



# Nutrition Counseling in Eating Disorders

ECHO Didactic  
June 20, 2019

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

# Additional History

Medical

Medication

Social

Psychiatric

Surgical

Other treatment

# Meal Planning Strategies

## Estimating energy needs

- Pediatric (up to age 18 years):
  - 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

- 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:  $[66.5 + (13.8 \times \text{ABW kg}) + (5 \times \text{ht cm}) - (6.8 \times \text{age yr})] \times \text{activity factor}$
- Kcal per kg
  - 25-30 kcal/kg- weight maintenance
  - 30-35 kcal/kg- weight gain
- 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/m<sup>2</sup> 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

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