



California Women's Technical Assistance and Training Project  
 Central Region Training Event  
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# Eating Disorders and Addiction

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## Agenda

- \* Overview
- \* Community Messages
- \* Disordered eating
- \* Eating Disorders
- \* Screening and Assessment
- \* Building a Community "Healthy" Environment
- \* Interventions for eating disorders

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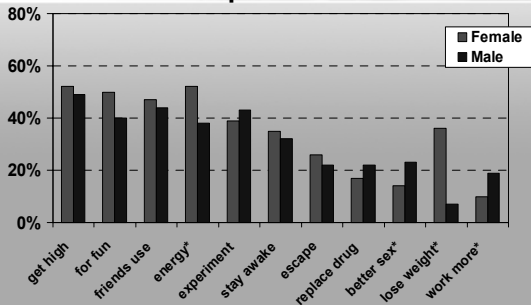
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## Self-Reported Reasons for Starting Methamphetamine Use



\* Significant difference between women and men p<.05

Kathy Jett, Presentation at the National Conference on Women and Addiction and Recovery, 2006 3

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## Co-Occurring Eating Disorders

- \* Up to 35% of substance abusers have an eating disorder (vs. up to 3% in the general population) (National Center on Addiction and Substance Abuse, 2003)
- \* Weight control is cited as a reason for drug use, among young women (NSDUH, 2005).
- \* Young women with eating disorders use alcohol more frequently and have more negative consequences of alcohol use (Anderson et al., 2005)
- \* Fear of weight gain is a relapse trigger

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## Women, Weight and Food

- \* Physical attractiveness and sexuality is overstated in girl/women's identity.
  - \* American culture values thinness and abhors fatness.
  - \* Cosmetic, fashion and diet industries - billions of dollars at stake.
  - \* Media, advertising and peers maintain these concepts.
- BUT**
- \* 95% of American women report disgust or disappointment with their bodies
  - \* Female fashion models are 23% below what is considered normal weight.
  - \* 70-80% of 4<sup>th</sup> grade girls report they are dieting.

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## Disordered Eating: Eating Disorders

- \* Perception
- \* Physical condition
- \* Most lethal of mental illnesses
- \* Emotional Eating and Controlling Eating are Common among Women
- \* Many women with substance use disorders do not know how to eat healthily.

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## Anorexia Nervosa

### DSM IV RT Criteria

- \* refusal to maintain body weight over a minimally normal weight for age and height (<85%)
- \* intense fear of gaining weight or becoming fat, even though underweight
- \* Disturbance in the way that body weight, size, or shape is experienced
- \* Amenorrhea in females (loss of periods)
- \* 2 subtypes: restricting vs binge-eating/purging

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## Anorexia Nervosa

### Other Common Characteristics

- \* Preoccupied with food, dieting, thinness to the point of starvation
- \* Denial of the seriousness of low body weight or related problems
- \* Body Image Distortion
- \* Undue influence of body weight or shape on self-evaluation
- \* May fear of growing up, feel out of control of emotions or other areas of life, perfectionist
- \* Some think they do not "deserve" to eat and hide few bites they do eat
- \* Physical Problems that can Result: Osteoporosis; Kidney and liver damage; Low blood pressure; Malnutrition; Lean tissue loss; Reduced metabolic rate

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## Bulimia Nervosa

### DSM IV TR Criteria

- \* Recurrent episodes of binge eating (lack of control over eating large amounts of food)
- \* Recurrent inappropriate compensatory behavior in order to prevent weight gain (i.e., vomiting, abuse of laxatives, diuretics, or other medications, fasting, or excessive exercise)
- \* A minimum average of 2 episodes of binge eating and inappropriate compensatory behaviors per week for the past 3 months
- \* Self-evaluation unduly influenced by body shape and weight

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## Other Eating Disorders

- \* **Binge Eating Disorder (without purging)**
  - Uncontrolled bouts of eating
  - Secret eating
  - Compulsive - daily
  - As many as 40% of obese people may be compulsive or binge eaters
- \* **Compulsive Exercise (vicious cycle of burning calories and controlling weight)**

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## Common States of Being for the Eating Disordered Individual

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|--|---|
| * Low self esteem                        | * Quest for perfection                  |
| * Diminished self-worth                  | * Desire to be special/unique           |
| * Belief in the thinness myth            | * Need to be in control                 |
| * Need for distraction                   | * Need for power                        |
| * Dichotomous (black and white) thinking | * Desire for respect and admiration     |
| * Feelings of emptiness                  | * Difficulty expressing feelings        |
| * Lack of coping skills                  | * Need for escape or a safe place to go |
| * Lack of trust in self and others       |   |
| * Terrified of not measuring up          |   |

HOW MANY OF THESE ALSO APPLY TO WOMEN ADDICTED TO METHAMPHETAMINE?

Costin, The Eating Disorder Sourcebook, 1996

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## Signs and Symptoms Brainstorm

- \* What are some of the signs or symptoms of eating disorders that you have observed?

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## Signs and Symptoms

- \* Eating tiny portions or refusing food.
  - Moving food around plate
  - Drinking a lot of water while eating
  - Using napkin to dispose of food
  - Share their food too easily
  - Make excuses to not share meals
- \* Quick weight loss or gain
- \* Feels guilty after eating
- \* Intense irrational fears of becoming overweight
  - Unrealistic self-image
  - Need to be perfect
  - Obsessions (trying on clothes, looking in mirror, how small waist is, scale)
- \* Excessive Exercise. Uses exercise as punishment for overeating.

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## More signs and symptoms

- \* Eating secretly, hide food, stockpile
- \* Disappearing after meals often to bathroom
- \* Loss of menstrual cycle.
- \* Dependency on laxatives, diuretics or diet pills.
- \* Dehydration
- \* Significant fluctuations in weight.
- \* Unusual preoccupation with food.
- \* Strange eating rituals (cut tiny pieces, arranging, chewing x times)
- \* Establishes many food rules and restrictions
- \* Seeks constant reassurance about appearance
- \* Always eats when upset
- \* Obsessively counting calories or fat
- \* Fear of inability to stop eating

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## Co-Occurring Eating and Substance Disorders

- \* Some women may be more likely to have both disorders
  - Impulsive behaviors
  - Poor psychiatric functioning
  - Co-occurrence of other psychiatric disorders
  - Co-occurrence of borderline and cluster B personality disorders
  - Severe sexual abuse history
- \* Methamphetamine use may be initiated because of eating disorder

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## Treatment Program Response

- \* Don't ask ... Don't tell
- \* A national treatment center study of 200 publicly funded SUD treatment agencies found:
  - Less than half screen for eating disorders
  - Less than a third admit clients with Eating disorders
  - Three fourths provide no eating disorder services for clients

Susan Gordon and Lisa Cohen "Eating Disorders and Substance Use Disorders: Epidemiological and Treatment Issues" Presented at the 2006 National Conference on Women, Addiction and Recovery

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## Screening and Assessment

- \* Screening Tools
  - Eating Attitudes Test (EAT); Bulimia Test-Revised (BUILT-R); Questionnaire on Eating and Weight Patterns Revised (QEWP-R)
- \* Diagnostic Tools
  - Eating Disorder Examination (EDE); Eating Disorder Examination Questionnaire (self-report)
- \* Caffeine use and reasons for initial drug use may also be valuable

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## Treatment for Eating Disorders

- \* Very Limited Treatment Services Available
- \* Health care, dietician and weight/food monitoring critical
- \* Common other strategies
  - Interpersonal Treatment
  - Cognitive behavioral therapies
  - Family Therapy
  - Addiction Model not commonly accepted but sometimes used
  - Highly structured environments

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## Additional Services

- \* Nutrition Education and Counseling
- \* Exercise Education and Support
- \* Self (Identity) Development and Esteem Building
- \* Social Support Networks
- \* Trauma Services
- \* Overeaters Anonymous and specialized meetings as 12 step option
- \* Relapse Prevention Addressing Triggers, Body Image and Eating

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## Adaptive Functions of Eating Disorders

- \* Comfort, soothing, nurturance
- \* Numbing, sedation, distraction
- \* Attention, cry for help
- \* Discharge tension, anger, rebellion
- \* Predictability, structure, identity
- \* Self punishment or punishment of "the body"
- \* Cleanse or purify self
- \* Create small or large body for protection/safety
- \* Avoidance of intimacy
- \* Symptoms prove "I am bad" instead of blaming others

(Costin, 1996)

TREATMENT INVOLVES HELP TO GET IN TOUCH WITH UNCONSCIOUS UNRESOLVED NEEDS AND PROVIDE HELP TO GET WHAT WAS MISSING IN PAST.

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## Food in Eating Disorders

- \* Food plays a major role in eating disorders. The normal function of food is to nourish a person's body. People with eating disorders typically develop a new and abnormal set of rules applying to food that gradually dominate their lives.
- \* Food influences your physical and mental health.
- \* Changes in the brain.
- \* Rules and regulations on food.
- \* Dieting can be an entry path.

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## Challenges

- \* Individuals with Eating Disorders collect new approaches and strategies from each other and from educational materials
- \* Balance of privacy and respect with safety and structure (e.g., rules about using restroom after meals)
- \* Difficult to accommodate specialized diets
- \* Peer pressure and mutual fear of gaining weight
- \* Availability of mental health and medical partners
- \* Accessing easy to prepare, healthy food; McDonalds is easy and inexpensive.

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## Media Literacy Circle of Empowerment

- \* **AWARENESS**- the pervasiveness of the media in their lives
- \* **ANALYSIS** - forms and contents of the media's various messages as well as intent to persuade
- \* **ACTIVISM** - develop opinions about negative and positive effects of the media and what to do about it
- \* **ADVOCACY** - how to work with media and use media to develop and publicize healthy messages
- \* **ACCESS** - how to gain access to media and how media works

Slim Hopes and EDAP Go Girls! Curriculum

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