Nutrition Counseling in Eating Disorders

ECHO Didactic
June 20, 2019

Amelia Davidson MS, RDN, CSP, CD
Outpatient Pediatric Dietitian
Primary Children’s Hospital
Objectives:

Role of dietitian in multidisciplinary team
Nutrition Assessment
Meal planning strategies
Estimating initial energy needs
Identification of goal weight
Nutrition counseling techniques
Resources for dietitians
Role of Dietitian in Eating Disorder Treatment

**Nutrition Rehabilitation**

• Weight restoration, if necessary
  - Correct biological and psychological effects of malnutrition
• ‘Normalize’ eating patterns
• Improve perceptions of physical cues around eating (hunger/fulness) along with recognizing influences of dietary behaviors
• Behavior interruption
  - Restricting
  - Binging
  - Purging
  - Excessive exercise

Guide individual to meeting dietary needs with flexibility around eating

Recognize myths/misconceptions/behaviors around food and food beliefs

Educate individual and/or family around eating disorders and/or nutrition

Help individual foster their relationship with food how they deem appropriate
How do I know if it's disordered eating?

Eating disorder
- Restricting
- Purging
- Binging

Weight management/Weight loss

Improve athletic performance

“Picky eater”

Gastrointestinal issues
- Abdominal pain
- Chronic bloating
- Food intolerances

Vegetarian/Vegan/Clean eating/Cleanse
Screening Tools

SCOFF questionnaire
Eating Attitude Test- 26
EDGE Symptom Survey
Binge Eating Disorder Screening (BEDS-7)
**Probing Questions**

How would you identify your relationship with food?
What are your goals with our work together?
How much time do you spend focusing on food/weight/body?
How does food/weight/body influence your interactions with others?
How would your eating patterns change if you were not worried about its influence on your body?
How does your dietary intake influences by your body image? How does your body image influence your dietary intake?
What beliefs do you have regarding your dietary intake?
How do you feel your beliefs around food keep you from living the life you want to live?
Nutrition Assessment

Dietary history
Anthropometric history
Biochemical levels
Other history
Dietary History

Energy intake
Dietary patterns
Food variety
Dietary changes- compared to historical norms
Food intolerances/allergies
Fluids, including alcohol
Caffeine intake (beverages and pills)
Dietary supplements
Diet history- dietary changes to manipulate body
Anthropometric History

Current anthropometrics
• Weight, height, body mass index
• Percentiles (pediatrics)

Recent weight changes
• Weight gain/loss

Historical weight history
• Growth charts
• Self reported highest and lowest weight (confirm as able)

Body composition changes, as available
• DEXA, Bod Pod, bioelectrical impedance, tricep skin fold
## Biochemical Data

### Common Laboratory Abnormalities

<table>
<thead>
<tr>
<th>Laboratory</th>
<th>Elevated Levels</th>
<th>Depleted Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potassium</td>
<td>Dehydration, excessive supplementation, intake of food high in potassium</td>
<td>Refeeding, malnutrition, vomiting, dehydration</td>
</tr>
<tr>
<td>Magnesium</td>
<td>Dehydration, use of magnesium containing laxatives</td>
<td>Malnutrition, diuretic use, non-magnesium containing laxative abuse</td>
</tr>
<tr>
<td>Phosphorus</td>
<td>Low calcium levels, use of phosphate containing laxatives</td>
<td>Refeeding syndrome, malnutrition, diuretic use, chronic antacid use</td>
</tr>
<tr>
<td>Serum bicarbonate</td>
<td>Dehydration, catabolism of somatic protein, excessive protein intake, impaired kidney function; vomiting, metabolic alkalosis</td>
<td>Starvation, overhydration, metabolic acidosis</td>
</tr>
<tr>
<td>Sodium</td>
<td>Dehydration</td>
<td>Over hydration</td>
</tr>
<tr>
<td>Chloride</td>
<td>--</td>
<td>Vomiting, diuretic use</td>
</tr>
<tr>
<td>Glucose</td>
<td>Use of diuretics</td>
<td>Starvation</td>
</tr>
<tr>
<td>Alanine aminotransferase (ALT)</td>
<td>Liver damage due to malnutrition</td>
<td>--</td>
</tr>
<tr>
<td>Alkaline phosphatase</td>
<td>Liver damage due to malnutrition</td>
<td>--</td>
</tr>
<tr>
<td>Albumin</td>
<td>Dehydration</td>
<td>Malnutrition</td>
</tr>
<tr>
<td>Total Protein</td>
<td>--</td>
<td>Malnutrition</td>
</tr>
<tr>
<td>Amylase</td>
<td>Chronic vomiting</td>
<td>--</td>
</tr>
<tr>
<td>Blood Urea Nitrogen</td>
<td>Dehydration</td>
<td>Starvation, over hydration</td>
</tr>
<tr>
<td>Creatinine</td>
<td>Dehydration, impaired kidney function</td>
<td>Muscle wasting</td>
</tr>
<tr>
<td>Ferritin</td>
<td>Excessive iron supplementation</td>
<td>Inadequate dietary intake of iron</td>
</tr>
<tr>
<td>Hematocrit</td>
<td>Dehydration</td>
<td>Malnutrition, iron deficiency</td>
</tr>
<tr>
<td>Hemoglobin</td>
<td>Dehydration</td>
<td>Malnutrition, iron deficiency</td>
</tr>
<tr>
<td>Homocystein</td>
<td>Folate and/or vitamin B12 deficiency</td>
<td>--</td>
</tr>
<tr>
<td>Iron</td>
<td>--</td>
<td>Malnutrition, iron deficiency anemia</td>
</tr>
<tr>
<td>25 Hydroxy Vitamin D</td>
<td>Excessive supplementation</td>
<td>Inadequate vitamin D intake, malabsorption, inadequate vitamin D intake</td>
</tr>
<tr>
<td>Zinc</td>
<td>--</td>
<td>Malnutrition, inadequate zinc intake</td>
</tr>
</tbody>
</table>
Additional History

Medical
Medication
Social
Psychiatric
Surgical
Other treatment
Meal Planning Strategies

Estimating energy needs

• Pediatric (up to age 18 years):
  o World Health Organization
    ▪ Female (11-18 years): $[(12.2 \times \text{weight kg}) + 746] \times \text{activity factor}$
    ▪ Male (11-18 years): $[(17.5 \times \text{weight kg}) + 651] \times \text{activity factor}$

Activity factors

• 1.1-1.3 for weight maintenance or limited physical activity
• 1.5-1.7 moderate weight gain or higher physical activity
• 2.0-2.3+ significant weight gain or intense physical activity
Meal Planning Strategies

Estimating energy needs

• Adult
  o Harris Benedict Equation
    ▪ Female: \( [655.1 + (9.6 \times \text{ABW kg}) + (1.8 \times \text{ht cm}) - (4.7 \times \text{age yr})] \times \text{activity factor} \)
    ▪ Male: \( [66.5 + (13.8 \times \text{ABW kg}) + (5 \times \text{ht cm}) - (6.8 \times \text{age yr})] \times \text{activity factor} \)
  o Kcal per kg
    ▪ 25-30 kcal/kg - weight maintenance
    ▪ 30-35 kcal/kg - weight gain
  o Mifflin-St. Jeor Equation
    ▪ Female: \( (10W + 6.25H - 5A - 161) \times \text{activity factor} \)
    ▪ Male: \( (10W + 6.25H - 5A + 5) \times \text{activity factor} \)
Meal Planning Strategies

Calorie Counting
Exchange System/Food Group
Plate Method
Fist Method
Meal Selection
Intuitive Eating
Meal Planning Strategies

**Pediatric:**
- Growth chart
- Moving target- adjust to account for growth patterns

**Adult**
- Body mass index
  - BMI 18.5-24.9 kg/m² considered “healthy weight”
- Ideal Body Weight (HAMWI equation)
  - Female: 100 lbs for first 5 feet + 5 lbs for each additional inch
  - Male: 100 lbs for first 5 feet + 5 lbs for each additional inch
  - +/- 10% based on frame size
- Historical weight data
Counseling Techniques

Motivational Interviewing
• Readiness for change

Cognitive Behavioral Therapy
Acceptance and Commitment Therapy
Mindfulness
Dialectical Behavioral Therapy (DBT)
Resources for Dietitians

*Nutrition Counseling in the Treatment of Eating Disorders* - Marcia Herrin

*Real World Recovery: Intuitive Food Program Curriculum for the Treatment of Eating Disorders* - Rebekah Hennes

*Winning the War Within* - Eileen Stellefson Meyers

*Academy of Nutrition and Dietetics Pocket Guide to Eating Disorders* - Jessica Setnick

*Intuitive Eating* - Evelyn Tribole, Elyse Resch

*Sick Enough* - Jennifer Gaudiani
NEXT SESSION:
July 18, 2019, 12:00 – 1:30 p.m.

Outpatient Psychotherapy for Patients with Eating Disorders

Steve Varechok, LCSW, CSCS
Clinical Social Worker
Continuing Education

Intermountain Project ECHO is accredited to offer continuing education credits to many qualifying clinicians. To be eligible to receive credit for a Project ECHO session, participants must attend the full session, complete an electronic roll-call, and complete a post-session survey.

Accreditation: Intermountain Healthcare is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

AMA Credit: Intermountain Healthcare designates this regularly scheduled series for a maximum of 1.5 AMA PRA Category 1 Credit(s)™ Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Faculty Disclosure: Intermountain Healthcare adheres to ACCME Standards regarding industry support of continuing medical education and disclosure of faculty and commercial sponsor relationships (if any) will be made known at the activity.

ADA: Intermountain Healthcare fully complies with the legal requirements of the ADA and the rules and regulations thereof. If any participant of this program needs accommodations, please do not hesitate to contact the IPCE office at 801-442-3930 or ipce@imail.org in order to receive service.
Continuing Education

To be eligible for continuing education credit, enter your **full name**, **email address**, and **institution**, in the CHAT box **and complete the survey** found at the link in the chat box, or by scanning this QR Code: