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Eating Through a Pandemic: Supporting Healthy Eating Behaviors During Crisis

Presented by Casie A. Probst, MSED, NCC, LPC

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Learning Objectives

- Identify difference between eating disorders and disordered eating
- Identify 3+ ways crisis can contribute to disordered eating
- Identify 3+ ways providers can support clients

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Why do we eat

- Everyone has a relationship with food
- Physical needs
- Social influences
- Behavioral associations
- Emotions associated with eating

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Eating Disorders versus Disordered Eating

Range of Behaviors

- Self-worth based highly, or even exclusively, on body shape and weight
- A disturbance in the way one experiences their body, i.e., a person who falls in a healthy weight range but continues to feel that they are overweight
- Excessive or rigid exercise routine
- Obsessive calorie counting
- Anxiety about certain foods or food groups
- A rigid approach to eating, such as only eating certain foods, inflexible meal times, refusal to eat in restaurants or outside of one's own home

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Eating Disorders versus Disorder Eating

May or May Not Warrant Diagnosis

- Concentration and ability to focus — Do thoughts about food, body, and exercise prevent concentration or impede performance at work or school?
- Social life — Is socializing restricted because it might require eating in a restaurant, consumption of foods that are scary or uncomfortable, or disruption of exercise routine?
- Coping skills — Is food consumption and/or restriction used as a way to manage life's problems or cope with stressors?
- Discomfort or anxiety — How much discomfort do thoughts of food and body cause? Are these thoughts hard to shake and anxiety-provoking?

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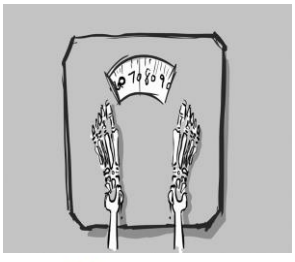
Anorexia Nervosa

- Restriction of Intake
- Significantly low body weight (BMI of less than 17)
- Intense fear of gaining weight (fear of becoming "fat")
- Over evaluation of weight/shape
- Behaviors: calorie counting, exclusion of food groups, body checking, etc.



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Bulimia Nervosa

- Recurrent episodes of bingeing
- Recurrent use of compensatory behaviors to prevent weight gain (purging, laxative misuse, excessive exercise, fasting, etc.)
- Binge/purge episodes occur at least once/week for 3 months
- Self-evaluation influenced by weight/shape
- No BMI criteria
  - Behaviors in low weight individuals can indicate AN-BP

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Binge Eating Disorder

- Recurrent binge eating
  - Eating large volumes of food in less than 2 hours
  - Feeling of loss of control while eating
- Eating more rapidly than normal
- Eating until uncomfortably full
- Eating large amounts of food when not hungry
- Eating alone due to embarrassment
- Feeling disgusted, depressed or guilty after episode
- Experiences distress related to episode
- No use of compensatory behaviors
- Occurs at least 1x/week for 3 months

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Night Eating Syndrome

- Recurrent episodes of eating after awakening from sleep OR excessive eating after evening meal
- Awareness and recall of episodes
  - Not a parasomnia behavior
- Causes significant distress and/or functional impairment
- Not attributed to another disorder, substance use, or effect of a medication

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Functions of Eating Disorders

- Maladaptive coping mechanism
- Source of comfort
- Protective behavior
- Stress release
- Maladaptive form of self-care
- Sense of identify
- Sense of control
- Self-punishment
- Escape
- Pursuit of perfectionism
- Sense of accomplishment

"Don't step on it . . . it makes you cry."

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Emotional Eating (What It Isn't)

Physical

- Gradual
- Can be satisfied with a variety of foods
- Based on hunger cues (stomach)
- Is patient
- Driven by physical need
- Deliberate choices and awareness of eating
- Stops at satiety/fullness
- Acknowledges necessity of eating

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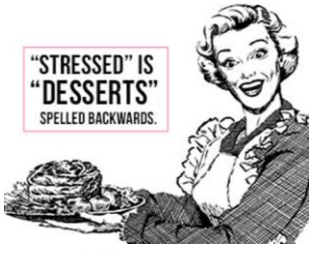
Emotional Eating

Emotional

- Sudden
- Typically tied to a specific food
- "Above the neck"
- Urgent
- Paired with a strong emotions (usually negative emotions)
- Automatic or mindless eating
- Continues past fullness
- Associated with feelings of guilt and shame



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Comfort Food Cravings

- Looking for a way to cope with something (e.g. eat a pint of ice cream after a breakup, etc.)
- Foods high in fat/sugar trigger the brain's reward pathways (e.g. craving cheese fries and not veggies, etc.)
- Feelings of loneliness; we associate certain foods with our "tribes" (e.g. college students miss mom's spaghetti)
- Nostalgia (e.g. butter pecan ice cream reminds us of our grandfather)
- Celebration (e.g. Western PA is home of the cookie table, etc.)

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COVID-19 Impacts (Research)

- Confinement & isolation trigger eating disorder behaviors
- Mitigation strategies need to manage long-term risks (i.e. suicide)

COLLATE study suggests

- Increased engagement in behaviors among individuals with eating disorders (restriction, bingeing, purging, excessive exercise)
- Increased restriction and bingeing behaviors in general public

ECLB-COVID19 Online Survey suggests

- COVID-19 confinement impacted how meals were structured
- Isolation impacted quality and amount of foods eaten

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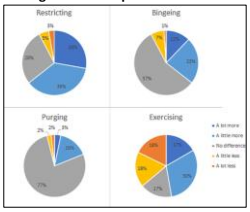
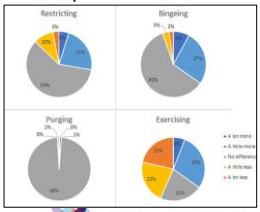
COLLATE Study Results

Eating Disorder Population



General Population



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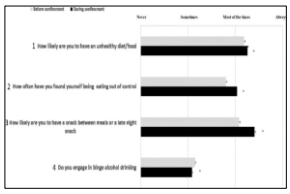
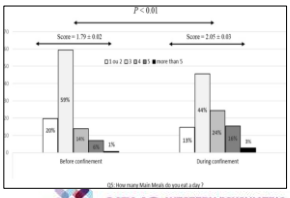
ECLB-COVID19 International Survey Results

Behaviors Pre- vs Post-COVID19



Number of Meals Pre- vs Post-COVID19



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COVID-19 Impacts (Considerations)

- Trauma Responses
- Sleep Disruptions
- Access & Food Insecurity
- Media Choices
- Psychotropic Medication and Moods
- Adolescents

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Trauma

- Collective Trauma
  - Involves entire groups of people and/or communities
  - Changes have significant long-term impacts on "fabric" of a society (e.g. societal norms, policies, etc.)
  - Experienced and managed collectively, but individual experiences vary widely
- Personal Trauma
  - About 66% of individuals with Eating Disorders report a traumatic event
  - 74% of women in residential treatment report significant trauma, 52% meet PTSD criteria
- PTSD symptoms may increase rates of food addiction in women
  - 8% of study cohort met Yale Food Addiction Scale criteria
  - Individuals reporting 6-7 lifetime PTSD symptoms were 2x as likely to meet food addiction criteria

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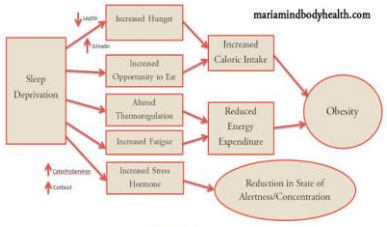
Sleep Disruptions

- Grehlin: "hunger hormone;" highest before eating and lowers after eating
- Leptin: inhibits hunger, "fullness signal"
- Cortisol: increases hunger and motivation to eat



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Media Choices

- Pro-ANA websites
- #foodporn
- Individuals may mimic peers' eating habits

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Access & Food Insecurity

- Unemployment
- Grocery Stores
- Food Banks
- Schools

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Psychotropic Medication

- Anti-anxiety prescriptions ⇧ 34.1%
- Antidepressants ⇧ 18.6%
- Sleep aids ⇧ 14.8%
- SSRIs: initially drop in appetite, then improvement
  - Increased mood can lead to more social eating
- Bupropion: appetite suppressing effects
- SNRIs: may improve sense of taste, associated with weight gain
- Tricyclics: increased appetite, dampened metabolism
- MAOIs: severe nausea

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Adolescents

- Children are spending more time at home and with family
- Family burnout (increased annoyance, feelings of exhaustion, inability to manage)
- More time on screens (including social media)
- Increased feelings of isolation and loss
- Experiencing behavioral regressions and acting out
- Conversations focused on weight/shape and dieting increase risk of ED, disordered eating and unhealthy weight controls (EAT 2010)
- Conversations focused on healthy eating protect against ED and disordered eating (EAT 2010)

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Interventions

- Mindful Eating
- 5 Ds
- Structure
- Serious Leisure
- Self monitoring

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Mindful Eating

- Observe (e.g. check for hunger cues, fullness signals, emotional state, etc.)
- Intentional; shift focus to act of eating and avoid multitasking
- Non-judgmentally; be compassionate and kind with yourself
- Be in the experience (e.g. build a routine around eating)
- Slow down
- Stop when you feel satisfied but before you're full (you can always go back if you're still hungry)
- Explore your food (e.g. texture, temperature, sound, smell, etc)

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5 Ds

- Delay: Wait 10-15 minutes before acting on the urge to eat
- Distract: Do something besides watching the clock
- Distance: Don't post up in the kitchen
- Determine: After 10-15; "Am I physically hungry, emotionally hungry, thirsty or something else?"
- Decide: Make a choice what to eat; single serve items can be helpful

HUNGRY

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Structure

- Menus: What do I want to eat? What do I need to eating? What feels more difficult?
- Grocery Lists: What do I need for my menu?
- Meal Prep: Weekly? Daily? What makes sense for my life?
- Mealtimes: When will I have my meals and snacks? How much time will I set aside?
- Routines: How make eating an intentional act? (i.e start with sitting down and using place settings)
- Company: Who do I want to be involved with me?

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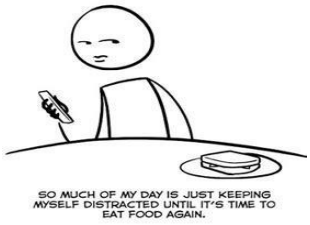
Serious Leisure

- Goal of replacing dysfunctional behaviors with more effective ones
- Creates a sense of self-efficacy
- Allows individuals to build mastery
- Meets many of the same needs Eating Disorder functions attempt to fill



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Self-Monitoring

- Increases self-awareness
- Provides tangible, real-time examples
- Allows individuals to make connections among a variety of factors

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Take Aways

- Identify and target underlying causes
- Normalize (It's okay not to be okay)
- Eating disorders thrive in isolation and secrecy
- Small Changes = Big Pay-Off

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