



Eating Disorders and Obesity

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Beat, the UK's Eating Disorder Charity

Exists to end the pain and suffering caused by eating disorders.



A champion

- *Campaigns for positive change*
- *Assists expansion of knowledge through research*



A guide

- *Awareness training*
- *HelpFinder service*



A friend

- *Support Services*
- *Helpline*
- *Online support*
- *Message boards*

Supports the individual, family, friends, professionals.

Outline of session

- Eating Disorders and Obesity
- Screening for eating disorders
- The complexity of food and emotions – case study
- Recommendations for weight management services

BIG FEELING

Can't cope!

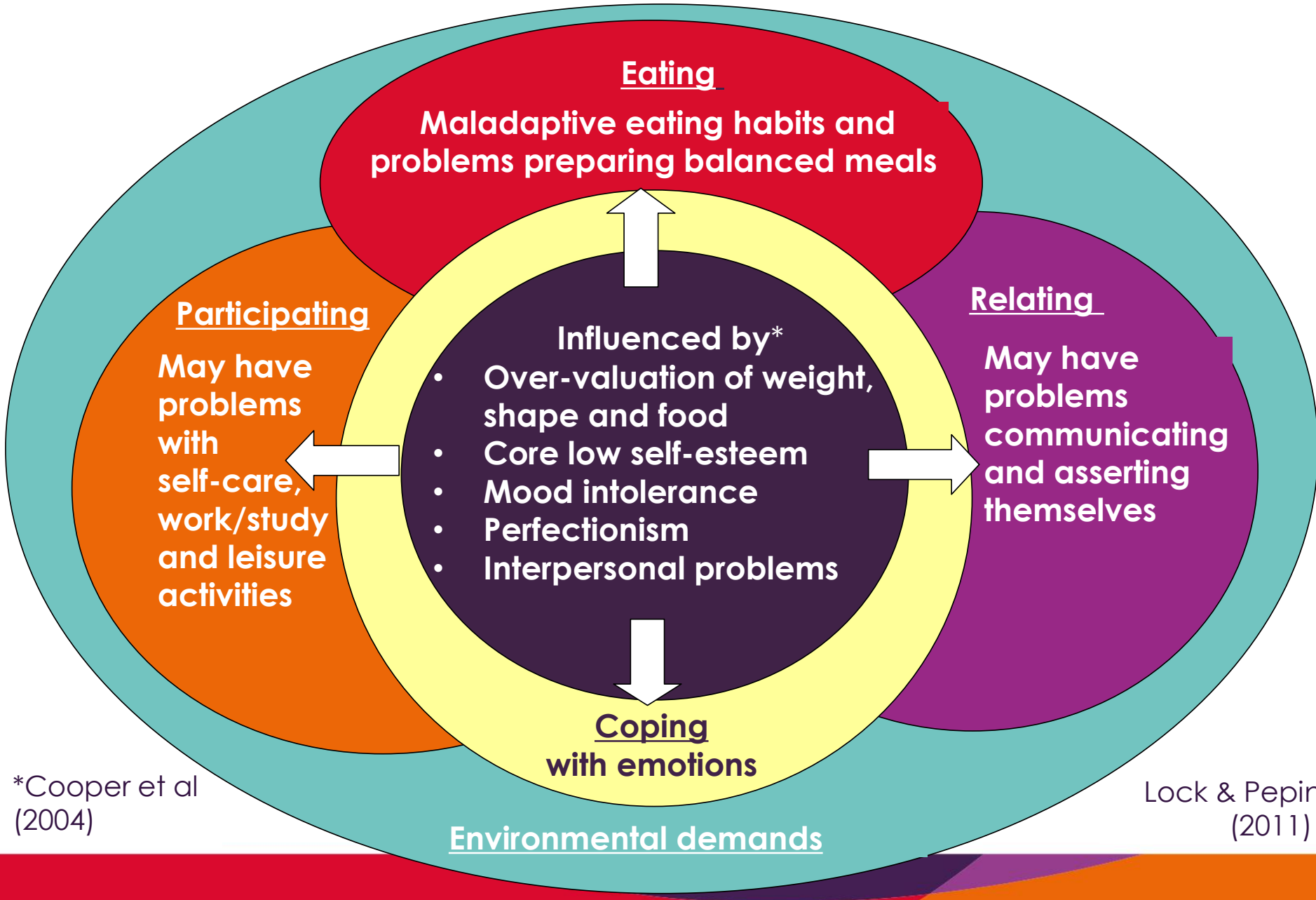
New BIG FEELINGS

**Guilt,
Shame
Disgust
Panic**

**Use a maladaptive
coping mechanism**

**Works in the
short term**

Daily challenges experienced by people with eating disorders:



*Cooper et al (2004)

Lock & Pepin (2011)

Eating Disorders and Obesity

Eating disorders and obesity are not distinct issues and the relationship between them is complex.

Eating disorders are a 'morbid preoccupation with food, weight and shape'.

There are many risk factors common to both obesity and eating disorders, for example body dissatisfaction, dieting and disordered eating.

Restricted eating programmes increase the preoccupation with food, weight and shape. How will practitioners recognise the emotional/mental health needs of patients?

Emotional Overeating

Turning to food for comfort, to escape, to feel soothed.

Emotional Overeating: an EATING BEHAVIOUR

Binge Eating Disorder: an EATING DISORDER

Obesity is NOT a classified eating disorder

Eating disorders are defined by behaviours and cognitions

- Can occur at any weight.
- People with BED can be obese and so can someone with any eating disorder (with the exception of anorexia).

Obesity is defined by a metric

- A state of being significantly overweight.
- A physical health condition.
- May be a consequence of an eating disorder, e.g. binge eating disorder.
- May be linked to emotional overeating.

Examples of Eating Disorders Screening Tools



- **SCOFF questionnaire (SCOFF)**
- **Eating Disorders Screen for Primary Care (EDS-PC)**
- **BMJ Primary Care infographic on eating disorders initial assessment for young people**
https://www.bmj.com/content/bmj/suppl/2017/12/07/bmj.j5245.DC1/eating_disorders_v18_web.pdf

Eating Disorders screening

SCOFF Questionnaire

- 1) Do you make yourself **Sick** because you feel uncomfortably full?
- 2) Do you worry you have lost **Control** over how much you eat?
- 3) Have you recently lost **One** stone in a 3-month period?
- 4) Do you believe yourself to be **Fat** when others say you are too thin?
- 5) Would you say that **Food** dominates your life?

A score of 2 or more could be an indication of an eating disorder

Eating Disorders during assessment

Perfectionism, low self-esteem

Obsessional around food/weight/shape

Rigidity around good/bad foods

Depression and low mood (associated with eating behaviours)

Body image concerns

Bingeing related to moods

Take a full weight/relationship with food history

Spotting the Warning Signs



Lips

Are they obsessive about food?



Flips

Is their behaviour changing?



Hips

Do they have distorted beliefs about their body size?



Kips

Are they often tired or struggling to concentrate?



Nips

Do they disappear to the toilet after meals?



Skips

Have they started exercising excessively?

What does holistic care look like?

- Not assuming that physical health and emotional health are two separate entities. It is not as simple as 'eat less and move more'.
- Do patients lack motivation or are we asking them to feel motivated about something they cannot do?
- How do we discuss the relationship between food and emotions?

The Psychology of eating

Identities

Self-esteem

Values

Emotions.... Do we highlight the patient's strengths rather than the weaknesses?

- How do we discover the meaning behind patient's eating behaviours and the relationship with their feeling?

Meet Jo

45 years old, NHS Pharmacist

BMI of 40, diagnosis of Type 2 diabetes

Referred to weight management programme

No change to weight

Referred to Diabetes Wellbeing Service

Normalised eating for non-hunger reasons, and asked about earlier memories of eating in these ways

Starting secondary school age 11 – told by her mum not to cry, felt isolated and alone

Figuring herself out – making up ‘rules’ about herself and the world

Started to eat chocolate bars in secret

Food was helping Jo to cope with feelings she didn't know how to fix - Made her feel good for a while

Now an adult, Jo was still using this strategy

Meet Jo

Food, rather than being a solution; had become the problem – the desire to eat a symptom of an underlying emotional distress

A-ha moment for Jo – I'm not:

“Out of control”

“Greedy”

“(Just) A chocolate lover”

How would you work with Jo in a weight management programme?

We devised a simple strategy – when she noticed the urge to eat for non-hunger reasons, she would say internally ‘Oh look, here’s little Jo again’ and consider what she could do to manage her difficult emotions directly

Meet Jo

Psychological approaches:

We don't make it wrong to eat

Everyone can use food for non hunger reasons and it can be fine to use food in these ways

The difficulty is when food becomes the only way to deal with emotions

The goal is for the person who is overweight to make a decision about whether or not to eat when they are feeling emotional rather than it just being an automatic response

Recommendations

- Appropriate training for healthcare professionals on eating disorders
- Appropriate screening tools for assessment of eating disorders
- Appropriate competency to re-assess if patients are exhibiting eating disorder symptoms
- Adequate psychological interventions alongside weight management programmes
- Taking an emotional history in regards to the relationship with food.
- Comprehensive knowledge of local eating disorder services and referral pathways
- Links with primary care around guided self-help for BN and BED.
- <https://www.england.nhs.uk/wp-content/uploads/2019/08/aed-guidance.pdf>