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# Eating Disorder Training for Community Providers

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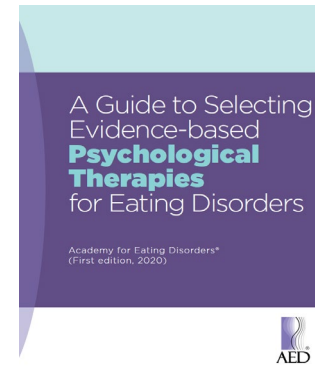
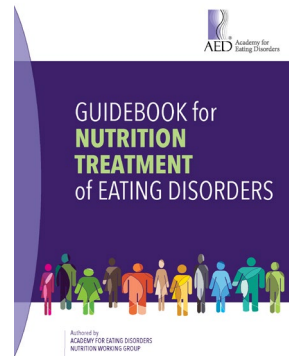
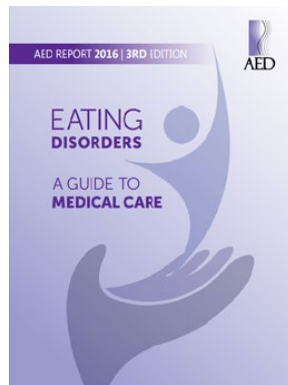
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The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font above the word "Health" in a larger, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, serif font. The entire logo is set against a light blue, curved background.

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# Resources Sent



- AED Guides for Medical Care, Nutrition Treatment and Psychological Therapies Guide
- How to Use These Resources

# Learning Objectives-Lecture 1

- Learn how new research informs how eating disorders are defined.
- Learn the Diagnostic Criteria for the various eating disorders.
- Learn how a multidisciplinary team functions.
- Learn the high risk groups for development of an eating disorder.
- Learn how to use two validated screening tools for eating disorders.

# What are Eating Disorders?

- They are being defined differently by new research.
- New research tells us eating disorders are a type of anxiety disorder.
- Eating disorders also have a biological basis. They are partly inherited (genetic basis) and partly due to some differences in metabolism.
- Eating disorders also are defined by the Diagnostic Criteria in the Diagnostic and Statistical Manual, version 5. (DSM-5)
- Eating disorders are also defined by various international eating disorders groups and organizations.

# The Evolution of Thought About Eating Disorders

- Moving from blame to education
- Involvement of family and social network
- Treating eating disorders like any other illness
- Research pointing to the biological “metabo-psychiatric” etiology of eating disorders
- Now considered a type of anxiety disorder, coupled with metabolic dysregulation.

# JUNE 2, 2016: WORLD EATING DISORDERS ACTION DAY

supports the

## “NINE TRUTHS ABOUT EATING DISORDERS”

**Truth #1:** Many people with eating disorders look healthy, yet may be extremely ill.

**Truth #2:** Families are not to blame, and can be the patients' and providers' best allies in treatment.

**Truth #3:** An eating disorder diagnosis is a health crisis that disrupts personal and family functioning.

**Truth #4:** Eating disorders are not choices, but serious biologically influenced illnesses.

**Truth #5:** Eating disorders affect people of all genders, ages, races, ethnicities, body shapes and weights, sexual orientations, and socioeconomic statuses.

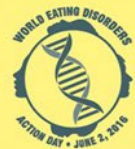
**Truth #6:** Eating disorders carry an increased risk for both suicide and medical complications.

**Truth #7:** Genes and environment play important roles in the development of eating disorders.

**Truth #8:** Genes alone do not predict who will develop eating disorders.

**Truth #9:** Full recovery from an eating disorder is possible. Early detection and intervention are important.

**#WeDoAct #WorldEatingDisordersDay**  
**[www.worldeatingdisordersday.org](http://www.worldeatingdisordersday.org)**



# Eating Disorders Research


## Anxiety Disorders

“We hypothesize that eating disorder clinical phenotypes may result from stress-induced maladaptive alterations in neural circuits that regulate feeding.”

What does this mean?

Hardaway et al. Genes, Brain and Behavior. 2014. Integrated Circuits and Molecular Components of Stress and Feeding: Implications for Eating Disorders. doi: [10.1111/gbb.12185](https://doi.org/10.1111/gbb.12185)

## Nine More **Truths** about **Anxiety** and Eating Disorders

- 1** Anxiety is a normal emotion characterized by occasional worry and uncertainty. However, in some people, anxiety is notably severe, persistent, and disruptive to daily life. This type of clinically-significant anxiety, or an anxiety disorder, commonly occurs in individuals with anorexia nervosa, bulimia nervosa, and avoidant/restrictive food intake disorder.
- 2** Anxiety in eating disorders isn't just about food, weight, and shape — it can be more general.
- 3** People with an eating disorder who also struggle with anxiety, tend to be particularly sensitive to making mistakes, taking risks, and coping with change, uncertainty, and novelty.
- 4** High anxiety tends to occur first in childhood before the onset of an eating disorder and can worsen once the eating disorder begins. 
- 5** People with eating disorders may experience extreme anxiety before, during, and after eating, which can cue eating disorder behaviors.
- 6** Eating disorder behaviors such as restriction, exercise, and purging may provide short-term relief from anxiety. In this way, these behaviors may seem effective to a person struggling with an eating disorder.
- 7** Anxiety in people experiencing an eating disorder doesn't occur because they are not trying hard enough or because treatment is not working, but rather as a function of powerful brain systems.
- 8** Higher levels of anxiety can make eating disorder treatment less effective.
- 9** Exposure therapy is an effective treatment for anxiety disorders, but harmful for many individuals across the weight spectrum. This risk must be considered during discussions and interventions relating to diet and weight.

*Produced in collaboration with Walter Kaye, MD, FAED and Stephanie Knatz-Peck, PhD at the University of California, San Diego Eating Disorder Treatment and Research Program.*



# Eating Disorders Research

## Metabo-Psychiatric Disorders

“Caloric restriction has been shown to reprogram stress and orexigenic pathways (Pankevich et al. 2010)

Similarly, palatable foods like those high in fat or containing sugar are known to induce alterations in behavior to maximize consumption.”

What does this mean?

Pankevich et al. J Neurosci. 2010 Dec 1; 30(48): 16399–16407. Caloric Restriction Experience Reprograms Stress and Orexigenic Pathways and Promotes Binge Eating

# Diagnostic Criteria

## Anorexia Nervosa

- Restriction of energy intake leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health
- Intense fear of gaining weight, even though underweight
- Body image disturbance, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight
- ICD-10-CM Code F50.0 F50.01 Restricting Type F50.02 Binge-Eating/Purging Type

# Diagnostic Criteria

## Bulimia Nervosa

- Recurring binge eating episodes characterized by the following:
- Eating large amounts of food within a 2-hour period and sense of lack of control
- Recurring inappropriate compensatory behavior (vomiting, laxatives, exercise, diet pills)
- Binge eating and compensatory behaviors occur, on average, at least once a week for three months
- Self-evaluation is unduly influenced by body shape and weight
- ICD-10-CM Code F50.2

# Diagnostic Criteria

## Avoidant Restrictive Food Intake Disorder (ARFID)

- An eating or feeding disturbance so pervasive that the person is unable to meet appropriate nutritional needs, resulting in one (or more) of the following: significant weight loss, nutritional deficiency, dependency on nutritional supplements, or interference in social functioning
- This problem with eating is not explained by a lack of food being available
- This is different from both anorexia nervosa and bulimia nervosa in that the problems with eating are in no way related to what the person believes about his/her size, weight, and/or shape
- This disturbance is not caused by a medical condition or another mental disorder. ICD-10-CM Code F50.82

# Diagnostic Criteria

## Binge Eating Disorder

- Recurring episodes of eating large amounts of food, more than most people would eat in similar circumstances in a short period of time
- Eating rapidly, eating beyond fullness and secret eating marked with distress around binges
- Sense of lack of control over one's eating during the episode (for example, a feeling that one cannot stop eating or control what or how much one is eating)
- Binge episodes average at least once a week for three months
- ICD-10-CM Code F50.81

# Diagnostic Criteria

- **Other Specified Feeding and Eating Disorder (OSFED):** A condition where eating disorder behaviors are present but they do not meet full criteria for one of the above categories. Atypical anorexia nervosa has been placed in this category. ICD-10-CM Code F50.89
- **Unspecified Feeding or Eating Disorder (UFED):** ED behaviors are present, but there is not enough information to make a diagnosis. ICD-10-CM Code F50.9
- **Orthorexia-** is not an actual DSM-5 diagnosis but a condition that can be of concern. The person with orthorexia is limited to foods they perceive as meeting a certain set of rules, usually with the idea of being healthy, or eating “perfectly”. (Note: Both ‘orthorexia’ and ‘diabulimia’ are terms adopted by the lay press that are not recognized as official diagnoses.)

# Important Exceptions in DSM-5 Criteria

- Weight is not a factor in consideration of an eating disorder.  
(atypical anorexia)
- Look at the behaviors involved in eating.

# Screening for an Eating Disorder

- Screening is important because the earlier an eating disorder is diagnosed and effective treatment started, the better the outcome.
- There are high risk groups to consider for screening.
- Screening might point you toward those individuals with concerning signs and symptoms but who do not yet meet full criteria for an eating disorder. You may be able to intervene early.



# High Risk Groups

- **Adolescents**-The main period for the onset of eating disorders is between the ages of 12 and 25 years.
- **Women in major life transitions like pregnancy and menopause**
- **Women with Polycystic Ovary Syndrome or Diabetes**
- **Athletes** and people engaged in competitive activities and other activities such as dance where body shape and weight may be perceived as affecting performance
- **People with a family history of eating disorders, as genetics plays a major factor**
- **People frequently asking for weight loss advice, chronic dieters**
- **Men and boys-often an overlooked group.** Current research suggests that males make up approximately 25% of people with anorexia or bulimia and 40% of people with binge eating disorder.

# Eating Disorder Screen for Primary Care (ESP)

Eating Disorder Screen for Primary Care: 2 abnormal responses = sensitivity of 100% and specificity of 71%

- Are you satisfied with your eating patterns? (no is abnormal)
- Do you ever eat in secret? (yes is abnormal)
- Does your weight affect the way you feel about yourself? (Yes is abnormal)
- Have any members of your family suffered with an eating disorder? (yes is of concern)
- Do you currently suffer with or have you ever suffered in the past with an eating disorder? (yes is abnormal)

# SCOFF-Eating Disorder Screen

SCOFF Questionnaire: “yes” to 2 or more = sensitivity of 100% and specificity of 87.5%

- Do you make yourself **S**ick because you feel uncomfortably full?  
Do you worry you have lost **C**ontrol over how much you eat?
- Have you recently lost more than **O**ne stone in a 3 month period? (stone = 14 lbs)
- Do you believe yourself to be **F**at when others say you are too thin?
- Would you say that **F**ood dominates your life?

# Screen, Then What?

## Next Steps, Further Evaluation and Treatment

- Evaluate dietary intake, weight loss/gain history, exercise history, and attitudes about food and weight. Utilize a nutrition expert with eating disorders training.
- Evaluate mental status. Utilize a mental health expert with eating disorders training.
- Evaluate medical status. Does this patient need in patient re-feeding to start due to risk of re-feeding syndrome? Do they meet hospitalization criteria? (see pages 6 through 9 of the AED Medical Care Standards Guide)
- Treatment-discuss with the multidisciplinary team the appropriate level of care.

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