EATING DISORDER TREATMENT CENTERS

Eating disorders: Diagnosing Criteria, Consequences of ED, and Treatment Modalities.

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Eating Disorder Treatment Centers

Topics:

- Criteria for Eating Disorders
- Consequences of an Eating Disorder
- Therapeutic Approaches
- Levels of Care

Eating Disorder Criteria per DSM-5

Anorexia Nervosa

DSM-5 Criteria

A. **Restriction on energy intake relative to requirements, leading to significant low weight**

B. **Intense fear of gaining weight or becoming fat, or persistent behavior that interferes with weight gain, even at a low weight**

C. **Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape of self-evaluation, or persistent lack of recognition of seriousness of current low body weight**

Severity
Mild: BMI ≥17
Moderate: BMI 16-16.99
Severe: BMI 15-15.99
Extreme: BMI <15

Anorexia Nervosa

Restricting type (F50.01): During the last 3 months, the individual has not engaged in recurrent episodes of binge or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas). This subtype describes presentations in which weight loss is accomplished primarily through dieting, fasting, and/or excessive exercise.

Binge-eating/ purge type (F50.02): During the last 3 months, the individual has engaged in recurrent episodes of binge eating or purging episodes (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas).

Bulimia Nervosa

DSM-5 Criteria

A. Recurrent episodes on binge eating. An episode of binge eating is characterized by both of the following:

1. Eating, in a discrete period of time (e.g. within any 2-hour period), an amount of food that is definitely larger than what most individuals would eat in a similar period of time under similar circumstances.
2. A sense of lack of control overeating during the episode (e.g. a feeling that one cannot stop eating or control what or how much one is eating).

B. Recurrent inappropriate compensatory behaviors in order to prevent weight gain, such as self-induced vomiting, misuse of laxatives, diuretics, or other medications; fasting; or excessive exercise.

Bulimia Nervosa

DSM-5 Criteria

C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least once a week for 3 months

D. Self-evaluation in unduly influenced by body shape and weight

E. The disturbance does not occur exclusively during episodes of anorexia nervosa.

Binge Eating Disorder (BED)

DSM Criteria

A. Recurrent episodes of binge eating

B. Binge eating episodes are associated with three or more of the following:

- Eating until uncomfortably full
- Eating large amounts when not physically hungry
- Eating more rapidly than usual
- Eating alone due to embarrassment
- Feeling disgusted, depressed, guilty afterward

C. Marked distress about binge eating

D. Binge eating occurs, on average, at least once a week for 3 months

E. Not associated with regular compensatory behavior (purging or exercise)

Avoidant/Restrictive Food Intake Disorder (ARFID)

DSM Criteria

A. An eating or feeding disturbance (e.g. apparent lack of interest in eating or food; avoidance based on the sensory characteristics of food; concern about aversive consequences of eating) as manifested by persistent failure to meet appropriate nutritional and/or energy needs associated with one (or more) of the following:

1. Significant weight loss (or failure to achieve weight gain or faltering growth in children)
2. Significant nutritional deficiency
3. Dependence on external feeding or oral nutritional supplements
4. Marked interference with psychological functioning

B. The disturbance is not better explained by lack of available food or by associated culturally sanctioned practice

C. The eating disturbance does not occur exclusively during the course of anorexia or bulimia, and there is no evidence of disturbance in the way in which one's body weight or shape is experienced

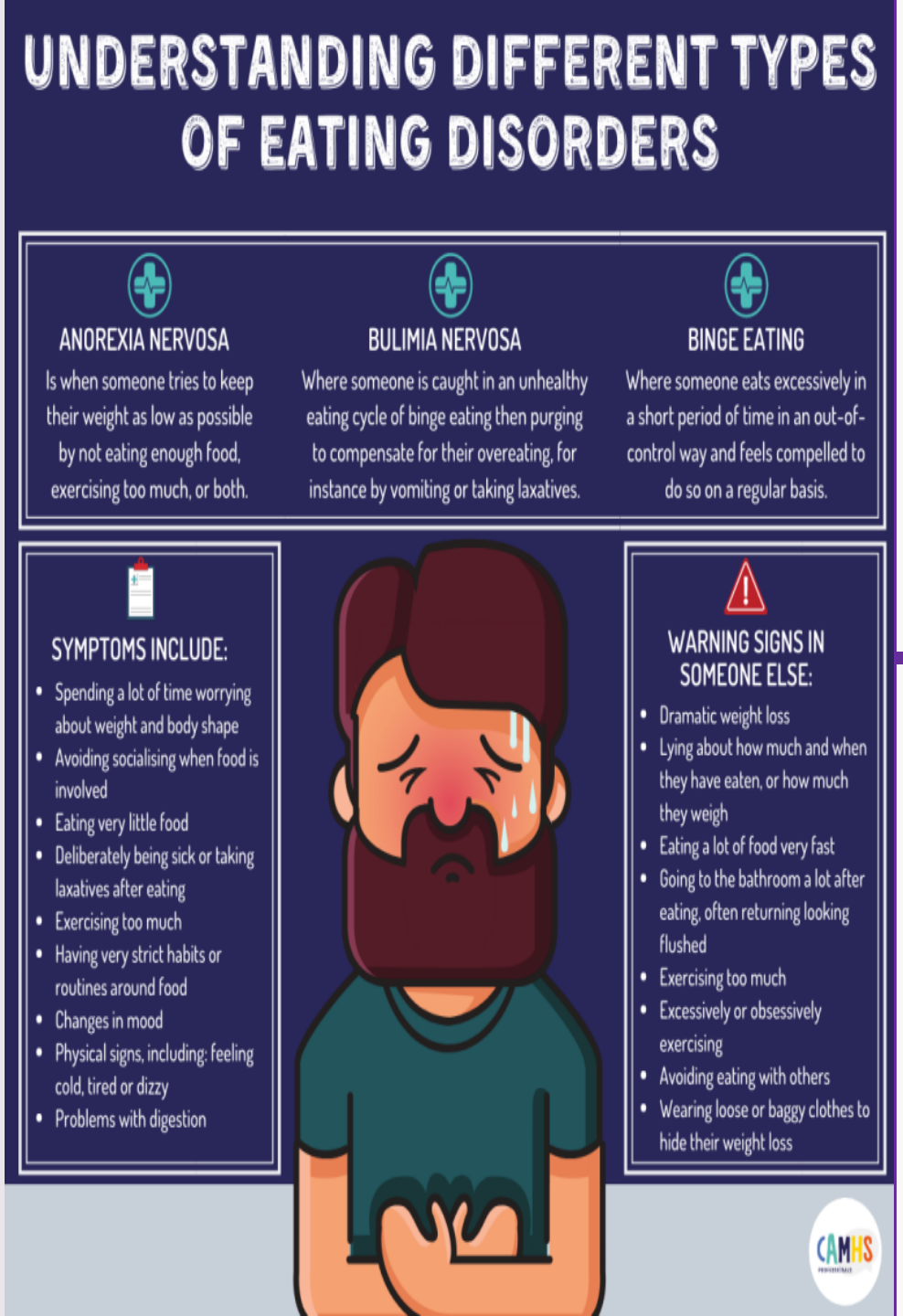
D. The eating disturbance is not attributed to a concurrent medical condition or not better explained by another mental disorder

Other Specified Feeding or Eating Disorder (OSFED)

DSM Criteria

Patients engage in a variety of behaviors but do not meet criteria for other diagnosis.

1. **Atypical anorexia: All criteria for anorexia met, except that despite significant weight loss, the individual's weight is within or above the normal range.**
2. **Bulimia (of low frequency and/or limited duration): All criteria met except the binge eating and compensatory behaviors occur on average less that once per week/ or less than 3 months**
3. **BED (of low frequency and/or limited duration): All criteria for BED are met, except that binging occurs, on average, less than than once per week and/or less than 3 months**
4. **Purging disorder: Recurrent purging behavior to influenced weight or shape (e.g. self-induced vomiting; misuse of laxatives, diuretics, or medications) in the absence of binge eating.**



Assessment of Eating Disorders

- Presence/absence of binge eating, purging, dietary restrictions
- Time course
- Precipitating factors
- History of eating disorders

- Exercise
- Food rules
- Strength of concerns regarding weight and shape
- Co-morbid psychopathology-MDD, anxiety disorders, substance abuse, PTSD, dissociative disorder

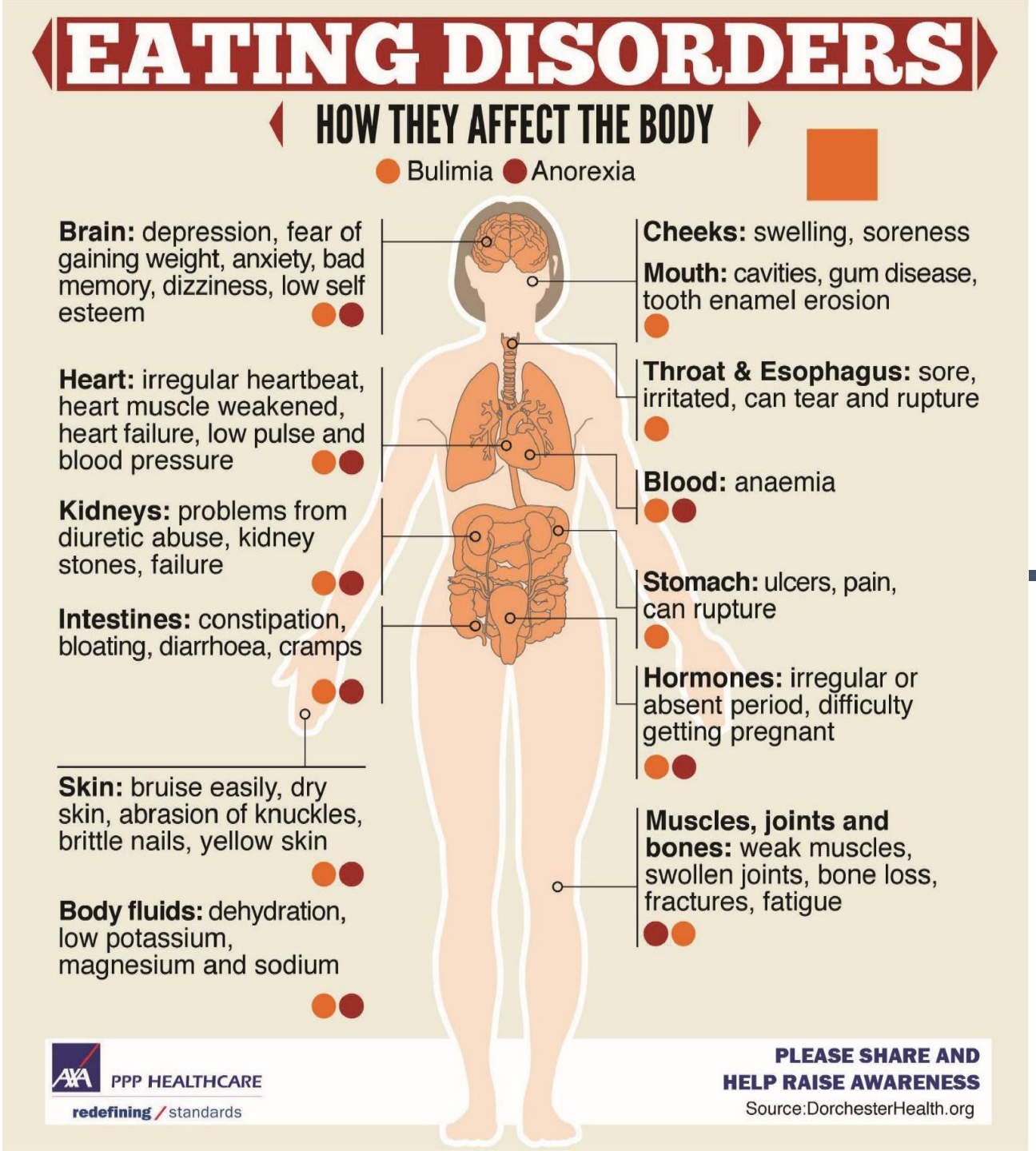
Food Rules

- Vegetarian / Vegan
- Gluten Free / Dairy Free
- Fear of kcal absorption into skin
- Using religion to fuel bxs
- Finger food struggles
  - Using mouth to push foods in mouth vs hands
  - Overuse of napkins / utensils
- Decreased intake for “cleanliness”
  - Emptiness
- Continued use of rules creates intolerance

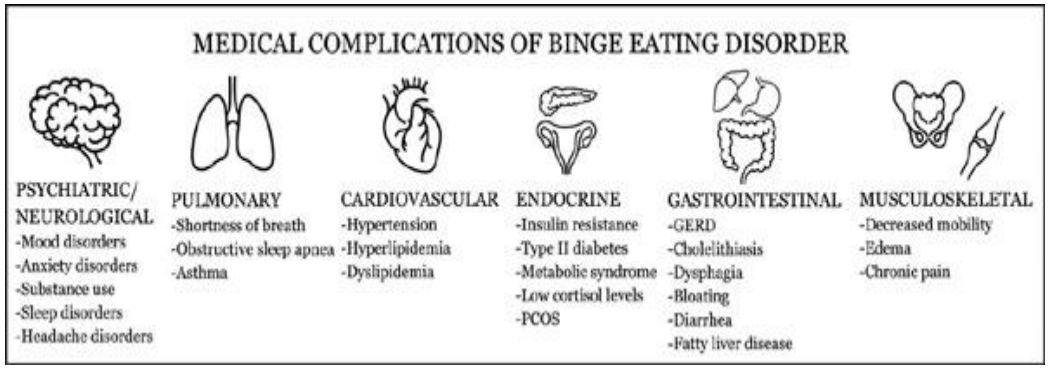
What to ask if you suspect an Eating Disorder:

- Weight/height to calculate BMI
- What do you eat in day/week?
  - What is serving size?
  - Do you eat the amount you cook/ serve yourself?
  - How many calories?
- Do you count calories/ macros?
- Are there any foods you avoid?
- Do you have any rules or rituals around food/meals?
- What happens if you eat these foods?
- Do you binge? If so, what does a binge look like (i.e. types of food, amount of food)?
- How do you feel about your body/ shape/ size/ weight (assess for distress level)?
- Do you have a goal weight? What happens if you don't reach that goal?
- Have you noticed any signs of possible medical consequences (i.e. dizziness, fatigue, amenorrhea, fainting, etc)?
- Compensatory behaviors (vomiting, exercise, diuretic, laxatives, GLP-1)?
- How often do you engage in compensatory behaviors?

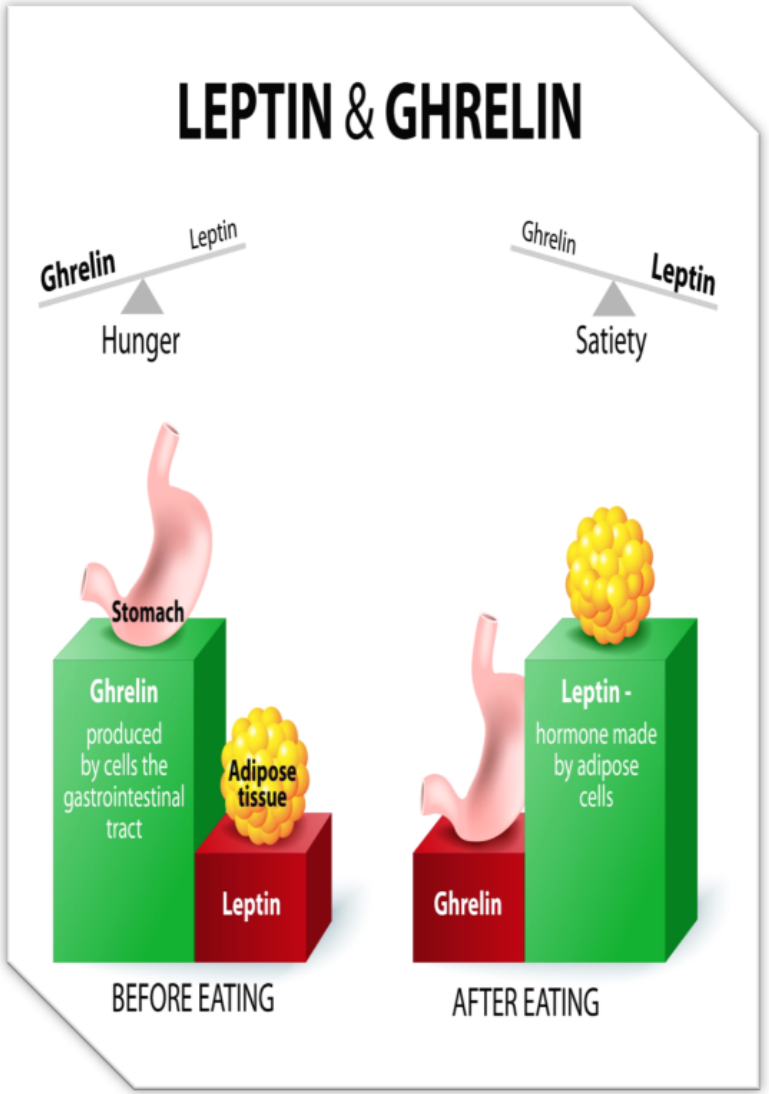
Consequences of an Eating Disorder



- Complications From Eating Disorders



- Low Self Worth
- Poor Quality of life
- Problems Functioning
- Social Isolation
- Medical Complications
- Leads to Other Behaviors



Hormones

1. **Aldosterone**
   - Induced from reduction of purging
   - Calorie restriction can lead to decreased ability to excrete

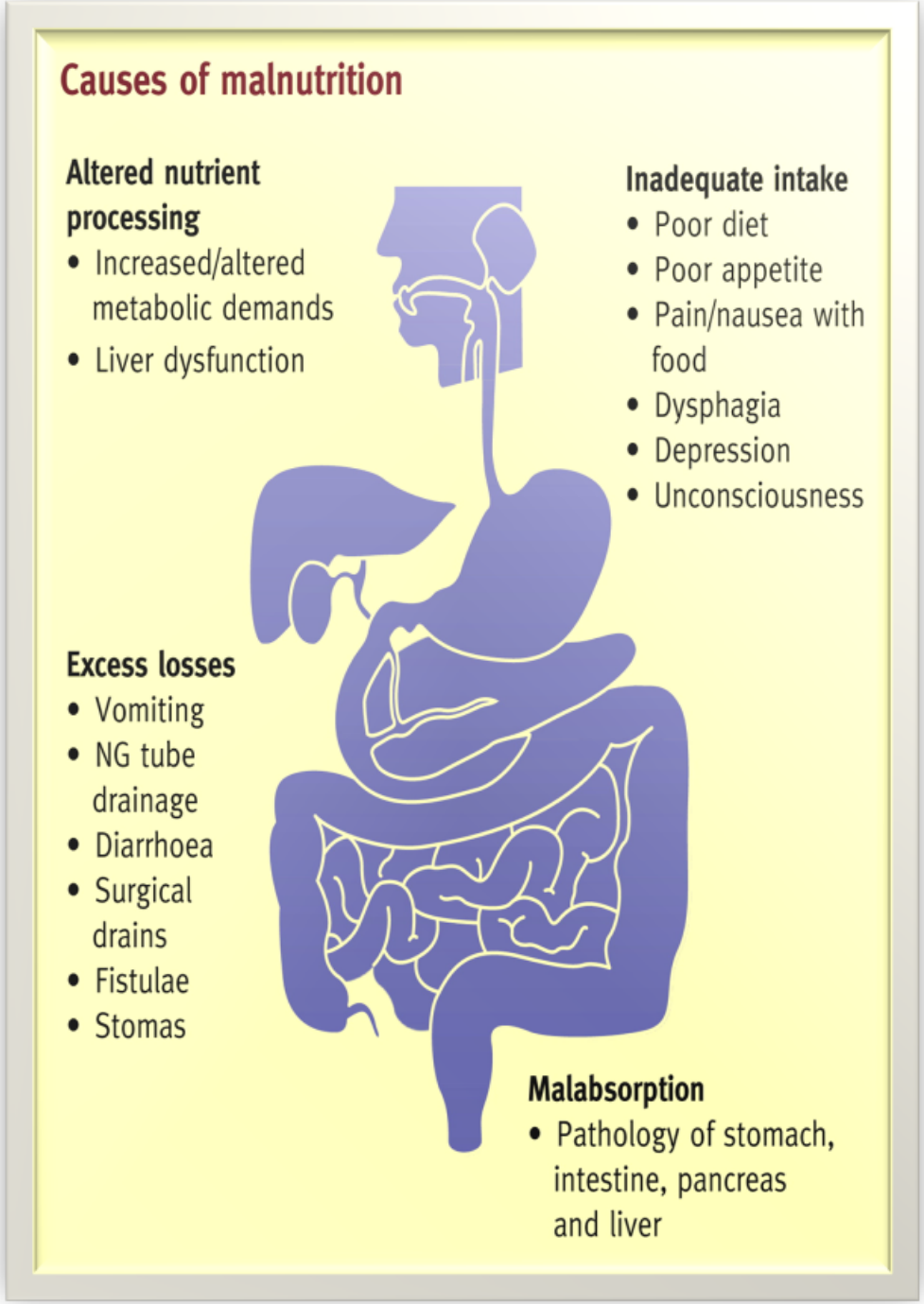
     excess water
   - Risk Hyponatremia

   (decreased intake + increased fluid = risk for low sodium levels)
2. **Cortisol: stress hormone**
   - Rises to help us manage the physiologic stress of malnutrition

     and being underweight
3. **Leptin**
   - Secreted by adipose tissue
   - Suppresses appetite and food intake
   - Reduced levels with anorexia
   - Returns to normal with IBW
4. **Ghrelin**
   - Produced by the stomach
   - Increases appetite
   - Increased during anorexia

Symptoms of Malnutrition

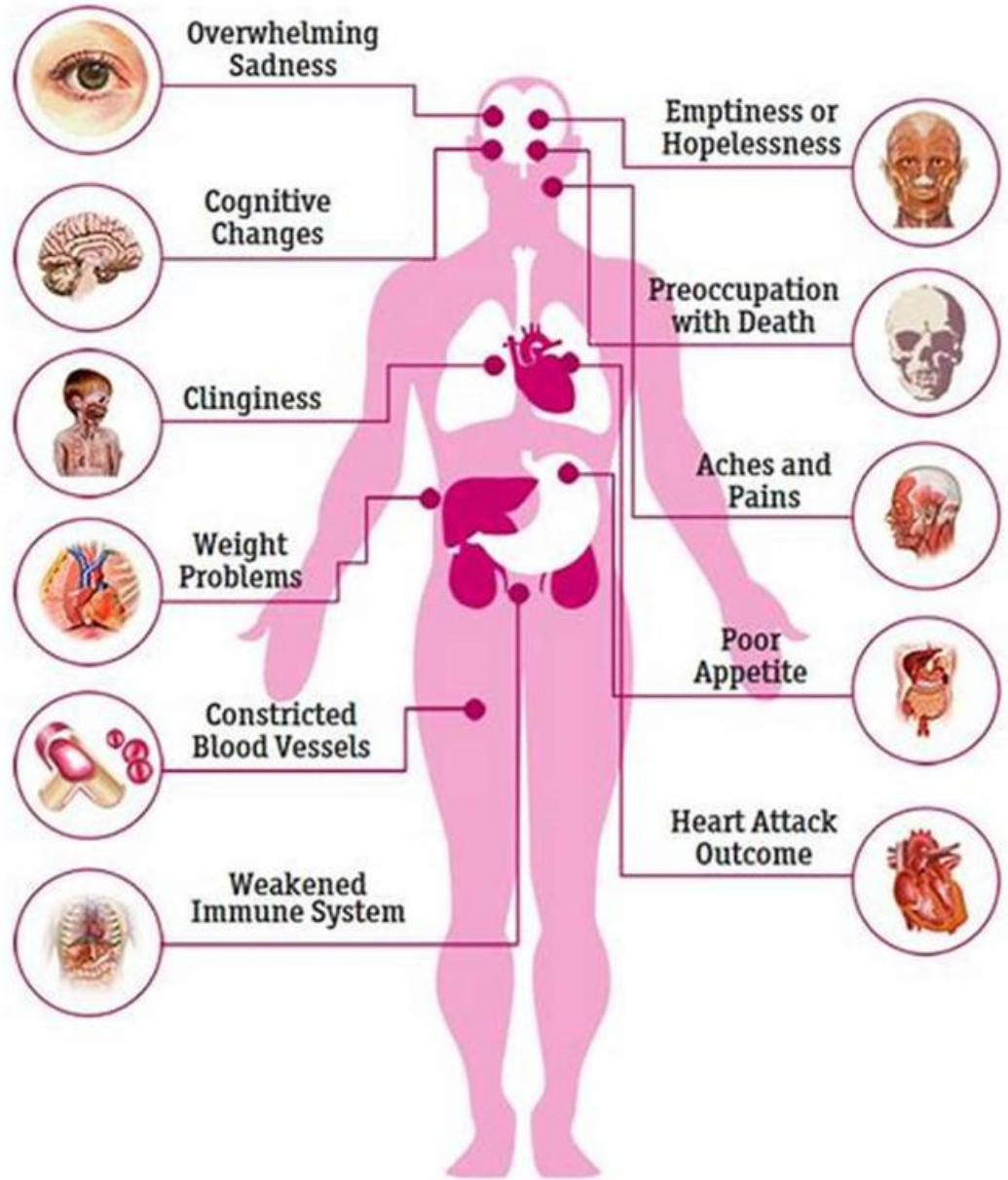
- Migraines
- Irritable Bowel Syndrome (IBS)
- Chronic constipation
- Hair, skin, nails
- Dizziness or lightheaded
- Rapid weight loss in a short amount of time (≥ 2# per week)
  - Possible weight gain due to hormone shift
- Increased cholesterol levels
- Decreased Vitamin D levels



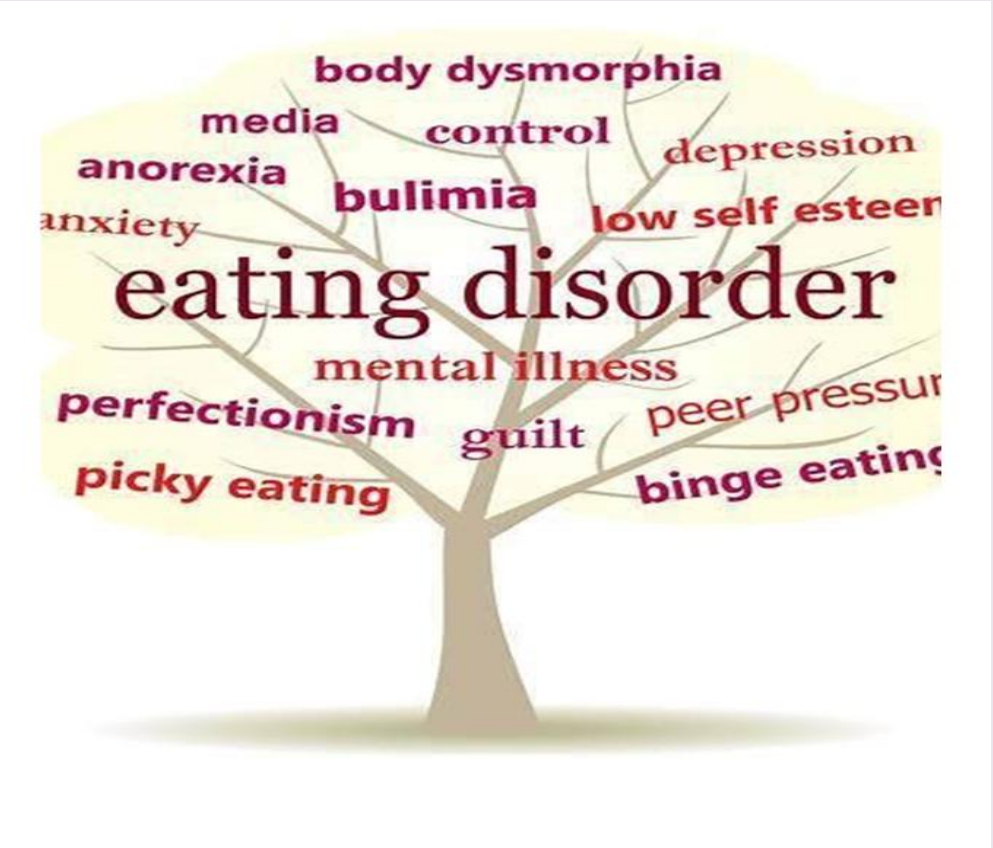
Medical Consequences

- Low blood pressure
  - Orthostatic
- Decreased metabolic rate
- Anemia
- Electrolyte imbalances
  - Hyponatremia
  - Hypokalemia
- Amenorrhea
- Muscular weakness
- Osteopenia
- Cyanosis

- Increased Liver enzymes
  - AST, ALT
- Gastrointestinal symptoms
  - Constipation
  - GERD
  - Diarrhea
  - Esophageal tears
  - Bloating
  - Gas
  - Malabsorption
    - Gastroparesis

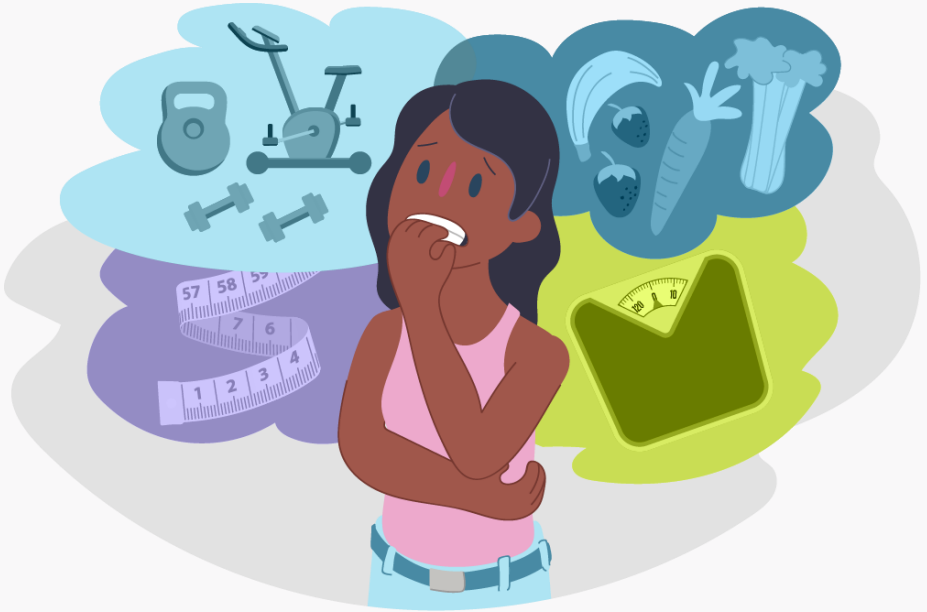


Therapeutic Approaches


body dysmorphia
media
control
depression
anorexia
bulimia
low self esteem
anxiety
eating disorder
mental illness
perfectionism
guilt
peer pressur
picky eating
binge eating

EATING DISORDER FOR SELF-REGULATION

- Containment of fragmentation
- Tension release
- Predictability and structure

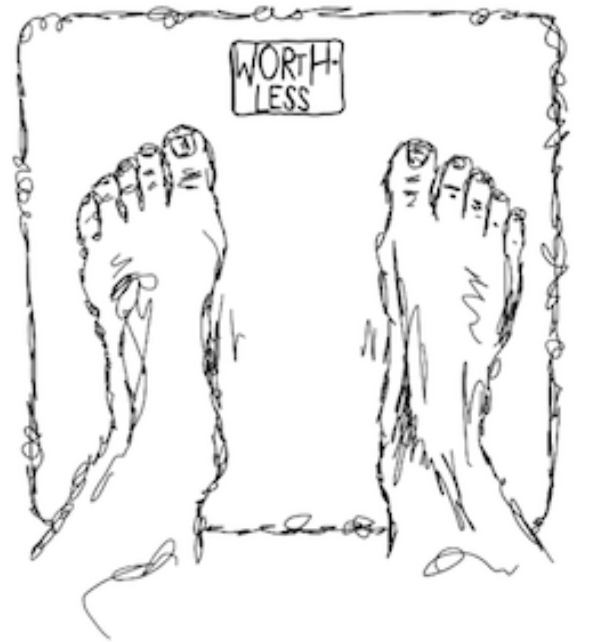


EATING DISORDERS FOR SELF-MEDICATION

- Sedation
- Energizer
- Tension and anxiety relief
- Numbing

EATING DISORDERS AS SELF-EXPRESSION

- Rebellion
- Discharge anger
- Avoidance of intimacy
- Large/small body for protection

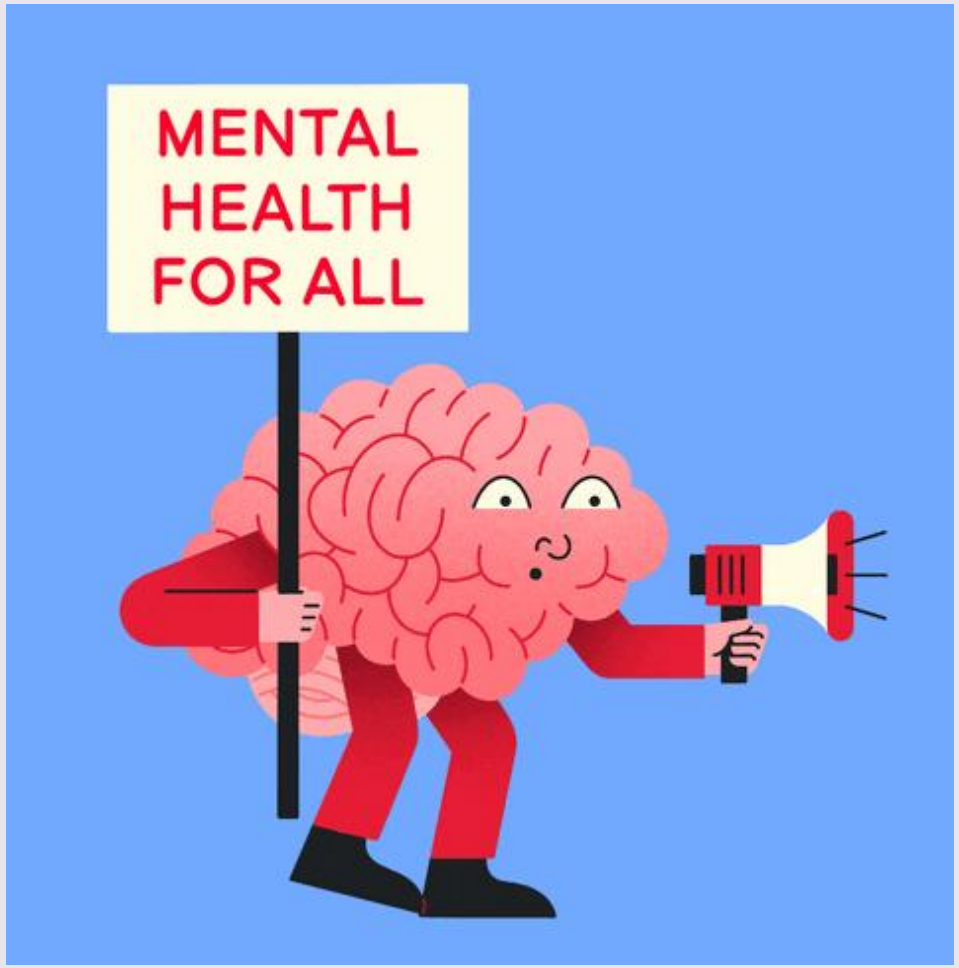


TRAPS THAT INHIBIT RECOVERY

- Mistaking intensity for feelings of being alive
- Staying stuck in guilt can inhibit grieving
- Not making a decision to stop the Eating Disorder Behavior
- Fear of experiencing emotions

BEGINNING TREATMENT

- Collaborative approach
- Changing for self vs others
- Enhancing motivation to change-client should present argument for change
- Pros and Cons of treatment, Pros and Cons of no treatment

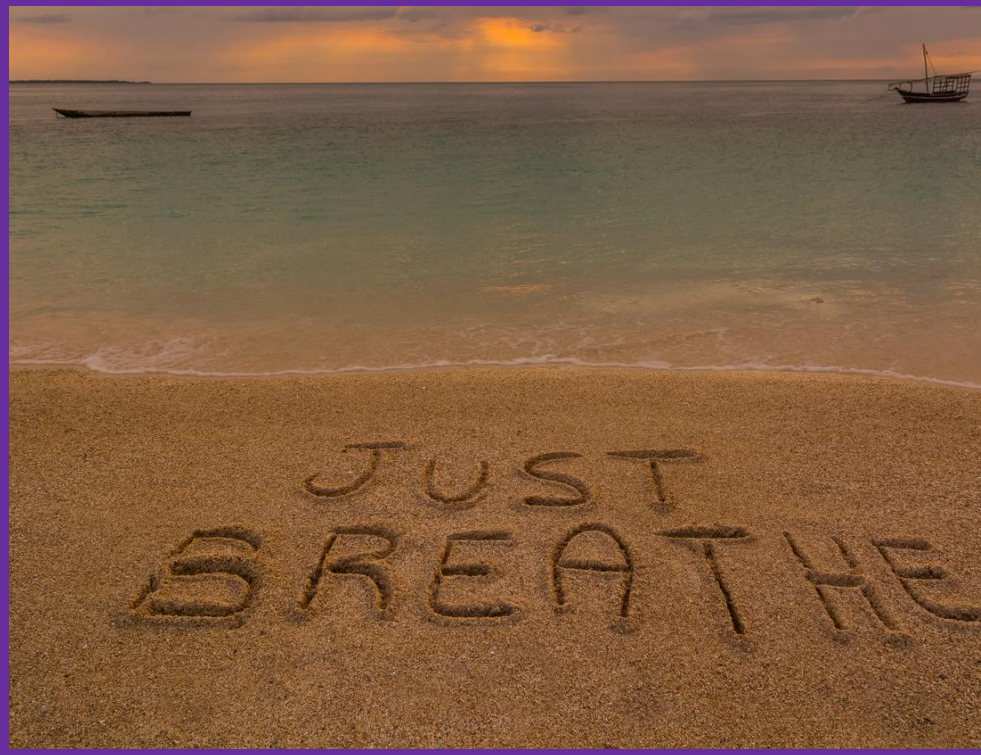


INTERVENTIONS:

Adaptive Coping Skills for a Healthier Life

- Breathing as distress tolerance
- Relief through words and expressive activities
- Relapse Prevention

BREATHING AS DISTRESS TOLERANCE



Our breathing is a link between our mind and body. Sometimes our mind is thinking one thing, and our body is doing another. By concentrating on our breathing "in" and "out" we bring body and mind back together and become whole again. Conscious breathing is an important bridge.

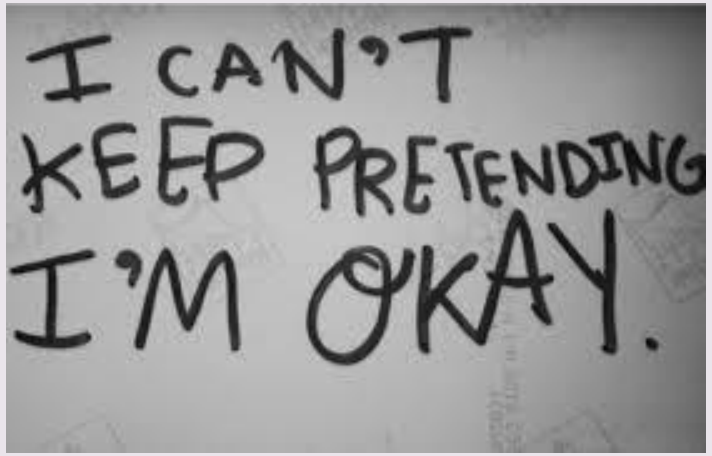
Therapeutic Assignments

Drawing or collage of ED part of self	ED timeline & TR timeline	Dialogue with ED part of self	Explore ED as a survival tool/grief work/anger work	Relapse Prevention Plan
Cycle of Eating Disorder behavior	Covert Sensitization of Eating Disorder behavior	Eating Disorder thoughts/challenges	Affirmation Place Mat	Collage of future self
	Urge Cards	Goodbye letter to ED	Letter of appreciation to Body	

ADVANTAGES OF CHANGE

- How would you like things to be different?
- What would be the good things about not engaging in eating disorder behavior?
- If you could make this change immediately, by magic, how might things be better for you?

- What would you like your life to be like 5 years from now?
- The fact that you're here says that at least part of you thinks it's time to do something. What are the main reasons you see for making a change?



Creating a Vision Of Recovery

- What would a healthy, recovering relationship with food look like?
- What feeling would you have in your body as you take these steps?
- What would you be thinking that would help you take these steps?
- What images or metaphors would be helpful to you in taking these steps?
- What could you do in the near future that would be a step toward realizing your vision?

Rainy Day Letter

Write
- a letter to self when things are going well, to be opened when things are not going well.

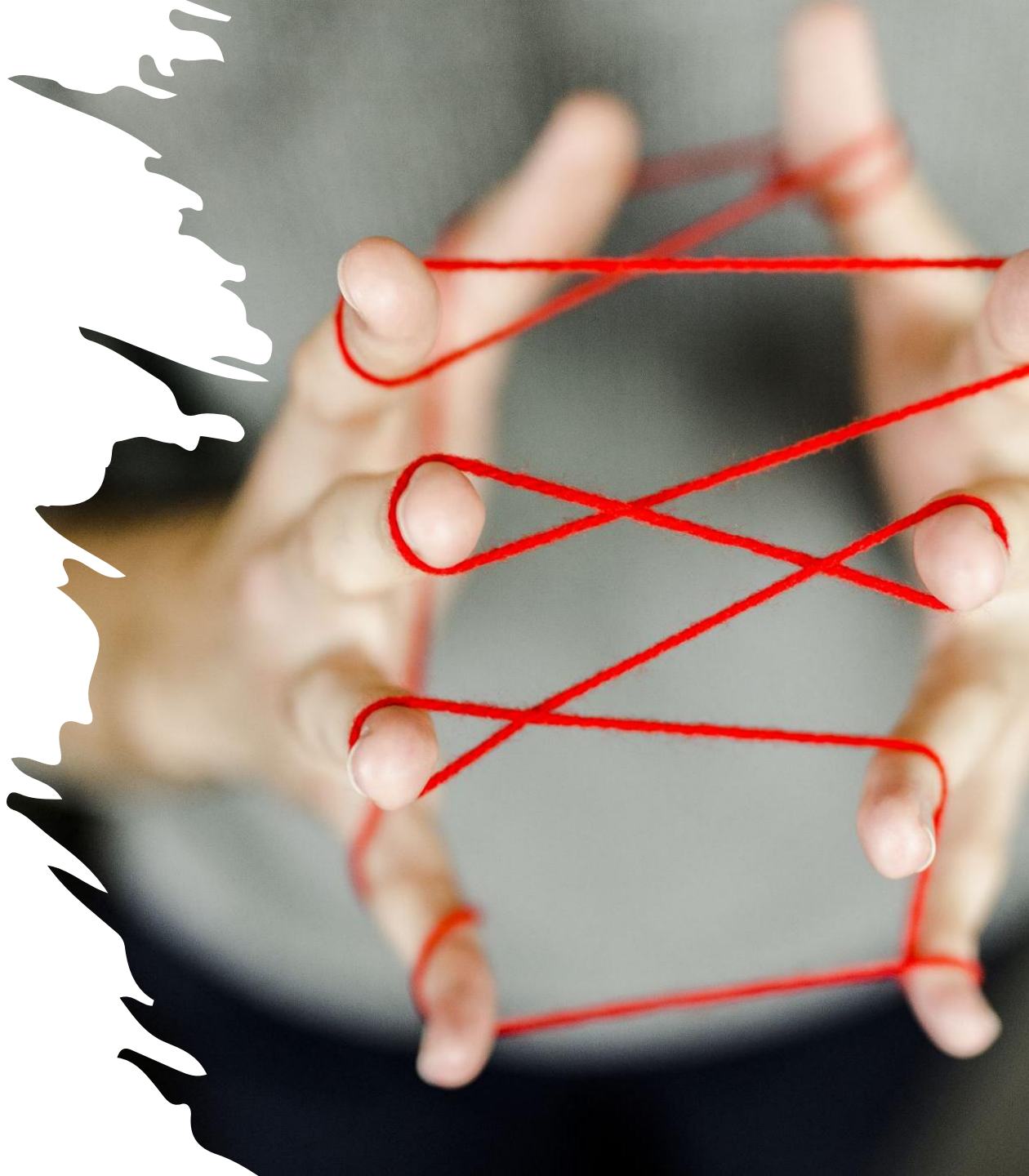
Let
- past experiences of lapses or relapses be the teacher.

Include
- a list of possible actions to take with instructions to choose at least one.

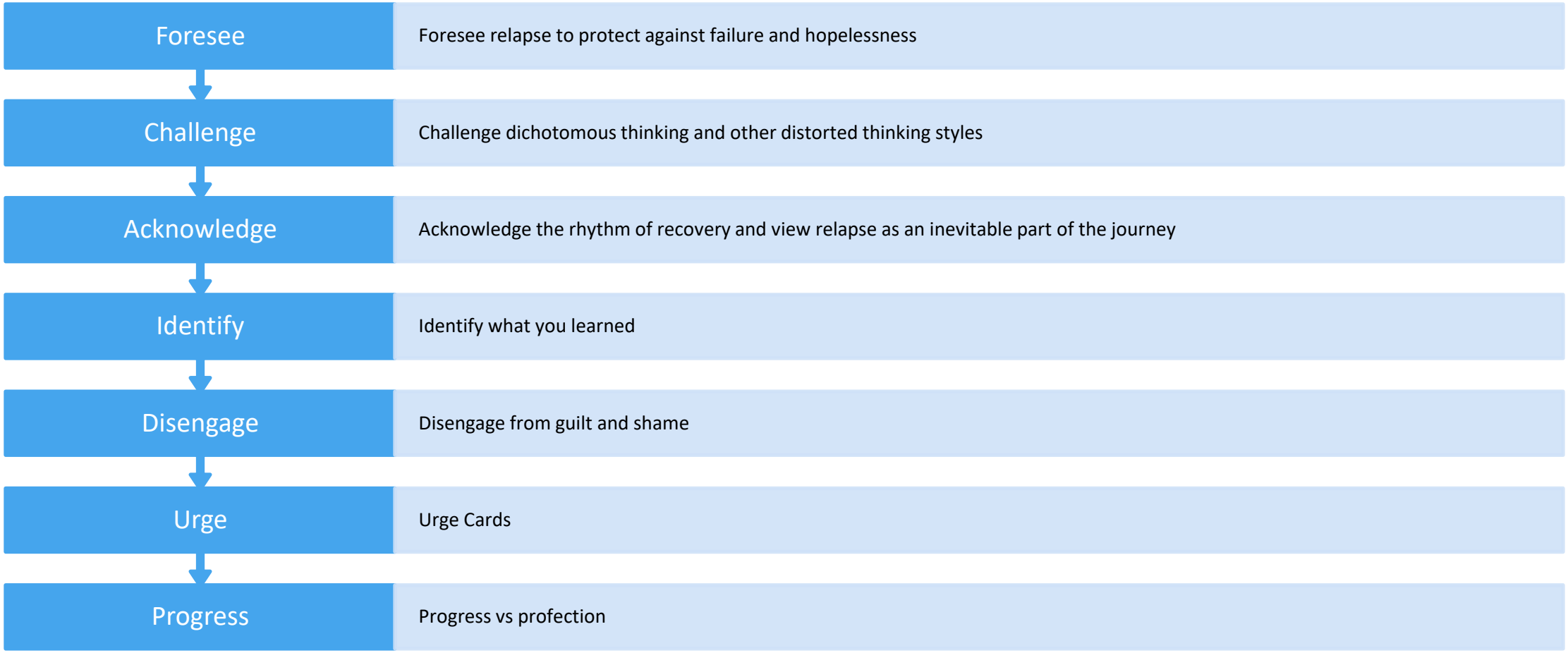
Include
- five affirmations you consider to be true.

Relapse Prevention Worksheet

1. Identify the behavior
2. List triggers (situation, events, people, etc)
3. Identify automatic thought they have when they encounter this trigger.
4. Identify the emotions they experience with each trigger and automatic thought.
5. Identify a positive thought challenge for each automatic thought
6. Identify the reinforcer for the behavior (what they perceive they will get from engaging in behavior).
7. List negative consequences of engaging in behavior.
8. List positive coping strategies they can utilize instead.



Relapse Prevention



Levels of Care

Outpatient Treatment (OP)

This is the least restrictive level of care and is appropriate for individuals who are medically stable and able to maintain adequate nutrition and safety in their daily environment.

Services may include:

- Individual therapy
- Nutrition counseling
- Psychiatric medication management
- Medical monitoring by a primary care provider or specialist

Appropriate when:

- Vital signs are stable
- No acute medical complications are present
- The individual can maintain eating behaviors with outpatient support
- Risk of self-harm is low

Intensive Outpatient Program (IOP)

IOP provides structured treatment several days per week while allowing the individual to continue living at home.

Services may include:

- Group therapy
- Individual therapy
- Meal support
- Nutrition education
- Psychiatric follow-up

Appropriate when:

- Symptoms are interfering with functioning but do not require daily supervision
- Additional structure is needed to interrupt disordered eating behaviors
- The individual remains medically stable

Partial Hospitalizarion Program (PHP)

PHP is a highly structured day-treatment program, generally 6-10 hours per day, 5-7 days per week.

Services may include:

- Supervised meals and snacks
- Individual, group, and family therapy
- Psychiatric care
- Medical monitoring
- Nutrition rehabilitation

Appropriate when:

- Eating disorder symptoms are severe
- Weight restoration or nutritional rehabilitation is needed
- Frequent supervision is required to prevent compensatory behaviors
- The individual is medically stable enough to return home overnight

Residential Treatment

Residential treatment provides 24-hour support in a non-hospital setting.

Services may include:

- Around-the-clock supervision
- Structured meal plans and meal support
- Individual, group, and family therapy
- Psychiatric services
- Medical oversight

Appropriate when:

- Symptoms remain severe despite lower levels of care
- Significant support is needed to manage eating disorder behaviors
- Environmental factors interfere with recovery
- The individual is medically stable enough to be treated outside a hospital

Inpatient Hospitalization

Inpatient treatment occurs within a hospital and focuses on medical and psychiatric stabilization.

Services may include:

- Continuous medical monitoring
- Nutritional rehabilitation
- Management of medical complications
- Psychiatric assessment and treatment

Appropriate when:

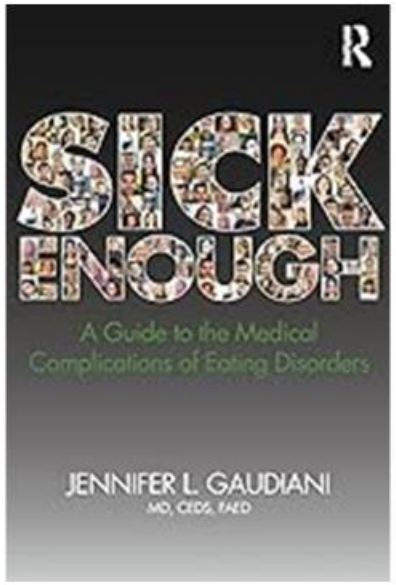
- There is medical instability (e.g., severe malnutrition, electrolyte abnormalities, cardiac complications)
- Acute psychiatric risk is present
- Immediate stabilization is required before stepping down to another level of care

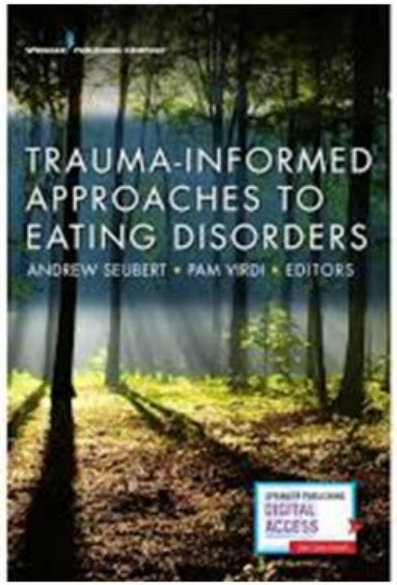
Acute Medical Hospitalization

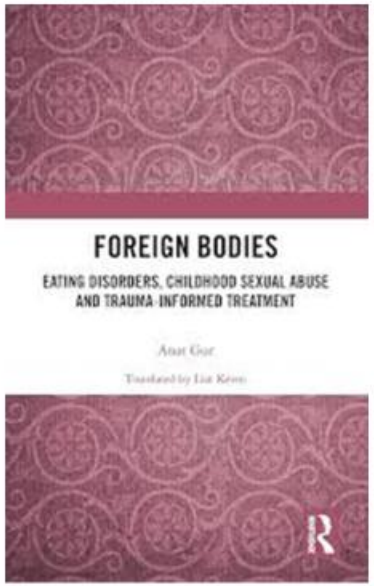
This is the highest level of care and is reserved for individuals with life-threatening medical complications resulting from an eating disorder.

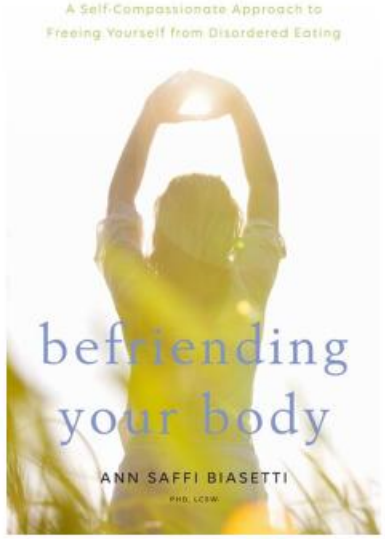
Indications may include:

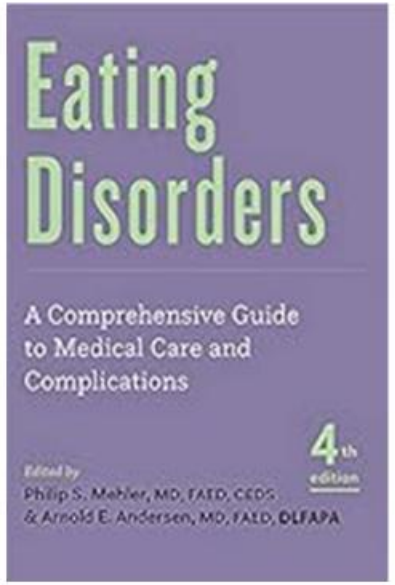
- Severe bradycardia or cardiac instability
- Significant electrolyte abnormalities
- Severe dehydration
- Organ compromise
- Extremely low weight with medical instability

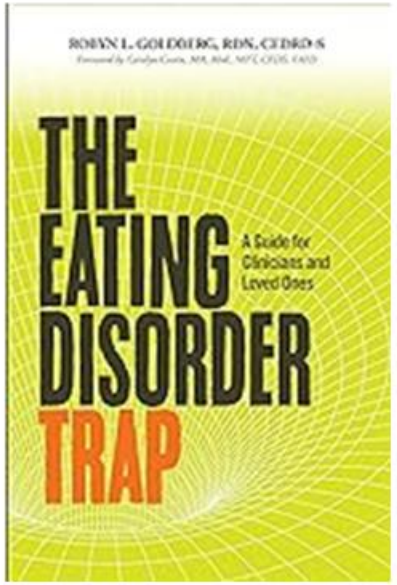

SICK ENOUGH
A Guide to the Medical Complications of Eating Disorders
JENNIFER L. GAUDIANI
MD, CEDS, FAED


TRAUMA-INFORMED APPROACHES TO EATING DISORDERS
ANDREW SEUBERT • PAM VIRDI • EDITORS
DIGITAL ACCESS


FOREIGN BODIES
EATING DISORDERS, CHILDHOOD SEXUAL ABUSE AND TRAUMA-INFORMED TREATMENT
Anat Gur


A Self-Compassionate Approach to Freeing Yourself from Disordered Eating
befriending your body
ANN SAFFI BIASETTI


Eating Disorders
A Comprehensive Guide to Medical Care and Complications
4th edition
Edited by
Philip S. Mehler, MD, FAED, CEDS
& Arnold E. Andersen, MD, FAED, DLFAPA


THE EATING DISORDER TRAP
A Guide for Clinicians and Loved Ones

EATING DISORDER TREATMENT CENTERS

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