Food Fight: Identifying, Treating and Preventing Eating Disorders in the Diabetic Population

Janice Antoniewicz-Werner RDN, MA, CD, CEDRD

Wisconsin Diabetes Educators Conference March 2018.

Presenter Disclosure Information

In compliance with the accreditation board policies, the American Diabetes Association requires the following disclosure to the participants:

Janice Antoniewicz-Werner RDN CD MA CEDRD

Disclosed no conflict of interest
Learning Objectives

• Identify signs and symptoms of eating disorders
• List treatment options
• Describe the benefits of intuitive/mindful eating to promote health
• Understand the benefits of establishing a peaceful relationship with food.
• List strategies to promote a positive relationship with food and eating
• Describe strategies to teach intuitive and mindful eating.

Non – Compliant Patient

Non Compliance

• Knowledge/education vs action/behavior
Non Compliance

• Could it be due to an eating disorder?

ED Statistics

• At least 30 million people of all ages and genders suffer from an eating disorder in the U.S.
• Every 62 minutes at least one person dies as a direct result from an ED
• Eating disorders have the highest mortality rate of any mental illness.
• 13% of women over 50 engage in ED behaviors
• Eating disorders affect all races and ethnic groups

ED Statistics: Anorexia

• 0.9% of American women suffer from anorexia in their lifetime
• 1 in 5 anorexia deaths is by suicide
• 50-80% of the risk for anorexia and bulimia is genetic.
ED Statistics - Bulimia

- 1.5% of American women suffer from bulimia in their lifetime.
- Nearly half of bulimia patients have a comorbid mood and/or anxiety disorder.
- Nearly 1 in 10 bulimia patients have a comorbid substance abuse disorder.

ED Statistics – Binge Eating Disorder

- 2.8% of Americans suffer from binge eating disorder in their lifetime.
- Approximately half of the risk for BED is genetic.
- Nearly half of BED patients have comorbid mood and/or anxiety disorders.
- Nearly 1 in 10 BED patients have comorbid substance abuse disorder.
- Binge eating or loss of control eating may be as high as 25% in post bariatric patients.

ED statistics - Diabetes

- About 38% of females and 16% of males with type 1 diabetes have disordered eating behaviors.
- Women with T1DM have a 2.5 increased risk of developing an ED compared to those without diabetes.
- Bulimia is the most common eating disorder in women with type 1 diabetes.
- Binge eating disorder is more common among women with type 2 diabetes.
Diabetes and Eating Disorders

• Medical Problem with a Behavioral Solution

Hunting for Eating Disorders

• What are we looking for?

Diagnostic Criteria-DSM-V

• Anorexia Nervosa
  — Restriction of energy intake leading to the person being significantly under body weight expected for age, gender and developmental trajectory, and physical health
  — Intense fear of gaining weight; behavior interferes with gaining weight
  — Body image disturbance, often highly influence self evaluation; denial of severity of illness
  — Two types: Restricting and Binge Eating/Purging type
Diagnostic Criteria-DSM-V

• Bulimia Nervosa
  ❖ Recurrent binge episodes (consumption of large amounts of food w/loss of control).
  ❖ Recurrent use of inappropriate behaviors to prevent weight gain (vomiting, laxatives, exercise, diet pills). Diabulimia.
  ❖ Both binge and purge behaviors occur, on average, at least 1x/week for 3 months
  ❖ Self – evaluation unduly influenced by weight/shape.
  ❖ Does not meet criteria for Anorexia

Diagnostic Criteria-DSM-V

• Binge Eating Disorder
  ❖ Recurring episodes of eating large amounts of food, more than most people would eat in similar circumstance in a short period of time.
  ❖ Feelings of loss of control during binge episodes, as well as marked distress.
  ❖ Binge episodes occur, on average, at least 1x/week for 3 months

Diagnostic Criteria-DSM-V

• Atypical anorexia nervosa: All of the criteria for anorexia nervosa are met, but the individuals weight is within or above normal range.
• Bulimia nervosa(of low frequency and/or limited duration): All criteria of bulimia nervosa are met except that the binge eating and inappropriate compensatory behaviors occur, on average, less than 1x/week/or less than 3 months.
Diagnostic Criteria DSM-V

• **Binge-eating disorder (of low frequency and/or limited duration):** All of the criteria for binge eating disorder are met, except binge eating occurs, on average, less than 1x per week or less than 3 months.

• **Purging disorder:** Recurrent purging (e.g., self-induced vomiting, misuse of laxatives, diuretics or other medications, diabulmia) behaviors to influence weight or shape, no binge eating.

• **Night eating syndrome:** Recurrent episodes of night eating (i.e., eating after awakening from sleep or by excessive food consumption after the evening meal. Awareness and recall of eating. Behavior not better explained by external influences like changes in sleep-wake cycle or by local social norms.

• **Other Specific Feeding or Eating Disorder (OSFED)**
  - Disturbances in eating behavior that do not fall into the specific categories of AN, BN or BED.
Other

- Orthorexia
  - an obsession with eating foods that one considers healthy.
  - a medical condition in which the sufferer systematically avoids specific foods in the belief that they are harmful.
- Chronic Dieters

Causes of Eating Disorders

- Genetics, family history
- Hormonal Imbalances e.g. PCOS
- Changes in body weight – intentional or unintentional
- Dieting behaviors or dieting history
- Personality traits e.g. perfectionism, black/white thinking, rigidity
- Poor body image, low self esteem, the “thin” ideal

Diabetes/ED Connection

- Both demand that people pay close attention to
  - Body states
  - Weight management
  - Types and amounts of food consumed
  - Timing and content of meals
  - Endorsement of safe/good vs dangerous/bad food dichotomies
  - Focus on numbers: BG, AIC, CHO grams
Diabetes/ED Connection

- Control is central issue in both diabetes and eating disorders
  - People with both disorders may become consumed with strategies to rigidly control both weight and blood glucose
  - Some people develop a pattern in which they use the disease to justify or camouflage the disorder.

What is going on?

Factors contributing to EDs

- Dieting Culture
- Appearance based everything
- Coping strategy
- Control
- Trauma
- Other mental illnesses/addictions
Classic ED Symptoms and Warning Signs

- Cold intolerance
- Loss of menstruation/amenorrhea
- Thyroid dysfunction
- Low estradiol and testosterone
- Orthostatic vital signs, unstable vital signs
- Poor sleep
- Weight scale anxiety
- Dieting or increase focus on food consumption
- Growth delay, growth attenuation and delayed puberty

More Classic ED Signs

- Dry Skin and/or loss of hair
- Decline in school or work performance, social functioning
- Preoccupation with weight and/or poor body image
- Low self esteem
- Depression and/or anxiety

Anorexia Red Flags

- Dramatic weight loss
- Wearing loose, bulky clothes to hide weight loss
- Preoccupation with food, dieting, counting calories/carbs, etc.
- Refusal to eat certain foods, such as carbs or fats
- Avoiding mealtimes or eating in front of others
- Preparing elaborate meals for others but refusing to eat them
- Exercising excessively
- Making comments about being “fat”
- Stopping menstruating
- Complaining about constipation or stomach pain
- Denying that extreme thinness is a problem
- Changes in insulin use
Bulimia Red Flags

- Evidence of binge eating, including disappearance of large amounts of food in a short time, or finding lots of empty food wrappers or containers
- Evidence of purging, including trips to the bathroom after meals, sounds or smells of vomiting, or packages of laxatives or diuretics
- Skipping meals or avoiding eating in front of others, or eating very small portions
- Exercising excessively
- Wearing baggy clothes to hide the body
- Complaining about being “fat”
- Using gum, mouthwash, or mints excessively
- Constantly dieting
- Scarred knuckles from repeatedly inducing vomiting
- Changes in insulin use

BED Red Flags

- Evidence of binge eating, including disappearance of large amounts of food in a short time, or finding lots of empty food wrappers or containers
- Hoarding food, or hiding large quantities of food in strange places
- Wearing baggy clothes to hide the body
- Skipping meals or avoiding eating in front of others
- Constantly dieting, but rarely losing weight
- Changes in insulin use.

Other Red Flags

- Vegetarian/veganism
- Super size me
- Kale
- Macros, Paleo
- Exercise extremes/compulsions
Formal Assessment Tools

❖ Screening Tools
  • SEEDS (Screen for Early ED Signs) – 20 items to assess risk of developing an ED in the T1DM population.
  • mSCOFF – 6 items to clarify suspicion of an ED
  • DEPS (Diabetes Eating Problem Survey) – 16 item diabetes specific self report screening measure.

Assessment Tools

• Binge Eating Disorder
  ❖ Questionnaire on Eating and Weight Patterns-5 (QEWP-5)
  ❖ Binge Eating Scale

Assessment Tools

• Intuitive Eating Assessment Scale - 2
  — Unconditional Permission to Eat
  — Eating for Physical Rather than Emotional Reasons
  — Reliance on Internal Hunger/Satiety Cues (Trust)
  — Body-Food Choice Congruence
• ecSI-2
  — Eating Competence
Types of Treatment

• Out Patient
• Intensive Out Patient
• Partial Hospitalization
• Residential
• In Patient

Getting Patients to Treatment

Eating Disorder
You

Prevention of Food/Eating Disharmony

Check Your Biases at the Door
Prevention of Eating Disorders

- Words matter!
  - Blood glucose “test” vs “check”
  - Control/Compliance vs management
  - Blood Glucose levels good/bad vs high/low
  - You have to lose weight

Prevention of Food/Eating Disharmony

<table>
<thead>
<tr>
<th>Healthy Eating</th>
<th>Restrictive Dieting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexible</td>
<td>Rigid</td>
</tr>
<tr>
<td>In charge</td>
<td>In control</td>
</tr>
<tr>
<td>Nourishment</td>
<td>Diet</td>
</tr>
<tr>
<td>Fuel</td>
<td>Calories</td>
</tr>
<tr>
<td>Trust</td>
<td>Fear</td>
</tr>
<tr>
<td>Healthy</td>
<td>Thin</td>
</tr>
<tr>
<td>Aware</td>
<td>Preoccupied</td>
</tr>
<tr>
<td>Regret</td>
<td>Guilt</td>
</tr>
</tbody>
</table>

Letting go of perfectionism
Fat shaming and thin praising
Good vs bad foods
Clean eating, super food chasing
What works....

Goals:

Health/Well being vs Weight and Body image

- Health at Every Size (HAES)
- Size and self acceptance
- Joy of movement
- The pleasure of eating well

What works....

Mindful eating

- Allowing oneself to become aware of the positive and nurturing of eating
- Using all your senses to enjoy for that is pleasing to you
- Acknowledging responses to food (likes, neutral or dislikes) without judgment
- Learning to be aware of physical hunger and satiety cues.

What works....

- Intuitive Eating/Instinctive Eating
Promoting a Peaceful Relationship with Food

• Role models
• Neutralizing foods
• Enteroceptive awareness
  — Body, Mind, Heart Scan

Resources

• Intuitive Eating
• Health at Every Size
• Eat What You Love, Love What You Eat with Diabetes
• Podcasts – Promoting positive body image, Peaceful eating, Intuitive eating.
General guidelines in building a PowerPoint

Font size

- Use Arial Narrow font in designated sizing:
  - 36 or 40 point for slide titles
  - Level 1 bullet: 28 point
  - Level 2 bullet: 24 point

There may be times where it is necessary to use a smaller font size, but please consider adding a page instead of cramming too much content on a page with unreadable text.

If viewers will see the PPT on a screen in a presentation, strictly avoid anything smaller than 22 point.

Punctuation

- Capitalize only the first letter of the first line of headlines, sub-heads or other titles, and bullet points.
  - Example: Updates on strategic priorities, not Updates On Strategic Priorities

- Keep information as concise as possible and use bullet points to avoid heavy blocks of text.

- Full sentences are not required in bullet points. Punctuate only at the end of full sentences.

Other

- Use the notes section for additional commentary to use during presentation
- Use photos, charts and graphics when possible to help tell the story. Avoid unprofessional clip art.
- Avoid excessive use of animation and slide transitions.
  - A simple fade between slides is fine, but busy transitions can be distracting.
How to use the template

1. Save the template to your computer's U: drive.
2. Open the template, then click on the “View” tab and select the “Normal” presentation view.
3. Open your PowerPoint presentation and select the “Normal” presentation view.
4. Left click the first slide of your presentation and then use the Ctrl and A keys to select the entire set of slides.
5. Right click and select copy, then switch to the template and left click below this slide to paste (choose “Use Destination Theme.”)

How to use pre-set layout options

• There are pre-set layout options for you to use, including several options for the presentation title and closing slides.
  — All of the layouts are found in the “Slides” section of the “Home” tab
  • Simply click “New Slide” and use the drop down arrow ▼ to select a layout
  • The “Welcome” slide is an option for external conferences and meetings.
• You may delete these slides and start using the template
  — If you have questions about PowerPoint, please contact the marketing department.