

# **The Role of Nutrition Therapy in Treating Eating Disorders**

**A part of the Parent, Family &  
Friends Network (PFN) Webinar  
Series**

# Meet the Presenter



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Registered Dietitian and  
Founder of BALANCE  
eating disorder treatment center™

# Nutrition Therapy & Eating Disorders



AN

BN

BED

# What is a Nutritionist vs an RD?

- A **Registered Dietitian (RD)** is a trained professional
  - an undergraduate degree in nutrition (most have Masters)
  - completed a rigorous internship in a hospital setting for at least 6 months
  - passed a national exam
  - RDs are “medically trained” to work with illness and diseases
- **Nutritionists** are not rigorously trained\*
  - NYS anyone can call themselves a “nutritionist” after completing a 40-hour course
  - Chiropractors, trainers

\*However – many RD’s prefer the word “nutritionist”

# The Role of the RD/Nutritionist

- A **team approach** is the **gold standard** in the treatment of an eating disorder (ED)
- Eating Disorders are complex – hence the need for a number of specialists to be involved
- Eating Disorder Team:
  - Therapist (LCSW, PsyD, LFT, LMHC etc)
  - Registered Dietitian (RD)
  - Medical Doctor (MD)
  - Psychiatrist (MD)

# ANOREXIA NERVOSA



# Eating Disorders Comparison Chart

Symptoms	Anorexia	Bulimia	Binge Eating
Restricting	✓	✓	✓
Bingeing	✗	✓	✓
Vomiting/ Compensation	✗	✓	✗

# Anorexia: Overview

1. You on Anorexia: Relationship with Food
2. Your Body on Anorexia: Malnutrition and the Body
3. Your Brain on Anorexia: Malnutrition and Mental Health
4. Nutritional Treatment for Anorexia Nervosa
5. Challenges of Recovery for Anorexia



# You on Anorexia

# AN: Relationship with Food

- Food Behaviors:
  - Skipping meals / small portions
  - Complaints of stomach aches to avoid eating
  - Excuses to miss social events that include a meal
  - Reported allergies and food intolerances
  - Avoiding one whole food group – eg “no carbs”
  - Obsessive “healthy eating” or “clean eating”
  - Excessive use of condiments to provide flavor to otherwise bland foods
  - Condiments to make food “taste bad” to avoid overeating
  - Veganism or vegetarianism as a way to avoid foods

# AN: Relationship with Food

- Increased interest in recipes and cooking shows
- Extensive questioning at a restaurant of how a dish is prepared
- Use of appetite suppressors:
  - Coffee
  - Diet soda
  - Chewing gum
  - Copious amounts of vegetables
- Overuse of artificial sweeteners

# AN: Relationship with Food

I can't  
eat



# AN: Relationship with Food

Garden Salad



# Your Body on Anorexia

# AN: Signs of Malnutrition

- Weight loss
- Hair becomes dry and brittle
- Nails become yellowed and brittle
- Can develop a layer of hair over the body
- Loss of menses in women (though not always)
- Difficulty with cold
- Cold hands and feet
- Dry skin
- Sour breath from ketosis

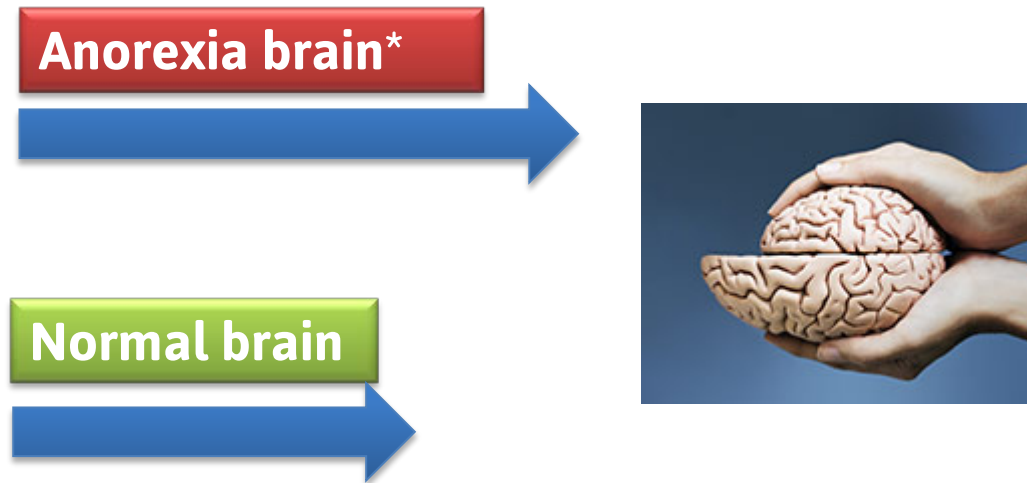
# AN: Signs of Malnutrition

- Loss of bone mass (osteopenia, osteoporosis)
- Loss of muscle – including all internal organs
- Loss of heart muscle
- Anemia
- Lack of energy
- Blood work MAY show irregularities but often doesn't
- Low blood pressure, low pulse
- Lower heart rate when standing up vs. lying down
- Dizziness and fainting



# Your Brain on Anorexia

# Your Brain on Anorexia Nervosa



\*For illustration purposes only. Not factual size

# AN: Malnutrition & Mental Health

- The brain shrinks over time with malnutrition
- Receptors in the brain change shape
- Medications may not be able to “dock” at target receptors thereby becoming ineffective
- Difficulty comprehending – thinking slows down
- Anxiety increases
- Depression increases
- Obsessive thoughts increase
- Rumination increases

# AN: Malnutrition & Mental Health

Sensing starvation, the brain goes into overdrive with **constant thoughts of food** in an effort to make the body seek out and eat food

- Constant calorie calculations
- Constant planning of what to eat, how much
- Constant planning of how to burn calories and how many
- **Numbers, numbers, numbers...**

# Your Brain on Anorexia Nervosa

92  
60  
86



50 + 35 is 85... **oh no!!!**

**So that means...** 150

I can have....

But I have to **cut out**....

Can I leave work early to go to  
the **gym**....?

Then I can be  
sure that....

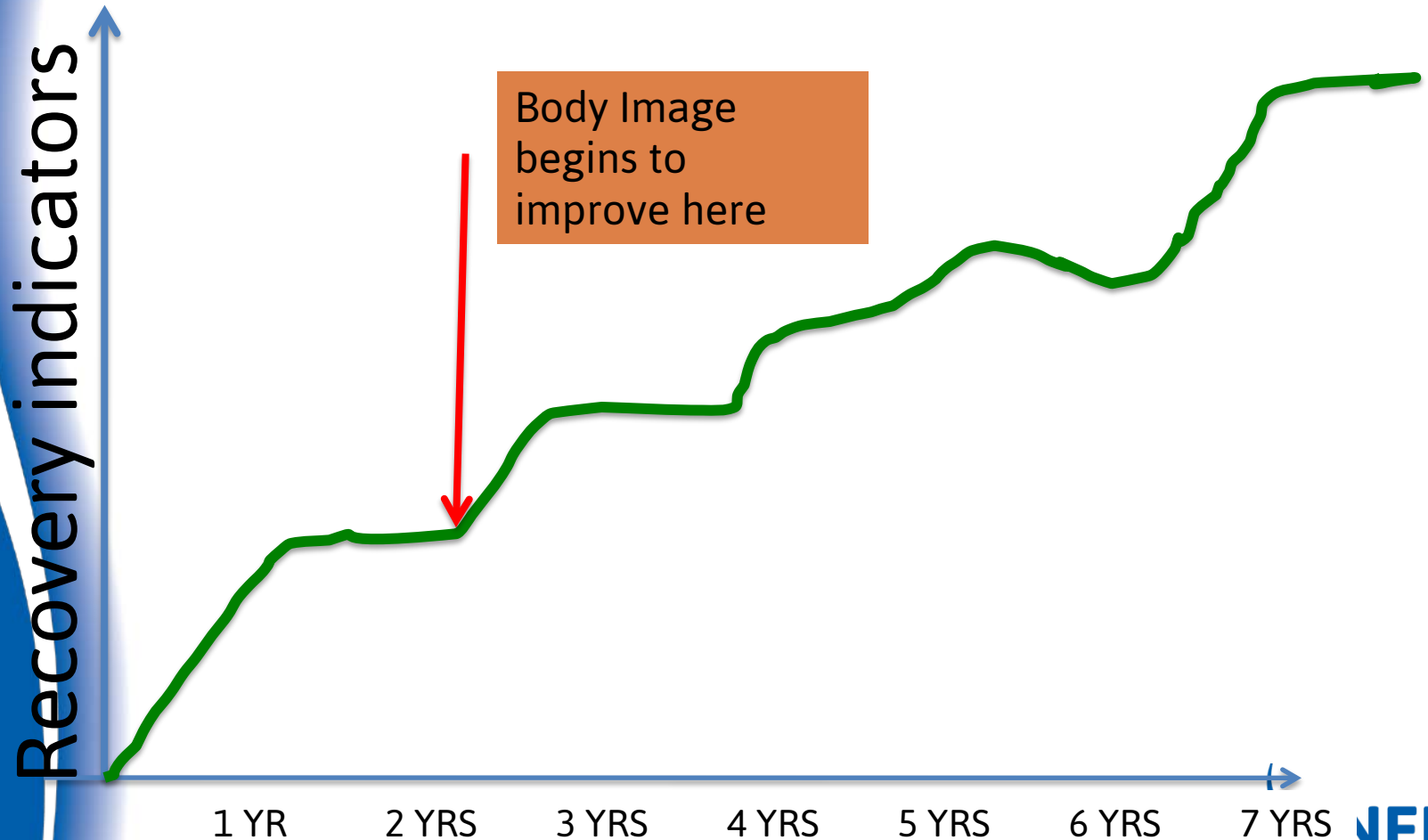
143

# Nutritional Treatment for AN

# Treatment: Food is the ONLY Medicine



# Recovery Timeline for AN





# 8 Stages of Treatment for AN

## Stage 1

- Weight restoration

## Stage 2

- Therapeutic interventions & support

## Stage 3

- Maintenance of body weight

## Stage 4

- Psychiatric medications if needed

# 8 Stages of Treatment for AN

## Stage 5

- Body image decreases (~ 2 yrs)

## Stage 6

- Neutrality with food

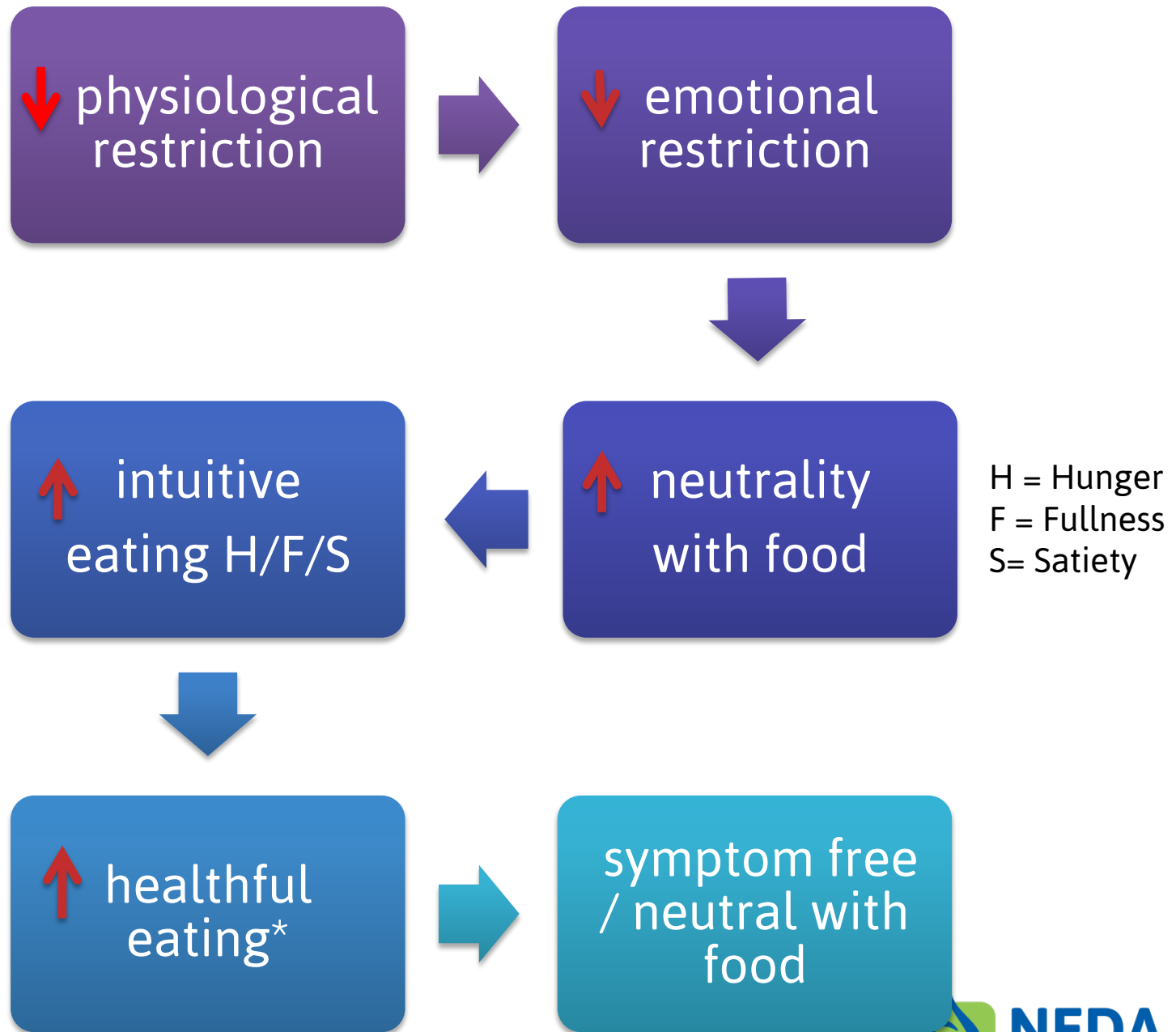
## Stage 7

- Ongoing support to reduce relapse

## Stage 8

- Recovered ....it is possible!

# Anorexia Recovery Pathway



# Weight Restoration for AN

- Slow and steady
- Fast weight increase leads to higher relapse risk
- Food choices less important than total calories
- Reduce excessive activity

# Nutrition Treatment of AN

Step 1: What is the client currently eating?

Meal Event	MONDAY
Breakfast	apple
Snack	
Lunch	carrots
Snack	
Dinner	apple, salad (greens, no regular salad dressing)
Snack	

# Nutrition Treatment of AN

Step 2: Meet the client where they are at...

“Add on’s” week 1 – 2 ...safe, low risk, “doable”

Meal Event	MONDAY	ADD ON:
Breakfast	apple	Cheese stick (week 1)
Snack		
Lunch	carrots	1 TBS hummus (week 1)
Snack		
Dinner	apple, salad	2 crackers (week 2)
Snack		Yogurt (week 2)

# Nutrition Treatment of AN

Step 3: Week 3 – 4 sample add on's

Meal Event	MONDAY	ADD ON
Breakfast	Apple, cheese stick	1 slice of regular bread (week 3)
Snack		
Lunch	Carrots, 1 TBs hummus	4 rice cakes (week 3)
Snack		
Dinner	apple, salad, 2 crackers	1 Tbs olive oil on salad (week 4)
Snack	Yogurt 2%, 8 oz	

# Nutrition Treatment of AN

Step 4: Week 5 – 6 sample add on's

Meal Event	MONDAY	ADD ON
Breakfast	Apple, cheese stick, 1 sl bread	1 TBS peanut butter (week 5)
Snack		Banana (week 6)
Lunch	Carrots, 1 TBs hummus, 4 rice cakes	1 TBs hummus (week 5)
Snack		Handful of almonds (week 6)
Dinner	apple, salad, 1 TBs olive oil, 2 crackers	2 crackers (week 5)
Snack	Yogurt 2%, 8 oz	Protein bar (week 6)



# Nutrition Treatment of AN

Step 5: Week 7 - onwards

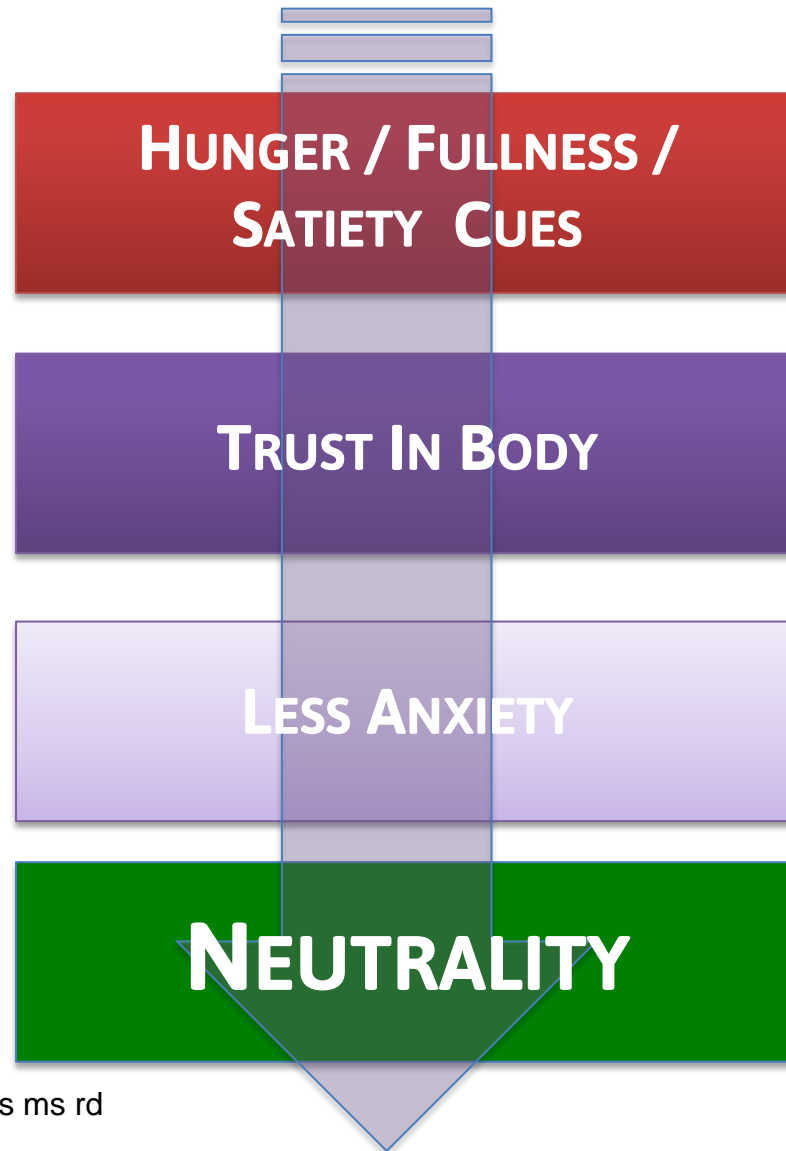
Meal Event	MONDAY	ADD ON
Breakfast	Apple, cheese stick, 1 sl bread, 1 TBs peanut butter	CONTINUE TO WORK TOWARDS "REAL MEALS" OVER TIME
Snack	Banana	
Lunch	Carrots, 2 TBs hummus, 4 rice cakes	
Snack	Handful of almonds	
Dinner	apple, salad, 1 TBs olive oil, 4 crackers	
Snack	Yogurt 2%, 8 oz, Protein bar	

# Nutrition Treatment of AN

## Step 6: “REAL MEALS”

Meal Event	MONDAY	ADD ON:
Breakfast	2 slices toast, 1 TBs peanut butter, apple	1. VARIETY
Snack	Banana, cheese stick	2. DIFFERENT CUISINES
Lunch	Sandwich with cheese, ham, tomato, lettuce, yogurt	3. “NORMAL” PORTIONS
Snack	Handful of almonds, apple	4. MORE NEUTRAL WITH FOOD
Dinner	Chicken with vegetables, and pesto sauce, 1 cup rice	
Snack	Yogurt 2%, 8 oz, Protein bar	

# Neutrality...Road to Recovery



# Challenges of Recovery from AN

# Refeeding Syndrome and AN

## Definition:

- Abnormally low levels of phosphate in the bloodstream
- Can be fatal
- Occurs in malnourished clients when food is reintroduced too quickly, or increased too quickly

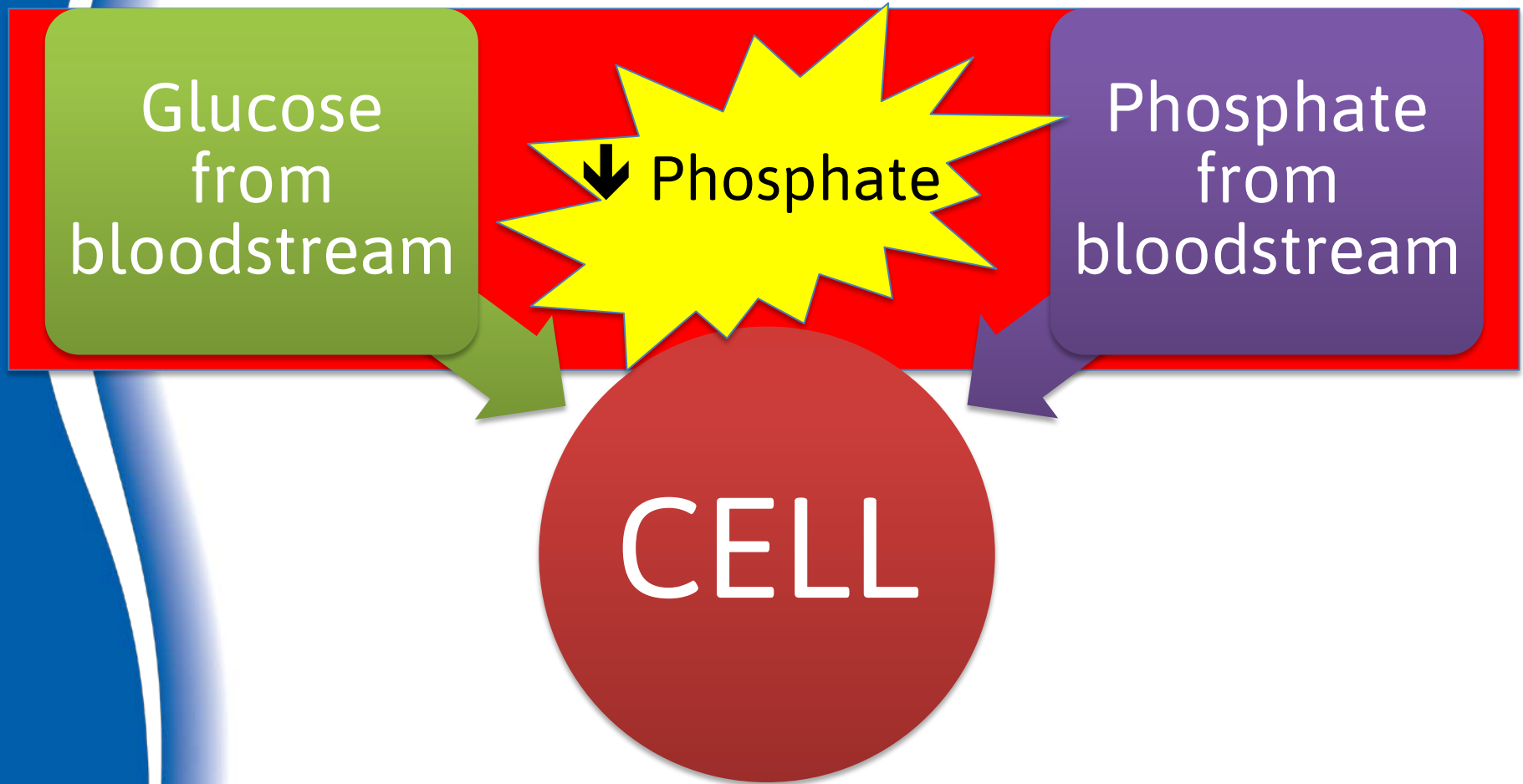
## Clinical Terms:

- **Hypophosphataemia = low phosphate**
  - Phosphate level of less than 2.5 mg/dL
  - Normal = 2.5 - 4.1 milligrams per deciliter (mg/dL).

### Source:

Hearing SD. Refeeding syndrome. BMJ 2004;328:908-9  
Crook MA, Hally V, Pantelli JV. The importance of the refeeding syndrome. Nutrition 2001;17:632-7

# Refeeding Syndrome and AN



**Source:**

Hearing SD. Refeeding syndrome. BMJ 2004;328:908-9  
Crook MA, Hally V, Pantelli JV. The importance of the refeeding syndrome.  
Nutrition 2001;17:632-7

# Refeeding Syndrome and AN

## **Treatment and Prevention:**

- Slow steady increase of food essential
- Regular blood work to check phosphate levels
- Phosphate supplements should be given where low phosphate levels may be anticipated, as in refeeding after anorexia

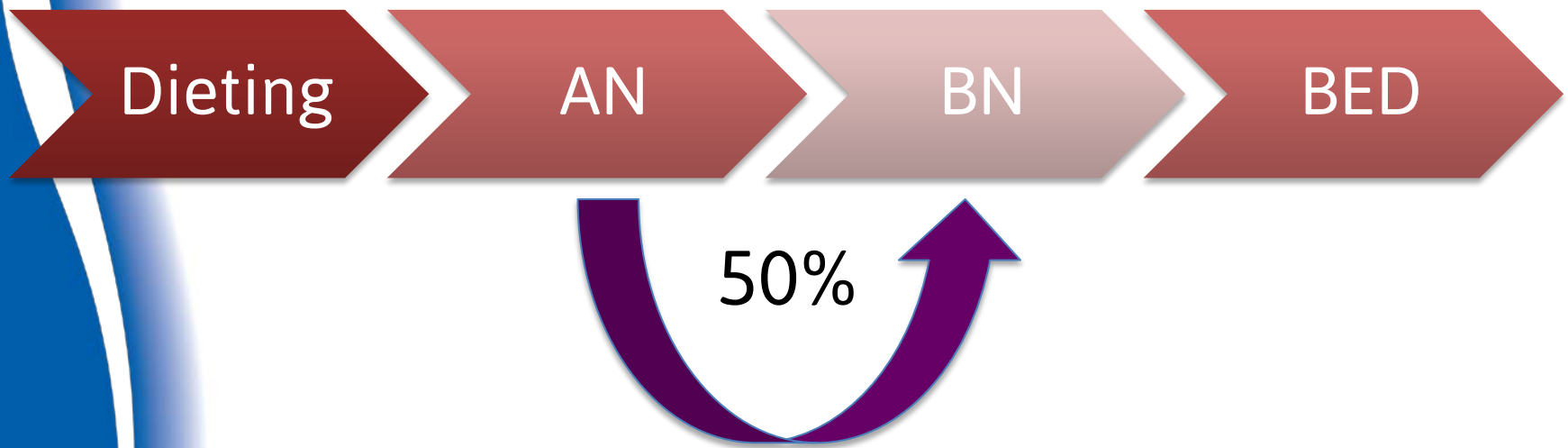
# End Weight Markers and AN

- How much weight do I need to gain?
  - 80% chance of relapse if don't COMPLETELY weight restore
  - For females – return of menses is a sign that body is restoring, but not the end point
  - Hunger, fullness, satiety, enjoyment of and neutrality with food are all important markers of recovery
  - Your optimal weight is dictated by your own genes
  - You, or your RD can't manipulate or change them
  - So how much weight gain is needed depends upon the individual body



# Say “No” to Dieting

..Dieting is a “gateway” behavior to an Eating Disorder



Source: Fairburn '95; Overcoming Binge Eating pg 82

# AN & Recovery: Are we there yet?

- Takes ~ 1 year for body to reach homeostasis
- ~ 2 years for body image anxiety to reduce
- Takes 5 - 7 years for full recovery
- RECOVERY IS POSSIBLE!

# BULIMIA NERVOSA



# Eating Disorders Comparison Chart

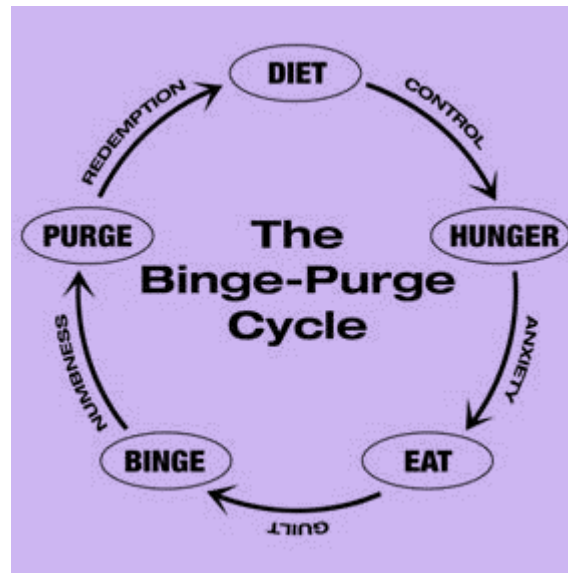
Symptoms	Anorexia	Bulimia	Binge Eating
Restricting	✓	✓	✓
Bingeing	✗	✓	✓
Vomiting/ Compensation	✗	✓	✗

# BN: Overview

1. You on Bulimia: Relationship with Food
2. Your Body on Bulimia: Nutritional Impact on the Body
3. Nutritional Treatment for Bulimia Nervosa
4. Challenges of Nutritional Treatment for Bulimia

# You on Bulimia

# BN: Relationship with Food



# BN: Relationship with Food

- Restrictive tendencies followed by high intake of food
- Large quantities of food may go missing
- Large food bills
- Running of shower when in bathroom to muffle purging sounds
- Seeking out single bathroom stalls for privacy to purge
- Hidden jars, bags or containers of vomit in bedroom
- Problems with house plumbing
  - Toilet becomes blocked
  - Basin sink becomes blocked
  - Pipes corrode
- Excessive exercise routines
- Weight fluctuations
- And also food avoidance and aversions as seen in AN



# Your Body on Bulimia

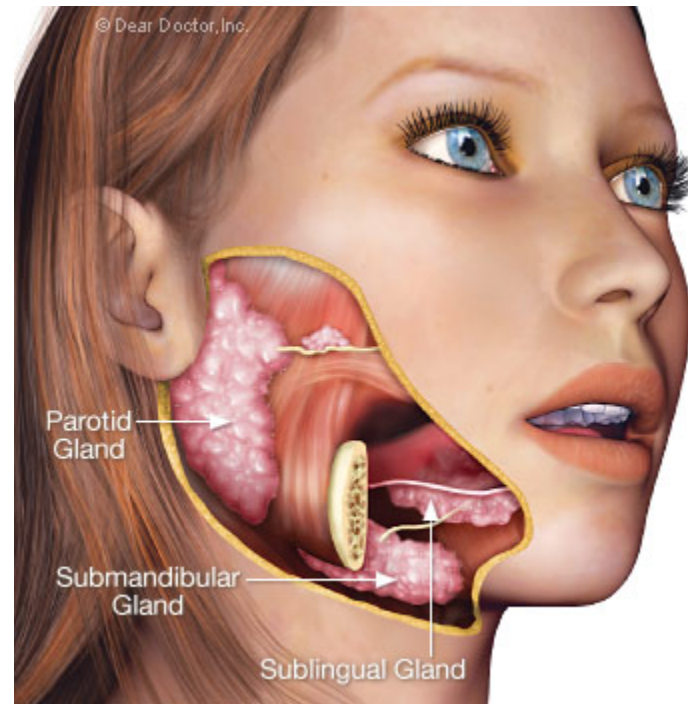
# BN: Impact on the Body

- Bingeing and purging behaviors can cause the following physical signs and symptoms:
  - Worn tooth enamel
  - Swelling of the salivary glands
  - Sore throat
  - Heartburn
  - Constipation
  - Irregular menstrual periods
  - Dehydration
  - Electrolyte imbalances in the blood (that can lead to heart problems)

# BN: Russell's Sign - Calluses



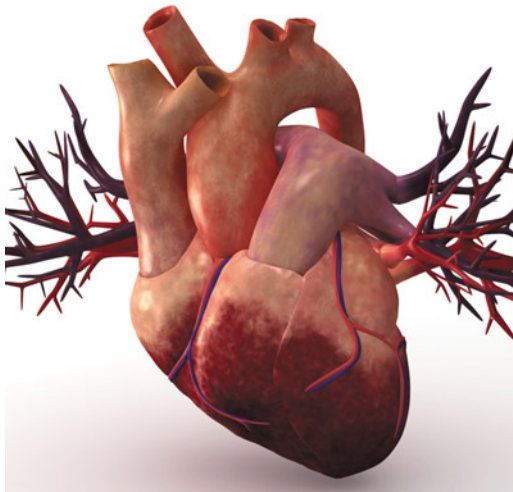
# BN: Impact on the Body



# BN: Impact on the Body



# BN: Potassium and the Heart



**K<sup>+</sup>**

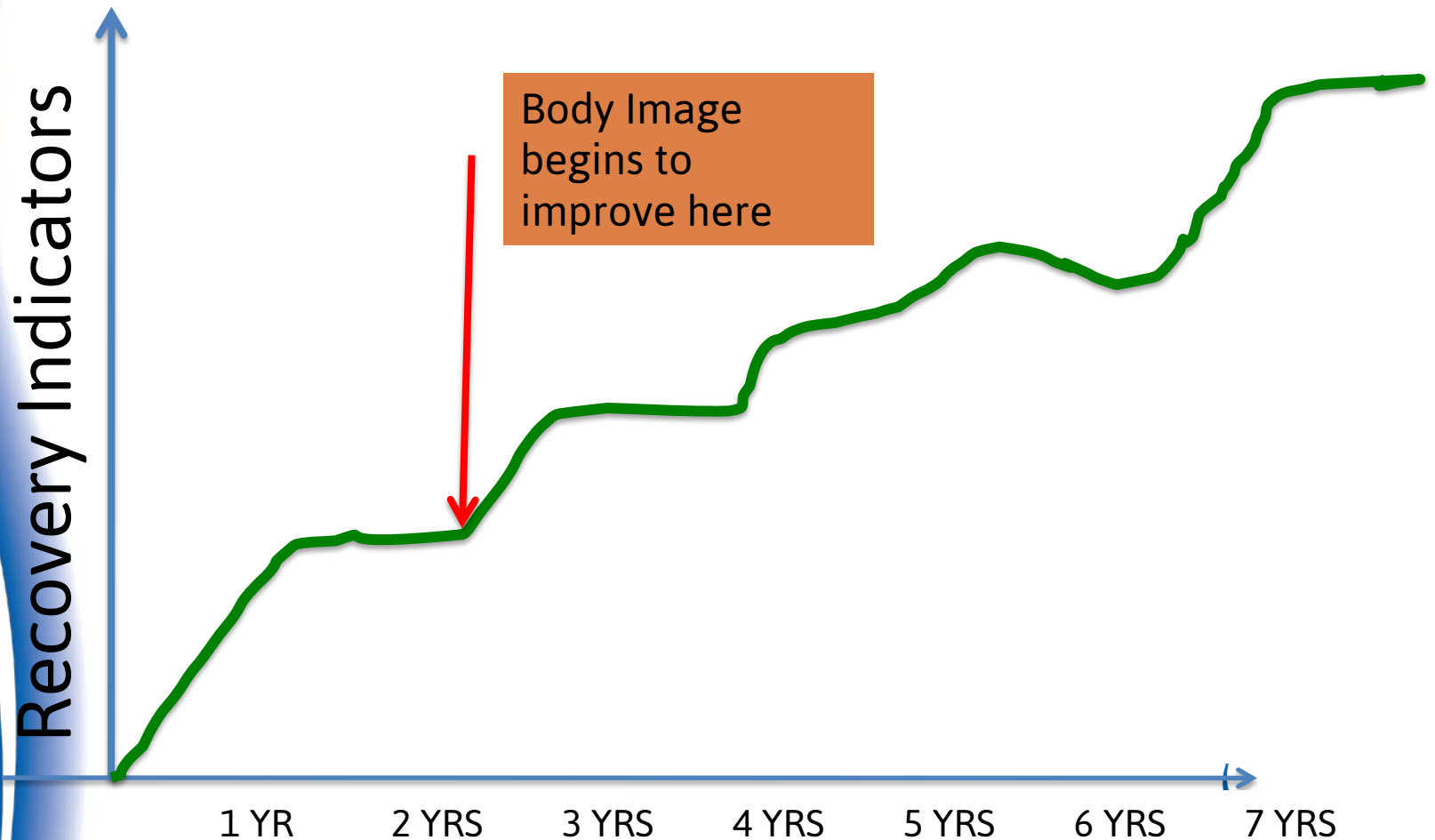
Essential for  
heart beat

Low  
potassium  
makes it  
difficult for  
the heart to  
beat

**HEART  
ATTACK**

# Nutritional Treatment for BN

# Recovery Timeline for BN





# 8 Stages of Treatment for BN

Stage 1

- Symptom reduction (Binge/Purge)

Stage 2

- Therapy interventions & support

Stage 3

- Stabilize body weight

Stage 4

- Psychiatric medications if needed

# 8 Stages of Treatment for BN

## Stage 5

- Body image decreases (~ 2 yrs)

## Stage 6

- Neutrality with food

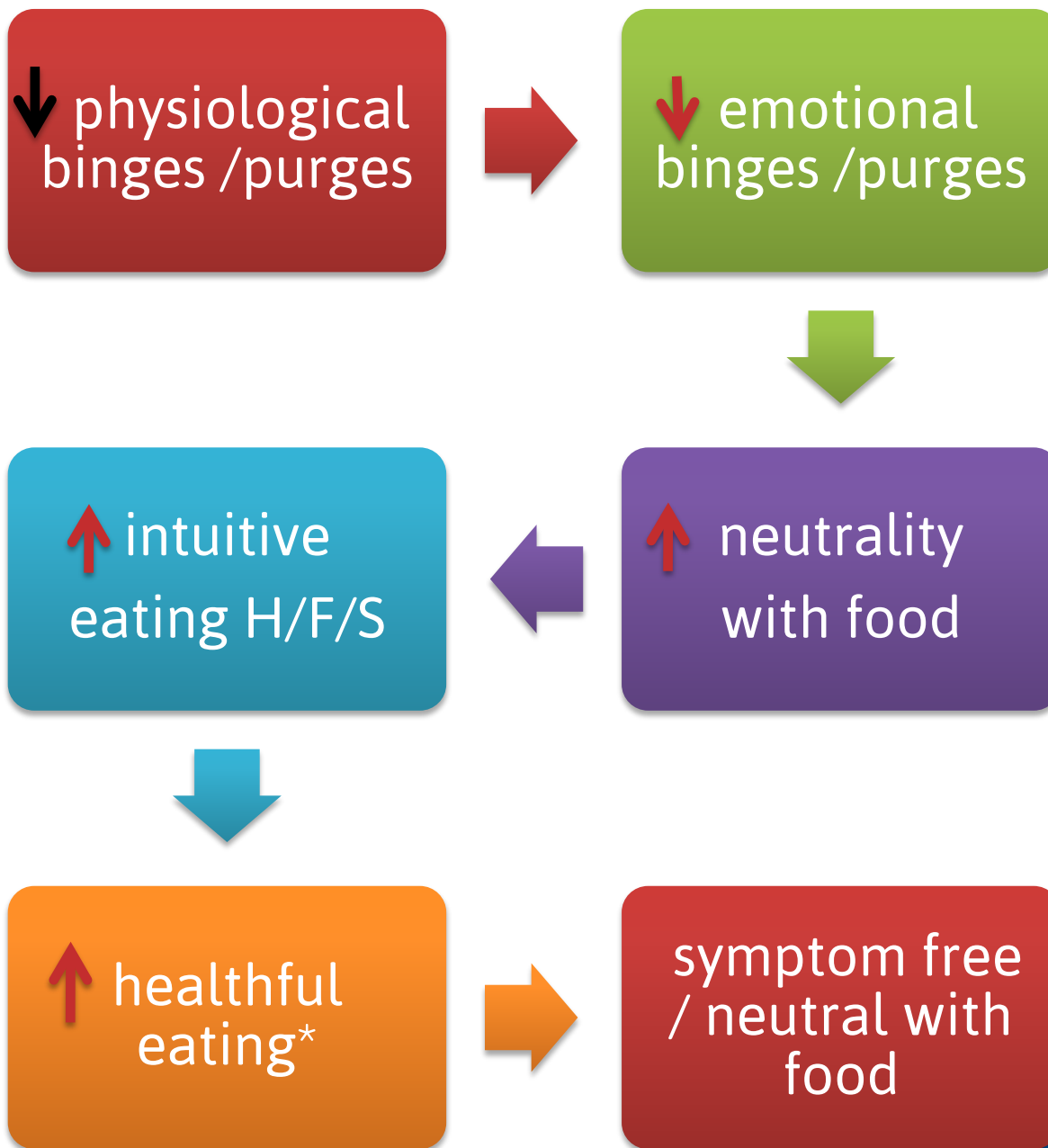
## Stage 7

- Ongoing support to reduce relapse

## Stage 8

- Recovered ....it is possible!

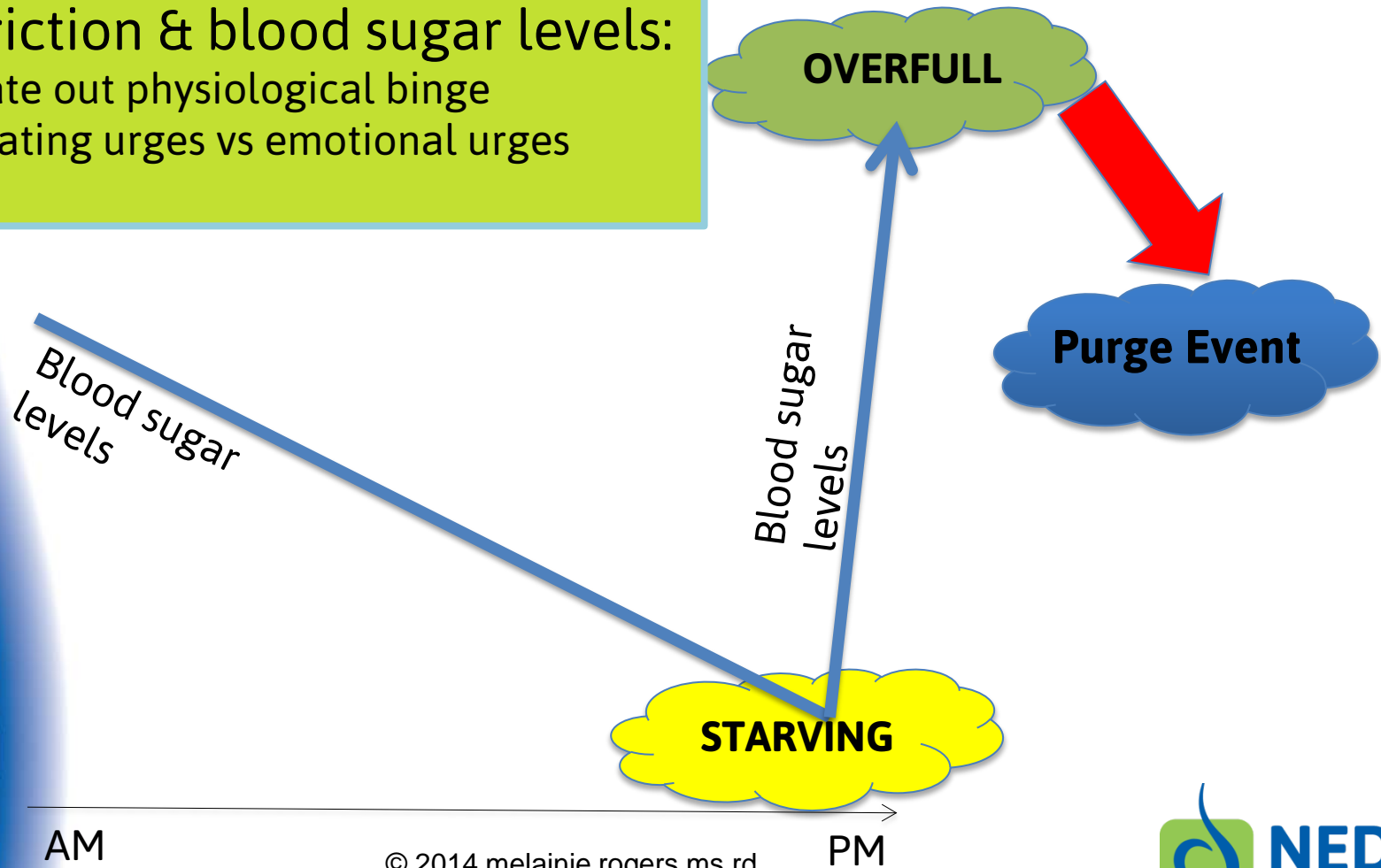
# Bulimia Recovery Pathway



H = Hunger  
F = Fullness  
S = Satiety

# BN: Physiology of Eating Patterns

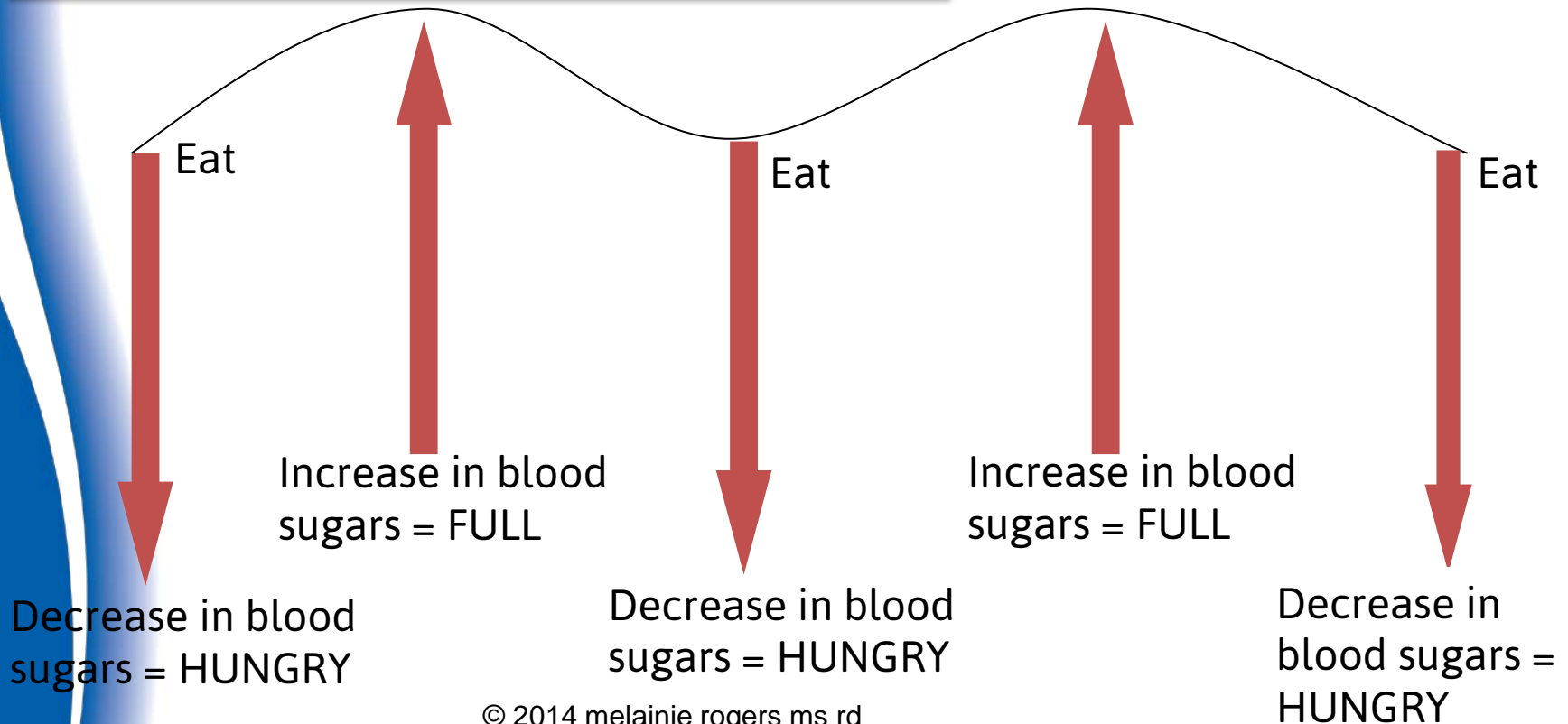
Restriction & blood sugar levels:  
Separate out physiological binge  
/overeating urges vs emotional urges



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# BN: Physiology of Eating Patterns

**Goal:** Reestablish blood sugar levels by balancing out food intake and distribution



# Nutrition Treatment of BN

Step 1: What is the client currently eating?

Meal Event	MONDAY
Breakfast	
Snack	Coffee (24 oz)
Lunch	
Snack	
Dinner	apple, salad, carrot sticks, bread, more bread, pasta, more pasta, cupcakes, chocolate, wine, more wine...
Snack	

# Nutrition Treatment of BN

Step 2: Meet the client where they are at...

“Add on’s” week 1 – 2 ...safe, low risk, “doable”

Meal Event	MONDAY	ADD ON:
Breakfast		Cheese stick (week 1)
Snack	Coffee (12 oz)	Reduce coffee = appetite suppressor
Lunch		Yogurt, apple (week 1)
Snack		
Dinner	apple, salad, carrot sticks, bread, more bread, pasta, more pasta, cupcakes, chocolate, wine, more wine...	Remove wine = disinhibitor
Snack		

# Nutrition Treatment of BN

Step 3: Week 3 – 4

“Mark” meal times with some food items, and then snacks

Meal Event	MONDAY	ADD ON
Breakfast	cheese stick	2 eggs – scrambled (week 3)
Snack	Coffee (12 oz)	
Lunch	Yogurt, apple	2 TBs granola (week 3)
Snack		
Dinner	apple, salad, carrot sticks, bread, more bread, pasta, more pasta, cupcakes, chocolate...	Dinner Substitution: “safe meal” Grilled chicken, vegetables and pesto, with 1 cup rice
Snack		“Safe Snack”: frozen yogurt



# Nutrition Treatment of BN

Step 4: Week 5 – 6

Attempt re-exposure to higher risk foods as able eg portioned pasta

Meal Event	MONDAY	ADD ON
Breakfast	2 eggs scrambled, cheese stick	1 slice of toast, with butter 1 tsp
Snack	Coffee (12 oz)	2 graham crackers
Lunch	Yogurt, 2 TBs granola, apple	
Snack		Banana, handful of almonds
Dinner	Grilled chicken, vegetables and pesto, with 1 cup rice	Dinner Substitution: “challenge meal” 2 cups pasta with tomato basil sauce
Snack		“Safe Snack”: frozen yogurt

# Nutrition Treatment of BN

Step 5: Week 7 - onwards

Meal Event	MONDAY	ADD ON
Breakfast	2 eggs scrambled, 1 slice of toast, with butter 1 tsp cheese stick	1. CONTINUE TO WORK TOWARDS “REAL MEALS” EVENLY DISTRIBUTED OVER THE DAY
Snack	Coffee (12 oz), 2 graham crackers	2. INCLUDE SNACKS TO KEEP HUNGER UNDER CONTROL
Lunch	Yogurt, 2 TBs granola, apple	3. AVOID LARGE VOLUMINOUS MEALS
Snack	Banana, handful of almonds	4. DECREASE RISK OF OVERFUL SENSATION AND RISK OF PURGING
Dinner	Grilled chicken, vegetables and pesto, with 1 cup rice	
Snack	1 frozen yogurt	

# Nutrition Treatment of BN

## Step 6: "REAL MEALS"

Meal Event	MONDAY	ADD ON:
Breakfast	2 slices toast, 2 scrambled eggs, 1 slice of cheese, apple	1. VARIETY
Snack	Coffee (12 oz), 2 graham crackers	2. DIFFERENT CUISINES
Lunch	Sandwich with cheese, ham, tomato, lettuce, yogurt	3. "NORMAL" PORTIONS
Snack	Banana, handful of almonds	4. MORE NEUTRAL WITH FOOD
Dinner	Chicken with vegetables, and pesto sauce, 1 cup rice	5. BALANCED MEALS EVENTS THROUGHOUT THE DAY
Snack	2 Oreos and frozen yogurt	

## "Good"

Egg whites  
Yogurt  
Fruit  
Lean protein  
Vegetables  
Water

## "Bad"

Bread  
Pasta  
Rice  
Potato  
French fries  
Cereal  
Fried foods  
Red meat  
Cakes  
Baked goods  
Cookies  
Nuts  
Snack foods

Neutralize and  
legalize all  
foods

# Moderation

Egg whites  
Yogurt  
Fruit  
Lean protein  
Vegetables  
Water  
Bread  
Pasta  
Rice  
Potato  
French fries

Cereal  
Fried foods  
Red meat  
Cakes  
Baked goods  
Cookies  
Nuts  
Snack foods

# Challenges of Recovery for BN

# BN: Challenges of Recovery

- Recovery is a long process – 5 – 7 years
- Stopping behaviors (purging) DOES NOT= recovery
- Body image doesn't really shift for several years
- Important to not diet, even if uncomfortable
- Allow at least 12 months symptom free for body to reach homeostasis
- RECOVERY IS POSSIBLE!

# BINGE EATING DISORDER





# Eating Disorders Comparison Chart

Symptoms	Anorexia	Bulimia	Binge Eating
Restricting	✓	✓	✓
Bingeing	✗	✓	✓
Vomiting/ Compensation	✗	✓	✗

# BED: Overview

1. You on BED: Relationship with Food
2. Your Body on BED: Nutritional Impact on the Body
3. Your Brain on BED: Nutritional Impact on Mental Health
4. Nutritional Treatment for BED
5. Challenges of Recovery for BED

# You on BED

# BED: Relationship with Food

- Eating large quantities of food in a short period of time, and feeling great distress and out of control
- Often done in private, or secretly
- Often BED clients eat very little during the day
- Large food bills
- High anxiety with having certain foods available
- Very “black and white” relationship with food
- Food choices hold a moral judgement - “I am a bad person if I eat bad foods”
- Intuitive eating, is often contradictory to beliefs

# Your Body on BED

# BED: Nutritional Impact on Body

- Many BED clients struggle with weight gain
  - 75% are overweight or obese
  - NOTE: Therefore not all BED clients struggle with weight concerns
- Chronic medical symptoms may occur due to weight gain over time
- Clients of a higher weight can have **malnutrition**
- Often BED clients have grown up on diet after diet

# Your Brain on BED

# BED: Mental Health

- Distress, anxiety, depression
- May have a trauma history
- For clients of higher weight, there can be trauma related to living life in a larger body
- Public comments, remarks, discrimination, judgement
- BED carries the most stigma of all eating disorders



# BED: Mental Health

- Treatment therefore MUST take into consideration the stigma and shame that our clients often experience
- Extra sensitivity is required on behalf of the clinician
- BED client is often used to a world of judgement – from everyone – family, friends, colleagues
- You the clinician, may be the first ally they have had in their battle with their eating disorder

# Nutritional Treatment for BED

# Binge Eating Recovery Pathway

↓ physiological  
binges



↓ emotional  
binges



↑ intuitive  
eating H/F/S



↑ neutrality  
with food

H = Hunger  
F = Fullness  
S = Satiety



↑ healthful  
eating\*

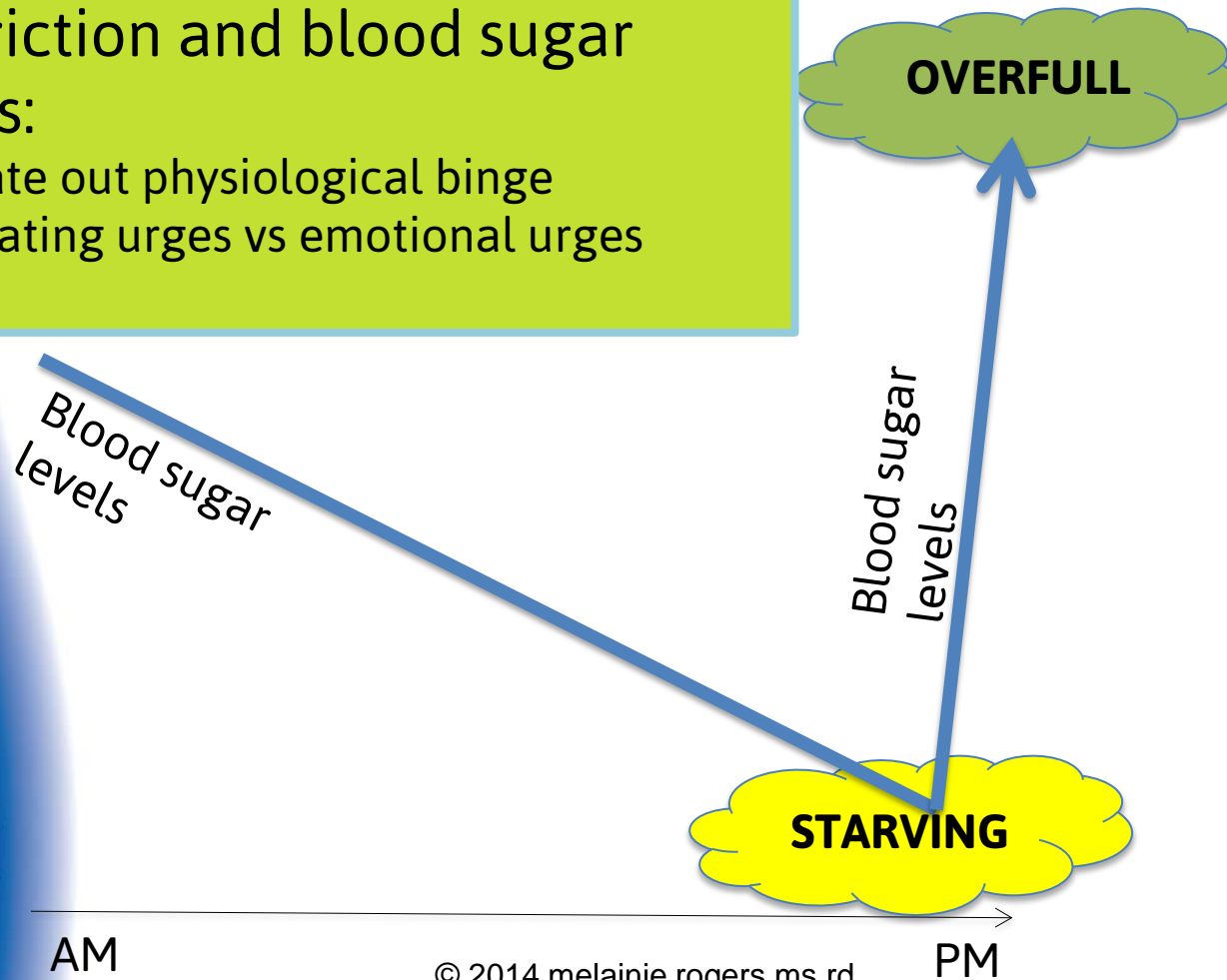


symptom free  
/ neutral with  
food

# BED: Physiology of Eating Patterns

Restriction and blood sugar levels:

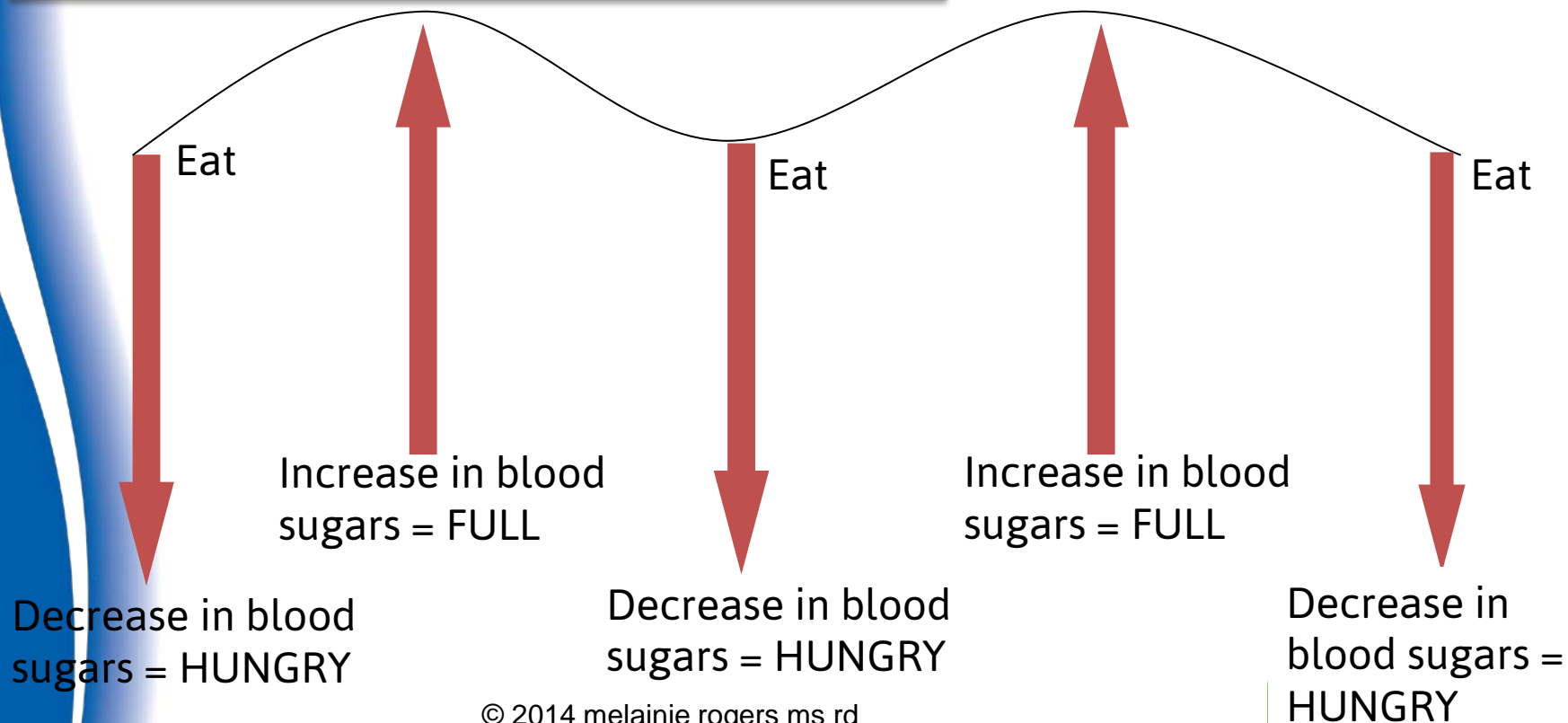
Separate out physiological binge /overeating urges vs emotional urges



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# BED: Physiology of Eating Patterns

**Goal:** Reestablish blood sugar levels by balancing out food intake and distribution



# Nutrition Treatment of BED

Step 1: What is the client currently eating?

Meal Event	MONDAY
Breakfast	
Snack	Coffee (24 oz)
Lunch	
Snack	
Dinner	Salad, chicken, mashed potatoes, bread, more bread, pasta, more pasta, more pasta....
Snack	Ice cream, oreos, cupcakes, chocolate...ice cream, oreos, nuts...

# Nutrition Treatment of BED

## Step 6: "REAL MEALS"

Meal Event	MONDAY	ADD ON:
Breakfast	2 slices toast, 2 scrambled eggs, 1 slice of cheese, apple	1. VARIETY
Snack	Coffee (12 oz), 2 graham crackers	2. DIFFERENT CUISINES
Lunch	Sandwich with cheese, ham, tomato, lettuce, yogurt	3. "NORMAL" PORTIONS
Snack	Banana, handful of almonds	4. MORE NEUTRAL WITH FOOD
Dinner	Chicken with vegetables, and pesto sauce, 1 cup rice	5. BALANCED MEALS EVENTS THROUGHOUT THE DAY
Snack	2 Oreos and frozen yogurt	

# Challenges of Recovery for BED



# BED: Challenges in Treatment

- Recovery time: 8 – 14 years
- Slow and steady
- Often have struggled with BED since childhood
- Inadequate training of clinicians
- Also weight bias in clinical world
- More transference / countertransference perhaps than with the other eating disorders

# BED: Challenges in Treatment

- BED is very misunderstood
- General public's belief is dieting will solve the "problem"
- Dieting worsens BED
- Psychological aspects of BED are often not seen and often not treated
- Poor diagnosis, poor recognition, often BED clients don't know they have BED
- Underdiagnosed, and under recognized, means fewer people are presenting for treatment

# BED: Challenges in Treatment

- Weight loss is not a goal of treatment
- Some clients will lose some weight but not all
- Biochemical changes occur in the body with weight gain, that are irreversible
- For some clients, recovery without significant weight loss does not seem “worth it”
- Recovery can be a difficult “buy in”

# Resources

## Get Involved and Learn About Eating Disorders

**PFN Webinar Series** under Media tab of NEDA Website, [www.myneda.org](http://www.myneda.org)

Current and archived issues of the **Parent, Family & Friends Network (PFN)** publication, **Making Connections**, under Media tab of NEDA Website, [www.myneda.org](http://www.myneda.org).

**2014 NEDAwareness Week resources:** Ideas and planning guides; articles, infographics, webinars and more, for learning about eating disorders. NEDAwareness Week microsite: [www.NEDAwareness.org](http://www.NEDAwareness.org)

**Annual NEDA Conference:** **Thinking Big: Uniting Families & Professionals in the Fight Against Eating Disorders**, October 16-18, 2014, San Antonio, Texas

**Gürze Books:** Publications/books about eating disorders, [www.bulimia.com](http://www.bulimia.com)

## Getting Help

NEDA's Information and Referral **Helpline: 800-931-2237** and **Click to Chat** option

**NEDA Navigators** are volunteers who have personal experience with an eating disorder (self or in support of a loved one). Those who would like to connect with a NEDA Navigator can email [pffnetwork@myneda.org](mailto:pffnetwork@myneda.org).

**NEDA Toolkits**, including **Parent Toolkit, Educator Toolkit, Coach & Athletic Toolkit**, with comprehensive information about eating disorders, treatment options, how to support your child, insurance issues and more.

