Family and Evidence Based Approaches to Eating Disorders in Adolescents

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Bio and Disclosures

- Participate in treatment studies and clinical work for EDs
- Cis, able-bodied, thin-privileged white female
- Dominant-culture education prevalent in academic medicine informs biases and conceptualization. Committed to unpacking and unlearning.
- From Wausau, WI. “Waasa” in Ojibwe means “far away place”.
- Recovering from internalization of weight stigma and diet culture as it is pervasive in my own family.
- Believe in the healing power of families and communities of care-givers.
  - Patterns in caregiving that may appear problematic are often rooted in historical trauma + social/political/religious influence + the isms
Learning Objectives

At the end of this presentation, participants will be able to:

• Debunk 3 common myths about eating disorders
• Identify common warning signs of an eating disorder
• Describe a strength and limitation of current evidence-based treatments for eating disorders
Reflection

• When you think of eating disorders, what comes to mind?
  – Notice judgements, assumptions, and emotions.

• What comes to mind when you think about why people develop eating disorders?

  Jot down a few notes… we will share later
MORTALITY

10,200 deaths per year as a direct result of an eating disorder, equating to 1 death every 52 minutes

### Evolving Diagnoses

<table>
<thead>
<tr>
<th>Condition</th>
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<tbody>
<tr>
<td>Anorexia Nervosa</td>
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<tr>
<td>Atypical Anorexia Nervosa (OSFED)</td>
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<tr>
<td>Bulimia Nervosa</td>
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<td>Binge Eating Disorder</td>
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<td>ARFID</td>
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<td>More!</td>
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More!
Eating disorders transcend race, ethnicity, gender, sexual orientation, age, socioeconomic status, body shape or size...
Identity & Socioeconomic Correlates of Adolescent Eating Disorders Prevalence

Anorexia Nervosa
Some studies show no group differences, some show trend toward higher rates in non-Latinx White

Bulimia
Latinx & Black with highest prevalence

Binge Eating
Trend towards increased prevalence in non-Latinx Black & Latinx

People of color with eating/weight concerns were significantly less likely than white people to have been asked by a doctor about eating disorder symptoms (Becker, 2003) and given access to evidenced-based care (Marques et al., 2011)
Identity & Socioeconomic Correlates of EDs

- Socioeconomic status NOT associated with eating disorders
- ~1 in 3 individuals with eating disorders are boys and men
- Food insecurity is associated with increased Eating Disorders
- Eating disorder prevalence higher among sexual and gender minority populations (when compared with cisgender heterosexual populations)

Huryk et al., 2021; Hazzard et al., 2020; Nagata et al., 2020
Current weight alone does NOT indicate whether someone has an eating disorder

MOST eating disorders occur in individuals with body weights in the average or higher categories.

Medical complications of weight loss are just as severe in individuals with body weights above and below the “underweight” cutoff.

Weight Loss and Illness Severity in Adolescents With Atypical Anorexia Nervosa

Andrea K. Garber, PhD, RD, Jing Cheng, PhD, Erin C. Accurso, PhD, Sally H. Adams, PhD, Sara M. Burkett, MD, MPH, Cynthia J. Kapphahn, MS, Anna Kneeler, PsyD, Daniel Le Grange, PhD, Vanessa J. Mahan, MS, RD, Anne-Barbara Moscicki, MD, Kristine Saffran, BS, Allyson F. Sy, MS, RD, Leslie Wilson, PhD, Neville H. Golden, MD

BACKGROUND: Lower weight has historically been equated with more severe illness in anorexia nervosa (AN). Reliance on admission weight to guide clinical concern is challenged by the rise in patients with atypical anorexia nervosa (AAN) requiring hospitalization at normal weight.

METHODS: We examined weight history and illness severity in 12- to 24-year-olds with AN (n = 66) and AAN (n = 50) in a randomized clinical trial, the Study of Refeeding to Optimize Innovative Outcomes (www.clinicaltrials.gov: NCT01735810). Amount of weight loss was the...
What Causes Eating Disorders?

[Diagram with icons representing factors]
The Body’s Response to Disordered Eating

Our body registers restricted or irregular eating as stress. Biology primes us to seek food for survival.

Dietary restraint most likely to lead to overeating or binge eating.

Disrupts hunger/fullness cues.

Starvation causes changes in the brain:
- Cognitive inflexibility
- Mood changes (irritability, sadness, anxiety)
- Worsened body dysmorphia
Co-occurring Mental Health

- Depression (50%-75% with MDD or dysthymia)
- Higher risk for suicide (26% of people with EDs will attempt)
- Anxiety and obsessionality (20% with OCD in AN)
- Substance use problems (30% SUD in BN)
- Higher rates of trauma exposure
- In ARFID: Anxiety, OCD, ADHD, ASD
- Severity worsens with malnutrition
- Consider comorbid diagnosis vs temporal relationship
Early Signs

- Cutting back on food intake or skipping meals
- Avoiding eating with others/family
- Changing food selections (cutting out foods, becoming vegetarian/vegan)
- Exercising more
- Making comments about body (often brought up by parents)
- Reading recipe books, getting involved in cooking
- Food going missing
- Using bathroom after meals / vomit residue in toilet or shower

Be curious
If concerns noted, evaluate:

- Feeling out of control with eating
- Pressure to look a certain way, distress about body
- Obsessive thinking about food + body
- 24-hour diet recall
- Exercise pattern
- Goals with eating/exercise pattern changes
- Weight, changes (growth curve)
- What have caregivers done to help + how has youth responded?

Any compensatory behaviors

- Vomiting
- Obsessive/compulsive exercise
- Fasting
- Laxatives
- Diet pills
- Other

Note: explicit desire to lose weight or body image concern is not necessary for someone to meet criteria for an eating disorder
Evidence-Based Treatments for Youth EDs

- **Family-Based Treatment**
  - AN/AAN, BN, ARFID

- **Cognitive Behavioral Therapy for EDs (CBT-E)**
  - AN/AAN, BN, BED, ARFID (CBT-AR)

- **Adolescent Focused Therapy (AFT)**
  - Limited evidence for AN

- Higher levels of care (Residential, day programs (IOP/PHP) can be utilized but have less evidence. Not a first-line treatment

- ***Medical monitoring

Couturier et al. (2020) Practice Guidelines
Treatment Goals

- Weight restoration or stabilization

- Normalization of eating patterns (regular, sufficient amount, increase variety)

- Cessation of binge eating and compensatory behaviors

- Later: Reduced weight/shape concerns; body acceptance

- Other presenting concerns
Weight is just one aspect of recovery, but often coincides with a recovered mind state.
Best Practices for Talking About Weight

• Height and weight are moving targets, changing with age + adolescence is a period of immense growth!

• Be mindful of implicit and explicit anti-fat bias: “the attitudes, behaviors, and social systems that specifically marginalize, exclude, underserve, and oppress fat bodies” – Aubrey Gordon

• Implicit Association Test
  – Weight stigma is a risk factor for eating disorders
  – History of higher weight may result in minimization of severity…
  – Recovery often requires returning to one’s historical growth curve
  – Do not applaud weight loss
TRANSDIAGNOSTIC FORMULATION (CBT-E)

Sociocultural Context: Historical + Intergenerational Trauma, Oppression, Minority Stress

- Body image concerns
- Restriction to control Weight
- Loss of control when eating
- Compensatory behavior
- Negative energy balance

- Self-worth/Identity
- Interpersonal/Events, Negative emotions
Strengths and Limitations of EBTs for EDs

**Strengths**
- Leverages resources and empowers families – strengths-based
- Present-moment focus on symptom interruption - pragmatic
- Empowers individuals
- Non-blaming stance
- Supports healthy development – keeps youth at home/in their lives

**Limitations**
- Less guidance on navigating co-occurring diagnoses
- Requires resources
- Individual tx requires some level of motivation
- Sociocultural influences are given less attention
- Weight bias
- Less focus on:
  - Intergenerational trauma
  - Relational factors
  - Role of emotion

Others?
Reflection Follow-up

- When you think of eating disorders, what comes to mind?
  - Notice judgements, assumptions, and emotions.

- What comes to mind when you think about why people develop eating disorders?
References


IMPLICIT ASSOCIATIONS TEST FOR WEIGHT STIGMA: https://implicit.harvard.edu/implicit/selectatetest.html
Presenter Contact Information

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