

## Part 2: When Malnutrition Lives in a Larger Body: Effective and Compassionate Interventions for Treating Binge Eating Disorder

**Live Webinar: Thursday April 7, 2022 (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. 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 requires confidence and skills in challenging social constructs regarding food and weight. Join nutrition expert, Amanda Mellowspring, MS, RDN, CEDRD-S as she addresses when to refer BED clients to an eating disorder specialist, how to build competency in ability to treat BED clients and will use case scenarios to cover effective treatment strategies and interventions focusing on behavior rather than weight.

### Objectives:

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

1. Determine when it is appropriate to refer a person with Binge Eating Disorder to a specialist.
2. Implement food-related exposure therapy interventions that decrease binge eating behavior.
3. Differentiate and appropriately apply mindful eating and intuitive eating principles.
4. Set effective treatment goals to help patients decrease and reach cessation of binge eating behavior 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.

<b>This course is intended for:</b> RDNs	<b>CDR Activity Type and Number:</b> Activity Type: 171 Live webinar/175 Recorded Webinar Activity number: Live 169262/ 169263 Recorded Webinar
<b>Course CPE Hours:</b> 1.0	<b>CDR Level:</b> 2
<b>Suggested CDR Performance Indicators:</b> 9.1.3, 9.6.2, 10.2.10, 10.2.12	



**Note: Numerous Other Performance Indicators May Apply.**

**Expiration Date for Recorded Webinar: May 31, 2024.**

### How to Complete a CPE Course:


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# Part 2: When Malnutrition Lives in a Larger Body: Effective and Compassionate Interventions for 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 60 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 VP of Nutrition Services at Monte Nido & Affiliates, however, she has certified that no conflict of interest exists for this program.

2

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**When Malnutrition Lives In A Larger Body: Effective and Compassionate Interventions for Treating Binge Eating Disorder**



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

3

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## Part 2: When Malnutrition Lives in a Larger Body: Effective and Compassionate Interventions for Treating Binge Eating Disorder

### 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

Descriptions (Food and Body)	Binge Eating Disorder
Overeating	Awareness / Attunement
Emotional Eating	Awareness
Grazing	Quantity
Large Body Size	Not all BED clients are in larger bodies Not all individuals in larger bodies binge eat

Subjective "binge" – individual feels shame or guilt but is not consumed in a large quantity (ie. Slice of cake, flavored latte)

6

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## Part 2: When Malnutrition Lives in a Larger Body: Effective and Compassionate Interventions for Treating Binge Eating Disorder

### What We Know...

- BED is the most common ED among U.S. adults
  - 3x more than both AN & BN combined.
- BED occurs at a similar rate in adults across various races within the US
  - 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.
- Weight & Disease States
  - HTN
  - Atherosclerosis
  - Diabetes – Type 2
  - Cancer

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### Assessment

Binge Eating Disorder



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### Davis

- 32 y/o cis-gender Male, Black
- Referred by PCP for “weight loss”
- Ht: 72”, Weight: 262#
- BMI: 35.5



9

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## Part 2: When Malnutrition Lives in a Larger Body: Effective and Compassionate Interventions for Treating Binge Eating Disorder

### Assessment - Davis

<ul style="list-style-type: none"><li>• Goals<ul style="list-style-type: none"><li>◦ Client</li><li>◦ Provider/s</li></ul></li><li>• Nutrition status and intake<ul style="list-style-type: none"><li>◦ Malnutrition</li><li>◦ Maladaptive patterns</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Weight history<ul style="list-style-type: none"><li>◦ Recent change / why</li><li>◦ Weight cycling</li></ul></li><li>• Food / Body perspectives</li><li>• Binge behavior</li></ul>
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### Nutrition Status - Davis

- Are BED clients malnourished?
- Are clients in larger bodies malnourished?
- People with BED are very often restrained eaters!
- Labs and vitals are correlated with nutrition status, not weight!



11

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### Weight-related Assessment

- Individualized weight and body history
- Growth charts – for ALL ages
  - What happens to growth chart in college age, after 20 y/o, what about menopause, etc...
- 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.

12

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## Part 2: When Malnutrition Lives in a Larger Body: Effective and Compassionate Interventions for Treating Binge Eating Disorder

### Assess Weight History - Davis

Weight Cycling Compared to Higher BW "Obesity"
↑ CV stress d/t fluctuations with risk variables
↑ BP
↑ Lipids
↑ Blood Glucose
23% ↑ risk of developing diabetes
↓ General well-being, including ↑ medication use

13

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### Weight Cycling

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

**Weight Cyclers with Normal Weight**

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

14

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### Assess Binge Eating Disorder - Davis

- Ask specific questions
  - Do you ever feel out of control with food? Can you tell me more about this?
  - How often do you binge?
  - How often do you have urges to binge?
  - Could you give me an example of what you eat during a binge?
  - How long does a typical binge last? What happens at the end of a binge episode?
  - Do you keep foods at home specifically for a binge?
  - How do you get foods for a binge - Drive through? Order delivery? Go out to get food?
  - Do you ever compensate for a binge (purge bx, exercise, withhold eating after)? Do you pre-plan and restrict in prep for a binge?
  - Are there any foods you avoid out of fear of bingeing?

15

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**When to Refer**  
Binge Eating Disorder



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**Rules of Referring**

- Eating Disorders require a collaborative team approach.
  - Always refer to at least one other provider!
- Eating Disorders are mental health diagnoses.
  - Always refer to a therapist to collaborate!
- Eating Disorders can lead to various medical complications.
  - Always refer to an informed medical provider to collaborate!



17

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**When to Defer**

- Before referring to another RDN, consider CEDS supervision!
- When to refer to a dietitian specializing in eating disorders:
  - Co-occurring diagnoses
  - Increase in behaviors
  - Inability to orient away from weight/diet focus



18

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## Part 2: When Malnutrition Lives in a Larger Body: Effective and Compassionate Interventions for Treating Binge Eating Disorder

**Christine**

- 23 y/o cis-gender female, white
- Ht: 6'4", Wt: 127#, BMI=21.8
- Self-referred
- SUD treatment x 2
- Reports no cocaine or marijuana use since last treatment 3 months ago (was using 2-3xwk)
- ETOH use: 3-4 mixed drinks nightly on weekends
- Reports weight gain since 1st treatment admission for SUD 2 years ago. Binge behavior started prior to 2nd admission and has increased since treatment.



19

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**Mindful Eating & Intuitive Eating**

Binge Eating Disorder



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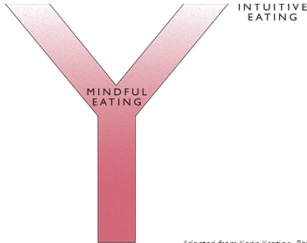
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**The Why Y**



Adapted from Karin Kratina, PhD, RD, LD/N, and Molly Kellogg, RD, LCSW; "Choosing 'Y'"

21

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## Part 2: When Malnutrition Lives in a Larger Body: Effective and Compassionate Interventions for Treating Binge Eating Disorder

*“MINDFULNESS IS the aware, balanced acceptance of the present experience.*

It isn't more complicated than that. It is opening to or receiving the present moment, pleasant or unpleasant, just as it is, without either clinging to it or rejecting it.”

—Sylvia Boorstein

22

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### Mindful Eating

- Mechanical
- Awareness without judgment or attachment
- Anxiety peaks, then drops

- Sensory
  - Re-nourishing body
  - Weight restoration
  - Reintroduction to exercise
- Challenges/Fears
- Legalizing foods
- Hunger/Fullness awareness
- Food density
- Emotional awareness

23

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### Principles of Intuitive Eating

- Reject the Diet Mentality
- Honor Your Hunger
- Make Peace with Food
- Challenge the Food Police
- Feel Your Fullness
- Discover the Satisfaction Factor
- Cope with Your Emotions without Using Food
- Respect Your Body
- Exercise – Feel the Difference
- Honor Your Health with Gentle Nutrition

24

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## Part 2: When Malnutrition Lives in a Larger Body: Effective and Compassionate Interventions for Treating Binge Eating Disorder

### Intuitive Eating / Internal Regulation

- Requires:
  - Healthy body
  - Healing mind/body connection
  - Emotional awareness
  - Foundation of mindfulness
- Falls into structure while learning
- Beginning to respond to healthy body cues
- Practicing the concepts and principles of Intuitive Eating while using the structure of a meal plan, attentive feedback and one-on-one support



25

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### Intuitive Eating / Internal Regulation

- How hungry/full am I?
  - How does this correspond with my meal plan?
  - What do I need right now?
- What emotional experiences may be impacting my awareness of hunger/fullness/satiety?
- What challenges and fears do I need continuing awareness of?
- When my body sends me messages of hunger/fullness/satiety/cravings, do I trust them? Why? Why not?
- How hungry/full did I feel on my meal plan?
- Is this a time when I need to use the safety net?

26

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### Fully Intuitive Eater

<ul style="list-style-type: none"><li>• Advanced stage</li><li>• Requires:<ul style="list-style-type: none"><li>◦ Healthy body</li><li>◦ Healing mind/body connection</li><li>◦ Emotional awareness</li><li>◦ Foundation of mindfulness</li></ul></li><li>• Ability to self-correct and ask for support in a variety of situations</li><li>• Ability to accurately read and respond to healthy body cues</li></ul>	<ul style="list-style-type: none"><li>• Trust of Self!</li><li>• Time in Recovery</li><li>• Solid Outpatient Team!</li></ul>
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27

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## Part 2: When Malnutrition Lives in a Larger Body: Effective and Compassionate Interventions for Treating Binge Eating Disorder

### Food Related Interventions

Binge Eating Disorder



28

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### Experiential Work

Steinglass et al – Confronting Fear

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### Cue Exposure and Binge Behavior

- Cue foods – binge foods and foods avoided due to fear of bingeing

Cue Exposure	Restraint/"Self-Control" Techniques
Repeated and consistent use of cue foods	Avoidance of cue foods
Significantly decreases binge behavior	Increases binge behavior
Often can lead to full cessation of binge behavior	Perpetuates binge behavior



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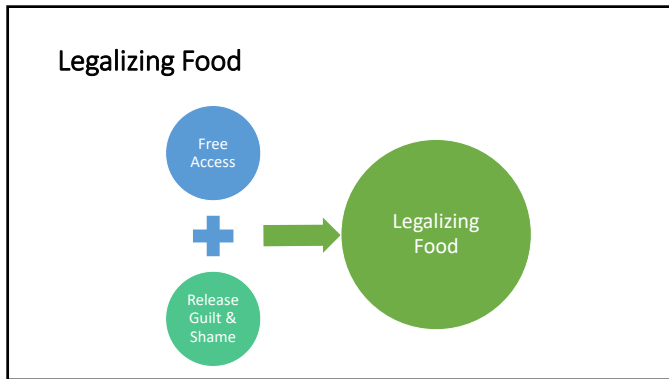
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## Part 2: When Malnutrition Lives in a Larger Body: Effective and Compassionate Interventions for Treating Binge Eating Disorder



31

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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!

A photograph of various foods: a sliced avocado, mushrooms, cherry tomatoes, a bowl of grains, and a glass of tea.

32

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### Kelsey

- 22 y/o cis-gender female, white
- Focus on appearance as a value within family
- Cue foods: candy bars
- Attributes acne and weight gain to being "out of control" with candy bars

A circular portrait of a woman with brown hair, looking slightly to the side.

33

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## Part 2: When Malnutrition Lives in a Larger Body: Effective and Compassionate Interventions for Treating Binge Eating Disorder

**Carolina**

- 14 y/o cis-gender female, Latin American
- 1st RTC admission since binge behavior started in 6th grade (Has seen nutritionist since 10 y/o (5th grade))
- History of following various diets with mom since she was a young child
- Attends hot yoga and cardio fit classes with mom 3-5x/week
- Previous nutrition work focused on limiting CHO, healthy fats, food tracking and label reading
- Binge eating has increased to include hiding food in her room, stealing money for snack foods, and eating during the night
- Weight has increased 20# in past 2 years



34

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**Goal Setting**

Binge Eating Disorder



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**Client-centered**

- This work is about the client! Not us or our ideals!
- What are their goals?
  - Are they reasonable and realistic?
  - Healthy?
  - Helpful?
  - Food/nutrition related?
  - Sustainable?



36

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## Part 2: When Malnutrition Lives in a Larger Body: Effective and Compassionate Interventions for Treating Binge Eating Disorder

### Nutrition Goals

- Food and weight are not synonymous!
- #1 – Be sure they are eating enough!
  - Minimum of 2000 kcals to avoid binge eating due to malnutrition
- Consistently enough!
  - Every 3-4 hrs minimum to avoid binge eating due to hunger
- Including foods they enjoy!
  - To avoid binge eating due to breakout rebellion
- Reaching satiety!
  - To avoid binge eating due to desired flavor despite fullness



37

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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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### Build Your Competency

<ul style="list-style-type: none"><li>• Acknowledge bias<ul style="list-style-type: none"><li>◦ Racial bias in healthcare research</li><li>◦ Weight</li><li>◦ Gender</li><li>◦ Socio-economic</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Stay informed<ul style="list-style-type: none"><li>◦ HAES<sup>®</sup>-informed care</li><li>◦ Treatment approaches</li><li>◦ Limitations of BMI/IBW</li><li>◦ Reading growth charts</li></ul></li><li>• Focus on behavior change (not weight)<ul style="list-style-type: none"><li>◦ Look for results in labs, vitals, and vitality</li></ul></li></ul>
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39

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## Part 2: When Malnutrition Lives in a Larger Body: Effective and Compassionate Interventions for Treating Binge Eating Disorder



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**Thank you!**



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41

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# When Malnutrition Lives In A Larger Body: Effective And Compassionate Interventions for Treating Binge Eating Disorder Webinar Part 2



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

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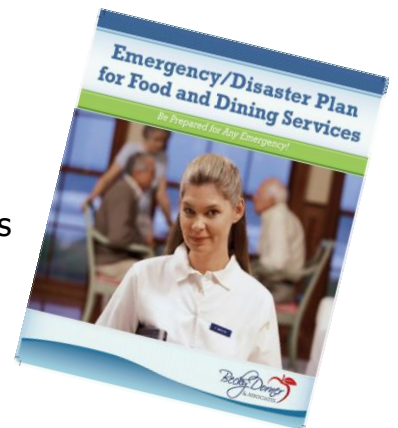
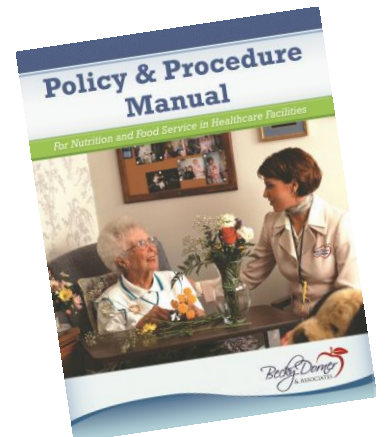
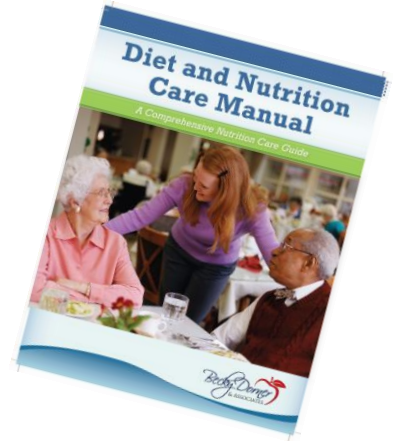
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