPLEMENTS**





# MEET MARY

BLOATED

CONSTIPATED


FRUSTRATED



A collage of various carbohydrate-rich foods including bread, cereal, pasta, and rice. The background is a soft-focus mix of these items: a slice of whole-grain bread in the upper left, a pile of yellow cornflakes in the upper right, a pile of white rice in the lower left, and a pile of yellow fusilli pasta in the lower right. The text is centered over this background.

**"I FEEL TERRIBLE  
WHEN I EAT  
CARBS"**





**"I ONLY EAT 5  
FOODS BECAUSE  
OTHERWISE I  
BLOAT"**





**"I CANNOT EAT  
MEAT/HIGH PROTEIN  
BECAUSE IT SITS IN MY  
STOMACH LIKE A BRICK"**

# TERMS

**Dysbiosis:** An imbalance between the types of organism present in a person's natural microflora, especially that of the gut, thought to contribute to a range of conditions of ill health

**Probiotic:** Probiotics are live microorganisms promoted with claims that they provide health benefits when consumed, generally by improving or restoring the gut flora

**Prebiotic:** Prebiotics are compounds in food that induce the growth or activity of beneficial microorganisms such as bacteria and fungi.



# POSSIBLE REASONS FOR NOT TOLERATING CARBS

DYSBIOSIS

LOW AMOUNTS OF  
"GOOD" BACTERIA

SHORT BOWEL SYNDROME

PANCREATIC  
INSUFFICIENCY

CELIAC DISEASE

FOOD INTOLERANCES

# POSSIBLE REASONS FOR BLOATING AFTER EATING

CONSTIPATION

BLOATING

LOW STOMACH ACID

POOR MEAL HYGIENE

LACK OF DIGESTIVE  
ENZYMES

SLOW GUT MOTILITY

FOOD INTOLERANCES



# POSSIBLE REASONS FOR FOOD SITTING LIKE A BRICK

CONSTIPATION

LOW STOMACH ACID

LACK OF DIGESTIVE  
ENZYMES

POOR MEAL HYGIENE

POOR BILE FLOW

DAMAGED VAGUS NERVE

SLOW GASTRIC EMPTYING

**AND STRESS, UNDEREATING,  
BINGING, PURGING ETC.  
IMPACT ALL OF THESE**



**WHAT IT  
FEELS LIKE  
TRYING TO  
IMPROVE  
INTAKE**





# RESEARCH

Review > Clin J Gastroenterol. 2015 Oct;8(5):255-63. doi: 10.1007/s12328-015-0611-x.

Epub 2015 Oct 26.

## Gastrointestinal symptoms and disorders in patients with eating disorders

Yasuhiro Sato<sup>1</sup>, Shin Fukudo<sup>2,3</sup>

Affiliations + expand

PMID: 26499370. doi: 10.1007/s12328-015-0611-x.

### Abstract

The two most clinically serious eating disorders are bulimia nervosa and anorexia nervosa. A drive for thinness and fear of fatness lead patients with anorexia nervosa to restrict their food intake or, when purging, self-induced vomiting and/or laxative abuse to reduce their body weight to much less than the normal range. A drive for thinness leads patients with bulimia nervosa to binge-eat then purge but fail to reduce their body weight. Patients with eating disorders present with various gastrointestinal disturbances such as postprandial fullness, abdominal distention, abdominal pain, gastric distension, and early satiety, with altered esophageal motility sometimes seen in patients with anorexia nervosa. Other common conditions noted in patients with eating disorders are postprandial distress syndrome, superior mesenteric artery syndrome, irritable bowel syndrome, and functional constipation. Binge eating may cause acute gastric dilatation and gastric perforation, while self-induced vomiting can lead to dental caries, salivary gland enlargement, gastroesophageal reflux disease, and electrolyte imbalance. Laxative abuse can cause dehydration and electrolyte imbalance. Vomiting and/or laxative abuse can cause

Review > [Nutrients](#). 2021 Feb 3;13(2):500. doi: 10.3390/nu13020500.

## The Role of the Gut Microbiome, Immunity, and Neuroinflammation in the Pathophysiology of Eating Disorders

# RESEARCH

Affiliations expand

PMID: 33546416 PMCID: PMC7913528 DOI: 10.3390/nu13020500

Free PMC article

### Abstract

There is a growing recognition that both the gut microbiome and the immune system are involved in a number of psychiatric illnesses, including eating disorders. This should come as no surprise, given the important roles of diet composition, eating patterns, and daily caloric intake in modulating both biological systems. Here, we review the evidence that alterations in the gut microbiome and immune system may serve not only to maintain and exacerbate dysregulated eating behavior, characterized by caloric restriction in anorexia nervosa and binge eating in bulimia nervosa and binge eating disorder, but may also serve as biomarkers of increased risk for developing an eating



> Clin Gastroenterol Hepatol. 2020 Oct;18(11):2471-2478. doi: 10.1016/j.cgh.2019.12.030.  
Epub 2020 Jan 7.

## Frequency of Eating Disorder Pathology Among Patients With Chronic Constipation and Contribution of Gastrointestinal-Specific Anxiety

Heather B. Murray<sup>1</sup>, Ryan Flanagan<sup>2</sup>, Bryan Banashefski<sup>2</sup>, Casey J. Silvernale<sup>2</sup>,  
Brianna Kuo<sup>3</sup>, Kyle Staller<sup>4</sup>

Abstract

PMID: 31923640 DOI: 10.1016/j.cgh.2019.12.030

### Abstract

**Background & aims:** Individuals with eating disorders (EDs) frequently have constipation-related symptoms, although the mechanisms of this relationship are not clear. We examined the frequency of and relation between EDs and constipation in patients with chronic constipation referred for

[Journal List](#) > [PLoS One](#) > PMC5479564

PLOS ONE



[PLoS One](#). 2017; 12(6): e0179739.

PMCID: PMC5479564

Published online 2017 Jun 21. doi: [10.1371/journal.pone.0179739](https://doi.org/10.1371/journal.pone.0179739)

PMID: [28636668](https://pubmed.ncbi.nlm.nih.gov/28636668/)

# RESEARCH

**Microbiota in anorexia nervosa: The tripling between bacterial species, metabolites and psychological tests**

[Francesca Borgo](#), Conceptualization, Data curation, Formal analysis, Investigation, Visualization, Writing – original draft,<sup>1</sup> [Alessandra Riva](#), Data curation, Formal analysis, Visualization, Writing – original draft,<sup>1</sup> [Alberto Benetti](#), Investigation, Resources,<sup>2</sup> [Maria Cristina Casiraghi](#), Investigation, Resources,<sup>3</sup> [Sara Bertelli](#), Investigation, Resources,<sup>2</sup> [Stefania Garbossa](#), Investigation,<sup>1,2</sup> [Simona Anselmetti](#), Investigation, Resources,<sup>2</sup> [Silvio Scarone](#), Resources, Supervision,<sup>1,2</sup> [Antonio E. Pontiroli](#), Conceptualization, Funding acquisition, Project administration, Resources, Supervision, Validation, Writing – review & editing,<sup>1,2</sup> [Giulia Morace](#), Conceptualization, Validation, Writing – review & editing,<sup>1</sup> and [Elisa Borghi](#), Conceptualization, Funding acquisition, Project

4 \*



# The Role and the Effect of Magnesium in Mental Disorders: A Systematic Review

Affiliations 

DOI: 10.1002/ps.1206

Free PMC article

Botturi A, Ciappolino V, Delvecchio G, Boscutti A, Viscardi B, Brambilla P. The Role and the Effect of Magnesium in Mental Disorders: A Systematic Review. *Nutrients*. 2020 Jun 3;12(6):1661. doi: 10.3390/nu12061661. PMID: 32503201; PMCID: PMC7352515.



# PRIMARY GOALS

ADEQUATE CALORIE INTAKE

BLOOD SUGAR BALANCE

ADEQUATE HYDRATION

DIVERSITY



**TODAY WE WILL COVER SOME  
BASIC SUPPLEMENTS THAT  
ARE SAFE TO USE AND CAN BE  
USED FOR A VARIETY OF  
CONDITIONS**

# THE FOUNDATION IS MINERALS





# MINERALS HELP THE CELLS

GO FROM  
THIS:



TO  
THIS:



and healthy, hydrated cells improve gut function,  
energy and gut motility!

# FOUNDATION MINERALS

SODIUM

POTASSIUM

MAGNESIUM

MINERALS ARE THE SPARK PLUGS OF THE BODY





**MAGNESIUM**



First step:  
Decide which  
form you need

# MAGNESIUM FORMS

MALATE: ENERGY, MUSCLE SORENESS

THREONATE: MEMORY AND BRAIN HEALTH

GLYCINATE: BIOAVAILABILITY AND SLEEP

CITRATE: RELAXATION AND BOWEL MOVEMENTS

CARBONATE: ANTACID



# MAGNESIUM FORMS

- ANTI-STRESS MINERAL
- IMPROVES INSULIN SENSITIVITY
- HPA AXIS SUPPORT
- ENERGY PRODUCTION (MG-ATP)
- INVOLVED IN HUNDREDS OF PROCESSES IN THE BODY

# MAGNESIUM DOSING

- START WITH 200MG
  - INCREASE BY 100 MG EVERY 3-4 DAYS
- UPPER LIMIT IS ANYWHERE BETWEEN 350-800 MG DEPENDING ON WHERE YOU LOOK
- IF YOU REACH HIGHER LEVELS OF MAGNESIUM YOU NEED TO LOOK AT SODIUM

POTASSIUM



# POTASSIUM

NERVE IMPULSES

THYROID METABOLISM

HYDRATION

HORMONES AND BLOOD SUGAR

BLOOD PRESSURE

# POTASSIUM SOURCES

## LIQUIDS:

- ORANGE JUICE
- ALOE VERA
- COCONUT WATER

## FOOD:

- POTATOES
- CITRUS
- SQUASH
- BEETS
- MANGO

# POTASSIUM SOURCES

## SUPPLEMENTAL

- LOOK FOR WHOLE FOOD FORM VERSUS SYNTHETIC





SODIUM

# SODIUM

TOO LITTLE CORRELATED WITH HIGHER CORTISOL

BLOOD PRESSURE

HYDRATION

STRESS RESPONSE

NERVE IMPULSES

DIGESTION AND STOMACH ACID

# EXAMPLES OF FOODS:



## SODIUM

Celtic salt  
Redmond real salt  
Fermented foods  
Seafood  
Cottage Cheese  
Celery



## MAGNESIUM

Pumpkin seeds  
Chia seeds  
Oatmeal  
Kidney beans  
Brown rice  
Cocoa



## POTASSIUM

Avocados  
Bananas  
Coconut water  
Brussels sprouts  
Squash  
Pumpkin seeds

**HERBALS**



GINGER

# GINGER

- GASTRIC MOTILITY
- EFFICIENT DIGESTION
- NAUSEA RELIEF
- REDUCES GAS
- BENEFITS LIPASE (PANCREAS) AND AIDS DIGESTION
- IMPROVES CONSTIPATION

# DOSING

- 1100 MG AT NIGHT (TYPICALLY 2 CAPSULES)
- AVOID WITH REFLUX
- AVOID RIGHT BEFORE BED

**BITTERS**



# BITTER HERBS

- BITTER TASTE STARTS DIGESTIVE PROCESS
- SIGNALS MORE SALIVA PRODUCTION
- IMPROVE STOMACH ACID PRODUCTION
- INCREASE BOWEL ACTIVITY
- IMPROVE ACID REFLUX SYMPTOMS
- IMPROVE STOMACH PAIN, GAS, CRAMPING

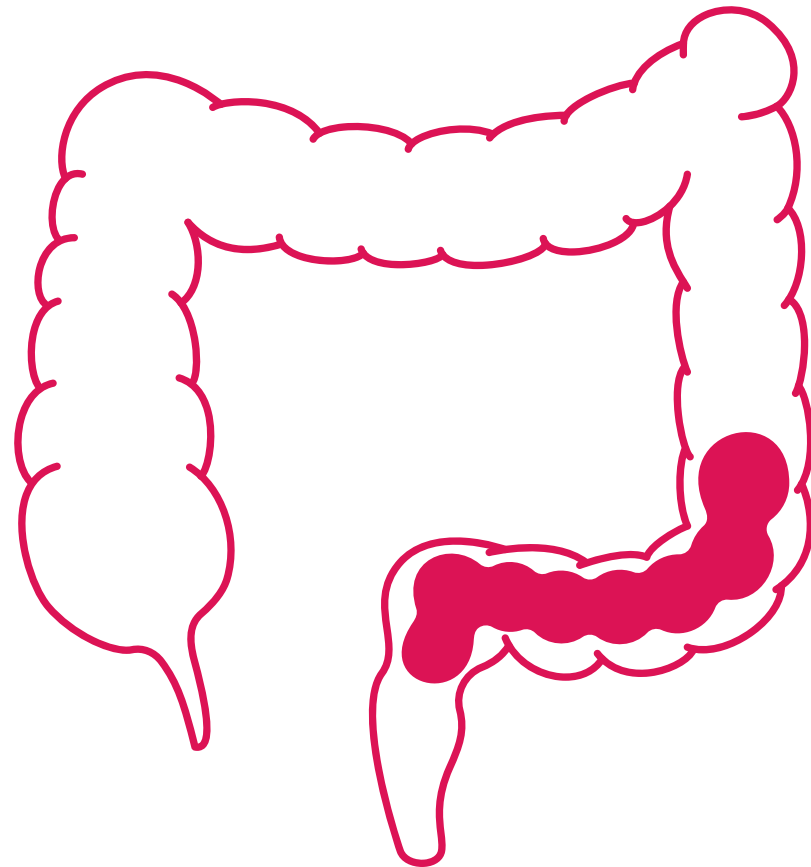
# DOSING

- 1 FULL DROPPERFUL BEFORE MEALS
- TAKEN UP TO 6 TIMES PER DAY



# COMPLAINT

CONSTIPATION



**MAGNESIUM**

**POTASSIUM & SODIUM**

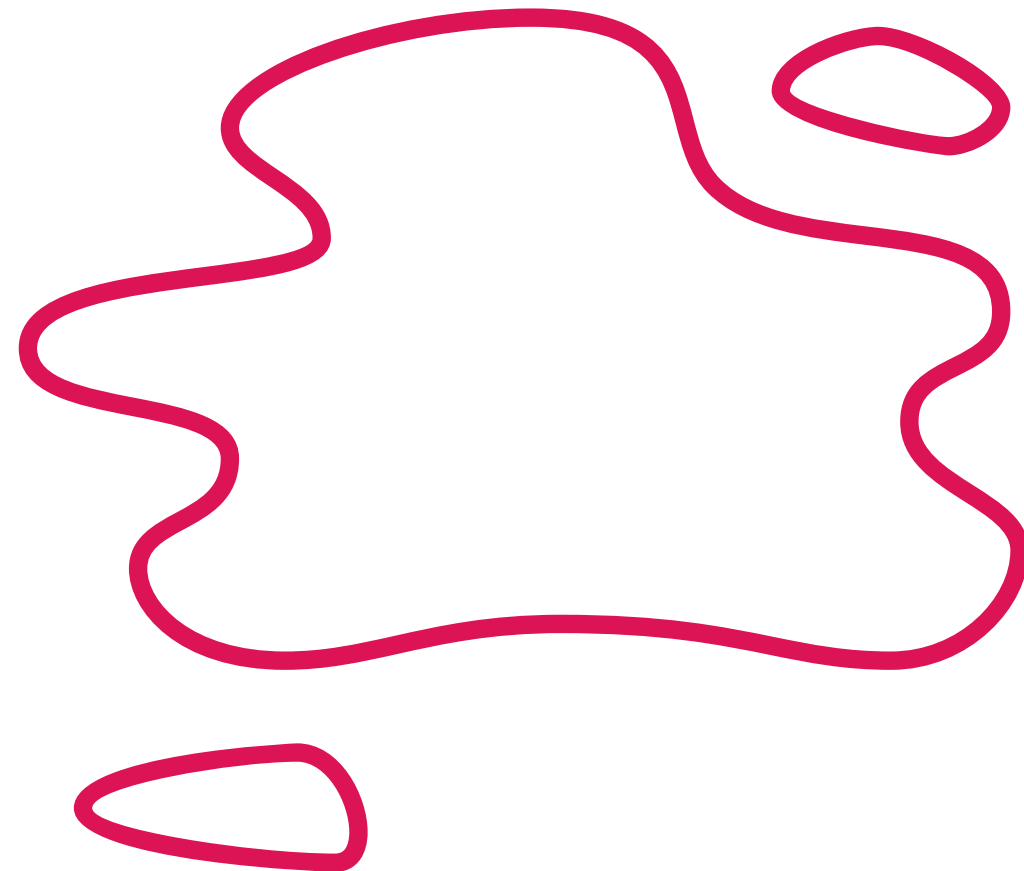
**GINGER**

**DIGESTIVE BITTERS**



# COMPLAINT

DIARRRHEA



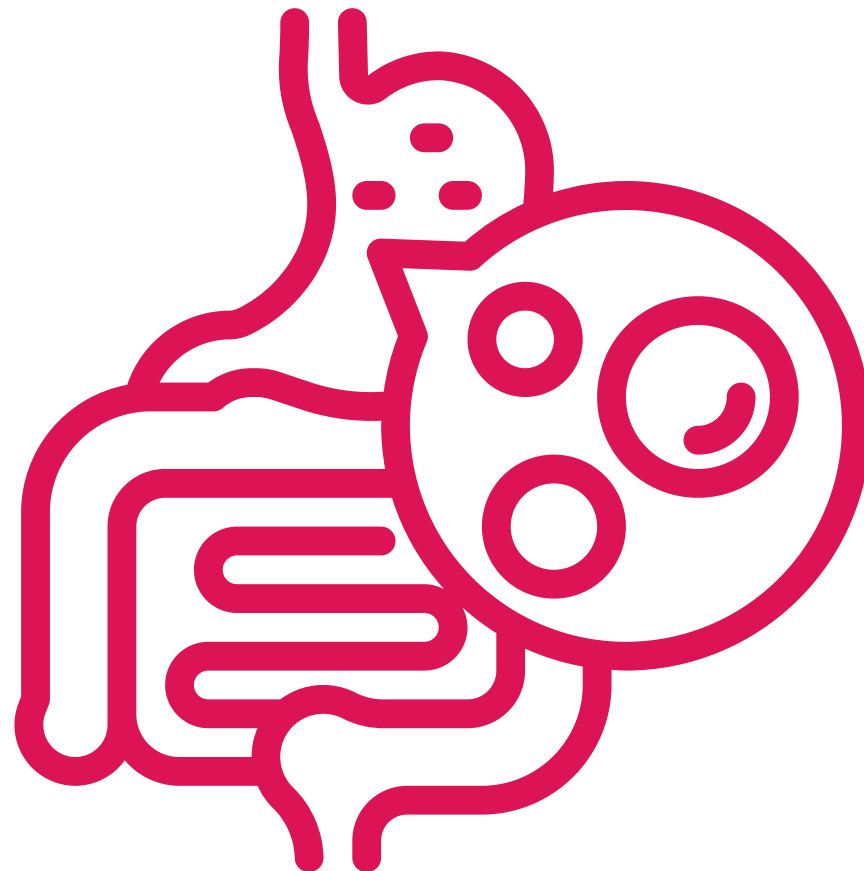
**SODIUM (MAYBE POTASSIUM)**

**DIGESTIVE BITTERS**

**MAGNESIUM**

# COMPLAINT

BLOAT



**RESOLVE CONSTIPATION**

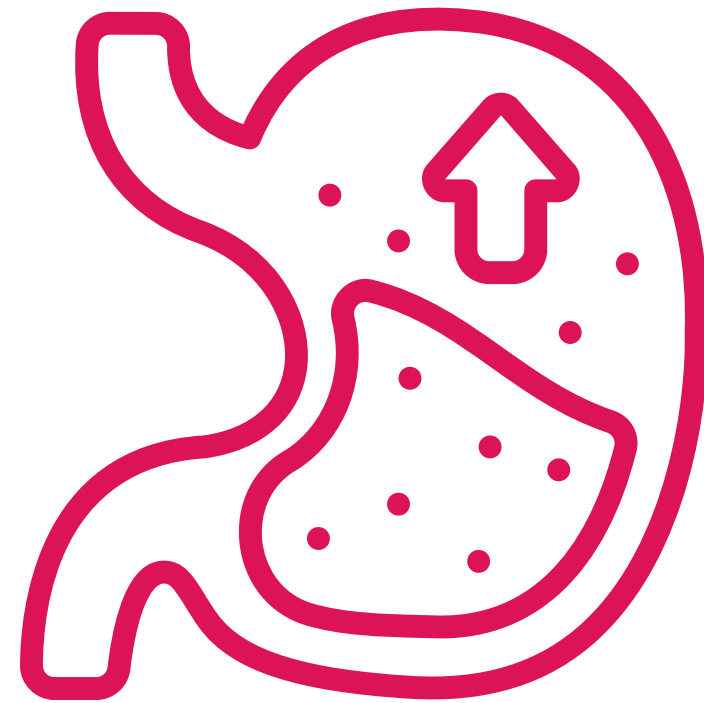
**DIGESTIVE BITTERS**

**SODIUM/POTASSIUM**



# COMPLAINT

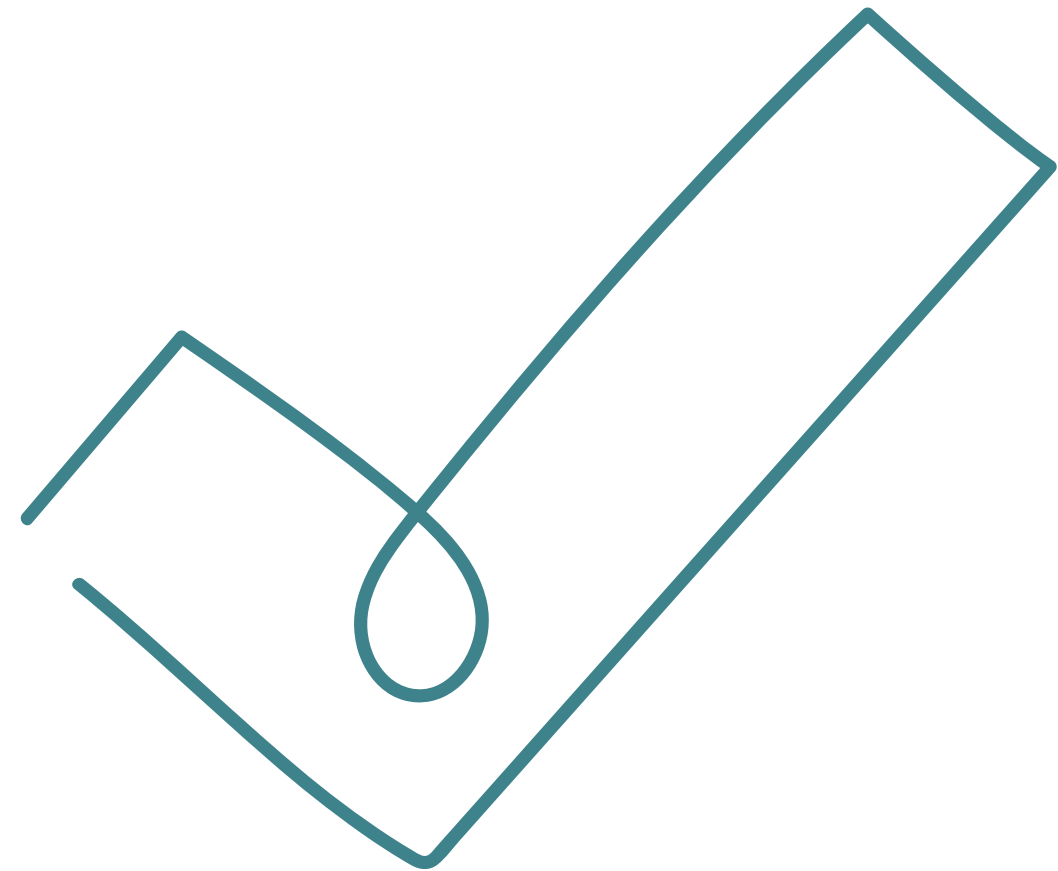
ACID REFLUX



**MAGNESIUM**

**DIGESTIVE BITTERS**

**SODIUM/POTASSIUM**



**COMPLIANCE...**

**BUT NOT  
RELIANCE**

**SIMPLE INTERVENTIONS  
WITH SUPPLEMENTS  
COULD IMPROVE  
COMPLAINTS WITH  
RECOMMENDATIONS**

# DO YOU WANT THE CHECKLIST?



Visit:  
[drheatherfinley.co/digestivechecklist](https://drheatherfinley.co/digestivechecklist)



# HOW WE CAN CONNECT



## **ON INSTAGRAM**

@drheatherfinley

## **ON LINKED IN**

Dr. Heather Finley  
Dietitian Heather, LLC

## **MY PODCAST**

Love your Gut with Dr.  
Heather Finley



**QUESTIONS?**

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