Eating Issues, Addictions and Trauma

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Demographics and Diagnoses

Demographics

- Approximately 9% of the Australian population have an eating disorder.
- The number of people with eating disorders in the developed world has increased substantially over the past 30 years.
- Around 25% of people with eating disorders are men.
- Age of onset is still typically between 13-18 years.
- Risk of premature death for those with AN is 6-8 times greater than the general population.

In their lifetime…

- 0.3% of adolescents aged 13 to 18 years have anorexia nervosa (same % for males and females)
- 0.9% have bulimia nervosa (males 0.5%; females 0.9%)
- 1.6% have a binge-eating disorder (males 0.8%; females 2.3%).

(Swanson, S. A., Crow, S. J., Le Grange, D., Swendsen, J., & Merikangas, K. R. (2011). Prevalence and correlates of eating disorders in adolescents: Results from the national comorbidity survey replication adolescent supplement. *Archives of General Psychiatry*, *68*(7), 714-723.)

DSM5

- Changes to the diagnostic criteria for eating disorders in the DSM5 has resulted in more accurate diagnoses and therefore more accurate statistics about the incidence of eating disorders.
- There have been many positive changes made to the DSM5 including the inclusion of a new category – Binge Eating Disorders.
- It is now suggested that 15% of women and 3% of men have eating disorders with significantly higher percentages of people have Binge Eating Disorder.

(Hay, Phillipa et al 2015, "Prevalence and sociodemographic correlates of DSM-r eating disorders in the Australian population", Journal of Eating Disorders, 3:1)

DSM5 – AN – Diagnostic Criteria

- 1. Restriction of energy intake relative to requirements, leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health.
- 2. Intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain, even though at a significantly low weight.
- 3. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition Edited by American Psychiatric Association, 2013

DSM5 – BN – Diagnostic Criteria

- 1. Recurrent episodes of binge eating. An episode of binge eating is characterized by eating large amounts in a discrete period of time and a sense of lack of control over eating.
- 2. 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.
- 3. The binge eating and inappropriate compensatory behaviors both occur, on average, at least once a week for 3 months.
- 4. Self-evaluation is unduly influenced by body shape and weight.
- 5. The disturbance does not occur exclusively during episodes of anorexia nervosa.

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition Edited by American Psychiatric Association, 2013

DSM5 – BED – Diagnostic Criteria

- 1. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
  - 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 people would eat in a similar period of time under similar circumstances.
  - A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).

DSM5 – BED – Diagnostic Criteria

- 2. The binge-eating episodes are associated with three (or more) of the following:
  - Eating much more rapidly than normal.
  - Eating until feeling uncomfortably full.
  - Eating large amounts of food when not feeling physically hungry.
  - Eating alone because of feeling embarrassed by how much one is eating.
  - Feeling disgusted with oneself, depressed, or very guilty afterward.

DSM5 – BED – Diagnostic Criteria

- 3. Marked distress regarding binge eating is present.
- 4. The binge eating occurs, on average, at least once a week for 3 months.
- 5. The binge eating is not associated with the recurrent use of inappropriate compensatory behavior as in bulimia nervosa and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa.

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition Edited by American Psychiatric Association, 2013

Co-morbidity

- Approximately 55-95% of people with eating disorders also meet the diagnostic criteria for at least one other mental health issue, commonly anxiety depression, substance use etc.

Hudson, J. I., Hiripi, E., Pope, H. G., & Kessler, R. C. (2007). The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. *Biological psychiatry*, *61*(3), 348-358.

Risk Factors

- Possible risk factors for developing an eating disorder include:
  - Genetic vulnerability and family history;
  - Being female;
  - Body dissatisfaction or elevated weight/body shape concerns;
  - Negative evaluation of self;
  - Idealization of thinness;
  - Dieting (Australian adolescent females who diet at a severe level are 18 times more likely to develop an eating disorder within 6 months);
  - History of sexual abuse and other adverse experiences.

(Jacobi, C., Hayward, C., de Zwaan, M., Kraemer, H. C., & Agras, W. S. (2004). Coming to terms with risk factors for eating disorders: application of risk terminology and suggestions for a general taxonomy. *Psychological Bulletin*, *130*(1), 19.)

A Trauma Informed Understanding of Eating Issues

A Trauma Informed Approach

- Highlighting the importance of exploring the deeper, underlying issues that give rise to certain behaviours.
- The eating issue / behaviour may not be the original problem.
- The eating behaviour can be understood as a way of dealing with a deeper and more complex problem or set of issues that the person is dealing with.

Addictions and Obsessions

- Marilyn Lawrence – The Anorexic Experience, 1984
- Eating issues are obsessions with food.
- Obsessions arise in order to conceal and deal with a greater problem / conflict in our lives.
- The eating behaviour is the solution that has been found to deal with the greater problem (often unseen).
- The eating behaviour is an adaptive behaviour, a coping strategy.

Addictions and Obsessions

- Trying to shift the behaviour without first understanding its purpose will likely meet resistance.
- The same is often true for all other addictions such as substance use, forms of self-harming, sex, work, etc.
- As with all adaptive behaviours, the suggestion is that if the person can attend to the underlying issue then the eating behaviour will, in time, fall away of its own accord.

Evidence Base

- In the past 10-15 years there has been an increase in research into the connection between eating issues and childhood trauma.
- The research in this area agrees at the very least that childhood trauma has been identified as a non-specific risk factor for the development of eating disorders.
- It has been widely recognized for a long time now that childhood sexual abuse in particular is a risk factor for eating issues.
- Now this relationship has been extended to include other forms of childhood trauma, particularly issues of attachment and emotional regulation.

(Timothy D. Brewerton (2007) Eating Disorders, Trauma, and Comorbidity:Focus on PTSD, Eating Disorders, 15:4, 285-304)

Insecure Attachment

- There certainly appears to be a link between insecure attachment relationships in childhood and the development of an eating disorder in adolescence.

(Tasca, Giorgio A et al 2013 "Attachment insecurity mediates the relationship between childhood trauma and eating disorder psychopathology in a clinical sample: A structural equation model", Child Abuse and Neglect, 37, 926-933)

Emotional Regulation

+ The issue of emotional regulation seems particularly pertinent to those who experience eating issues. The proposal here is that eating behaviours such as binge eating are attempts to distract from negative emotions and / or to self-soothe. I'll talk more about this later on.

(Burns, Erin E et al 2012, "Deficits in emotion regulation mediate the relationship between childhood abuse and later eating disorder symptoms", Child Abuse and Neglect, 36, 32-39)

Trauma, BPD and ED

+ There is also a suggestion that there is an interrelationship between childhood trauma, borderline personality disorder (which is also highly correlated with childhood trauma, particularly sexual abuse) and eating disorders.

(Randy A. Sansone & Lori A. Sansone (2007) Childhood Trauma, Borderline Personality, and Eating Disorders: A Developmental Cascade, Eating Disorders, 15:4, 333-346)

HPA-Axis

+ And there is more and more research being done about the neurobiological basis of the relationship between childhood trauma and eating issues. One of the interesting findings here relates to dysregulation of the HPA-axis (hypothalamic-pituitary-adrenal axis) that is known to undergo trauma induced functional changes that commonly continue in later life.

(Alessio Maria Monteleone et al 2014, "Childhood Trauma and Cortisol Awakening Response in Symptomatic Patients with Anorexia Nervosa and Bulimia Nervosa", International Journal of Eating Disorders, 48, 615-621)

Outcomes

+ And interestingly some research has suggested that "the highest probability of poor treatment outcomes in patients with eating disorders has been observed in those who experienced childhood trauma."

(Seongsook Konng & Kunsook Bernstein, 2009, "Childhood Trauma as a predictor of eating psychopathology and its mediating variables in patients with eating disorders", Journal of Clinical Nursing, 18, 1897-1907)

3 Themes

3 Themes

+ Self-esteem
+ Power and control
+ Contradictions and inconsistencies

Ideas for Intervention

Ideas for Interventions

- 1. Clarity about our role and purpose
- 2. Health implications
- 3. Relationship based approaches
- 4. Principles of trauma work
- 5. We must be a contradiction to their previous experiences
- 6. Healing is about self esteem, power and control and healthy coping strategies
- 7. This is also a social issue!

What clients say they like…

- support and understanding are critical aspects of treatment that were seen as helpful
- empathic relationships were reported as essential to recovery
- psychological interventions such as counselling and therapy were considered the most helpful and popular
- clients said that it was important that they have some control over the process and pace of treatment
- many clients said that medical interventions were unhelpful
- many clients said that interventions that focused solely on weight were negative
- there was seen to be a need to explore wider issues in treatment other than food and weight

(Bell, L. 2003, "What can we learn from consumer studies and qualitative research in the treatment of eating disorders?", Eating Weight Disorders, 8, 181-187)

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Thanks for listening!
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