Two Important Studies

ANOREXIA NERVOSA GENETICS INITIATIVE (ANGI)

When asked the cause of eating disorders, we invariably respond, “Genetics load the gun and environment pulls the trigger.” We have known this to be the truth for many years.

An international study is seeking to enhance our understanding of the genetic underpinnings of Anorexia Nervosa. The researchers need individuals with the disorder (current or past), as well as healthy controls.

Participation entails a brief telephone interview, a five- to 30-minute online questionnaire, and a blood test which can be done locally at your convenience.

As you know, Anorexia Nervosa destroys quality of life, and not infrequently, kills. The better we understand the etiological risks, the better our ability to protect our loved ones, and effectively target treatment.

I have volunteered my time and a bit of blood to support this important study, and have encouraged my patients to consider participating.

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EATING DISORDERS AMONG HISPANIC WOMEN

The idea that women of color are immune to EDs is outdated and wrong. The persistence of this belief has interfered with research and clinical attention to the presence of EDs among women of color.

Genevieve Cardona, MSN, CNP, a Doctorate of Nursing candidate at the University of Arizona is developing a culturally sensitive survey to aid primary care providers in the detection of EDs among Hispanic women.

Your assistance in recruiting females who meet the following criteria is greatly appreciated:

- Ages 18-45
- Diagnosis of an ED
- Hispanic/Latina American descent and born in the United States.

Ms. Cardona’s recruitment flyer is on page 5. Please print and share it with your patients.

Collaborating with Dr. Google

We are well past the point where healthcare providers can ignore the internet. Not only do we shop, socialize, and learn in cyberspace, we also turn to it for healthcare guidance. In fact, 87% of Americans use the internet — a lot — and they don’t stop and say, “Oh, this is a healthcare question so I’ll turn off my device and wait till I can talk to my doc.” Usually, by the time they see us, they have already received a diagnosis and recommended course of action from Dr. Google.

As providers, we have all faced the patient who knows “for a fact” that s/he has this or that condition which “must be treated” with that or this nonsense. More worrisome, however, is the fact that many of our patients are combining our treatment (whether verbal or pharmaceutical) with “treatments” gleaned from cyberspace. It is time we incorporate into our standard interview protocol the question, “What have you read about [condition] on the internet?” and ensure that we are not unwittingly handcuffed by Dr. Google.
Pica & Rumination Behavior in Eating Disorders & Obesity

With the inclusion of Pica (the “eating of nonfood substances”) and Rumination Disorder (the “effortless regurgitation of food, which is subsequently rechewed, reswallowed, or spit out”) in Feeding and Eating Disorders in DSM-5, questions arise regarding the prevalence of these behaviors among treatment-seeking individuals with obesity and eating disorders. In response, Delaney et al recruited two groups of participants: 164 patients from a residential eating disorder treatment center (mean age 18.2 yr) and 100 from an outpatient weight loss clinic (mean age 45.8 yr).

All participants were interviewed about their eating behavior to assess disordered eating as well as to specifically assess for pica and rumination behavior. The researchers were interested in both identifying the prevalence of cases that meet DSM-5 criteria as well as the occurrence of subdiagnostic pica and rumination behavior in the target samples.

Applying DSM-5 criteria, only 1.3% (n = 2) of the residential treatment sample had Pica and none had Rumination Disorder, while no weight loss clinic patients met criteria for Pica but 2% (n = 2) met criteria for Rumination Disorder.

However, when Delaney et al tallied the presence of subdiagnostic pica and rumination behavior, they found 7.4% of residential patients endorsed both pica and rumination, while 4.0% of weight loss patients endorsed pica behavior.

Interestingly, when queried about pica and rumination, many of the patients commented that they had never been asked about this in the past and offered comments along the lines of this being their ugly secret, so to speak. Although the reported prevalence rates were low, this study underscores the importance of a thorough diagnostic interview—one that asks both the obvious and the less comfortable questions. Identification is the necessary first step in treatment.


Variety Promotes Healthy Food Choices through the Day

Those who study eating behavior have long been aware of the “variety effect”—the tendency for variety to stimulate appetite and increase food intake. This phenomenon has primarily been studied within the context of its impact on obesity (e.g., overeating at buffets). However, the relative ineffectiveness of educational efforts to increase Americans’ daily fruit consumption presents an interesting opportunity to manipulate this robust phenomenon to our benefit.

Burns & Rothman hypothesized that people are more likely to choose a second piece of fruit over a sweet if the second fruit is different from one eaten earlier in the day. They conducted two studies, both of which compared snack choice under conditions of variety (same fruit, different fruit) and whether a sweet snack alternative was also offered.

The first study examined the snacks that 188 undergraduate participants predicted a hypothetical person would choose for an afternoon snack after a morning fruit intake. The second study looked at which snack 190 undergraduates actually chose for themselves when they returned to the lab later in the day after having been offered a fruit in the morning.

In both studies, Burns & Rothman found that a second piece of fruit was more likely to be chosen during time two when it differed from the morning fruit. Moreover, students were more likely to select fruit for their second snack, when it was different from the first fruit, even if they had the option of choosing jelly beans instead. Increasing the available variety of healthy food choices is an effective and simple means of stimulating improved nutrition.


Eating Disorders Institute of New Mexico™

IOP is designed for patients who ....

- Have been unable to reduce disordered eating or exercising with standard outpatient treatment
- Need more structure and support for eating than is available in their natural environment
- Are not actively abusing drugs or alcohol and are not acting out on suicidal ideation
- Are medically stable with BMI no lower than 16 for adults, 80% of expected for teens

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2015 Conferences & Trainings

7th Annual Eating Recovery Center Foundation Eating Disorders Conference, August 21/22, Denver, CO, Contact: Sarah Gilstrap, 720-258-4008.

Veritas Collaborative Symposium on Eating Disorders, September 19, 2014, Durham NC

Institute for Contemporary Psychotherapy & Center for the Study of anorexia and Bulimia have posted their 2015 Webinar series.
The Anorexia Nervosa Genetics Initiative (ANGI) is the largest and most rigorous genetic investigation of eating disorders ever conducted. Researchers in the United States, Sweden, Australia, and Denmark will collect clinical information and blood samples from over 8,000 individuals with anorexia nervosa and individuals without an eating disorder.

ANGI represents a global effort to detect genetic variation that contributes to this potentially life-threatening illness. The goal of the research study is to transform our knowledge about the causes of eating disorders to work toward greater understanding and ultimately a cure.

If you have suffered from anorexia nervosa at any point in your life, you can help us achieve this goal. Your contribution would include a brief 30-minute interview and a blood sample. If you have never had anorexia nervosa, but still want to contribute, we invite your participation as well.

Only with your participation can we achieve our goal of eliminating this devastating illness.

Participants receive a $25 Amazon gift certificate.

To see if ANGI would be a good fit for you, please complete the survey found here.

Or, scan the code below:

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
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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

Female Athlete Triad

The Female Athlete Triad is a constellation of symptoms often seen among young female athletes. Whether or not the individual meets criteria for an eating disorder, the presence of this constellation should trigger active medical/psychological intervention.

Low energy intake
Due to active food restriction and/or excessive exercise, or inadvertent imbalance between intake and expenditure

Bone loss
Fractures
Osteoporosis

Menstrual Problems
Irregular/infrequent periods
Loss of periods

Licensed Registered Dietitian Wanted

Part-time position, may be structured as “1099 contractor” or “W-2 Employee” — whichever is preferable to the right candidate.

REQUIREMENTS:
Licensed in the State of New Mexico
Comfortable eating with patients and available for some evening work
Experience with eating disorders and obesity — but if you are interested and a good collaborator, we can train you.

BENEFITS:
Flexible hours
Retirement plan with generous company contribution (if opt for W-2 status)
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.

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www.EatingDisordersNM.com
Are you a Hispanic female between the ages of 18-45 with a diagnosed eating disorder? If so, you are invited to participate in a 1-hour focus group (discussion) to help us improve detection of eating disorders among Hispanic women. Participation is completely voluntary and confidential.

Your will receive a $25.00 gift card from Target or Wal-Mart for your participation.

For additional information please contact Genevieve Cardona, MSN, CNP at gcardona@email.arizona.edu or 505-264-3241.

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