Nutrition Therapy in Recovery

FROM EATING DISORDERS AND ADDICTIONS

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Roadmap

Practical concepts in the treatment of substance abuse

Nutrients • Neurotransmitters • Hunger • Cross-addiction

Practical concepts in the treatment of eating disorders

Primary behaviors • Food rules • Food rituals • Exercise disorders

Substance Abuse & Nutrition

- Repleting nutrients and restoring the body's energy with proper nutrition is a *key* part of recovery from substance abuse
- Restore physical and mental health
- Improves chance of recovery

Salz, Alyssa. "Substance Abuse and Nutrition." *Today's Dietitian*, Dec. 2014, p. 44. todaysdietitian.com

Substance Abuse & Nutrition

4 main goals for nutrition therapy for drug addiction:

1. Elimination of drug use
2. Consumption of an eating plan containing all nutrients
3. Adequate, regular, balanced meals and snacks that are well-spaced
4. Address any medical conditions that are co-occurring (diabetes, high cholesterol, hypertension, heart disease, etc.)

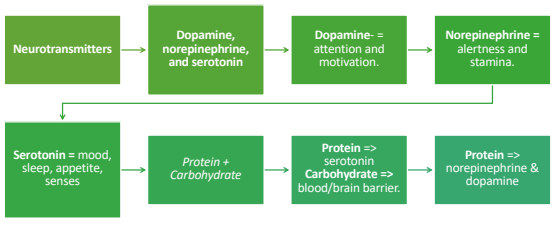
Nutrition Care Manual. "Drug Addiction, Nutrition Intervention." nutritioncaremanual.org

Substance Abuse & Nutrition

Malnutrition- *lack of sufficient nutrients*

- Food/eating isn't priority in active addiction
- Funds may not be allocated for nutritious food
- Alcohol and substances may take the place of food
- Substances may decrease appetite
- Alcohol abuse impacts digestion and absorption
- Micronutrient deficiencies common

Food & Mood



Substance Abuse & Nutrition

Minimize relapse risk factors for better outcomes:

Anxiety

Irritability

Low mood

Low energy

Salz, Alyssa. "Substance Abuse and Nutrition." *Today's Dietitian*, Dec. 2014, p. 44. todaysdietitian.com

Substance Abuse & Nutrition

General nutrition recommendations

- 3 balanced meals + snacks per day
  - 50% carbohydrate (mainly complex carbs)
  - 30% fat
  - 20% protein
- Balance = 3 or more food groups per meal
  - Use Plate Planner as visual guide

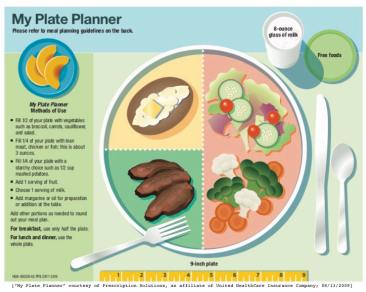
Substance Abuse & Nutrition

General nutrition recommendations

- Water (30 mL/kg body weight)
- Multivitamin

Plate Planner

A guide to balance and portion size



*Or MyPlate Plan at choosemyplate.gov

Hunger/satiety Scale- A practical tool

Hunger Fullness				Neutral			
1 9	2 10	3	4	5	6	7	8

1. Extremely hungry, lightheaded, headache, no energy
2. Still overly hungry, irritable, stomach growling, constant thoughts of food
3. Hungry for a meal, sensing hunger, thinking about food and what would be good to eat
4. A little bit hungry, a snack would do, or making plans for eating pretty soon
5. Neutral; don't feel hungry or full

Costin, et al. 8 Keys to Recovery from an Eating Disorder. New York, W.W. Norton & Company, 2012.

Hunger/satiety Scale- A practical tool

Hunger Fullness				Neutral			
1 9	2 10	3	4	5	6	7	8

6. A little bit full, not quite satisfied, have not eaten enough
7. Satisfied and comfortably full, could get up and take a walk
8. A little too full, happens sometimes, wait until hungry again to eat, but not too long
9. Overly full, uncomfortable, like what happens on holidays, try to learn from this
10. Extremely full, painful, likely after an episode of emotional eating or binge eating. Very physically and emotionally distressing.

Costin, et al. 8 Keys to Recovery from an Eating Disorder. New York, W.W. Norton & Company, 2012.

Helping Patients Tune In to Hunger/Satiety

- Patients are prompted to use the hunger/satiety scale before and after meals
- In nutrition sessions, patients are given food journals to complete daily
- Food journals prompt patients to identify hunger level before a meal and satiety level after a meal
- Patients are encouraged to get in the habit of checking in with their body cues, even before the cues fully return or can be trusted

Being mindful to hunger and satiety cues

Physical hunger

- Builds gradually
- Felt below the neck (growling stomach)
- No sense of compulsion
- Occurs several hours after a meal
- Leads to a feeling of satisfaction

Emotional hunger

- Develops suddenly
- Strikes above the neck (taste for ice cream)
- Urgent need to eat
- Unrelated to time since last meal
- Specific, often for a particular food or brand
- Persists despite fullness
- Leads to guilt and shame after eating

Brian Wansink, *Mindless Eating*

What is the key to determining physical or emotional hunger?

Mindfulness!

= Awareness before, during and after eating

Substance Abuse & Eating Disorders

- These disorders are commonly co-occurring
- Cross-addiction is common
  - Once clean and sober, one may use other unhealthy coping mechanisms like gambling, shopping, exercise, or food.

Eating Disorders: DSM-5

Anorexia Nervosa

Bulimia Nervosa

Binge Eating Disorder

Other Specified Feeding or Eating Disorder

Unspecified Feeding or Eating Disorder

Evelyn Attia, MD "Feeding and eating disorders- What's new in DSM-5?" October 18, 2013,.

Nutrition Philosophy

Nutrition therapy in the treatment of eating disorders focuses on:

Normalizing eating patterns

Repairing the relationship with food and body

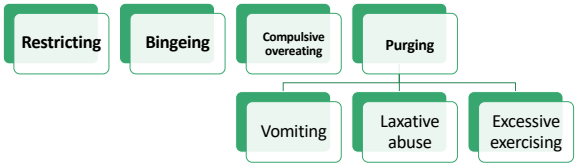
Trusting hunger and satiety cues

Practicing "All Foods Fit"

Balance, variety, and moderation

Healthy = balanced

Primary Eating Disorder Behaviors



Secondary Eating Disorder Behaviors

- Food Rules
- Food Rituals
- Exercise Misuse

Food Rules

- Beliefs about what one should or shouldn't do with food
- Give a sense of control
- Objective and measurable
- Limit choice
- Can't trust internal cues

Ex: "I can't eat anything after 8pm"
"I can't eat dessert"
'I must purge if I eat something "fattening"'

Costin, et al. 8 Keys to Recovery from an Eating Disorder. New York, W.W. Norton & Company, 2012.

Treating Food Rules

Step 1 — **Take inventory**
- Identify food rules and what purpose they serve

Step 2 — **Practice**
- One at a time challenge or release food rules
- Counter with healthy thoughts, facts

Step 3 — **Patience**

Letting go of "good" vs. "bad"

- These food labels support and drive food rules
- Listing "good/safe" foods and "bad/fear" foods is part of taking food rule inventory
- Practicing exposure to fear foods helps to release food rules

Why Release Food Rules?

Recap:

- They provide a false sense of control, based out of fear
- They limit your life
- They lead to feelings of guilt and shame if a rule is broken

Why Release Food Rules?

Recap:

- They support the belief that you can't trust your body cues
- They prevent a healthy relationship with food
- They can keep you from feeling emotions
- They lead to overeating and bingeing

Food Rituals

- Behaviors that people with eating disorders engage in routinely that make them "feel safer" about eating or while eating food
- Can be a way of avoiding emotions
- If the ritual isn't engaged in, fear or anxiety comes up
- Habit/preference vs. ritual

Costin, et al. 8 Keys to Recovery from an Eating Disorder. New York, W.W. Norton & Company, 2012.

Food Rituals

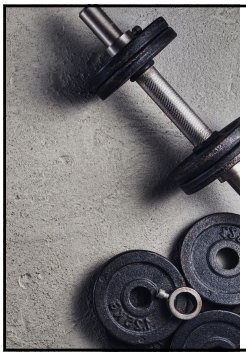
- Avoiding certain foods
- Counting calories
- Eating very quickly
- Eating very slowly
- Taking tiny bites
- Using an excessive amount of condiments or spices
- Eating foods in a certain order
- Preparing gross food combinations
- Chewing food a certain number of times
- Drinking x-amount of water before/during a meal

Treating Food Rituals

Step 1 — **Take inventory**
- Identify food rituals and what purpose they serve

Step 2 — **Practice**
- One at a time challenge or release food rituals
- Replace with healthy behaviors, normalized eating

Step 3 — **Patience**



Exercise Disorders

- Exercise disorders are usually co-occurring and considered a secondary diagnosis.
- Approximately 39-48% of people suffering from eating disorders also suffer from exercise addiction.
- Not in the DSM

Exercise Disorders

- Commonly justified behavior
- "Give a person with an eating disorder anything and they figure out how to abuse themselves with it." – Carolyn Costin
- People with bulimia may use exercise to try to compensate for a binge
- People with anorexia may use exercise to try to compensate for eating, avoid weight gain, or enhance weight loss

Exercise Disorders

Exercise dependence/addiction:

Engage in excessive and purposeless physical activity that goes beyond any usual training regimen and ends up being a detriment rather than an asset to your health and well-being.

Costin, et al. 8 Keys to Recovery from an Eating Disorder. New York, W.W. Norton & Company, 2012.

Behaviors that are viewed as having negative health and lifestyle consequences and which are out of a person's control.

Thompson, J.K. & Pasman, L., "The Obligatory Exercise Questionnaire"

Exercise Disorders

Compulsive: A person who feels *compelled* to exercise a certain way or at a certain time

Obligatory: A person *must* exercise no matter what circumstances. *Not* exercising is *not* an option.

Thompson, J.K. & Pasman, L., "The Obligatory Exercise Questionnaire"

Exercise Disorders

Exercise Abuse:

- Reliance on physical activity as the primary means of coping with stress
- Exercises continued even when ill or injured
- Withdrawal symptoms if exercise is reduced or stopped (insomnia, change in appetite, trouble concentrating, moodiness, etc.)

Thompson, J.K. & Pasman, L., "The Obligatory Exercise Questionnaire"

Red Flags

Never take a break

Exercise even though injured

Arrange work and social obligations around exercise

Cancel social engagements to exercise

Unable to stop

Costin, et al. 8 Keys to Recovery from an Eating Disorder. New York, W.W. Norton & Company, 2012.

Red Flags

Always have to do more (laps, miles, weights)

Exercise to compensate for overeating, or just eating

Exercise interferes with relationships and intimacy

***If you notice red flags, ask detailed questions to get more information**

***Rule in* eating disorders before *ruling out* medical causes of symptoms**

Costin, et al. 8 Keys to Recovery from an Eating Disorder. New York, W.W. Norton & Company, 2012.

Amenorrhea and the Female Triad

Triad = disordered eating, menstrual irregularity, and osteoporosis

- More commonly seen in competitive female athletes
- Tendency to develop stress fractures
- Young estrogen-deficient women may lose bone mass at a rate of 3-5% per year
- Fracture risk is known to double with each decrease of 1 SD in bone mineral density

Mehler, et al. Eating Disorders: A Guide to Medical Care and Complications, 3rd ed. Baltimore, John Hopkins University Press, 2017.

Amenorrhea and the Female Triad

In a study of 73 female patients with a mean age of 17.2 years, 20 months of amenorrhea was found to be the threshold above which the most severe osteopenia was seen (Audi et al., 2002)

DEXA scan should be established as an important **screening tool** for all patients with eating disorder duration greater than 9-12 months

Mehler, et al. Eating Disorders: A Guide to Medical Care and Complications, 3rd ed. Baltimore, John Hopkins University Press, 2017.

Treating Bone Loss

Weight gain

Resumption of menses

Adequate calcium (1200mg/day) and vitamin D (800 IU/day)

Weight bearing exercise is counterproductive in early stage of recovery

Mehler, et al. Eating Disorders: A Guide to Medical Care and Complications, 3rd ed. Baltimore, John Hopkins University Press, 2017.

Treating Exercise Disorders

Step 1: Educate

- Consequences of over-exercising (muscle breakdown, decreased metabolism, risk of injury, bone density, low hormone levels, supports the eating disorder mindset)

Step 2: Take a break

- Or decrease frequency and intensity of exercise

Costin, et al. 8 Keys to Recovery from an Eating Disorder. New York, W.W. Norton & Company, 2012.

Treating Exercise Disorders

Step 3: Individualized exercise plan
- Healthy, balanced, fun

Step 4: Make exercise social
- Work on relationships, use the support of others

Costin, et al. 8 Keys to Recovery from an Eating Disorder. New York, W.W. Norton & Company, 2012.

Treating Exercise Disorders

Exercise is a privilege of recovery

Treating Exercise Disorders

Possible exercise goals:

- Decrease length of time spent exercising
- Instead of running, attend a class that has a defined time
- Change the type of exercise
- Decrease the number of days spent exercising
- Take a break (for health reasons or to break the addictive cycle)

Costin, et al. 8 Keys to Recovery from an Eating Disorder. New York, W.W. Norton & Company, 2012.

Questions?