

WELCOME

Disordered Eating and Anxiety

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Goals

- Describe examples of eating disorders and disordered eating
 - Review examples of eating disorder behaviors for both traditional eating disorders and obsessive compulsive disorder (OCD)
 - Making the case: Why we use exposure based interventions to treat eating disorders and disordered eating
 - Describe specific treatment steps
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Diagnosis-DSM-5

Anorexia Nervosa

- Restriction of energy intake relative to requirements leading to significantly low body weight based on age, sex, development and physical health (kids=less than minimally expected)
- Intense fear of gaining weight or becoming fat even though underweight.
- Disturbance in way body weight or shape is experienced.
- Restricting type (dieting, fasting, exercise) or binge-eating/purging type (binge eating or purging-vomiting, laxatives, diuretics, enemas)

Bulimia Nervosa

- Recurrent episodes of binge eating:
 - Eating, in a discrete period of time, an amount definitely larger than most people would eat.
 - A sense of lack of control over eating during episode.
- Recurrent inappropriate compensatory behavior in order to prevent weight gain (e.g., vomit, laxatives, fasting, exercise).
- Binge eating and compensatory behavior both occur, on average, at least once per week for 3 months
- Self-evaluation is unduly influenced by body shape and weight

Binge-Eating Disorder

- Recurrent episodes of binge eating: in a discrete period of time consuming significantly more than what most people would consume in same period and a sense of lack of control during the episodes
- Associated with eating more rapidly than normal, eating until feeling uncomfortably full, eating when not hungry, eating alone due to embarrassment, or feeling disgusted, depressed or guilty afterward.
- Marked distress about binge eating
- Occurs at least once per week for three months
- No compensatory behaviors

Muscle dysmorphia

- A form of body dysmorphic disorder (BDD)
- Definition DSM-5: “the individual is preoccupied with the idea that his or her body build is too small or insufficiently muscular.” (DSM 5, p.243)
- Focus is on looking muscular with definition. May engage in excessive weight lifting, cardiovascular exercise and strict dieting to achieve desired look

Orthorexia Nervosa

Brytek-Matera 2012

- What is it?
- “Pathological obsession for biologically pure foods which can cause substantial dietetic limitations and which is able to lead to obsessive thoughts about foods, affective dissatisfactions and intense social isolation”(p.55)
- Focus not on weight loss but on consuming pure, healthy food. Food prep and consumption is utmost importance often to the exclusion of relationships, work, social life etc.
- Preoccupation with food, choosing foods, preparing them in ritualistic manner and consumption

Co-occurring illnesses in eating disorder patients

Co-morbid illnesses	Statistics
Depression	Lifetime prevalence – 70%
Anxiety	Lifetime prevalence – 63% OCD – 40% Social Phobia – 20%
Alcohol Abuse and/or Dependence	AN 17% BN 46%
Post-traumatic Stress Disorder	13%

I know what an eating disorder
is but what is disordered
eating?

Disordered Eating

- Picky eating-limited food choices, texture of food
 - Unhealthy dieting-calorie restriction, skipping meals
 - Use of laxatives, diet pills
 - Related to choking fears
 - Related to food allergies
 - Emetophobia
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Eating related behaviors



Eating Disorder Behaviors-See handout

- Odd utensil use (e.g., eat yogurt with fork)
 - Combining Foods (e.g., add condiment to make food taste bad)
 - Hydro-loading – in order to feel full prior to meals/alter weights
 - Avoidance behaviors-talking excessively, hiding food, chewing food and spitting out, moving food around on plate to make it appear that more food was eaten.
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Eating Disorder Behaviors

- Chewing food/gum excessively as a way to burn calories
 - Calorie burning-leg bouncing, isometric exercises, pacing, take long route to get places
 - Choosing same foods due to known calories/fat content or bodies response to food
 - Pacing meals to feel full
 - Micro-sized bites of food
 - Checking labels of food for calorie or fat content
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Disordered eating as it relates to OCD



Disordered Eating-OCD related

- Contamination
 - foods, stores, brands of food, contact with certain people, organic or “green” foods, avoidance of fast foods
- Color of foods
 - e.g., need to eat all tan foods/avoid red foods- devil or blood
- Symmetry related
 - need to eat same amount as sibling to maintain identical weight and shape or chewing same number of times on each side of mouth

Disordered Eating-OCD related

- Counting
 - needing to chew certain # of times
- Magical
 - certain foods provide me certain abilities/or could negatively affect me.
 - My OCD will protect me from vomiting (emetophobia related)
- Morality-based
 - Vegetarian vs. environmentally friendly production of food (e.g. “green”, McDonald’s)
- Eat in certain order
- Hoarding food - bingeing

Disordered Eating

Relationship of eating disorders to
OCD/Anxiety

Symptom Overlap?

- Obsessive-compulsive disorder (OCD) and eating disorders (ED) both characterized by intense anxiety caused by unwanted thoughts.
 - OCD = unwanted thoughts, images, or impulses that generate high levels of anxiety (obsessions; e.g., contamination, doubt, symmetry).
 - ED's = “intense fear” of fat and weight gain and “preoccupation” with body shape (thoughts are just as unwanted and just as anxiety producing).
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Symptom Overlap?

- OCD and ED's both characterized by actions taken to reduce anxiety.
 - OCD = mental or behavioral acts done to neutralize unwanted thoughts or reduce the anxiety caused by them (compulsion - e.g., washing, checking, counting).
 - ED's = “compensatory behaviors” (measuring body parts, excessive weighing, excessive use of mirrors, counting calories, hoarding of food, bingeing and purging).
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Symptom Overlap?

- Avoidance of triggers:
 - OCD-avoiding triggers such as contaminated surfaces, sharp objects, certain people, having others complete rituals
 - ED-calories, restaurants, obese/overweight individuals, mirrors, wearing certain clothes, eating with others, etc.

Co-occurrence of eating disorders and anxiety disorders

- Kaye, Bulik, Thornton et al. (2004)
 - Of 672 individuals with either anorexia, bulimia or combination 63.5% had at least one lifetime anxiety disorder with the most common being OCD (41%).
 - Of those with an anxiety disorder diagnosis, majority of those with OCD, social phobia, GAD, and specific phobia had illness prior to onset of eating disorder.

Co-morbidity of eating disorders and anxiety disorders

- Swinbourne, Hunt, Abbott et al. (2012)
 - 100 women with an eating disorder, 52 women with an anxiety disorder
 - Of those with an eating disorder, 65% met criteria for at least one co-morbid anxiety disorder with 69% reporting that the anxiety disorder preceded the onset of the eating disorder

Possible Relationship with OCD?

- Family history.
 - Strober et al., 2007.
 - Investigated rates of anxiety disorders in the first degree relatives of those with anorexia. Found 3x higher rates of OCD, GAD, & OCPD in first degree relatives of those with anorexia when compared with relatives from control group
 - “...the findings lend support to the notion that anorexia is part of a spectrum of disorders that share in common a transmitted, presumably inherited, propensity for extreme anxiety and fear learning” (p. 549).

Making the Case

- **Symptom overlap** –unwanted thoughts, actions to reduce anxiety and avoidance behaviors
- **High co-occurrence**
 - Co-occurrence of OCD/anxiety in eating disorders.*
 - Co-occurrence of eating disorders in OCD.*
- **Positive family history.**



Treatment

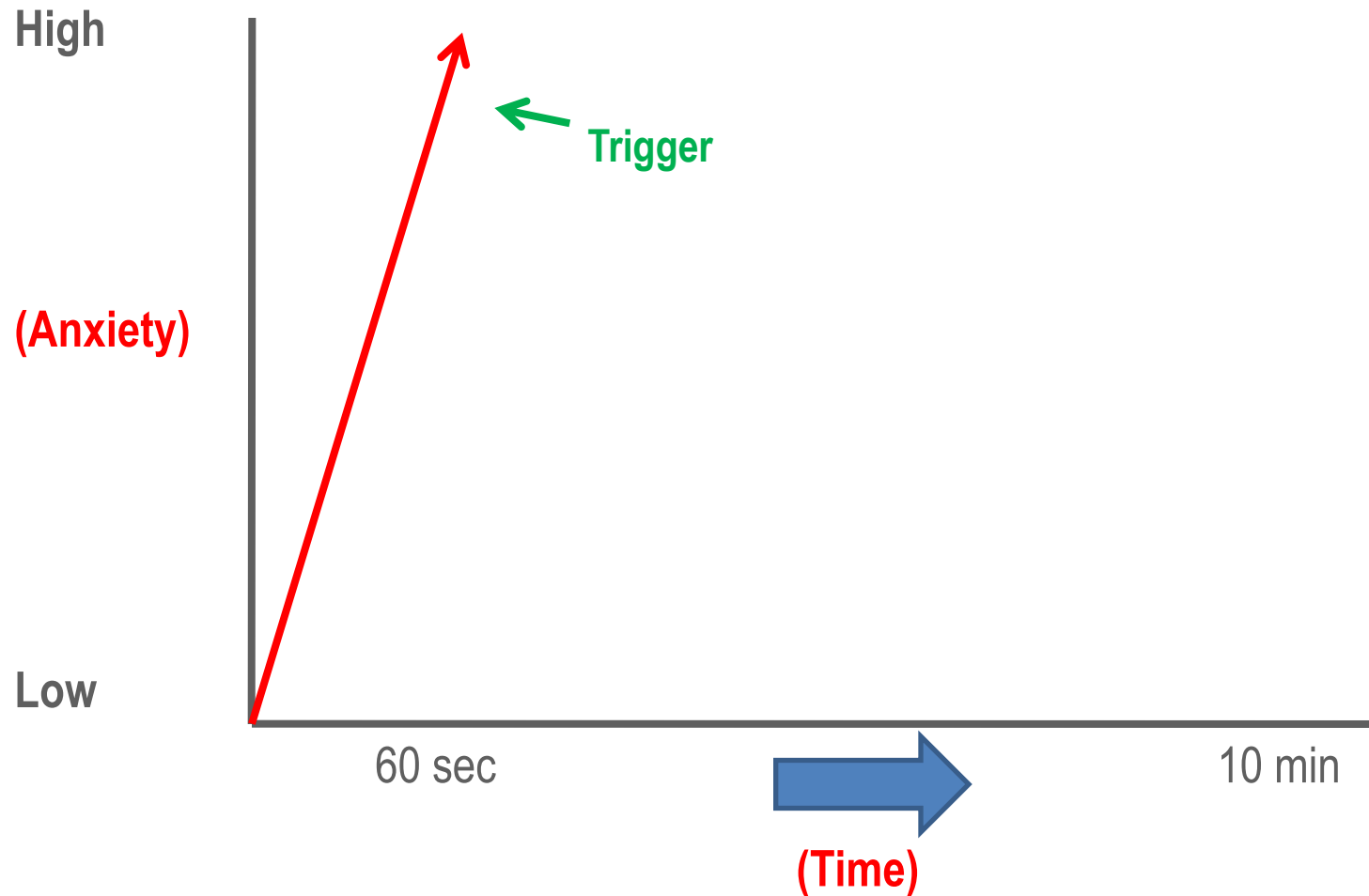


How is OCD Treated?

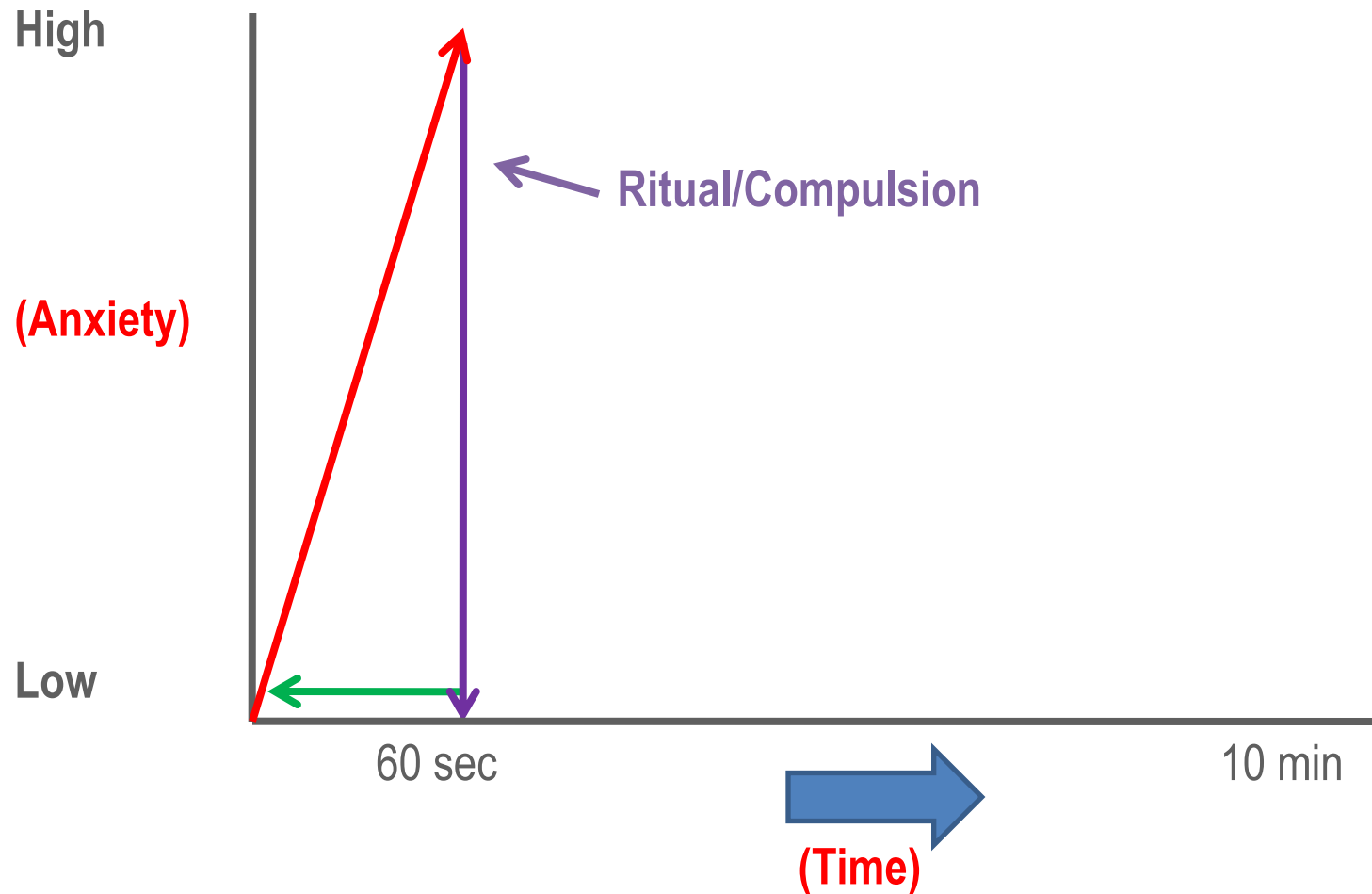
Exposure and response prevention is considered the “gold standard” for treatment.

- Exposure is the process whereby the individual systematically and gradually confronts the objects, situations or persons that produce anxiety or distress.
 - Response prevention, or ritual prevention, requires that the individual refrain from engaging in a compulsion to reduce their anxiety/distress.
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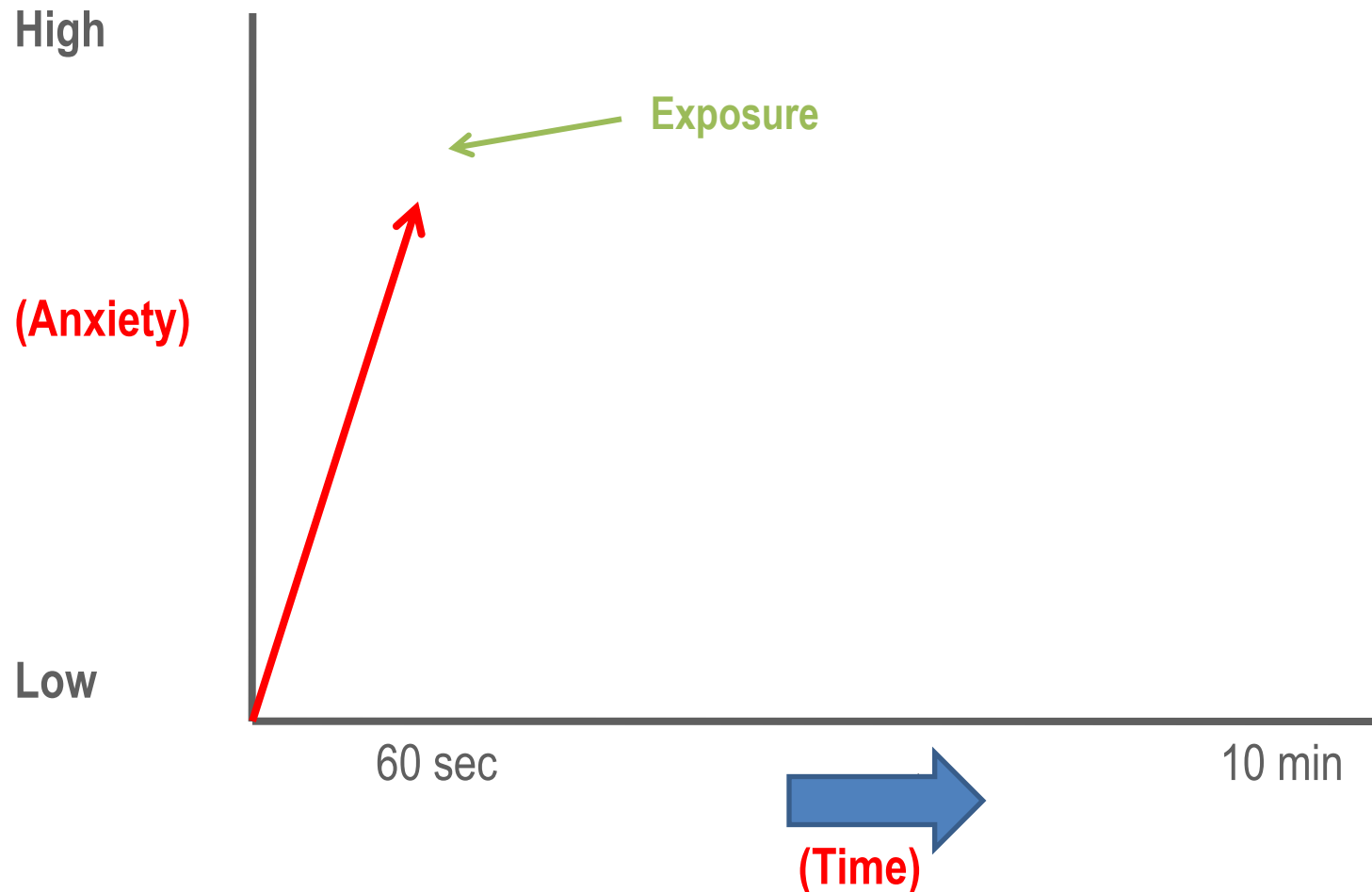
ERP: Typical Phobic Scenario



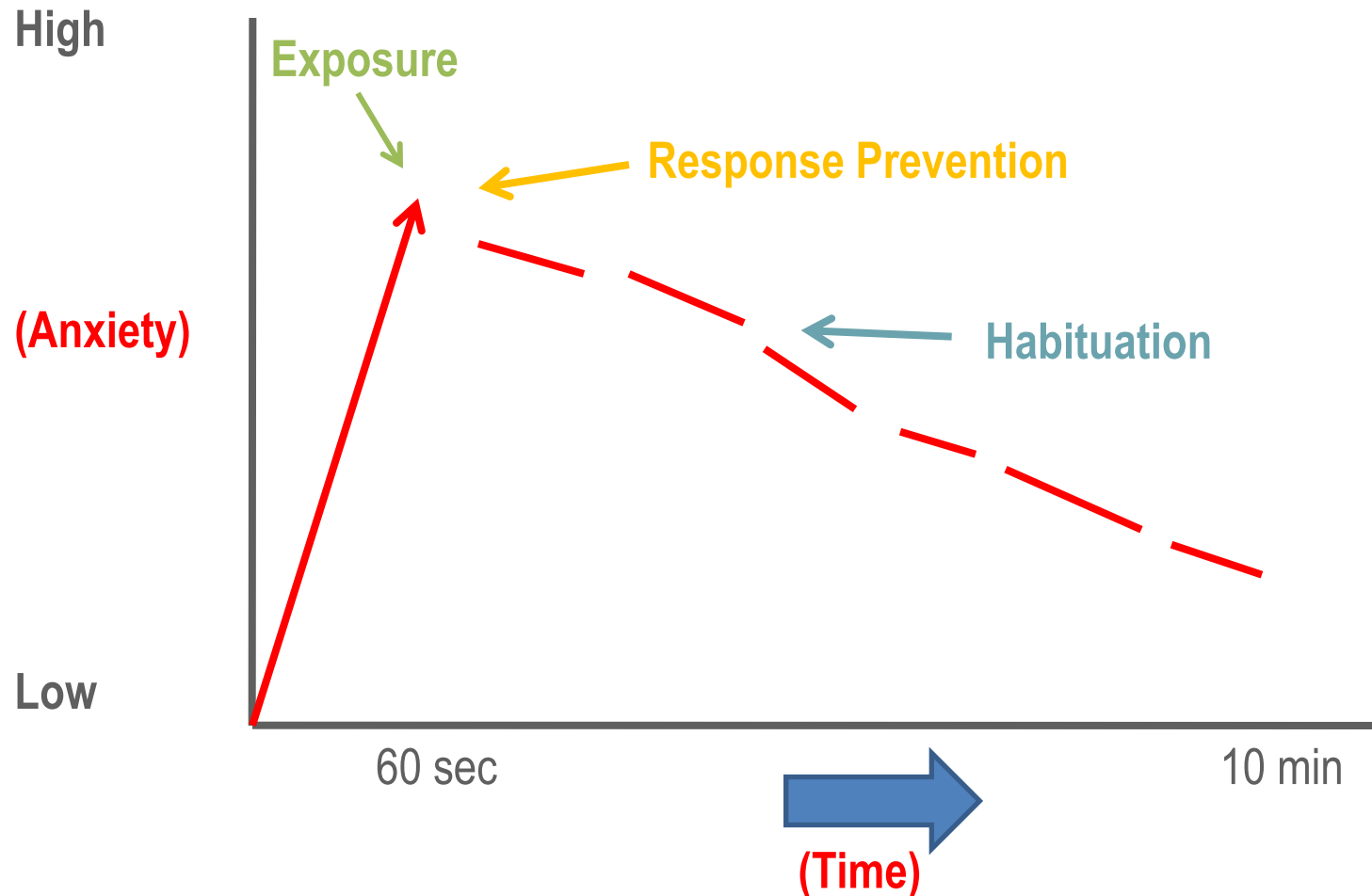
Typical Phobic Scenario



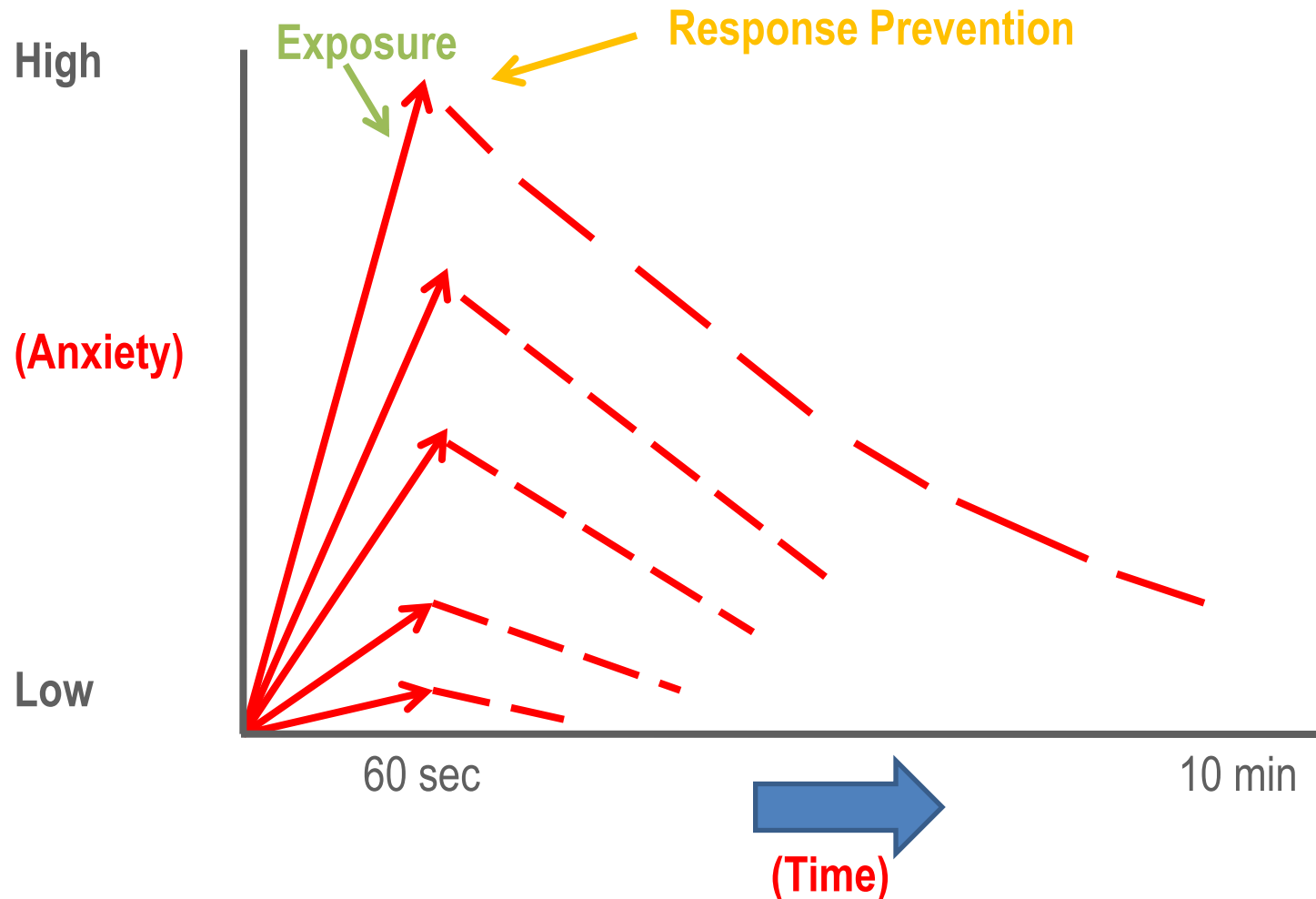
Exposure and Response Prevention



Exposure and Response Prevention



Exposure and Response Prevention



Treatment Steps

- Uses Feared Food Item Checklist to develop in vivo exposures related to food.
 - Identifies body image related exposures (e.g., looking in mirror, wearing certain clothes).
 - Identifies exercise related exposures (e.g., sit down).
 - Meal related exposures
 - Also, create typical hierarchy for OCD and other anxiety disorder symptoms.
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Treatment Steps (cont'd)

- Ritual prevention.
 - Related to compensatory behaviors of ED (e.g., future restriction, excessive exercise, purging).
 - Also applied to typical OCD symptoms.
- Use 0-7 scale to rate potential exposures.
- Create 1 master hierarchy (may have 200 exposures on it).
- Start in the 3's (considered challenging but manageable).

Food Hierarchy

Food hierarchy-list of foods served at RMH

- Helpful to include information on portion size (e.g., half a pat of butter vs full)
 - Easier when eating item alone, with others, family, at home, etc.
 - Work closely with dietician to set up meal plan that incorporates these foods.
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Treatment Steps-Response Prevention

Meal/food related:

- Using condiments on food to change the taste
- Small bites-cutting food into small pieces
- Scrapeage

Body image/checking:

- Body checking
 - Pinching/measuring body parts
 - Mirror checking
 - Comparing
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Treatment Steps-Response Prevention

Exercise related:

- Stretching
- Standing
- Taking a longer route to get somewhere
- Extra movement

Treatment Steps-Exposure

Food related:

- Try different foods (challenge foods) at each meal
- Choose restaurant and meals when on pass
- Touch fattening foods (ex. butter)
- Blind meals

Body Image related:

- Eating in public
 - Swimsuit exposure at local YMCA
 - Look at self in mirror
 - Try on clothes at store
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Treatment steps-Exposure

Exercise related:

- Sit still for specified time period
- Exercise at slow pace
- Stop exercising before completing all repetitions
- Skip a day of exercise-unplanned

Binge exposures

- Those with binge-purge may avoid certain trigger foods due to fear of binge behavior
- May create hierarchy of binge related exposures
- Identify triggers to binge behavior including situational and emotional triggers
- Use gradual approach: unopened container → opened container → few items removed from package → consume small amount → consume normal portion

Treatment Steps (cont'd)

- Cognitive restructuring work applied to OCD-related and ED-related fears.
 - Probability overestimation errors (e.g., gain 5 pounds if eat this cookie).
 - Catastrophizing error (e.g., sitting next to someone who is overweight).

Thought Challenging Example

Fear: *“I am fat”*

Evidence:

- None of my jeans fit anymore
 - When I look in the mirror my butt appears much larger to me now
 - I am at the highest weight now that I have ever been
-

Thought Challenging Example

*Is the fact that _____ really evidence that I am fat? Yes or no?
Why or why not?*

- ***None of my jeans fit anymore***

Now that I am eating a normal and healthy meal plan it is only natural that the jeans that I used to wear would no longer fit me

- ***When I look in the mirror my butt appears much larger to me now***

I have a distorted perception of my body because my entire life I have been underweight. Once I am on a more regular exercise plan perhaps my muscles will tone up further and then weight will redistribute.

- ***I am at the highest weight now that I have ever been***

I am learning to eat an appropriate amount of food and am statistically in an appropriate weight bracket given my age, gender and height

Case Study

- MT is a 12 year old female with contamination OCD who presented for residential treatment due to her inability to function at school or home. Her contamination fears focused on germs and unethical items. Major sources of contamination included schools, bathrooms, McDonald's and airports
 - Rituals took up approximately 8 hours of the day. Rituals included hand washing, showering, avoiding and wearing "protection" clothing.
 - Changed diet to be vegetarian for "ethical reasons"-would only eat "green" foods-limited food choices leading to significant weight loss
 - If couldn't verify was "green" food wouldn't consume. Interfered with eating out with family/friends, limited flexibility
 - MT was avoidant of leaving the home due to concern about contamination.
 - MT would not touch her family if she felt they were contaminated.
 - Avoided going to school due to germs for a period of time.
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Case Study

- To address MT's contamination fears
 - Hand washing ban
 - Contact with increasingly contaminated objects
 - Low traffic door knobs → Medium traffic → High traffic
 - Sit on bathroom floor
 - Contact with people who are contaminated
 - Staff sneeze in their hand and then shake hands with MT
 - Sister was contaminated as she was young, so MT worked on imaginal exposures, pictures and worked up to hugging sister

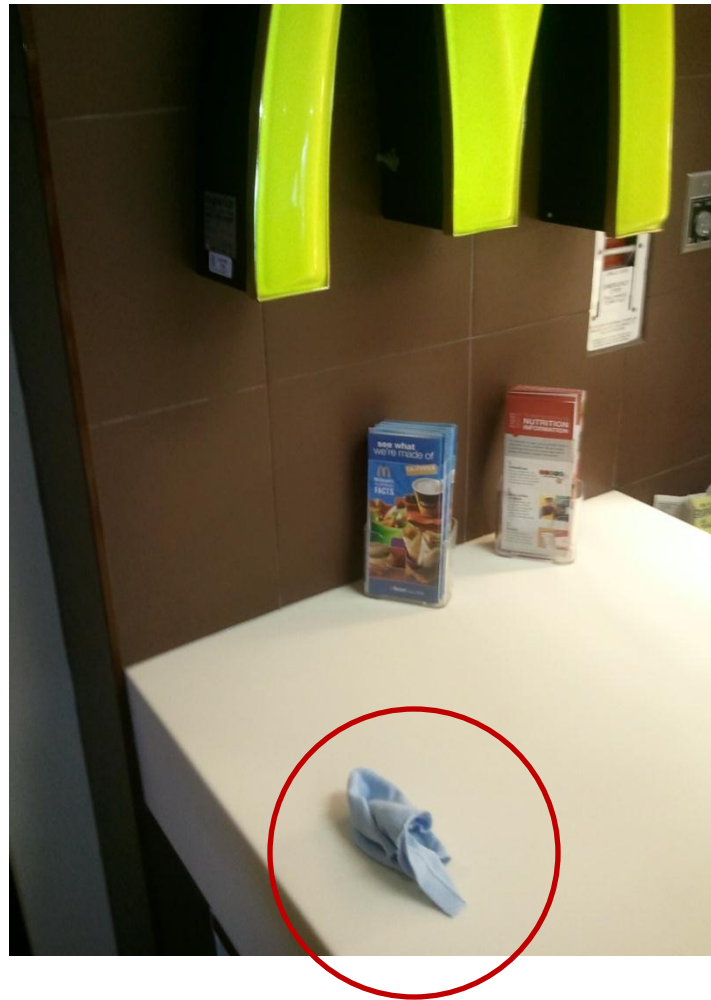
Case Study

- To Address MT's fear of airports and McDonald's
 - View pictures of airport or McDonald's
 - Drive by airport or McDonald's
 - Enter an airport or McDonald's
 - Smell French fries through the drive-thru at McDonald's
 - Eat at McDonald's Eat at a McDonald's in an airport
 - Touch father's briefcase that had been on an airplane
 - Touch father's socks that he walk through security in at the airport
 - Make a contamination cloth (see pictures)
 - Used this to re-contaminate after hand washing re-introduced

McDonald's in an airport



Contamination Cloth at McDonald's



Contamination cloth to smell like McDonald's French fries



Contaminating her doctor



Resources

-Rogers Behavioral Health:

rogersbh.org

-International Obsessive Compulsive Foundation (IOCDF): IOCDF.org

-National Eating Disorder Association (NEDA):

nationaeatingdisorders.org

-National Association of Anorexia and Associated Diseases (ANAD): anad.org

Thank you

800-767-4411
rogershospital.org

