Eating Disorder Discovery and Recovery: A Professional's Guide to Collaborative Treatment and Care"

Webinar Questions Answered by Susan Weiner, MS, RDN, CDCES, FADCES

Please note that these are brief answers to complex questions and are not meant as medical advice. Please seek medical advice for more complete information.

- Do you feel using the word "forbidden food" gives the wrong message? Or is triggering? Related to examples of questions asked around Eds

  The term "forbidden food" can of course be triggering. However, once a rapport is established, asking a question, and including a term that a client may have used previously when describing their own ED (and therefore relates to), may further the conversation. In many cases, the client may bring up that term, or a similar one on their own. "I thought that was a forbidden food or bad food". Of course, as a clinician, you can massage the terminology in a way that works best for the individual client.

- What is the recommendation of frequency of visits for both dietitians and PCPs/Counselor?

  I am in private practice, and do not work in an in-patient or residential setting. Most clients are seen 1-2x per week. That said, sometimes I see clients more often, (some sessions include family or significant others), depending on need and what is necessary as determined by the team. This should be reassessed, (continuously), over the course of treatment.

  There have been instances where I thought the client may be a better fit with another dietitian… and I am comfortable discussing that with the client as well as with the health care team and support systems.

- As a dietitian working in a hospital, how would you best address eating disorders in an inpatient (hospital) behavioral health setting (average length of stay 7-10 days)?

  This is a complex question and challenging to answer in this format. Hope these resources will help.
  https://www.the-hospitalist.org/hospitalist/article/31766/clinical-guidelines/how-to-manage-patients-with-eating-disorders-in-the-inpatient-setting/
  https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6327410/
  https://www.nationaleatingdisorders.org/help-support/contact-helpline

- Many patients are coming in with IBS diagnoses, what is the current understanding of the long term affects? Does the IBS "resolve" once the ED is recovered medically? Or does it continue outside of ED/DE?

  I don't know about extensive, long-term studies on "if IBS resolves" once the ED is recovered medically. Since an ED may reoccur, that is still a concern. IBS management may improve as an individual improves overall health management.

IBS can also be somewhat of an umbrella diagnosis… exacerbated by stress, which makes this all more complex. IBS often continues (depending on the etiology and severity of IBS), even when the ED is improving.

- How do you guide a patient who doesn't want to attend a more intensive eating disorder treatment center?

  Quite challenging because we want to help, we want to make a difference! If it is medically necessary and unsafe, I may not be comfortable and it may not be appropriate to continue to work with the person if they require a higher level of care (as determined by the eating disorder team).

  If there is strong team support and family/significant other support, we make a joint recommendation for a higher level or more intense treatment.

  Sometimes the person may be hospitalized due to dehydration or other medical conditions due to the ED. At that case, we make a strong case for more intensive treatment and direct admission.

- How would you approach the parents of a family member when you have high suspicion their young adult child, who had an eating disorder as a teen, still has an eating disorder in pregnancy and post-partum and the parents are oblivious to it?

  I approach the sensitive subject/circumstance very cautiously, but I do approach it. There are some situations where parents or caregivers are not interested or supportive, and we need to realize that we may not always be able to help, but we can always try. In many cases, I refer the discussion to a mental health professional. I am careful to not be judgmental or make any assumptions about the situation….. it may have been previously addressed and the family may have had a less than optimal experience with the healthcare professional.

- What unique challenges are involved with pediatric EDs?

  Peer pressure and social media. Constantly feeling “less than” when exposed to so much on line in terms of body image, food, social pressures etc.

- Any resources you would recommend for building our skill set when working with individuals with eating disorders?

  Eating Disorder Bootcamp by Jessica Setnick
  https://www.understandingnutrition.com/items/ultimate-eating-disorders-boot-camp-training-package

- Could you go over affected laboratory values with ED?

  Please scroll down to see the information on the NEDA site
  https://www.nationaleatingdisorders.org/evaluation-and-diagnosis

- Do you every use a nutrition focused physical exam in your assessments?

  The physical exam is conducted by a physician, NP or PA. That said, there are many times that a client (or family), reaches out to me first, and I become acutely aware of the weight loss, skin changes, results of purging, and moodiness, not eating with others etc…. and at that point refer them to a physician for evaluation. Often, individuals avoid going to their HCPs for fear their weight fluctuation may be called out.

- Any recommendations for educational information for parents of ED child please?

  NEDA Parent toolkit
  https://www.nationaleatingdisorders.org/parent-toolkit

- Have you seen refeeding syndrome in the community for people eating by mouth?

  I was referring to refeeding due to starvation in a hospital setting. Please look at these articles with case studies for more information.
  https://med.virginia.edu/ginutrition/wp-content/uploads/sites/199/2014/06/Parrish-September-16.pdf
  https://headandneckoncology.biomedcentral.com/articles/10.1186/1758-3284-1-4

- Any practitioner sites for resource tools to help with interventions/ food ideas?

  https://www.nationaleatingdisorders.org/
  Generally cautious about recommending food websites as it can be triggering.

- Do you have any recommendations for how to best motivate clients who are non-compliant or not motivated to recover?

  Celebrate something about them that has nothing to do with the ED. Use positive, person-first, non-stigmatizing, non-judgmental language. Avoiding words like “non-compliant” or “adherence” because it makes them feel worse about the condition.

- I have a patient who refuses to eat with family and other people due to germs— how would you approach this situation?

  I would discuss with a mental health professional. Once the issue is addressed, there can be a joint discussion with the client. A follow-up session may include a family member as well.

- What relationship is there between autism and ARFID in children? When working with many autistic children, I often see many characteristics of ARFID except that these kids are usually overweight.

  Here is more info on the subject:
  https://www.eatingdisorderhope.com/blog/treatments-co-occurring-arfid-autism
  https://www.frontiersin.org/articles/10.3389/fpsyt.2021.668297/full

- With AN, how do you feel is the most successful pathway to overcome fears surrounding foods they have restricted (i.e., vegetarianism, dairy, gluten, etc)?

  Being a Vegan or Vegetarian or gluten free is ***not directly*** associated with an eating disorder. When those dietary changes are embraced as an excuse to restrict eating, then it becomes a potential red flag and issue. There is not one successful pathway to this issue.

- I work with a bariatric population and would like to know if you have any resources to help with my pts who develop an eating disorder following weight loss surgery?

  Below please find a few articles which contain information on the subject of ED post bariatric surgery. I agree with your concern that there is not a specific toolkit on the subject which would address medical, nutritional, and psychological needs. The nutritional needs may be increased for people post bariatric surgery and obviously complicated by an ED, especially if the issues which caused a higher body weight were not addressed. The treatment must therefore be individualized.

  https://www.hopkinsmedicine.org/news/publications/psychiatry_newsletter/hopkins_brainwise_winter_2015/bariatric_surgery_and_eating_disorders

  Leahey, T.M. Crowther, J.H. & Irwin, S.R. (2008). A cognitive-behavioral mindfulness group therapy intervention for the treatment of binge eating in bariatric survey patients. Cognitive and Behavioral Practice. 15(4): 364-375.

  https://www.verywellmind.com/eating-disorders-and-bariatric-surgery-4628329

- What do you think is the best way to approach a family member/friend in which red flags are exhibited, but he/she does not acknowledge?

  Completely depends on the family dynamic/relationship. Many times, the family member or friend may not be aware of what's going on and is very grateful when a discussion is initiated. I would ask the client's permission to discuss it and encourage them to invite the family member/friend to a session. This topic may be best introduced by a mental health professional.

- How would you suggest working with a patient who has obesity in childhood and is wanting nutrition education for slower weight gain, but they have a sibling who has anorexia nervosa?

  This is a complex situation, and whatever treatment path is explored, should continuously be reassess throughout the treatment process. People have an emotional relationship with food, and exhibit control over food in many different ways, even from the same family.

  Nutrition education must include a collaboration with the individual client, they are the one with the lived experience. Therefore, I would address each person's issues and needs.

- Do people with anorexia nervosa have a greater incidence of hyperlipidemias? What drives this? Here is a meta-analysis and review on the topic
  https://onlinelibrary.wiley.com/doi/full/10.1002/eat.23051

- Is orthorexia a new name for what used to be called EDNOS? Or are those different?

  Until a few years ago, Orthorexia was listed under the catch-all phrase of EDNOS- eating disorders not otherwise recognized. Since that time, Orthorexia has become more common, and the term was coined by Dr. Stephen Bratman in 1997 to describe an eating disorder characterized by a fixation on healthy food.

- Recommendations for ARFID intervention resources?

  https://www.eatingrecoverycenter.com/family-days/family-days-arfid-resources
  https://keltyeatingdisorders.ca/resource/arfid-workbook/
  https://www.allianceforeatingdisorders.com/avoidant-restrictive-food-intake-disorder-arfid/

- What are recommended textbook/book resources for assessment, diagnosis, and treatment of EDs for dietitians?

  https://www.jandonline.org/article/S2212-2672(20)30904-7/fulltext
  https://www.eatright.org/health/diseases-and-conditions/eating-disorders

- What advice do you give to an athlete who is a runner in puberty and has a desire to eat healthy, but feels that eating certain "unhealthy foods (sugar, fried foods, etc.) foods will make him unable to run to his full potential? There is concern that the athlete's focus on food could develop into an eating disorder, so how do you balance encouraging healthy eating with being free to enjoy food?

  Such a complex issue! Most young athletes (and runners), want to “win” and excel at their sport, and nutrition often takes a backseat that goal. In a positive and collaborative manner, I would propose discussing how nutrition can make a difference in performance.

  There are also certain foods, (such as your example of fried foods), which he may not enjoy or want to eat regularly. It’s challenging because we don’t want to put too much focus on food, so the conversation can move towards improving performance.

- I feel my mother has developed orthorexia over the last 10 or so years. She denies any issue with her restrictive behavior and recently has begun binging behaviors via laxatives, excess sauna use. My question is, when someone is close to you, they don’t take your knowledge has legitimate, are there any suggestions to approaching this delicate topic?

  I’m so sorry that your mom and you are going through this challenging time. Many family members do not want to hear anything about an ED or dysfunctional eating issue from their family members, especially their children. She may be aware of it, (without letting you know), but is embarrassed, guilty and ashamed.

Is there someone else who is close to her who can voice general concern? Perhaps she isn't joining in socially with others for meals or has exhibited other behaviors which a friend could ask her about without causing her to retreat.

Often times, people hear "you look great. Did you lose weight" and that makes matters worse.