

Binge Eating Disorder: Dietitians Role in Healing the Relationship with Food

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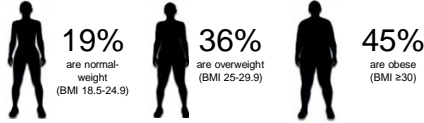
Binge Eating Disorder(B.E.D.) Uncovered

- ❑ B.E.D. is the most common eating disorder in the United States, affecting an estimated 2.8 million adults. It is 3 times more common than anorexia and bulimia combined.
- ❑ In an online survey of 344 US adults who met DSM-5® diagnostic criteria for B.E.D., only 11 (3.2%) reported receiving a diagnosis of B.E.D. by a healthcare provider in the past 12 months.
- ❑ B.E.D. affects women slightly more often than men--estimates indicate that about 60% of people struggling with B.E.D. are female, 40% are male
- ❑ BED is often associated with symptoms of depression, anxiety, ADHD, and other mental health concerns.
- ❑ People with B.E.D. report a lower quality of life than non-B.E.D.
- ❑ Three out of ten individuals looking for weight loss treatments show signs of BED.
 - ❑ "I just need to get control"

*Overview and Statistics National Eating Disorders Association
www.nationaleatingdisorders.org/binge-eating-disorder

Binge Eating Disorder(B.E.D.) Uncovered

People who struggle with B.E.D. can be of normal or heavier than average weight.



*Based on a nationally representative survey of US adults aged ≥18 years. Data from an eating disorder-assessed subsample (n=2,980) of the National Comorbidity Survey Replication.

Binge Eating Disorder: *Diagnostic Criteria*

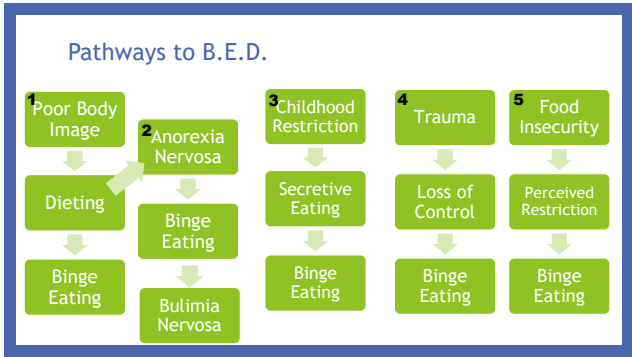
- ◆ Recurrent episodes of Binge Eating
 - ◆ Binge eating is eating a larger amount of food than most people would eat in similar time period and circumstances
 - ◆ A sense of lack of control over eating
 - ◆ Distressed regarding binge eating behavior
 - ◆ Occurs on average once a week for three months
 - ◆ Not associated with bulimia nervosa or anorexia nervosa
- ◆ Three or more of the following:
 - ◆ Eating much more rapidly than normal
 - ◆ Eating until feeling uncomfortably full
 - ◆ Eating when not feeling physically hungry
 - ◆ Eating alone because you feel embarrassed about how much you're eating
 - ◆ Feeling disgusted in oneself, depressed, or very guilty

Rehman ND, Swenberg KA, Patel CN, et al. Management and Outcome of Binge-Eating Disorder (Review). Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2016. Doc ID: Comparative Effectiveness Review, No. 163. Table 1. DSM-5 and DSM-5R diagnostic criteria for binge-eating disorder. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4826211/>

Measuring Severity of B.E.D.

- Mild: 1-3 binge eating episodes per week.
- Moderate: 4-7 binge-eating episodes per week.
- Severe: 8-13 binge-eating episodes per week.
- Extreme: 14 or more binge-eating episodes per week.

Rehman ND, Swenberg KA, Patel CN, et al. Management and Outcome of Binge-Eating Disorder (Review). Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2016. Doc ID: Comparative Effectiveness Review, No. 163. Table 1. DSM-5 and DSM-5R diagnostic criteria for binge-eating disorder. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4826211/>



Eating In The Light of The Moon: The Log

• <https://www.youtube.com/watch?v=JtzuQDAp4CI>

Multidisciplinary Effort

- ◆ Therapists
- ◆ Psychiatrist
- ◆ Dietitian
- ◆ Primary Care Provider
- ◆ Family Support
- ◆ Client

Evidenced Based Treatment

- Evidence-based treatment modalities—meaning those currently studied and with research outcomes—include cognitive behavioral therapy, mindfulness based interventions, Internal Family Systems therapy, and psychodynamic psychotherapy. Other modalities are available and may be effective, but they may not as yet be thoroughly researched.



If prescription medications had a >80% failure rate, would we prescribe them?

Based on a review of 21 randomized controlled trials only 5% of dieters achieved successful weight loss and most regained their lost weight within 1-5 years
Taniguchi, A, Janet, Britt Albrecht, and Tzuri Malin. "Long-term Effects of Dieting: Is Weight Loss Related to Health?" Social and Personality Psychology Compass. American Psychology, 03 Dec. 2013. Web. 30 May 2017; Grodzain, LeVina, Spencer, Colitz, & Stampfer, 1995; Neumark-Staine, Haines, Wall, & Eisenberg, 2007.

75% of all American women report disordered eating behaviors or symptoms consistent with eating disorders

Bulik, Cynthia R., Ph.D. "Survey Finds Disordered Eating Behaviors among Three out of Four American Women." Survey Finds Disordered Eating Behaviors among Three out of Four American Women - UNC School of Medicine. UNC School of Medicine, 24 Feb. 2011. Web. 31 May 2017.

Higher restraint is associated with increased BMI and disordered eating. Whereas, intuitive eating is associated with decreased BMI and disordered eating.

Anderson LM, Reilly EE, Schaumberg K, Dimochowski S, Anderson DA. (2015). Contributions of mindful eating, intuitive eating, and restraint to BMI, disordered eating, and meal consumption in college students. *PLoS ONE* 10(4): e0124955.

There are now over 30 studies that show the positive effect of intuitive eating and mindful eating. Intuitive eating is a well-defined, evidenced-based model with a validated assessment.

<http://www.intuitiveeating.org/evidencebased>

“ Binge Eating Disorder is a RESTRICTIVE eating disorder.

Diets, weight management, behavioral weight loss, healthy lifestyles, and any other method of controlling weight is NOT treatment for any eating disorder in any size body.

Why would we prescribe as treatment the things that people are already doing as part of their eating disorder? This narrative has led the diet and obesity communities to believe that they have to be careful not to harm those with AN & BN, but they can welcome those with BED in to their horrible programs with open arms.

Time for all ED community members to be making it clear that diets, etc are not appropriate for ANYONE with an ED including BED and atypical AN.”

Chevese Underhill Turner
 Founder of the Binge Eating Disorder Association (BEDA)

EDRDPRO
 Eating Disorder Registered Dietitians & Professionals
 ELEVATE YOUR SKILLS

RESTRICTION IS THE SINGLE GREATEST PREDICTOR OF BINGING, OUT OF CONTROL EATING, AND OVEREATING. PERIOD.

-MEGRETT FLETCHER,
 M.Ed, RD, CEDRD, LD

If diets were the solution, we wouldn't have a problem.

- Controls eating and activity rigidly
- Preoccupation with food and weight
- Sees food as good or bad
- Deprivation leads to increased cravings
- Sees themselves as good or bad
- Exercise is punishment

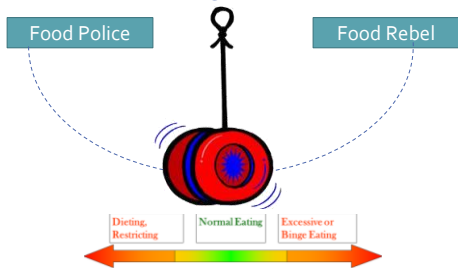
Dichotomous Thinking

- I feel like eating chips, but I should probably eat carrots
- I can eat this. I've been "good" all week.
- If I eat this, I'm going to have to run an extra mile.
- I blew it today, but I'll start on my diet tomorrow.
- Why even bother eating this salad if it has all this fattening dressing?
- I lost a pound this week; I can eat this.
- I already ate a cookie today, so since I've blown my diet, I might as well eat this too.

The Eat-Repent-Repeat Cycle



Paradigm Shift



Nutrition Therapy Guidelines to Recovery

Nutrition Therapy: *Initial Assessment*

- ◆ Intuitive Eating questionnaire
 - ◆ Tracy Tylka, Intuitive Eating Scale

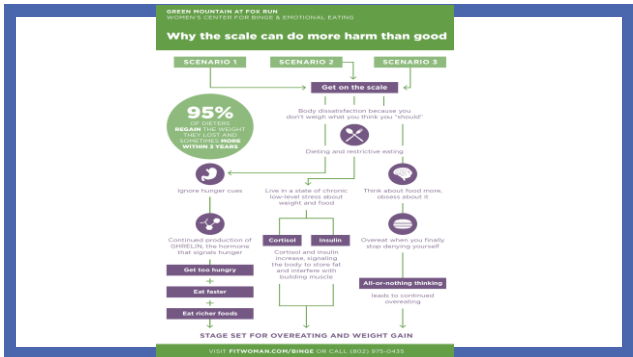
Some of the questions dietitians can ask are:

- ◆ "Have you been on multiple diets and had difficulty with long-term success?"
- ◆ "Do you experience loss of control over your eating?"
- ◆ "Do you ever feel guilty, ashamed, or embarrassed about how much you eat?"
- ◆ "Do you eat for emotional reasons, such as when you're bored, sad, or anxious?"
- ◆ "Have you been diagnosed with a mood or anxiety disorder? If so, are you taking medication for it?"

Red Flag: "I just need to get control of my eating"

Questions to better understand clients relationship with food and their body:

- ◆ What was the relationship with food like growing up?
- ◆ Binge or Trigger foods
- ◆ Food rules
- ◆ Dietary Food recall
- ◆ Food shopping and preparing information
- ◆ Eating environment
- ◆ Physical activity
- ◆ Physical activity wishes
- ◆ Employment and typical day on the job
- ◆ What would losing weight give you?



Step 1: Increasing Awareness through Mindfulness

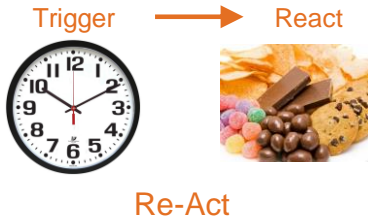
Client Session Goals:

- > Exploration of behaviors through curiosity, not judgement
- > Pause: If not hungry, then why do I want to eat?
- > Internal hunger and fullness cues
 - > Are they able to do this?
- > Sleep habits
- > Feelings, mood, stress level, etc.

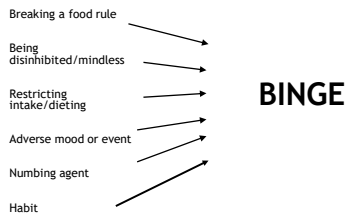
Dietitian Session Goals:

- > Understanding the why's
- > Differentiate between physical hunger and overeating triggers
- > Empowerment through lessons
- > Meet them at their barriers

Mindlessness



What, specifically leads to a binge?



Common Triggers

Emotional

- Stress
- Boredom
- Frustration
- Sadness
- Anger
- Happiness, love
- Celebration, reward
- Restriction and sense of deprivation

Physical Triggers

- Fatigue
- Dehydration or thirst
- Chronic pain
- Medication
- Hormonal cycles

Environmental Triggers

- Time of the day
- Social gatherings
- Free food (breakrooms, church, grocery shopping)
- Seeing other people eat
- Children's unfinished meals
- Advertising

Mindfulness

Trigger



Pause



Respond (Response-Ability)

Alternative Food Monitoring Apps



*iPhone only



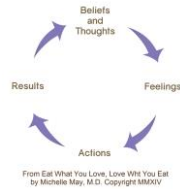
*iPhone and Android

The Top 11 Mindful Eating Apps

- **EatRightNow App** - Scientifically proven daily program that combines neuroscience and mindfulness to reduce cravings.
- **Am I Hungry?!** - This App is based on Dr Michelle May's Am I Hungry? Mindful Eating cycle. Every time you would like to eat the app takes you through a series of decisions to make mindful choices.
- **Mindful Bite** - Mindful Bite is centered around the time we take to eat. It buzzes at either 30 or 60 seconds and you take a bite. It also gives you periodic prompts to think about your hunger and fullness levels.
- **Before I Eat (A Moment in the Zone)** - This App is useful for people who have been experiencing bingeing or urges to eat that don't feel helpful. It is centered around acknowledging how you feel before eating (i.e., hungry, anxious, sad, bored etc.) and guiding you through strategies for each feeling. It also has some health coaching and goal setting components.
- **In the Moment** - Similar to Before I Eat, this App takes you through strategies to address what you are feeling rather than using food to manage certain feelings.
- **Mindful Eating Tracker** - Based on mindfulness, this App allows you to notice a food idea or thought (and decide what to do with the thought), rate and track levels of gratitude, hunger, thirst and satisfaction and food enjoyment.
- **Eat Drink and Be Mindful** - This App from Dr Susan Albers allows you to record your hunger level and kind of hunger. It also shows how you respond to food (mind, body, thoughts & feelings) and includes reminders to eat mindfully.
- **Rise Up and Recover** - Although specifically designed for people with eating disorders (and by the way there are some brilliant apps for Eating Disorders such as [Eating Recovery](#)) this App still has some really useful tools for everyone. Meals can be logged, emotions and behaviors can be tracked and it has a large inbuilt extra support and resources section.
- **Mindful Meal Timer** - Currently only available in Google Play, this useful app guides you to eat slowly and has a timer for main meals and snacks (with an alert halfway).
- **Mindful Eating** - Encourages taking photos of food eaten along with rating hunger, any sensory perceptions, level of pleasure, etc. from the particular meal.
- **Eat, Chew, Rest** - Based on the concept of slowing down, the app takes you through 3 eating steps as it moves to each color you can move to the next step of eating 1) Put the food in your mouth (green), 2) Chew (yellow) and 3) put eating utensils down, reflect and express gratitude (red).

Step 2: Building a Self-Care Toolkit

- Identify|Accept|Express
 - Right now I feel....
 - Right now I need....
- Assertive Communication
 - Reframing fear based thoughts around diet beliefs and behaviors
- Goal: work towards helping client explore ways to meet these needs



Practicing Acceptance

This takes time and patience

Embracing your size, doesn't mean you're forbidden from nourishing, caring for or respecting your body. It means you're free to explore *in consultation with your body* what these concepts look like in action, without the threat of 'change or else'. To embrace *what is* invites exploration and willingness to trust, listen and learn from your body.

fat_therapist

Step 3: Assertive Nutrition Communication

Thought: "I won't make healthy choices."

Challenge: I practice balance, variety, and moderation.

Thought: "I feel guilty."

Challenge: I will eat what I love while nourishing and fueling my body.

Thought: "I can't trust myself."

Challenge: Every eating decision is an opportunity to learn how to eat to fuel my body.

Problem Solving Solutions

Problem 1: "I always over eat or binge when I go to a restaurant."

Solution: Consider sharing an entrée; Use positive statements "I will provide my body with the right amount of fuel to meet my needs."

Problem 2: "I cannot have just 1 serving of ice cream."

Solution: Plan for challenge foods with mindful eating exercises in session; limit access in early stages or allow full permission with goal of working towards eating with attunement.

Problem 3: "All of my favorite foods are bad for me."

Solution: Discourage labeling foods good vs. bad. Find balance and moderation with asking "What do I want and need?"

Problem 4: "I never feel hungry."

Solution: Explore hunger and fullness cues related to recorded food intake

Problem 5: "I always feel hungry."

Solution: Explore hunger vs. appetite vs. craving

Problem Solving continued

Problem: "I hate to waste food"

Solution: Your body has no purpose for fuel it doesn't need, either the way the food is wasted.

◆ Past client thought: "You either throw it in the garbage or you become the garbage."

Problem: "I already blew it"

Solution: It was just a choice and I will listen to my body to tell me when I need fuel again.

Problem: "I deserve it"

Solution: Food is fuel. Food cannot satisfy an emotion.

Step 4: Breaking the *RULES*

◊ List food "rules" or dieting beliefs and discuss one-by-one providing sound evidence based guidelines to replace dieting beliefs and behaviors

- ◊ If I eat bread or starch foods it will make me gain weight.
- ◊ If I eat past 7:00 pm or late in the night the food will most likely turn to fat.
- ◊ If I eat sweets, I will lose control and overeat because sugar is addicting.
- ◊ The body requires essential carbohydrates.

◊ Dietitians may need to assess their own body and diet beliefs; mindful eating and intuitive eating can and often are turned into diets

*Samples taken from Body and Diet Beliefs Worksheet from Evelyn Tribole, MS, RD, The Original Intuitive Eating Pros

Step 5: Nutrition Therapy through Gentle Nutrition

Nutrition information as a tool, not a weapon.



Goal: Teaching with the intention of allowing the client to relearn to be the expert of their own needs(Intuitive Eating)

Nutrition Recommendations: *without rules*

Build flexibility to balance eating for enjoyment and nourishment



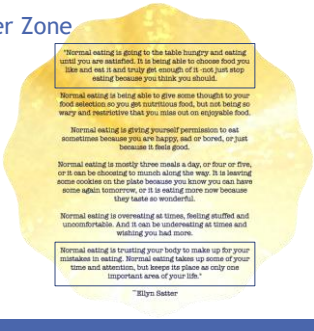
Gentle Nutrition

"Make food choices that honor your health and taste buds while making you feel well. Remember that you don't have to eat perfectly to be healthy. You will not suddenly get a nutrient deficiency or gain weight from one snack, one meal, or one day of eating. It's what we eat consistently over time that matters — progress not perfection is what counts."

-Intuitive Eating by Evelyn Tribole, MS, RD and Elyse Resch, MS, RD

Step 6: Self-Care Buffer Zone

- ❖ Overeating will happen, it's normal
- ❖ **Of Course**, you want to use food for.....
- ❖ Create list of red flags or common triggers and problem solve
- ❖ Find support group
- ❖ Intuitive Eating online support community



Additional Training and Professional Resources

- ❖ [AmiHungry?@ Mindful Eating Programs](http://www.amiblog.com)
- ❖ [Intuitive Eating PRO Skills Development-Intensive](http://www.intuitiveeating.com/)
- ❖ [Behavior Decoding Method](http://www.intuitiveeating.com/)
- ❖ <http://www.berbarabrisinger.com/professionals/>
- ❖ [Elysin Satter](http://www.elysatterinstitute.org/)
- ❖ <http://www.elysatterinstitute.org/>
- ❖ [The Center for Mindful Eating](http://www.thecenterformindfuleating.org/)
- ❖ <http://www.thecenterformindfuleating.org/>
- ❖ [Dietitian Central Webinars](http://www.edrpro.com)
- ❖ [EDRPRO](http://www.edrpro.com)
- ❖ www.edrpro.com

- Books:**
- *Eat What You Love, Love What You Eat for Binge Eating Disorder*, Michelle May, MD
 - *Body Kindness*, Rebecca Scritchfield, RDN
 - *Intuitive Eating*, Evelyn Tribole, MS, RDN and Elyse Resch, MS, RDN, CEDRD, FARD, FADC, FAND
 - *The Non-Diet Approach Guidebook for Dietitians* by Fiona Willer, APD, AN
 - *The Core Components of Mindful Eating*, Magrette Fletcher, M.Ed., R.D., CDE
- Client Workbooks:**
- *Intuitive Eating Workbook*, Evelyn Tribole and Elyse Resch
 - *8 Keys to Recovery From an Eating Disorder*, Carolyn Costin
- Podcasts:**
- *Body Kindness*, Rebecca Scritchfield, RDN
 - *FoodPsych*, Christy Harrison, MS, RD, CDN
 - *Love, Food!*(PCOS), Julie Duffy/Dillon, RDN
 - *The Body Love Project*, RDN
 - *Nutrition Matters with Paige Smathers*, RDN

Am I Hungry?® Mindful Eating for Binge Eating Clinic Outcome Results

• 10-week program results:

- Ceased binge eating behavior
 - BES scores at the start: average 32(severe) - BES scores at the end: average 14(no binge eating)
- Decreased depression and anxiety
 - PHQ-9 decreased an average of 6 points
 - GAD-7 decreased an average of 7 points
- Improved health behaviors



Client Screeners and Tools

- ◆ BED Screener
 - ◆ https://www.bingeeatingdisorder.com/hcp/content/media/BingeEatingDisorder_Screener.pdf
- ◆ BED Discussion Guide
 - ◆ <https://www.bingeeatingdisorder.com/hcp/content/media/BingeEatingDisorderDiscussionGuide.pdf>

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Questions?

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