April 2015
Volume 6, Issue 2

To receive notice of EDQ publications, email EDQnews@gmail.com

Join us on Facebook

Eating Disorders Institute of New Mexico

EATING DISORDERS QUARTERLY

www.EatingDisordersNM.com
505-884-5700

Grandma's Corner

By the time you read this, I will be a new grandmother — unless the baby is late in which case I will be an old mother ... of a grumpy daughter.

With babies on my mind, it is pointless to try to write about anything else. Hence, I would like to share with you what I have learned from my patients about how to increase the likelihood that your child will grow up to *not* need our services.

Love the child not the body ... Admire her intellect and humor, his kindness and love of music. Recognize his effort at soccer and her dedication to bowling. Marvel at her compassion for friends, and his willingness to stand up to friends. You get the picture — love who the child is rather than what s/he looks like.

Love food ... Introduce your child to lots of delicious food and enjoy lots of family meals together. Remember there are neither good nor bad, nor magical foods. Banish diets and food rules from your home. We Americans spend altogether too much time and money trying to transform food into a powerful cure-all. It is not. It is the fuel that keeps you alive and is fun to share with loved ones. That's all.

Love your body ... Children grow up to see mom and dad in their own reflections. No matter how often you tell your child she or he is beautiful, you will not be believed unless you see the beauty in your own body. Let your child see you enjoy the pleasures of a functioning body. Role model having a "bad hair day" but a good day nonetheless. Let your appearance be the least important aspect of who you are.

EDQ

A Good Question — What is Refeeding Syndrome?

When a patient is severely malnourished/underweight, a slow increase in caloric intake may trigger further weight loss due to increased metabolism, or simply result in weight gain too slow to save his or her life. Thus, weight restoration, which is *the essential first step in recovery*, requires an influx of thousands of calories per day. Inherent in this process is the risk of Refeeding Syndrome.

Refeeding Syndrome is the potentially fatal shift in fluids and electrolytes that may occur in malnourished patients when they increase their food intake. The most common feature of refeeding syndrome is low serum phosphorus. However, it may also result in abnormal sodium and fluid balance; changes in glucose, protein, and fat metabolism; thiamine deficiency; hypokalemia; and hypomagnesaemia. The person may die.

For this reason, patients who are very underweight and/or have been eating very little food for more than a few days are almost invariably sent to an inpatient or residential program for refeeding. At that level of care, daily medical monitoring helps keep the patient safe.

ED IOP

ACCEPTING

ADULT & ADOLESCENT PATIENTS

See website for details.

CONTENTS

Full-blown refeeding syndrome

⇒ Respiratory failure

⇒ Red and white blood cell dysfunction

⇒ Muscle breakdown

⇒ Seizures

⇒ Congestive heart failure

⇒ Cardiac arrest

Visualizing a healthy role model while remembering risks of unhealthy eating increases selection of nutritious foods

McCabe et al utilized two models to evaluate their combined effect on shoppers' grocery selections. The Terror Management Health Model suggests that thoughts of mortality can motivate people to make healthy decisions and the Prototype Willingness Model posits that health-relevant behaviors are guided, in part, by positive social prototypes (i.e., social modeling).

McCabe et al hypothesized that shoppers would purchase more nutritious foods after being reminded of death and visualizing a healthy–eater prototype. To test this, they had 114 adults complete questionnaires before and after grocery shopping. The pre-shopping questionnaire induced mortality salience with questions about their fear of death/pain, and led participants to visualize a healthy-eater (prototype).

Participants intended food purchases were also queried before they entered the supermarket and their shopping receipts collected on exit.

Purchased food items were designated "nutritious" based on their rating on http://nutritiondata.self.com which indexed foods based on nutrients per calorie. This resulted in a "nutrition score" for each shopping receipt.

The researchers found that those shoppers who were reminded of their mortality and visualized a health-eater prototype purchased more nutritious food than those who received only one or neither of the manipulations.

Editor's Note: These findings are only preliminary data on the value of combining both carrot and stick, so to speak. Nonetheless, as clinicians, they should trigger us to reconsider how we "motivate" patients. Although the four-cell grid of pros/cons of behavior change and of remaining ill is widely used and effective, it may be enhanced by modification to include visualization of a positive role model. Food for thought.

— S McCabe, J Arndt, JL Goldenberg, et al. (2015). The effect of visualizing healthy eaters and mortality reminders on nutritious grocery purchases: An integrative terror management and prototype willingness analysis, Health Psychology, 34: 279–282.

2015 Conferences & Trainings

Academy of Eating Disorders International Conference on Eating Disorders, April 23–25, Boston, MA

2015 ACUTE Symposium: Improving Medical Care for Eating Disorders, June 25-27, 2015, Denver CO

Institute for Contemporary Psychotherapy & Center for the Study of anorexia and Bulimia have posted their 2015 Webinar series.

Renfrew Center Foundation for Eating Disorders 2015 free Webinar series: April 29, May 13, June 3

Effect of family meals on disordered eating among adolescents

Ample evidence exists for the protective role of family meals against disordered eating among adolescents. However, Loth et al asked the important question whether family characteristics such as negative body talk or unpleasant meal "atmosphere" moderates the overall protective impact of family meals.

Drawing data from two large studies, Loth et al surveyed 2,793 adolescents for dieting frequency, unhealthy and extreme weight control behaviors, binge eating, family meal frequency, family functioning (how well members get along), weight talk in home, weight-related teasing, enjoyment of family meals, parent focus on weight, food restriction, and pressure to eat.

The rates of ED-relevant behavior between girls versus boys were as follows: 46% v 31% dieting, 50% v 38% unhealthy weight control behavior, 7% v 4% extreme weight control behavior, 10% v 6% binge-eating with loss of control.

Frequency of family meals was not related to binge-eating in either boys or girls. Among girls, greater frequency of family meals predicted lower rates of other disordered eating. Among boys, greater frequency of family meals was associated only with decreased unhealthy weight control practices.

Although for the most part, the positive impact of family meals was robust, there were some moderating effects of family traits. Excessive focus on weight and weight-related teasing may diminish the protective effect for both boys and girls

— K Loth, M Wall, C Choi, et al. (2015. Family meals and disordered eating in adolescents: Are the benefits the same for everyone? Int'l J of Eating Disorders, 48: 100–110.

The Real Paleo Diet — or what best-selling authors don't want you to know

Sometime during our passage through the 20th century, we seem to have converted to the Church of Food. We believe that eating the Right Food will result in health, beauty, happiness, success, and a degree of longevity that, if achieved, may prove to be more curse than blessing. Seeking the perfect diet, we venerate the high priests who by virtue of their brilliance (at picking publicists) write diet books — lots and lots of diet books. Entering the word "diet" in Amazon's book search results in a list of 113,264 books, all promising The Answer to the quest for the Ideal Body.

At EDINM, we have heard it all, "no-carb, no-fat, high-this, combination-that, designed for my personal DNA" ... and our current favorite (said sarcastically) The Paleo Diet. Based on evolution science, the Paleo purveyors argue that because our bodies have not evolved as quickly as our environment, the healthiest diet is one that mimics how we ate 2.6 million to 10,000 years ago and then go on to tell us how to eat. On the surface, this makes sense — but ...

A recent fascinating article in National Geographic points out that "...it [is not] true that we all evolved to eat a meat-centric diet [and] the popular embrace of a Paleo diet ... is based on a stew of misconceptions." First off, the belief that hunter-gatherers (our ancestors) were really good at killing meat is simply wrong. Current hunter-gatherer tribes, who have much better weaponry than our 10,000+ year-old grandsires, have successful hunts less than half the time they try; at most, they get 30% of their annual calories from animals and those meals are interspersed by heavy reliance on plants and times of insufficient food altogether.

Another critical misconception is that there was a single Paleolithic (caveman) diet. "What bothers a lot of paleoanthropologists is that we actually didn't have just one caveman diet," says Leslie Aiello, president of the Wenner-Gren Foundation for Anthropological Research in New York City. "The human diet goes back at least two million years. We had a lot of cavemen out there." What we know for sure is that humans evolved to successfully subsist on the foods that were available in their idiosyncratic environments. Those living on the frozen tundra where little vegetation grew but animals were plenty, thrived on heavily meat-based diets while experiencing none of the negative health consequences that the American Super-sized meat diet triggers. Those ancestors who lived in areas where the domestication of cattle played a critical role in evolution developed the ability to digest milk beyond the point of weaning from mother's breast. Those of us whose ancestors evolved in areas where cattle did not play a significant role in survival (e.g., Chinese, Pima Indians), remain primarily lactose intolerant (post-weaning) to this day.

Anthropologist enjoying fried caterpillar at home of Ngandu hosts in Central African Republic.

The National Geographic article (which is beautifully written and well-worth the read) offers a compelling peek at the multiplicity of substances that humans have come to call "food." From aardvark to zebra, caterpillar to stinkbugs, and asparagus to zucchini, the human diet flexes to ensure we ingest nutrients to fuel our lives. The cavemen (and women) who turned their noses up at fuel-containing substances in their environments did not stick around long enough to send their DNA through the millennia to produce us.

The true Paleo Diet is the one that provides lots of varied nutrients and enough overall energy to fuel our daily activities.

[Reference: A Gibbons. The Evolution of Diet. National Geographic, September 2014, pp 30-65.]

EDQ

Morning, Afternoon, & Evening Intensive Outpatient Programs

Our IOPs provide intensive psychotherapy for eating disorders that do not respond to standard outpatient care. Built upon evidence-based practices and delivered in a warm, client-centered style, our IOP is waiting to help your most challenging patients. New patients are welcomed when they are ready to start, treatment plans are always individualized, and we work closely with you to ensure our work complements yours as seamlessly as possible.

Program Features

Mondays, Tuesdays, and Thursdays (Adult groups early morning and evening; Adolescent/young adult group late afternoon)
Private check-ins as well as individualization of therapeutic focus
Shared therapeutic meal
Group sessions address eating-related anxiety, challenge the distorted over-evaluation of shape and weight, promote mood regulation, improve ability to identify nutritional misinformation, counter cultural pressures to attain thinness, and much more. For the afternoon groups, age-appropriate emphasis is placed on developmental tasks and the negotiation of patients' emerging young-adult roles in the family.
Cognitive-behavioral therapy complemented by DBT and ACT skills training
Biweekly care-coordination reports sent to patient's treatment team with additional team consultations as needed

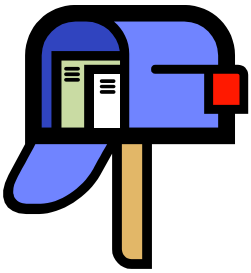
Notices

In keeping with the intent of this newsletter to connect our local clinical community with the world of eating disorders, we have dedicated this space to alert you to local opportunities for research, employment, and miscellaneous other things related to obesity and eating disorders. To use this free forum email: EDQnews@gmail.com

Edition	Deadline	Edition	Deadline
April 2015	March 15	July 2015	June 15
October 2015	September 15	January 2016	December 15

To automatically receive an email notice when each new edition of the EDQ is available, email your request to:

EDQnews@gmail. com



Criteria for Hospitalization

Treatment ambivalence is a mainstay of our population. Hence, it is the rare patient who requests a higher level of care; and we always try to help patients towards recovery without having to leave home. However, EDs have the potential to kill and there are times that inpatient ED treatment is the only safe way to go.

For patients who have severely restricted their intake or lost a considerable amount of weight, the immediate risk associated with treatment is that of Refeeding Syndrome (RS) — a metabolic response to food intake that results in low serum phosphorous and potential death. Risk for RS means refeeding should be conducted on a specialized inpatient unit. The National Institute for Clinical Excellence defines elevated risk of RS as shown in the box to the right:

RS RISK IF:	One or more	Two or more
BMI	< 16	< 18.5
Weight loss over 3-6	> 15%	> 10%
Minimal food intake	> 10 days	> 5 days
Other	Low potassium, phosphorus, or magnesium	Substance abuse, incl. insulin, laxatives, or diuretics

In addition to RS risk, hospitalization for medical stabilization and monitoring is recommended as follows:

Anorexia Nervosa	Bulimia Nervosa
• Weight < 70% expected IBW • Cont'd weight loss despite intensive outpatient tx • Unstable vital signs: pulse < 40, temp < 35^{C}, SBP < 80mmHg • Arrhythmias • Suicidality	• Potassium < 2.4 mmol/L • Bicarbonate > 38 mmol/L • Excessive edema, history of edema with cessation of purging behaviors, severe constipation despite laxatives

Help Wanted

Counselor/Clinical Psychologist — The position begins part-time and develops into full-time work. Requirements:

- Licensure in New Mexico of LPCC, LISW, or higher
- CBT experience
- Comfortable eating with patients and available for some evening work
- Preferential consideration will be given to applicants who are credentialed with Presbyterian/Magellan and BCBS
- Experience with eating disorders and obesity — but if you are interested and a good reader, we can train you.
- BENEFITS:
  - Flexible hours
  - Retirement plan with generous company contribution
  - Stimulating patients and a supportive, friendly work environment

Please send resume and cover letter highlighting the relevance of your experience to blwolfe@swcp.com or fax to 505-884-5701.

