

When Malnutrition Lives in a Larger Body: Effectively and Compassionately Treating Binge Eating Disorder

Live Webinar: December 15, 2021 (2-3:00 pm EDT)

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Description and Speaker:

Binge Eating Disorder (BED) is the most common eating disorder in the United States – it is more prevalent than Anorexia Nervosa and Bulimia Nervosa combined. In a world desperately afraid of fat with billions of dollars invested in the diet/weight-loss industry, and a public health emphasis on the “obesity crisis”, BED has only been formally recognized since 2013.

Lack of understanding of BED and weight-biased interventions lead to under-diagnosis and limited access to appropriate care. Treating individuals who struggle with binge eating with compassion and expertise includes awareness of ways that our social norms regarding weight bias keep our patients from healing. Join nutrition expert, Amanda Mellowspring, MS, RDN, CEDRD-S as she introduces Binge Eating Disorder and covers effective treatment strategies focusing on behavior rather than weight.

Objectives:

After completing this continuing education course, the learner should be able to:

1. Differentiate between Binge Eating Disorder, over-eating, emotional eating, and obesity.
2. Set effective treatment goals to help patients decrease and reach cessation of binge eating behavior without focusing on weight.
3. Support clients in behavior change to improve nutrition status without focusing on weight.

Disclosure:

Amanda Mellowspring, MS, RDN, CEDRD-S has no disclosures for this webinar and certifies that no conflict of interest exists for this program.

Professional Approvals:

Becky Dorner & Associates, Inc. has been a Continuing Professional Education (CPE) Accredited Provider (NU004) with the Commission on Dietetic Registration since 2002.

This course is intended for: RDNs and NDTRs	CDR Activity Type and Number: Activity Type: 171 Live webinar / 175 Recorded Webinar Activity number: Live 167110/ 167111 Recorded Webinar
Course CPE Hours: 1.0	CDR Level: 2
Suggested CDR Performance Indicators: 9.1.3, 9.6.2, 10.2.10, 10.2.12	

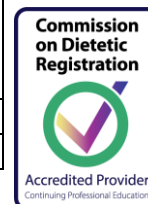
Note: Numerous Other NotePerformance Indicators May Apply.

Expiration Date for Recorded Webinar: May 31, 2024.

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When Malnutrition Lives in a Larger Body: Effectively and Compassionately Treating Binge Eating Disorder

Today's Webinar



Audio and Webinar

- Please refer to handout for instructions.

Handouts

- Emailed to the person who registered for the program.


Questions

- Use GoToMeeting to ask questions.

The program will last about 120 minutes.

Credit Hours/Certificate:

- Please refer to your handouts for detailed information.




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Amanda Mellowspring, MS, RD/N, CEDRD-S

- VP Nutrition Services for Monte Nido & Affiliates
- 20 years experience leading treatment of eating disorders at various levels of care
- Serves on the Certification Committee and Supervisors Sub-committee for IAEDP
- Co-authored the initial JAND publication defining the SoP and SoPP for dietitians working with ED
- Noted speaker on ED recovery and nutrition
- Provides professional supervision to dietitians and providers seeking certification as ED specialists
- Passionate about helping individuals truly heal from all forms of disordered eating through a compassionate, non-diet, non-shaming approach




Amanda Mellowspring discloses that she is the vice president of Monte Nido & Affiliates, however, she has certified that no conflict of interest exists for this program.

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Amanda Mellowspring, MS, RD/N, CEDRD-S
Vice President of Nutrition Services
Monte Nido & Affiliates


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Weighing Myths and Facts

Binge Eating Disorder



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Facts

- On average, “overweight” people live longer than “normal” weight people
- No study has ever shown that weight loss prolongs life
- Biology dictates that most people regain the weight they lose, even if they continue their diet and exercise programs
- Weight cycling increases cardiovascular health risks
- 17-year NHANES I study found that exercise and eating MORE were better defenses against heart disease deaths than exercise and restricting kcals
- Over past decades, prevalence of obesity has steadily increased parallel to steady increase of prevalence of dieting

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Binge Eating Disorder

- Only added to DSM-V in 2013
- Recurrent episodes of binge eating: An episode of binge eating is characterized by both of the following:
 - Eating, in a discrete period of time (for example, within any two-hour period), an amount of food that is definitely larger than most people would eat in a similar period of time under similar circumstances
 - A sense of lack of control overeating during the episode (for example, a feeling that one cannot stop eating or control what or how much one is eating)

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Binge Eating Disorder (continued)

The binge-eating episodes are:

- Associated with three (or more) of the following
 - Eating much more rapidly than normal
 - Eating until feeling uncomfortably full
 - Eating large amounts of food when not feeling physically hungry
 - Eating alone because of feeling embarrassed by how much one is eating
 - Feeling disgusted with oneself, depressed, or very guilty afterwards
- Marked distress regarding binge eating is present
- The binge eating occurs, on average, at least once a week for three months
- The binge eating is not associated with the recurrent use of inappropriate compensatory behavior (for example, purging) and does not occur exclusively during the course of anorexia nervosa, bulimia nervosa, or avoidant/restrictive food intake disorder

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Differentiating

- BED vs. overeating
- Emotional eating
- BED vs larger body size
 - Not all individuals diagnosed with BED are in larger bodies
 - Not all individuals in larger bodies have BED
 - Morbid obesity
- Grazing



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BED Statistics

- BED is the most common ED among US adults - 3x more than both AN and BN combined
- BED occurs at a similar rate across non-Latino white (1.4%), Latino (2.1%), Asian (1.2%), and African American (1.5%) adults in the US
- Approximately 40% of those with BED are male
- Survey of 22,397 US adults showed that...
 - of the 344 who met DSM-5® diagnostic criteria for B.E.D. in the past 12 months only 3.2%(11 of 344)reported ever receiving a diagnosis of B.E.D. by a health care provider

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Obesity and Disease States

<ul style="list-style-type: none">• Hypertension<ul style="list-style-type: none">◦ Weak association between obesity and hypertension in cultures where dieting is uncommon◦ Well documented that obese with HTN live longer than thinner with HTN and have lower risk of MI, stroke, or early death• Diabetes – Type 2• Cancer	<ul style="list-style-type: none">• Atherosclerosis<ul style="list-style-type: none">◦ No relationship of obesity and atherosclerosis<ul style="list-style-type: none">▪ 5 decades of autopsy studies▪ Ultrasound studies▪ Over half of angiographic studies 1976-2000▪ Every pound of increase in weight associated with 10-40% lower chance of atherosclerosis
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What is the Ultimate Goal for Jessica?

<p>What is the most honest goal?</p> <ul style="list-style-type: none">• When the desire to lose weight means:<ul style="list-style-type: none">◦ Better health◦ Longer life◦ More freedoms◦ More physically able◦ Is weight loss really the goal or the idea?	<ul style="list-style-type: none">• When the desire to lose weight means:<ul style="list-style-type: none">◦ Social / emotional acceptance◦ Poor body image◦ Emotional fatigue / dysregulation
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Recognizing and Assessing

Binge Eating Disorder



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Diagnostic Criteria

- Only added to DSM-V in 2013
- Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
 - Eating, in a discrete period of time (for example, within any two-hour period), an amount of food that is definitely larger than most people would eat in a similar period of time under similar circumstances
 - A sense of lack of control over eating during the episode (for example, a feeling that one cannot stop eating or control what or how much one is eating)

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Diagnostic Criteria (continued)

- The binge-eating episodes are associated with three (or more) of the following:
 - Eating much more rapidly than normal
 - Eating until feeling uncomfortably full
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 - Eating alone because of feeling embarrassed by how much one is eating
 - Feeling disgusted with oneself, depressed, or very guilty afterwards
- Marked distress regarding binge eating is present.
- The binge eating occurs, on average, at least once a week for three months.
- The binge eating is not associated with the recurrent use of inappropriate compensatory behavior (for example, purging) and does not occur exclusively during the course of anorexia nervosa, bulimia nervosa, or avoidant/restrictive food intake disorder

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Assessing

- Check your own judgement and/or discomfort
- Ask questions - Be specific!
 - Do you ever feel out of control?
 - How often do you binge?
 - How often do you have urges to binge?
 - Example of what you consume during a binge?
 - How long/time frame?
 - Do you keep food at home (pre-plan)?
 - Drive through? Order delivery?
 - Go out to get food?
 - Do you ever compensate for a binge (purge behavior, exercise, withhold eating after)?
 - Do you pre-plan and restrict in prep for a binge?
 - Ask about other intake! Are they eating enough?



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Approach
Binge Eating Disorder



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Health at Every Size® (NIH Funded Study)

<ul style="list-style-type: none">• HAES® Group<ul style="list-style-type: none">○ 8% dropout○ No significant weight loss○ Improved body image and self esteem○ Moved from dieting/restrained eating to IE○ Improvements in:<ul style="list-style-type: none">▪ Blood pressure▪ LDL▪ Activity level x 4▪ Depression	<ul style="list-style-type: none">• Dieting Group<ul style="list-style-type: none">○ Over 50% dropout○ Initial weight loss with regain○ All variables that improved for HAES group either stayed the same or worsened○ Self esteem plummeted
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Weight and Behavior

- Eating disorders reside in behaviors, not weight
- Individuals in larger bodies can have any ED diagnosis
- Individuals in larger bodies are often taught restrictive eating techniques and "tricks" by trusted medical providers
- Individuals in larger bodies are often pushed to exercise by trusted medical providers to lose weight under the guise of health
- Not all individuals in larger bodies binge-eat (or "overeate")
 - Not all individuals who binge eat will lose weight when they stop
- All people eat "emotionally"
- Dieting is a fierce form of restrictive eating

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HAES® Informed Treatment

- Recognize that healthy, recovered people come in all shapes and sizes
- Behavior focused, rather than weight focused
- Recognize that all bodies deserved to be nourished and experience satiety
- Weight loss attempts/focus are contraindicated for recovery from all eating disorder diagnoses

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FAQs on Weight Bias

- Weight-biased care focuses on weight over health
- Weight bias adversely effects health
- When seeking medical help, individuals in larger bodies often receive less thorough assessment and are told to lose weight to manage conditions vs thinner individuals
- Weight bias can be subtle (Accommodations, Furnishings)
- Medical and nutritional professionals are taught from a weight-biased perspective
- Fat-phobic treatment does not lead to true freedom in recovery

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Thin Privilege - How It Shows Up

- Assuming that an individual is “healthy” due to a thin body
- Allowance for food behaviors that those in larger bodies are judged for
- Allowance for stillness or “laziness” that those in larger bodies are judged for
- Clothing is made for thin bodies
- Popular culture representation of beauty is thinness
- Popular culture representation of individuals in larger bodies include negative stereotypes

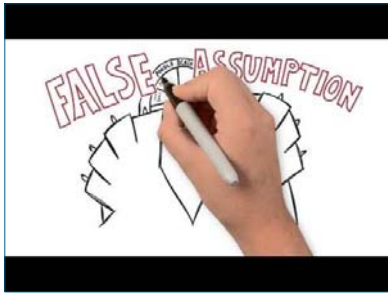
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Thin Privilege - What Can We Do to Reframe

- Acknowledge that residing in a thinner body is more socially accepted
- Do not make assumptions about someone's health, happiness, or food/movement relationship based on their body size
- Trust that all bodies are capable of internal regulation and attuned awareness related to food and movement/stillness
- Continue to inform yourself of others' experiences:
 - Do we have larger chairs?
 - Where are they placed and why?
 - Why should we not use these chairs if "no one else needs them right now"?

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<https://www.youtube.com/watch?v=H89QQfxtc-k>

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Addressing Nutrition

Binge Eating Disorder



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Malnutrition

- Are BED clients malnourished?
- Are clients in larger bodies malnourished?
- Why we should address malnutrition and food restriction in the same way we do with AN!
- BED folks are very often restrained eaters!



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Weight Cycling

- Weight cycling implications vs. obesity
- Some negative health consequences of dieting and weight cycling more readily seen in people of normal weight vs overweight or obese
- Additional CV stress due to fluctuations of CV risk variables – BP, HR, sympathetic activity, BG, lipids, insulin
- Lower levels of general well-being, including increased medication use
- Meta-analysis of 253,766 participants in 14 studies showed that weight cycling had a 23% increased risk of developing diabetes

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Weight Cycling

Females <ul style="list-style-type: none">• Compared to females with stable weight, weight cyclers:<ul style="list-style-type: none">○ Worse lipids○ Worse insulin resistance	Males <ul style="list-style-type: none">• Compared to males with stable weight, weight cyclers:<ul style="list-style-type: none">○ Worse HDL○ Worse insulin resistance
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Weight Cyclers with Normal Weight

- Compared to those with stable weight
 - Worse HDL
 - Worse LDL

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American Academy of Pediatrics Clinical Report

Obesity prevention messaging, if done correctly, should not predispose to EDs in teens. The clinical report recommends that pediatricians do the following to prevent weight-related problems:

- Discourage dieting, skipping of meals or use of diet pills to lose weight - The focus should be on a healthy lifestyle rather than on weight
- Encourage more frequent family meals, which provide an opportunity to model healthy food choices and provide time for teenagers and parents to interact

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American Academy of Pediatrics Clinical Report (continued)

- Promote a positive body image among adolescents - Body dissatisfaction should not be used as a reason to lose weight
- Encourage families not to talk about weight, but rather to talk about healthy eating and being active to stay healthy
- Carefully monitor weight loss in an adolescent who is obese or overweight to ensure the teen does not develop the medical complications of semi-starvation



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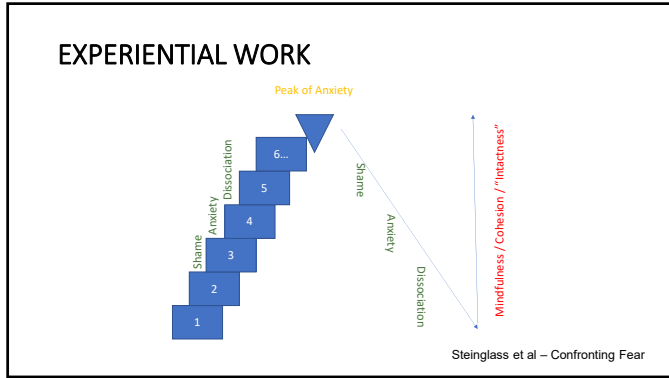
Exposure Work

Binge Eating Disorders

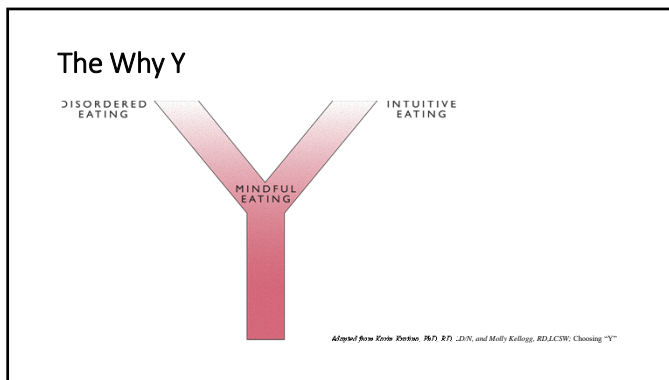


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Cue Exposure and Binge Behavior


- Cue foods – binge foods and foods avoided due to fear of bingeing
- Repeated and consistent normalized use of cue (trigger) foods for individuals who use binge behavior (BN and BED) significantly decreases binge behavior – often to full cessation of binge behavior
 - "Self-control" techniques are shown to perpetuate and often increase bingeing behavior
- Examples
 - Allowing more food / seconds / dessert
 - Free access work

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Highly Palatable Foods

- Factors that are positively correlated with long term recovery from eating disorders (even more so that weight restoration alone in underweight individuals) are ...
 - Food variety and
 - The inclusion of calorically dense foods!



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Setting Goals

Binge Eating Disorder



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Weight-Related Assessment

- American Pediatric Association – formal statement that children/adolescents should not lose weight
- Growth charts – for ALL ages
 - What happens to growth chart in college age, after 20 y/o
 - What about menopause, etc.?
- Individualized weight and body history



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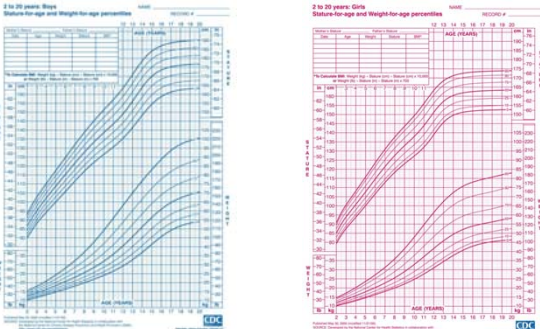
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Weight-Related Assessment (continued)

- Weight cycling
- Set point
 - The weight you maintain when you listen and respond to your body's signals of hunger and fullness
 - The weight you maintain when you don't fixate on your weight or food habits
 - The weight you keep returning to between diets



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Nutrition Goals

Food and weight are not synonymous!

1. Be sure they are eating enough!
Minimum of 2000 kcals to avoid binge eat' due to malnutrition
2. Consistently enough!
Every 3-4 hours minimum to avoid binge eating due to hunger
3. Including foods they enjoy!
To avoid binge eating due to breakout rebellion
4. Reaching satiety!
To avoid binge eating due to desired flavor despite fullness



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Behavior-Focused Goals

- Weight is not a behavior!
- Understand the function!
- Mindfulness
 - Get uncomfortable!
- Tolerate distress!
- Recovery is not a linear process!



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Redirecting Weight Focus

- How to shift focus from weight loss
- What if client is coming for weight loss
- What if doctor refers for weight loss
- Say what you mean – BED or larger body size
- Measurable goals that are not weight (labs, vitals, etc)



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Principles of Intuitive Eating

- Unconditional permission to eat and rest
- Reject the diet mentality
- Honor your body
- Make peace with food and movement
- Challenge the food and body police
- Respect physical sensations
- Discover the satisfaction factor
- Honor your feelings
- Honor your health

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Summary

Normal eating is...



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Thank you!



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Presenter: Amanda Mellowspring, MS,RD/N,CEDRD-S

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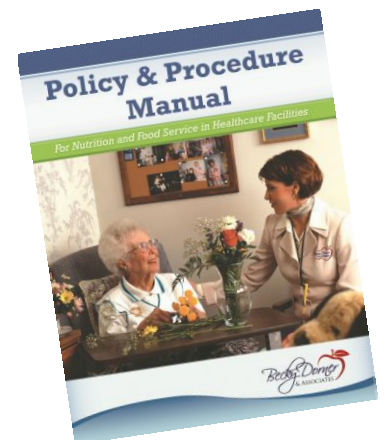
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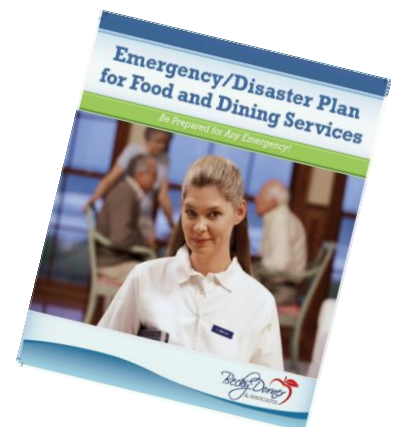
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