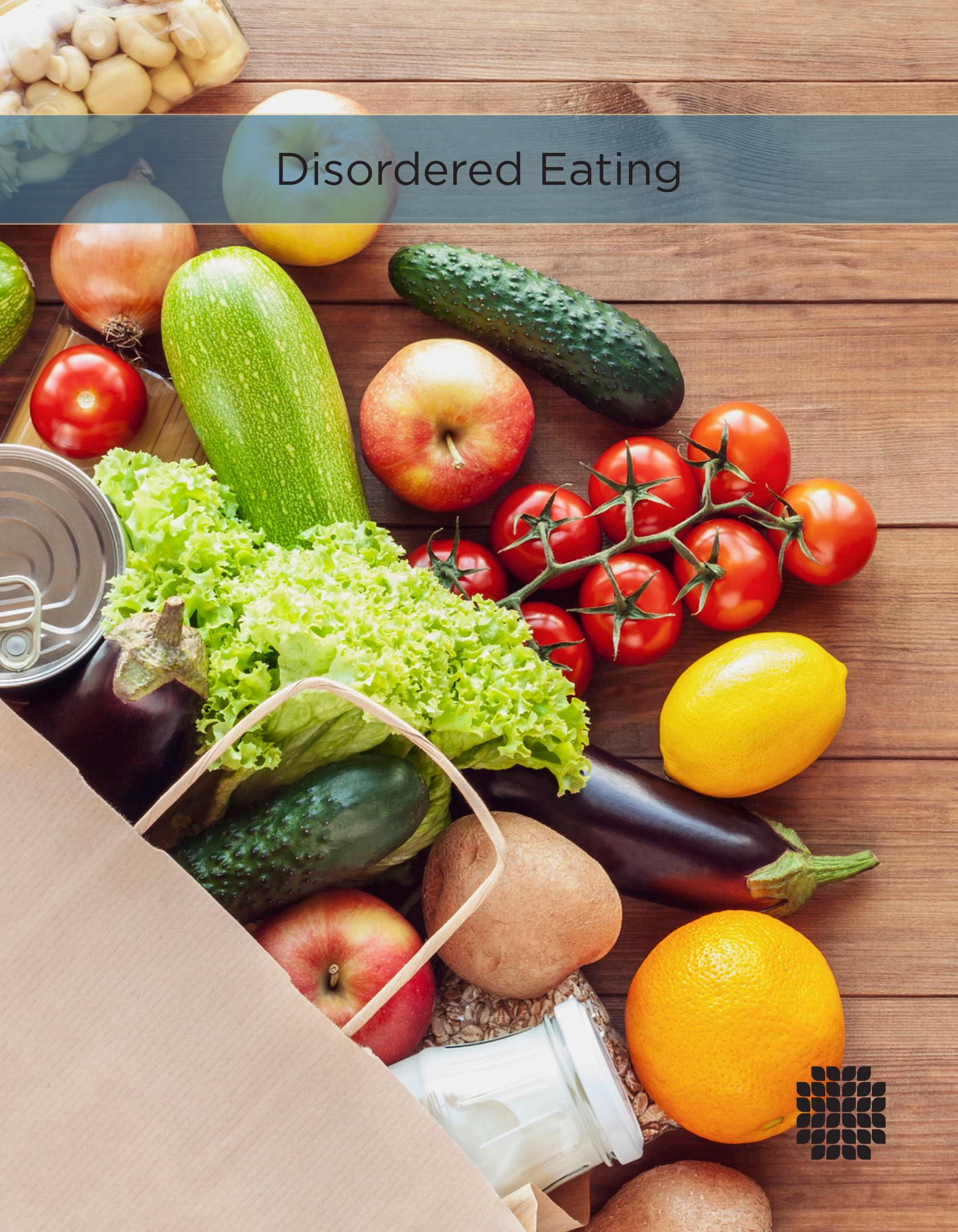


Disordered Eating



Addressing Eating Recovery Issues at the Root for Optimal Physical & Mental Health

Food, like alcohol or drugs, can be abused. Yet unlike either of those substances, food cannot be eliminated from everyday life. The focus of drug and alcohol recovery programs is to ultimately help individuals discontinue abusing them altogether and to learn to recognize and manage the issues that have led to an unhealthy dependence. But food offers a unique challenge when it comes to recovery. It is an essential staple of life. A healthy relationship with food is necessary to achieve optimal physical and mental health.

Yet, according to the National Association of Anorexia Nervosa and Associated Disorders, nearly one in 10 Americans has been, or will be, diagnosed with an eating disorder. Eating disorders can be tricky and are often held as closely guarded secrets by those suffering from them. It isn't readily apparent when someone has an eating disorder, and it isn't always easy to spot in a loved one. The effects of living with an eating disorder however can be dangerous and create devastating issues ranging from chronic physical disease to mental health struggles that overwhelm and unravel an individual's life.

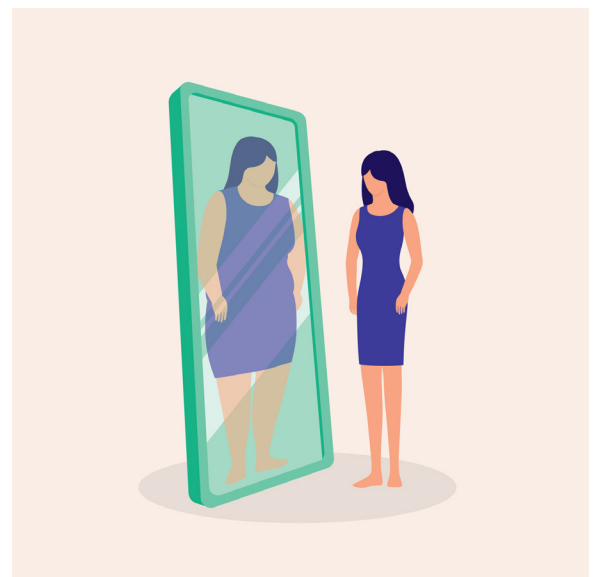
Food and Society

Living in a society obsessed with body image and dieting, individuals can succumb to false beliefs about food and begin to follow dysfunctional eating patterns that they believe will help them lose weight and improve their appearance. Magazines, television, and perhaps the worst culprit, social media, have created a plethora of nutrition misinformation that is often the foundation for what becomes an eating disorder.

From a young age there are negative influences surrounding food and mixed messages about nutrition and what is "good for us" or "bad for us." Experts believe that building a strong foundation early in life, with information and education that helps children develop healthy eating, pays dividends later with positive lifelong habits that offer long-term benefits through adulthood. Yet, when it comes to food and nutritional choices, society has a preoccupation with three things that can lead to mental health instability and disordered eating/eating disorders: 1.) body image and outward appearances; 2.) the convenience of processed foods; and 3.) the promise of fad diets.

Social media and body image

A powerful culprit in the obsession with body image and weight loss are the messages from social media platforms. It is not only true of women admiring celebrities and social media stars who flaunt portrait-perfect images, but also for young men. Recently, "Bigorexia" has become a term used by some psychiatrists to indicate... "a form of muscle dysmorphia exhibited mostly by men and characterized by excessive weightlifting, a preoccupation with not feeling muscular enough and a strict adherence to eating foods that lower weight and build muscle."



For many young men who fall into the Bigorexia trap, they often skip meals with family and friends and develop behaviors that drive them to become isolated and socially anxious. Some teen boys feel pressured to boost their popularity through excessive weightlifting in order to build muscle to garner social media followers. Inspired by actors in movies like “Spider Man,” “Shang Chi,” “Venom,” and the Marvel films, young men also look to current muscular Tik Tok sensations as their role models and push themselves to become even more ripped through immersion in high protein diets and obsessive workout rituals. In the age of body worship, the effect can be devastating for young men who begin to feel inadequate regardless of how much muscle they build and how many followers they get through their online presence. Enough is never enough.

Processed Foods

Picture the typical school lunchroom in America. It is a place where kids can easily feel out of place when they pull out a healthy homemade lunch lovingly packed by mom and dad rather than munching on processed foods and sugary treats created in a factory and wrapped in colorful kid-friendly packaging. These popular processed food lunch choices for schoolchildren have been around for decades and, over the years, busy lifestyles and the hectic nature of family life have prioritized convenience over smart choices.

According to the World Economic Forum, ultra-processed foods now account for 50% or more of calories consumed all around the globe. Linked to a number of health conditions and an increased risk of obesity, processed foods go through an intense industrial process that destroys the ingredients of foods’ natural structure, and strips away the beneficial nutrients such as fiber, vitamins, minerals and phytochemicals .

Ultra-processed foods also have been found to elevate markers that trigger the body’s inflammatory response. For some individuals, the inflammation becomes chronic and can create tissue damage that contribute to conditions such as cancer and cardiovascular disease. In addition, food additives in processed foods can cause changes to the gut microbiome and trigger chronic conditions such as cardiovascular disease and dementia.

Considering the gastrointestinal tract is sensitive to emotions such as fear, anger, and anxiety, the chemistry of the human brain is capable of triggering debilitating symptoms in the gut. Experiencing “butterflies” or nausea in tense or emotional situations is an example. When our bodies go into fight/flight mode, which happens from imagined threats created by the stress of modern everyday life such as a traffic jam, or the tension we experience when we watch the news or see other disturbing scenes, a variety of gastrointestinal (GI) responses are triggered. One negative impact is that our digestive functions cease, creating multiple issues such as irritable bowel syndrome (IBS) and other GI disorders. Among other biological reactions to stress, the liver will send glucose throughout the body to help us “run away” from the threat, explaining how chronic stress creates weight gain.

The gut-brain connection is the reason that over 90% of individuals with IBS have a lifetime prevalence of psychiatric disorders, predominantly anxiety and depressive disorders. There has long been a link with various GI issues and childhood trauma. The famous Adverse Childhood Experiences (ACEs) Study conducted in 1995 confirmed a correlation between scoring high as to the number of ACEs experienced and physical and mental health problems experienced as adults.

A Fad Diet Case Study

A woman in her mid-40s came to Sierra Tucson to manage her severe depressive disorder. Her condition had escalated to the point where she couldn't get out of bed or go to work. Upon reviewing her history, it was discovered that although she had a history of childhood trauma, she had a good marriage to a stable individual and enjoyed her job immensely. By every measure she was thriving in her adult life.

Upon further evaluation, it was discovered that just prior to her onset of major depressive disorder she had decided to deal with the significant amount of weight that she had gained over the previous years and decided to go on a diet that severely restricted carbohydrates. She lost weight and felt great about her weight loss but began feeling fatigued and depressed. Next, she went for an annual exam at her OB/GYN complaining of irregular menstrual cycles and other issues. Her physician put her on oral birth control pills to regulate her cycle and her depression dramatically worsened.

The team at Sierra Tucson began the diagnosis process by first looking at her nutritional history. Doctors were concerned that being on a low carbohydrate diet meant she was severely deficient in B vitamins - necessary for a multitude of bodily functions, including making neurotransmitters, hormones, and metabolizing fats, carbohydrates, and proteins that are needed for energy and bodily functions. B vitamins also support memory and brain function while boosting the immune system.

The other concern was the birth control pill prescription. Her labs uncovered that she was experiencing a hormonal imbalance. Low progesterone levels are associated with insomnia, depression, anxiety, irritability, food cravings, and more. It was concluded that the combination of stress, a diet deficient in adequate carbohydrates and vitamins, and the addition of the birth control pills, contributed to the imbalance, which is associated with severe, rapid-onset depression. As a result, she was prescribed B vitamins, bio-identical progesterone, and was taken off the birth control pills. Her diet program was also altered to include the addition of healthy carbohydrates. Within a week and a half, she was back to her old self again. Through careful understanding of her biological and emotional history, and with a thorough physical exam, the root cause of her severe depressive disorder was addressed without the need for medications.

While disordered eating can significantly affect mental health, the opposite is also true. Emotional trauma or other mental health struggles can fuel unhealthy eating patterns. For example, individuals may use food if they feel they don't have control of certain aspects of their life. An individual who experienced trauma from a very young age may develop an eating disorder as a compensatory mechanism. Someone suffering from a past sexual assault, for example, may use food to cope in an attempt to control their circumstances. Severe dieting, to near starvation, may be a way to become "invisible" to their attacker. Others use overeating to gain weight so, in their mind, they become unattractive and unnoticed by a potential perpetrator.



Eating Disorders Vs. Disordered Eating

Eating Disorders

While the words are the same, there is a difference between an eating disorder versus disordered eating. One of the most recognized eating disorders, Anorexia Nervosa, is a condition marked by an obsessive fear of gaining weight and refusal to maintain a healthy body weight. It is often fueled by an unrealistic perception of body image.

Bulimia Nervosa is another widely known condition. Bulimia is characterized by repeated binge eating followed by forced vomiting, excessive exercise, or inappropriate use of laxatives or diuretics. Individuals suffering from this condition have a fear of gaining weight and are severely unhappy with their body size or shape.

A less recognized but common disorder is Orthorexia, which affects nearly 7% of the general population.¹ Although not formally recognized in the Diagnostic and Statistical Manual, awareness about Orthorexia is on the rise. Orthorexia is a fixation on healthy eating to the point where it interferes with one's quality of life or ability to participate in social events and advances to the degree that can damage overall wellbeing. Orthorexia can start as a dietary restriction that escalates over time and may include elimination of certain food groups. An individual's eating habits may degrade to the point where a variety of foods are rejected for not being "pure" enough. Individuals who participate in frequent or severe cleansing or fasting regarded as an attempt to rid their body of toxins may be orthorexia sufferers.

Since proper nutrition is the basis for good health, eating disorders can have significant impact on your body's ability to survive and thrive and, as a result, render life-threatening consequences. While eating disorders often form in the teen and young adult years, they can develop at any time during an individual's life.

Effects of Eating Disorders

The effects of malnutrition, which is often the result of eating disorders, are devastating to all body organs including the brain. Eating disorders can harm the heart, digestive system, bones, and teeth, and lead to a variety of other conditions including:

- Weight concerns
- Metabolic syndrome
- Digestive issue
- Dizziness
- Fainting spells
- Dry skin/brittle nails
- Dehydration
- Muscle weakness
- Calcium loss and bone density issues
- High cholesterol
- High blood pressure
- Diabetes
- Gallbladder disease
- Heart disease
- Disruptive or ceased monthly menstrual cycles
- Drops in respiratory rates, pulse and blood pressure
- Thyroid function disorders

¹<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8160773/>

Disordered Eating

The most important difference between an eating disorder and disordered eating is whether a person's symptoms and experiences align with criteria defined by the American Psychiatric Association. The term "disordered eating" is a descriptive phrase and not a diagnosis since it is possible to have disordered eating patterns that do not fit within the official criteria of an eating disorder diagnosis. Disordered eating refers to a variety of behaviors that signal an improper relationship with eating, yet not of the magnitude or severity to be labeled as an eating disorder.

Individuals with disordered eating patterns may not be eating regularly or having balanced meals. While there are no specific symptoms of disordered eating, having little education or understanding about food and the role nutrition plays in good health, is part of the problem. Disordered eating may be accompanied by feelings of guilt or shame associated with certain foods. There may be rigid routines around exercise, or food, or even a loss of control concerning food that may include compulsive eating habits.

Those suffering from disordered eating or eating disorders don't always have the outward appearance that may signal an issue - they aren't necessarily overweight or underweight. That's why recognizing the red flags to help detect a disorder is crucial. Some of the signs of disordered eating are subtle and even appear normal in a society where diet and exercise have become an obsession; some signs however are more obvious. Red flags and behavior indicators to be aware of include:

1. Obsessive weight concerns - while it is common to occasionally express discontent at one time or another about our body shape or weight, beware when someone talks excessively about food or "clean" eating or is always on a diet.
2. Exercise rigidity - an indicator is when exercise escalates from being a healthy habit to an overindulgence such as someone who increases his or her exercise regimen without also increasing caloric intake or who becomes anxious if he or she cannot exercise.
3. Meal preparation & consumption intricacies - homecooked meals are a healthy alternative to eating out but notice when there is an unusual new interest in cooking and when the individual doesn't eat the meals they make or makes a point of eating foods that are different from what the family is eating.
4. Odd behavior about food - another sign is when someone becomes inordinately upset when they are unable to control a situation related to food or participates in strange rituals involving how they eat or refusing to eat around others.
5. Mood & energy - the appearance of being depressed, anxious, irritable, or more fatigued than what is normal for them is a sign since depression and anxiety co-occur with eating disorders.

From a mental health perspective, the impacts from eating disorders can have significant effects on wellbeing. Disordered eating can create disordered thinking. Dysfunctional thought patterns can evolve causing distress, guilt, shame, difficulty concentrating, depression, anxiety, and overall emotional dysregulation. All these mental health consequences can trigger chaos, isolation, embarrassment, difficulty in performing work responsibilities, and a toll on relationships.

Addressing Eating Recovery Issues

To successfully address eating disorders and disordered eating, an integrative treatment program starts with addressing the underlying concerns. Traditional medical school training provides minimal coursework that addresses nutrition. As a result, individuals who seek weight management or nutrition guidance from doctors, nutritionists, or dietitians, may experience a sense of being judged or not guided in a way that provides comprehensive support for physical and emotional issues. For some, the interaction with a physician can create even more anxiety and incite individuals to punish themselves by restricting food or to binge.

Emotional reactions are not uncommon when addressing deeply personal issues such as body image. Either way, the lack of regulation and oversight needed to create a supportive environment, along with addressing the mental health challenges associated with eating struggles, may be missing when providers use a more siloed and less integrative approach to care.

Symptoms of Disordered Eating

Signs and symptoms of disordered eating may include:

- Frequent dieting
- Anxiety associated with specific foods
- Skipping meals
- Chronic fluctuations in weight
- Rigid rituals and routines surrounding food and/or exercise
- Feelings of guilt and shame associated with eating
- Preoccupation with food, weight, and body image
- A feeling of loss of control around food, including compulsive eating habits
- Using exercise, food restriction, fasting or purging to “make up for bad foods” consumed



Sierra Tucson's Approach

Shame typically accompanies eating concerns, prompting individuals to hide their struggle and avoid seeking help. Sierra Tucson addresses disordered eating by reducing shame through an integrative secondary treatment program known as Eating Recovery. As a result of getting assessed for their primary program admission, secondary issues such as co-occurring eating disorders may surface, allowing the treatment teams at Sierra Tucson to customize programs with a comprehensive blend of modalities and therapies to address both.

The Sierra Tucson team is comprised of a number of experts who address the complexity of eating struggles and work alongside the resident's primary program treatment team to monitor labs and collaborate fully to ensure a full integration of modalities that blend to create a customized approach for the best in individualized care.

Sierra Tucson's team consists of the **Director of the Secondary Eating Recovery Program** along with:

- Licensed Dietitians - these eating-disorder-aware professionals understand and specialize in disordered eating and utilize their expertise to provide counsel on nutrition issues and healthy eating habits. They also educate residents on the role of food and nutrition to promote physical and mental health and manage disease. Together with the Director of the Secondary Eating Recovery Program, they plan and conduct the program in concert with their primary program curriculum.
- Eating Recovery Technicians -these professionals participate in meal and snack monitoring to provide support during mealtime. Technicians teach classes and facilitate several eating recovery groups for residents to participate in.
- Eating Recovery Therapists - this team works with patients to help them process the residents' relationship with food and help them gain an understanding of the connection between behavior and trauma or other concerns, they may be struggling with.

Using the Sierra Tucson Model® that addresses emotional, physical, and spiritual healing, residents within the Eating Recovery Program are embraced within a collaborative community of professionals. Regardless of which primary programs they are part of at Sierra Tucson-Addiction Recovery, Pain Recovery, Mood Disorders, and/or Trauma - they receive care and treatment for disordered eating as identified through the initial assessment that addresses the in-depth issues at the root of residents' struggles.

Other Eating Recovery Resources

- National Association of Anorexia Nervosa and Associated Disorders (ANAD). Extensive free resources, including screening tools and support services.
- National Eating Disorders Association. Offers a helpline for support, resources and treatment options.



