

Castlewood
at **MONARCH COVE**
Treatment Center for Eating Disorders
MONTEREY, CA

The ART of Binge Eating Disorder:
Assessment, Risks, Treatment

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Objectives

- Implement assessments for BED
- Summarize diagnostic criteria for BED in DSM-V
- Describe risk factors for BED
- Describe the relationship between stress and overeating
- Implement at least 3 interventions for the treatment of BED

Assessment

- Gather height and weight data
- Lab work
- Perception of weight and shape
- Importance of weight and shape
- Relationship with food
- Binge-eating episodes
- Compensatory behavior
- Stress and stress-eating, other triggers
- Support of family



Diagnostic Criteria

- Binge Eating Disorder, 307.51
 - Formerly ED NOS
- Subjective binge versus objective binge
 - Recurrent binge eating: 1 p/ wk for 3 months
- Absence of compensatory behaviors
- Specify severity
 - Mild: 1-3
 - Moderate: 4-7
 - Severe: 8-13
 - Extreme: 14+



People at risk

- Reliably associated with overweight and obesity in treatment-seeking individuals (35% of US population obese)
- 12-month prevalence among U.S. adult
 - 1.6% females
 - .8% males
- No race/ethnicity differences



People at risk

- Up to 50% of individuals with EDs abuse alcohol or illicit drugs, compared to 9% of the general population.
- 35% of individuals who abuse alcohol or other drugs have EDs, compared to 3% of the general population.
- Severe BED most consistently associated with alcohol use and abuse

Piran & Robinson, 2011

CASA, 2003; Gadalla & Piran, 2007

Prognosis

- Social role adjustment problems
- Impaired health-related quality of life
- Increased medical morbidity and mortality
- Increased health care utilization

Role of stress

- How does stress get under the skin to influence eating patterns and weight?



"We find that pizza softens the blow of bad news."

Why look at stress?

- Stress reactivity is important in the short term but causes impairment in long term
- People report greater frequency and severity of stress than ever before (APA, 2007)
- Chronic stress is related to psychological, immunological, and health problems such as high blood pressure
- Chronic stress is related to dysregulated eating

When stressed, do you eat?:

A.

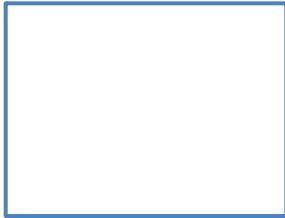


B.

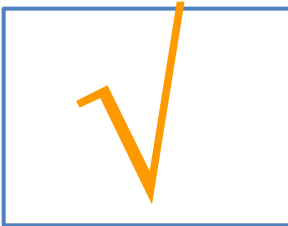


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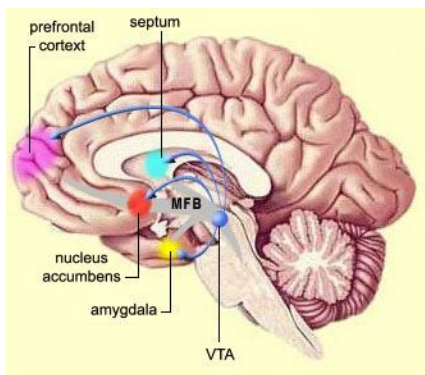


B.



Stress and drive to eat

- Greater vulnerability to stress and increased intake of high sugar high fat food
- Chronic strain and disinhibition; finding mirrored in laboratory paradigm
- High sugar foods and the limbic system
 - Dopaminergic effect, nucleus accumbens



Building rapport

- Your eating disorder has been in service of something.
- It is scary to know what to do instead. Let's look at other ways to cope.
- Let's look at the eating disorder as separate from you; what would it be telling you right now?
- What have you lost because of your eating disorder?

Management of stress-eating

- Empower patients
- Normalization
 - It makes sense, when this stressed, that you turn to food
- Alternative strategies
 - What are other things that could help?
- Pause, look at emotional vs. physical hunger
 - Slow intake
 - Mindful eating
 - Esteemable acts
 - Deep breathing
 - Distraction



Interventions

- **Psychotherapy** (Vocks, S et al., Int J Eat Disord. 2010 (43(3):205)
- **Self-help** (Fairburn, C. *Overcoming binge eating.*)
- **Group therapy**
- **Pharmacotherapy**
- **Bariatric surgery**

Emotional Regulation

- Successful reduction of binge eating long term
 - Develop non-substance methods
 - Change emotional associations
 - Identity shift

60-second tools, recap

- Collect height and weight data
- Assess client's relationship with body and food
- Assess level of stress
- Assess triggers for unhealthy eating
- Assess support of family
- Hand out form on stress management
- Empower client, externalize the eating disorder
- Normalize
- Generate alternative strategies

Take home points

- Peel the onion to find eating disorder symptoms
 - Anorexia, Bulimia, Binge-eating
- Key differences with DSM-V
 - No longer binary, report current level of severity
 - Only 1 episode required per week (not 2)
 - Binge-eating disorder is now its own entity
- Stress is related to dysregulated eating, weight gain and other health conditions
- There are things you can do, even when not an expert, to help manage eating disorder symptoms

Other resources

- Websites
 - National Eating Disorders Association:
www.nationaleatingdisorders.org
 - Academy of Eating Disorders: Aedweb.org
- Books
 - *Life Without Ed: How One Woman Declared Independence From Her Eating Disorder and How You Can Too.* Jenni Schaefer & Thom Rutledge
 - *Reclaiming yourself from binge eating: A step-by-step guide to healing.* Leora Fulvio
 - *The Binge Eating and Compulsive Overeating Workbook.* Carolyn Ross

Questions?



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