



Eating Disorders: A Crisis Worker's Perspective

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Disclosures

The speaker has no relevant financial conflicts of interest to disclose.



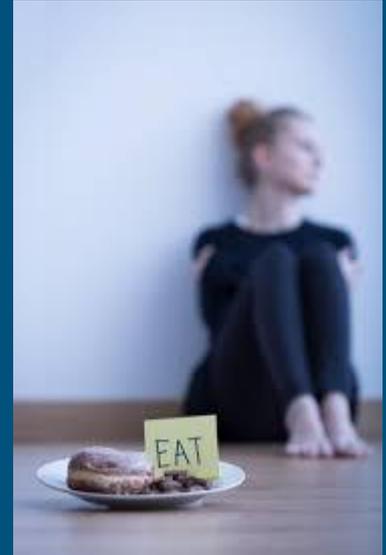
Objectives:

1. Recognize eating disorders as well as patterns of disordered eating in patients
2. Identify psychological factors that contribute to eating disorders and understand why recovery is so complex
3. Consider integrating specific tips when working with patients with eating disorders
4. Identify ways to promote positive body image and a healthy relationship with food

Eating Disorders: A Destructive Relationship With Food

Types of Eating Disorders:

- Anorexia Nervosa
(Restricting Type or Binge/Purge Type)
- Bulimia Nervosa
- Binge Eating Disorder
- Eating Disorder NOS (Unspecified ED)
- Avoidant/Restrictive Food Intake Disorder



Disordered Eating: Not official diagnoses

- “Orthorexia” (aka. Extreme “clean eating”) -- often a predecessor to a full blown ED
- “Diabulimia” - using insulin or the lack thereof to affect weight
- Chronic Dieting ---- the “diet dance”
- Obsessive exercise to “make up” for eating
- Chronic comparison to others and connecting personal worth with food choices (never “good enough”)
- Cultural pressure (societal “Ed”)

- <https://www.youtube.com/watch?v=9zKfF40jeCA>



Statistics from NEDA (National Eating Disorders Association):

Eating disorders affect approximately 30 million people in the US.

- Anorexia -- 0.9% of women and 0.3% men (in lifetime)
- Bulimia -- 1.5% of women and 0.5% of men (in lifetime)
- Binge Eating Disorder -- 3.5% of women and 2.0% of men (in lifetime)
- ED NOS - 13.2% females by age 20

It starts young! By age 6, girls especially start to express concerns about their own weight or shape. 40-60% of elementary school girls ages 6-12 are concerned about their weight and becoming too fat. This concern endures through life.

Additional stats:

- 97% of people with eating disorders have a co-occurring disorder, mostly major depression, anxiety disorders, PTSD, substance abuse, or OCD
- 36.8% also practice self-harm

Highest mortality rate of any mental illness (5-10% within 10 years, 18-20% after 20 years)

Health Consequences: Nutrition affects everything!

Digestive problems (gastroparesis, GERD, constipation, diarrhea, laxative dependence, sore throat, mouth ulcers, gastric rupture, esophageal rupture, pancreatitis, swollen parotid salivary glands, decreased serotonin, etc)

Cardiovascular problems (heart muscle is weakened, bradycardia, arrhythmias, hypotension, orthostatic blood pressure, circulation issues, frequent syncopal episodes, cardiac arrest, etc)

Dental erosion, mouth ulcers

Electrolyte imbalances, anemia, hypoglycemia

Increased seizure risks, muscle cramps , kidney failure

Eye hemorrhage

Hypothermia

Hair loss, dry, chapped skin, pitting edema, lanugo (fuzzy hair on body)

Amenorrhea, osteopenia or osteoporosis, decreased thyroid levels

Hypotension

Causes and Characteristics:

Bio - Psycho - Social : “Genetics loads the gun, environment pulls the trigger”

Does tend to run in familiesdaughters tend to model after their mothers in regards to how they view their bodies

Affects mostly females, but numbers are increasing significantly in males...especially with athletes or body builders . Unclear if it is increasing or just talked about more

People with eating disorders tend to:

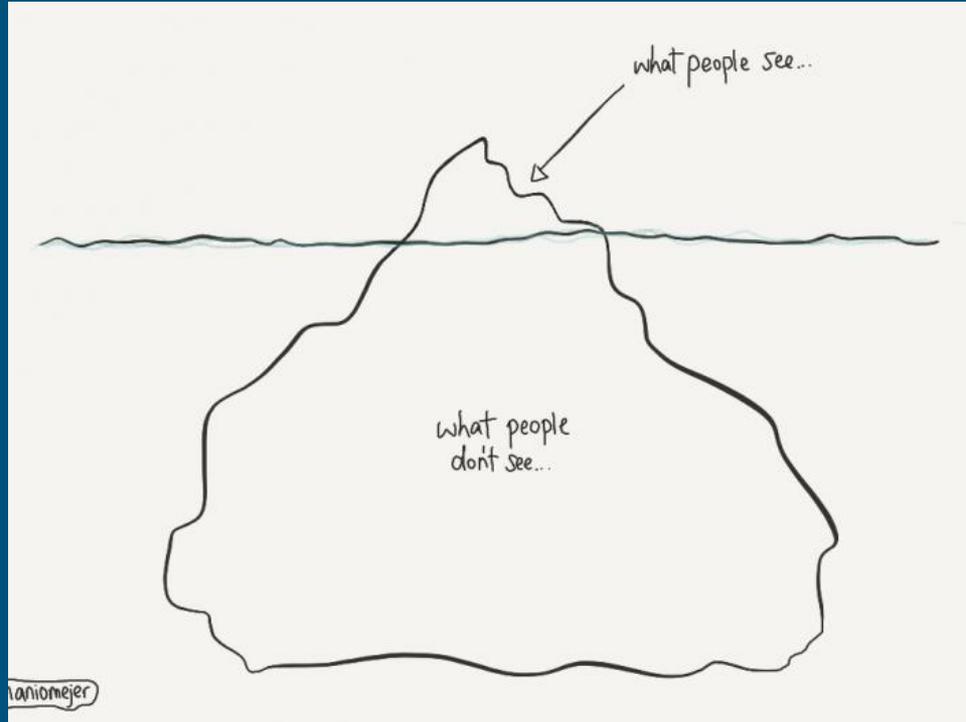
- Be perfectionistic
- Be “people pleasers”
- Have strong “harm avoidant” traits
- Have extremely low self-esteem



Treatment: It's not about the food...and it is about the food

ED savvy
Registered
Dietician

Psychotherapy



Monitors
weight and
meal plans

Treats
underlying
issues

Why do people stay sick in spite of all the risks?

The ED is not “all bad”....there are benefits to being sick (floating log metaphor)

- Identity -- who am I if I don't have my ED? It is the only thing I am good at.
- Role it plays in family system (connection with parents, keeps parents talking, brings power to the sick person, etc)
- Protects me from being hurt (unattractive to others either by being too big or too small, “I will hurt me before you can hurt me,” I have “control” of my life” when everything else feels out of my control - you hold the keys to your prison cell)
- Dealing with shame -- teeter totter diagram

Why do people stay sick in spite of all the risks?

- Positive feedback loops -- praise for losing weight and “controlling” the self, social acceptance, feeling attractive - attention by the opposite sex
- It is “easier” to be sick -- it is extremely hard to learn to eat normally, tiger in a cage metaphor, recovery is terrifying
- Numbing emotions -- one cannot selectively numb emotions
- Being small gives “worth” -- I might finally be “good enough” if I lose weight
- Avoidance -- avoiding being an adult and maintain child-like living, avoiding taking risks, can “hide” behind illness
- Feeling loved by others -- if I am “normal” people won’t care about me and will forget me, being sick requires others to pay attention and take care of me

Ways to help eating disorder patients in the ER:

- Recognize that the patient is not doing this “on purpose”.....eating disorders are not a choice
- Recognise that an undernourished brain doesn’t work well....patients are not always logical
- Patients are usually driven by fear and not feeling “good enough”
- Never downplay the symptoms -- don’t say that labs are “fine”...say that they are “stable at the moment but can change very quickly” -- emphasize the danger that the patient is putting herself in
- NEVER say “you don’t look like you have an eating disorder” -- remember that people with eating disorders come in many different sizes

Ways to help eating disorder patients in the ER:

- Do not tell them to eat or not eat ---it isn't helpful
- Highly suggest that they meet with a therapist AND registered dietitian that specialize in eating disorders
- Don't tell a patient her weight. Consider skipping getting their weight if it isn't truly needed. If it is needed, invite them to weight backwards if they want to.
- If the patient seems underweight, consider asking if she has done anything intentionally to alter their weight today....(ie. Putting heavy stuff in pockets, water loading, wearing heavy clothes, etc)
- Be sure that their weight is not printed on their discharge paperwork, or if it is, black it out with a sharpie

Ways to help eating disorder patients in the ER:

- Always assess for suicide risk. Eating disorders (particularly anorexia) are at very high risk for completing suicide, 1 in 5 anorexia deaths is by suicide
- Remember that eating disorders are a mental illness....not a “lifestyle choice.” Do not make comments such as “I wish I could be anorexic,” “I can binge, but I just hate throwing up,” “You look so thin,” etc
- Remember that people can be starving in a normal sized body

Ways to help in your daily life:

- Fight “weight shaming” : it is still an accepted form of “ism”
- Don’t diet....or if you do, don’t talk about it with other women or girls...keep it to yourself or between yourself and your dietitian or doctor
- Develop a critical eye for messages in media (magazines featuring self-acceptance articles but also full of diet ads)
- Don’t make comments about weight or size....your own or other peoples’
- Find other ways of complimenting people other than looks
- Focus on health and not on shape or size: What your body can do, not what it looks like -- “your body is not your masterpiece”

Ways to help in your daily life:

- Don't criticize yourself, practice self-kindness: "The best thing a father can do for his daughter is to love and cherish her mother. The best thing a mother can do for her daughter is to love and cherish herself."
- Encourage balanced eating at home -- food is neither good nor bad....is it not a moral decision
- Avoid the term "clean eating" -- it implies dirty eating and dirty implies shame and badness
- Always focus on "balance" ---all foods are fine in moderation
- Learn to trust hunger and fullness cues ...slow down and be mindful

Having positive body image

isn't believing your body
looks good;

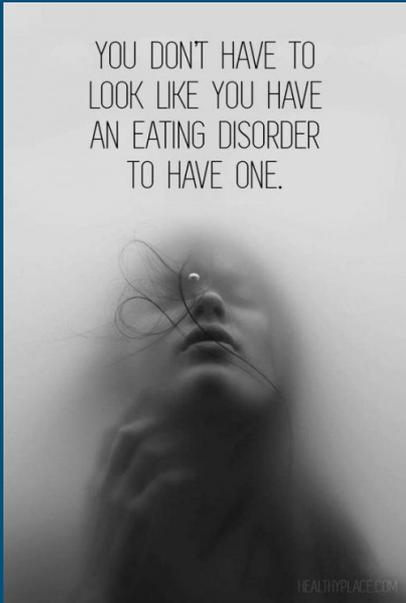
it is believing your body **is good**,
regardless of how it looks.

It isn't thinking you are **beautiful;**
it is knowing you are
more than beautiful.

It is understanding that your body
is **an instrument** for your use,
not an ornament to be admired.

-Lindsay Kite, PhD

You are **more than a body**. See more. Be more. | [@beauty_redefined](#)



What has zero calories and could help you shed your weight problem?

TALKING.

Eating Disorder Information and Support
1-866-NEDIC-20 or 416-340-4156
nedic.ca

nedic 3e National Eating Disorder Information Centre



Questions???