

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

Amanda Mellowspring, December 15, 2021



Questions & Answers

1. Q: I have a client with a lifelong (greater than 40 years) eating disorder. She is very depressed regarding not being able to change this despite hospitalizations, medications and therapy. Any suggestions?

A: Thank you for the question on behalf of this client. This is difficult to answer without more information on the client but I am happy to give a few thoughts. I would always suggest prioritizing nourishment first as this impacts the ability to think flexibly and impact willingness to change. Increasing the client's baseline nutritional status (eating enough and eating frequently enough) will increase their sense of well-being and support your work together. If a client is significantly malnourished, long term behavior change will be secondary to baseline nutritional status. Be sure that they are working with a therapist regularly and increase their focus on small, achievable goals – more water, eating breakfast, adding food they enjoy. Avoid over-emphasizing nutritional quality of food over nutritional status of their body and feeling better.

2. Q: Can we get a listing of the reference studies mentioned in the presentation?

A: Absolutely! The reference page was sent with the slides. All references are included. Some are within the Health At Every Size book (by Lindo Bacon).

3. Q: Do you think medical providers don't feel comfortable in diagnosing eating disorders? Or do you feel they think it is more of an independent decision of the patient to eat?

A: Thank you for the questions. I am not sure if these questions are intended to be connected, but I am happy to provide some thoughts on both. Yes, medical providers are very under-informed about eating disorders and generally feel uncomfortable diagnosing. Medical providers generally receive little to no training on eating disorders, although there are great resources for these providers through Academy for Eating Disorders and International Association of Eating Disorder Professionals.

Eating disorders are mental health disorders, which do not originate from a client's decision to eat or not eat. Comprehensive and informed medical, psychological, and nutritional care are required for eating disorder treatment and recovery.

4. Q: Can you please repeat the 2 books recommendations?

A: *Fearing the Black Body* by Sabrina Strings and *The Body is not an Apology* by Sonya Renee Taylor

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5. Q: For slide Obesity and Disease States, the statement made "Well documented that obese with HN live longer than thinner with HTN and...Could you detail the definition of "thinner"?"

A: Thank you for asking. This is referenced by 4 studies notes in Bacon's HAES book (references #291-294 in their book) which have varying definitions of "thinner". Articles published in *Circulation*, *American Journal of Epidemiology*, & *American Journal of Medicine*.

6. Q: Amanda mentioned size privilege as it relates to inherent racism and mentioned two other authors/resources. Can she reiterate that information again?

A: Yes, noted in question #4 😊

7. Q: How do you feel about bariatric surgery for patients with eating disorders?

A: Bariatric surgery is contraindicated for eating disorders and should always be assessed for prior to approval. Individuals with eating disorders have pervasive issues following bariatric surgery, as the surgery is an attempt to alter one's intake through discomfort, while eating disorders are mental health diagnoses that should be treated through empowering behavior change. Eating disorder treatment is common for individuals following bariatric surgery amongst both individuals who have pre-existing eating disorders and those who do not.

8. Q: Can an RD treat a referral of binge eating without being a CEDRD if that RD is comfortable with counseling on mindful eating?

A: An RD who is confident and informed regarding eating disorders and concepts discussed in the presentation can effectively treat a client with BED in collaboration with an informed team. I highly recommend professional supervision from a CEDRD-S whenever possible.

9. Q: What was Ellen Satter's definition for normal eating?

A: It is a wonderful discussion topic! You can find it on her website ([ellynsatterinstitute.org](https://www.ellynsatterinstitute.org)) at https://www.ellynsatterinstitute.org/wp-content/uploads/woocommerce_uploads/2020/04/What-is-Normal-Eating-6eybma.pdf

10. Q: Thank you for mentioning the involvement of a therapist. Too many RDNs are trying to take on that roll as well - we need the reminder!

A: Absolutely – the best way to serve those we work with is to do what we do best and collaborate with those who are experts in other areas!

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11. Q: Since ED are so prevalent, do you think RDs should sort of "screen" all clients that come in looking to lose weight, to try to determine if maybe that should not be their goal? and help prevent them from possibly weight cycling?

A: Great question! I believe that we are always seeing individuals who are struggling with their relationship with food and body and should always screen for eating disorder behavior in general. This could be the difference between catching someone before they slip into an ED, getting someone the appropriate treatment, and/or exacerbating their struggles.

12. Q: Intuitive eating vs mindful eating?

A: Thank you for asking! I highly recommend reading Intuitive Eating by Elyse Resch and Evelyn Tribole. This book and corresponding self-study course are available through Becky Dorner & Associates at: <https://www.beckydorner.com/product/helping-your-clients-become-intuitive-eaters-self-study-course/>. Intuitive eating is an internally regulated approach to eating – trusting that we all have the capacity to better understand our relationship with food and respond accordingly. Intuitive eating requires a nourished body and a strong foundation in mindful eating. Mindful eating is the development of internal awareness – how we feel when we eat this, with this frequency, how our emotions impact our cues of hunger/fullness or cravings/satiety. Mindful eating is learning more about ourselves and intuitive eating is the ability to respond in an informed way using that information.

13. Q: How do you start the conversation with clients who only want to focus on weight loss?

A: Good question. I would get curious with them. What would you do differently in your life if your weight changed? How would your life change? What do you think is contributing to your weight? Have there been times that your weight has changed – what do you think impacted that? How have you determined the weight that you are aiming for? What if you felt better but your weight didn't change? Most of these questions will open opportunities to provide more information and explore in a more meaningful way.

14. Q: If you do see weight gain once encouraging more eating, how is it handled?

A: Important question – thank you. This can happen frequently – increasing appropriate food quantity and regularity can increase metabolism and energy, and when binges are still occurring, will certainly increase overall intake. Educating the client on what is happening and decreasing focus on weight in general is ideal. I often discuss with clients that weight checks are not important when we are working on behavior change – it supports an underlying continued focus

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on weight loss as a goal. There is a lot to explore around food scarcity, free access to food, and truly legalizing food that falls within the concepts of Intuitive Eating.

Sometimes I pre-empt the work with clients that their weight may fluctuate as we do this work, but that part is often not different than what they have been experiencing with dieting/weight cycling. I try to be transparent and ask for their patience in the process. I also often work together to agree not to weigh at home or in my office.

15. Can you talk about treatment for this in pregnancy and goals? Also, what should the provider be aware of at monthly visits etc.?

A: Thank you for the question. This could be very specific to each person and would be difficult to answer without more information on an individual person. In general I would not alter the approach due to pregnancy – are they eating enough, frequently enough, regulating BG, and am I supporting them in behavior change?

16. Is there any research that discusses a potential “cause” of BED, physiologically? (Such as neurotransmitter differences, similar to depression)

A: Yes, you can find research on potential causes of BED and other eating disorders. With a relatively recent acknowledgement in the DSM-V, more research dollars have been invested although it is still a young field.

17. What are some good introduction questions when speaking to clients about the topic of body weight?

A: Can you share any information about your weight history? Highest weight – when – what do you think may have impacted that? Lowest weight – when – what do you think may have impacted that? How have you determined what you feel is the most ideal weight for you? Is that something that we could explore together? It sounds like you are describing not feeling well overall and feeling frustrated with your relationship with food/body – would you be open to exploring how that may be impacting your weight and food dynamics?

18. For those who have a history of weight cycling, is there a way to overcome the negative effects?

A: Great question – yes, the best way to overcome the effects is to stop the weight cycling and to support good overall nutrition status and sustainable movement. The trick is getting someone to make this shift without viewing it as another diet/exercise plan that will perpetuate weight cycling.

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19. Phenomenal presentation! My team and I could use more discussions like this. What do you recommend?

A: Thank you so much! I am so glad that this feels meaningful for you and your team. I highly recommend webinars through IAEDP, EDRDPro, Marci Evans, IFEDD, and treatment centers like Monte Nido & Affiliates that offer free monthly CE events! Becky Dorner & Associates also offers additional free CPE events located at: <https://www.beckydorner.com/free-resources/free-cpes/>. Additional joint webinars with Becky Dorner & Associates and Monte Nido & Affiliates are being planned for the coming months. Stay tuned!

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