The Hidden Faces of Eating Disorders
Disclosures

• Jennifer McGurk: no disclosures
• Julie Duffy Dillon: no disclosures
• Rebecca Scritchfield: Spokesperson and consultant to various food and beverage companies. No material interests to disclose in connection with this presentation.
Learning Outcomes

• Identify triggers for disordered eating pre, post, and during pregnancy
• Discuss the challenges with mid-life and how this exacerbates disordered eating
• Understand the connection between disordered eating and diabetes and what to do to treat both conditions
The Hidden Faces of Eating Disorders
Eating Disorders in Pregnancy
Pregnancy and ED Statistics

• Eating disorders are *estimated* to affect 5.9% of women of childbearing age
• Little is known about *undocumented* disordered eating behavior
• Treatment can contribute to favorable pregnancy and neonatal outcomes

Nutrition Concerns for Pregnancy

• Increased calories
  • Net cost of pregnancy = 80,000 calories

• Weight Gain

• Nutrients to support growth
  • Protein, calcium, iron, folic acid

• Other medical issues?

Recommended Weight Gain

Depends on Body Mass Index (BMI) before pregnancy

\[
\text{BMI} = \frac{\text{kg body weight}}{(\text{height in meters})^2}
\]

<table>
<thead>
<tr>
<th>BMI Category</th>
<th>Weight Gain (pounds)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI &lt; 19.8</td>
<td>28-40</td>
</tr>
<tr>
<td>BMI 19.8 to 26.0</td>
<td>25 to 35</td>
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<tr>
<td>BMI 26.1 to 29.0</td>
<td>15-25</td>
</tr>
<tr>
<td>BMI &gt; 29.0</td>
<td>15</td>
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<tr>
<td>Twins</td>
<td>34-45</td>
</tr>
<tr>
<td>Triplets</td>
<td>50</td>
</tr>
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</table>

Pregnancy and Eating Disorders

• Eating disorders in pregnancy have been associated with poor outcomes for the mother and infant

• Women with ED are at a higher risk for developing postpartum depression and anxiety

Pregnancy and Anorexia

• Anorexia is defined as intense fear of weight gain, as well as restriction of food/fuel needed in order to maintain health

• Dr. Ovidio Bermudez, Chief Clinical Director and Medical Doctor of The Eating Recovery Center, said 30% of American women don't gain enough weight during pregnancy

“Explaining the scenario in hindsight, she admitted: 'It's not that I didn't love her and want to care for her in the womb, I was unable to because I was sick with anorexia and it took over my logic to make healthy decisions for her or myself during the pregnancy.'”

- Maggie Braumann, “Pregorexia” article

7 months pregnant with her second child

Pregnancy and Bulimia

• Pregnancy causes nausea in 75% of women and vomiting in 50% of women
• Bulimia can cause electrolyte imbalances, poor nutrient intake, dehydration
• “Purging” may also include: over exercise, laxative abuse, fasting, etc.
Pregnancy and Binge Eating Disorder

Food
• Cravings
• “Letting myself go”
• “I can eat whatever I want”
• Not eating enough due to morning sickness

Feelings
• Hormonal changes
• Becoming a mom for the first time, second time, third time?
• Work-life balance

Bulik, C.M., et al. (2007). Patterns of remission, continuation, and incidence of broadly defined eating disorders during early pregnancy in the Norwegian Mother and Cohort Studies. *Psychological Medicine, 37*(8), 1109-1118. doi: 10.1017/S0033291707000724
Food Cravings

• 50–90% of women experience cravings for specific foods during pregnancy
• “It’s for the baby!”

<table>
<thead>
<tr>
<th>Rank</th>
<th>Substance Craved</th>
<th>%</th>
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<tbody>
<tr>
<td>1</td>
<td>Sweets (e.g., chocolate, candy)</td>
<td>25.9</td>
</tr>
<tr>
<td>2</td>
<td>Carbohydrates, high-calorie, savory (e.g., pizza, chips)</td>
<td>19.3</td>
</tr>
<tr>
<td>2</td>
<td>Animal protein (e.g., steak, chicken)</td>
<td>19.3</td>
</tr>
<tr>
<td>4</td>
<td>Fruit</td>
<td>18.8</td>
</tr>
<tr>
<td>5</td>
<td>Dairy, high-calorie, savory (e.g., cheese, sour cream)</td>
<td>17.8</td>
</tr>
<tr>
<td>5</td>
<td>Carbohydrates, other (e.g., pretzels, cereal)</td>
<td>17.8</td>
</tr>
<tr>
<td>7</td>
<td>Fast food (e.g., Chinese, Mexican, falafel)</td>
<td>17.3</td>
</tr>
<tr>
<td>8</td>
<td>Cold foods (e.g., ice cream, slurpee)</td>
<td>13.2</td>
</tr>
<tr>
<td>9</td>
<td>Vegetables</td>
<td>12.2</td>
</tr>
<tr>
<td>10</td>
<td>Dairy, high-calorie, sweet (e.g., ice cream, milkshakes)</td>
<td>11.7</td>
</tr>
</tbody>
</table>

Binge Eating

• Sometimes clients can blame “cravings” as an excuse to binge on otherwise “forbidden” foods that have previously been “off limits”
Body Image Issues

• 79% of women that have body image fears name weight issues as their number one fear

• How can we support new moms find peace with their new bodies?
# How Early Eating Disorder Recovery and Pregnancy Relate

**Eating Disorder Recovery**
- Bodily Changes — weight changes, bloating from new foods or feeling out of control as body changes
- New Foods — New meal plan, changes in structure and time of eating
- Feeling scared, yet excited about recovery and the changes that will come.

**Pregnancy**
- Bodily Changes — weight gain, bloating, feeling out of control as body changes
- Craving New Foods — May be eating more often or wanting foods you do not normally eat
- Feeling excited, yet scared about becoming a parent for a first, second, third, etc. time

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Postpartum Issues

- Postpartum depression and anxiety
- Weight concerns
- Healing from birth
- Lack of sleep
- Hormone fluctuations
- Breastfeeding
- Passing on disordered eating to their children
“None of the patients disclosed their past or current diagnosis...”
Questions to ask ALL Pregnant Clients

• How do you feel about your changing body while pregnant?
• How do you feel about weight gain?
• Will you change your eating while pregnant?
• Will you change your eating after giving birth?
• How do you feel about your own relationship with food?
Eating Disorders in MidLife
MidLife Women

• Increase in pathological dieting and weight control behaviors (laxatives, diuretics, detoxes)
• 69% with no prior ED
• More experience ED-related comorbidities

Source: UConn Rudd Center for Food Policy & Obesity

Etiology

- Media and culture
- Normalized disordered eating
- Unresolved eating disorders from childhood

Typical Life Changes

- Empty nest
- Relationship changes
- Career changes
- Menopause
- Church of the Fit Body

Menopause

- Parallels with puberty
- ED and Mood Disorder risk
- Changes in estrogen in genetically susceptible people

Changes During Menopause

• Role transitions
• Adiposity
• Increased body dissatisfaction

Typical Presentations

• “I’m out of control and addicted to food. I go on a detox after every binge.”
  • Starve → Binge → Starve

• “I can’t accept my belly. It is too big.”
  • Body dissatisfaction

• “I can’t visit my family over the holidays. They don’t eat clean like me.”
  • Orthorexia nervosa
Midlife AN + BN Treatment

• AN:
  • Meet client where she is
  • Empower her to make small changes toward expected weight restoration
  • Normalized eating patterns

• BN:
  • Address cognitive distortions
  • Educate on physiology
  • Calm the chaotic eating patterns

MidLife BED Treatment

- Address and challenge chronic dieting
- Educate on normal midlife physiology and expected changes
- Provide permission for current coping patterns and offer assistance to navigate new coping methods
- Empower health behavior change without drive for thinness

Questions to ask ALL Midlife Women

• How has your eating changed over time? How are you experiencing this?
• How has your body changed over time? How have you experienced this change? How have others reacted to this change?
• How many diets have you tried or been on?
• What did your family of origin teach you about body image?
Eating Disorders in Type 2 Diabetes
Overall Numbers, Diabetes and Prediabetes

- **Prevalence**: In 2012, 29.1 million Americans, or 9.3% of the population, had diabetes.
  - Approximately 1.25 million American children and adults have type 1 diabetes.
- **Undiagnosed**: Of the 29.1 million, 21.0 million were diagnosed, and 8.1 million were undiagnosed.
- **Prevalence in Seniors**: The percentage of Americans age 65 and older remains high, at 25.9%, or 11.8 million seniors (diagnosed and undiagnosed).
- **New Cases**: 1.4 million Americans are diagnosed with diabetes every year.
- **Prediabetes**: In 2012, 86 million Americans age 20 and older had prediabetes; this is up from 79 million in 2010.
- **Deaths**: Diabetes remains the 7th leading cause of death in the United States in 2010, with 69,071 death certificates listing it as the underlying cause of death, and a total of 234,051 death certificates listing diabetes as an underlying or contributing cause of death.

Binge Eating Disorder

• Recurrent episodes of eating an abnormally large amount of food
• Feeling out of control
• Eating rapidly, eating until you’re uncomfortably full, eating large amounts when you’re not hungry, feeling shame or embarrassment
• Binge eating once/week for at least 3 months
Type 2 Diabetes? “Try This!”

- “Lose weight!”
- “Cut out carbs”
- “Never eat sugar”
- “Eat 6 small meals per day”
- “Just have sugar-free”

→ All leading to restriction... → Leading to bingeing
Research on BED and Type 2 Diabetes

BED in Type 2 Diabetes

• Restrictive dieting leads to bingeing
  • Trying to be “good”
  • “Watching blood sugars”
  • “Eating clean”
  • Mindful eating

• Binge eating increases caloric intake, weight gain, hyperglycemia, increased feelings of shame and guilt
Binge Eating Cycle

**Where?**
Tired, angry, ashamed

**Why?**
Unmet needs
Escape

**When?**
Triggers: Physical, Environmental, Emotional

**What?**
Comfort Foods, Forbidden Foods

**How Much?**
Until food is gone or until sick

**How?**
Fast, secretively, mindlessly

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Meal Planning for Blood Sugar Control

- Target disordered eating first
  - All foods fit
  - No “dieting” allowed
- Education about carbs and sugar
- Consistency with meals
- Mindfulness in a non-diet way
- Honor hunger and fullness
Breakdown of Macronutrients

- Total carbohydrate: 45-65% of total calories
- Total Protein: 10-35% of total calories
- Total fat: 20-35% of total calories
Meal Planning Strategies

• Realistic behavior change
• Motivational interviewing
• Timing of meals
• Consistency of carbs
• Carbohydrate counting
• Honor hunger and fullness
Eat What You Love, Love What You Eat with Diabetes

• Encourages mindful eating with conscious choices toward blood sugar management
• Embrace monitoring your blood sugars with curiosity
• Experience the pleasure of eating

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Eat What You Love, Love What You Eat with Diabetes Plate

Eat What You Love, Love What You Eat with Diabetes.  [Website URL]  Copyright MMXV. Used with permission.
# Fearless Blood Glucose Log


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<thead>
<tr>
<th>Week</th>
<th>Meal:</th>
<th>Meal:</th>
<th>Meal:</th>
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<td>Sun</td>
<td>Before</td>
<td>2 hrs after</td>
<td>Before</td>
<td>2 hrs after</td>
</tr>
<tr>
<td>Rate your H &amp; F</td>
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<td>0 1 2 3 4 5 6 7 8 9 10</td>
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<tr>
<td>Mon</td>
<td>Before</td>
<td>2 hrs after</td>
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<td>2 hrs after</td>
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<tr>
<td>Rate your H &amp; F</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
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<td>Tues</td>
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<td>Rate your H &amp; F</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
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<td>0 1 2 3 4 5 6 7 8 9 10</td>
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</tr>
<tr>
<td>Notes</td>
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</tbody>
</table>
Look AHEAD Trial

• Weight loss or behavior change promotes health?
• Ended early for futility
• Few people were able to maintain weight loss even with intensive behavioral treatment over the longer term
• Even those who did maintain the weight loss did not have different mortality outcomes

Questions for Type 2 Diabetes Clients

• Have you changed your eating living with diabetes?
• Do you want to change any food or exercise behaviors living with diabetes?
• What do you do with your eating to control your blood sugars?
• How do you incorporate your favorite foods with diabetes?
• Do you ever feel bad about anything that you eat related to diabetes?
Dietitian skills with EDs

ARE YOU PREPARED??
The relationship is everything.
Compassionate Curiosity

Teach how to notice without judgement.
THE CURIOUS PARADOX

WHEN I ACCEPT MYSELF JUST AS I AM, THEN I CAN CHANGE.

CARL ROGERS

INDIVIDUAL NOT SCRIPTED
DIETING IS THE GREATEST PREDICTOR FOR WEIGHT GAIN AND EATING DISORDERS.

THERE ARE OTHER RESEARCH BASED INTERVENTIONS

Intuitive Eating

mindfulness

USING IT TO HELP NOT HARM
How should we use the scale in nutrition therapy?

There is a way to prevent eating disorders and promote health.

HEALTH AT EVERY SIZE

Compassionate Self-Care
Critical Awareness
Respect
REWITING
COMPASSION +
PERMISSION
PENDULUM ACTIVITY
ADVOCACY
Imagine the Substance

Adapted from Hirschmann and Munter. (1995). When women stop hating their bodies.
Pregnancy Case Study N

• 37 year old female, pregnant by IVF
• Already the mom of one boy
• History of anorexia for 10 years, disordered eating many years before diagnosis of anorexia
• 5’6”, starting weight was 98 lbs at 8 weeks gestation (pre-pregnancy weight was 99 lbs) with lots of food aversions/related to ED?
• Last pregnancy she completed inpatient treatment at Renfrew Center and d/c to outpatient team.
Goals with N

• Intense treatment for ED to support growth of baby
• Recommended increased calories for weight gain (at least 1.5 lbs per week)
• Overall target for weight gain was 40 lbs
• Contract for higher level of care if medically unstable for any reason
• Use baby as motivation to continue treatment and work on ED recovery
Treatment

• Extremely difficult time following meal plan
• RD as “healthy voice”, used her family in treatment as well as provided exposure therapy and meal support
• Contracted for higher level of care
• Supported partial breastfeeding (pros and cons)
Mid-Life Case Study: L

• 48 year old elementary school teacher
• Presented at diet rock bottom using detoxes, laxatives, and constant exercise following binges.
• Weight change (at 64 inches): 180 pounds to 130 pounds in 6 months.
• Medical complications
• Life centered around food, exercise, purging, and weight.
L’s Goals

• Help her learn how to enjoy eating again
• Less preoccupied with weight
• Move away from ED behaviors
• Heal her relationship with food
L’s Treatment

- Educated on normal physiology with food and weight
- Check ins with guided meal planning
- Permission and Pausing
- Intuitive Eating
Pre-diabetes Case study B

13 year old girl, diagnosed with pre-diabetes, (A1c = 6.1%)

4’11” and 125 lbs, 94th%ile for BMI, has always been “a bigger girl”

Adopted by single mother at birth

American Indian race

Mom has noticed for “a few years” that B sneaks food in the house

Mom admits she had her own food “issues”
Goals with B

• Normalize relationship with food
• Teach MOM and B that all foods fit, restrictive eating causes binge eating
• Educate about blood sugar swings
• Support mom getting help for her own eating disorder
• Work with Ellyn Satter’s philosophy but not now
Treatment

• Mom has calmed down a lot about food in the house, trying to practice “all foods fit”
• Mom has been making an active effort to not comment to B about her choices
• B has significantly decreased her sneaking of food
• Working on emotional eating and body image
• New A1c = 5.9%
Practice Applications

- Attendees have examined their biases and stereotypes with eating disorders to prevent missing others not fitting the generalized typical presentations.
- Attendees have gathered new questions to help them determine if an eating disorder is present with clients affected by diabetes, in midlife women or pregnant women.
- Attendees have practical exercises to do with clients within these groups when affected by an eating disorder.
Contact

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• Rebecca Scritchfield
  • rscritchfield@gmail.com
References


• Bulik, C.M., et al. (2007). Patterns of remission, contination, and incidence of broadly defined eating disorders during early pregnancy in the Norwegin Mother and Cohort Studies. *Psychological Medicine, 37*(8), 1109-1118. doi: 10.1017/S0033291707000724


References


References


References


• [www.AmIHungry.com/resources](http://www.AmIHungry.com/resources)

• [www.HAESCommunity.org](http://www.HAESCommunity.org)