Binge Eating Disorder: Nutrition Therapy

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Overview

• Statistics
• Words of wisdom . . . .
• Pathways lead to binge eating
• Walden’s BED IOP
• BED Nutrition Therapy Specifics
• 6 Steps of Treatment
• Words of wisdom, revisited
• Questions
Statistics

- 1 in 5 patients who binge will consume approx. 5,000 calories in a “typical” episode
- 1 in 10 patients who binge will consume approx. 6,000 calories in a “typical” episode
- 3,415 calories is the average amount consumed per binge
- 20-40% of individuals participating in a weight control program are reported to binge
- The average duration of a binge is 78 minutes
- Most people who binge also diet
- BED is the most common ED
- BED affects 2% of the population
- It is estimated that 8% of people who are obese also have BED, some estimates are as high as 20%
“If you always binge on carbs., don’t eat carbs.”

“Have you tried Overeaters Anonymous?”

“Consider a lap band, you will lose weight and feel better about yourself.”

“Eat 1400 calories a day, that’s all you need. Once you get to 1400 don’t eat anything more.”

“Eat 3 meals and 1 or 2, 200 calories snacks daily.”

“Measure out all of your food according to the list I’m giving you and don’t go over that.”

“Eat more protein, you will be more full and will eat fewer calories overall.”

“The metabolic testing shows your genetic type needs more carbs, so, eat more.”
Pathways of Binge Eating Disorder

Pathway 1:

Dieting → Anorexia Nervosa → Binge Eating → Bulimia Nervosa

Oh, wow you’re looking great, did you lose weight?
Pathways of Binge Eating Disorder

Pathway 2:

Obesity $\rightarrow$ Dieting $\rightarrow$ Binge Eating

3000 cal $\rightarrow$ 800 cal $\rightarrow$ 6000 cal
Pathway 3:

Generalized overeating in childhood/teen years → Dieting → Binge Eating
Pathways of Binge Eating Disorder

Pathway 4:

Lack of impulse control with food and in other areas of life.
There is a reason . . .

The pathways lead to BED.
What, specifically leads to a binge?

- Breaking a food rule
- Being disinhibited
- Restricting intake/dieting
- Adverse mood or event

BINGE
In February 2011 Walden opened a specific, separate IOP for individuals diagnosed with BED.
• 9 hours per week (3 nights)
• Cognitive Behavioral Therapy
• Dialectical Behavioral Therapy
• Nutrition
• Stress Management
• Weekend planning
• Therapeutic Meal
<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Thursday</th>
</tr>
</thead>
<tbody>
<tr>
<td>5:30-6:45</td>
<td>CBT</td>
<td>5:30-6:45 Nutrition Therapy</td>
<td>5:30-6:45 CBT</td>
</tr>
<tr>
<td>6:45-7:15</td>
<td>Therapeutic Meal and Stress Management</td>
<td>6:45-7:15 Therapeutic Meal and Stress Management</td>
<td>6:45-7:15 Therapeutic Meal and Stress Management</td>
</tr>
<tr>
<td>7:15-8:30</td>
<td>DBT</td>
<td>7:15-8:30 CBT</td>
<td>7:15-8:30 Goal Setting, Weekend Planning</td>
</tr>
</tbody>
</table>
Meet the team

Multidisciplinary effort

- Client
- Therapists
- Dietitian
- All in collaboration with family support system, PCP, Bariatric Specialists, Psychopharmacologist, Endocrinologist, Psychologist, Exercise Physiologist . . . . . .
Program Process

• Assessment
• Begin-self help supplementary tool (Fairburn)
• Begin program
  Meet with R.D.
Nutrition Therapy; Initial Assessment

- Allergies
- Religious dietary requirements
- Patients desired weight
- Binge foods
- Food rules
- Food recall
- Food shopping and preparing information
- Eating environment
- Physical activity
- Physical activity wishes
- Employment and typical day on the job
- Other medical dx
- Medications
- Pts. Impression of why BED is present
Role of Nutrition Therapy in IOP

• Initial Assessment

• Weekly Nutrition Group
  – Follows Fairburn’s 6 steps of treatment

• Weekly/Bi-weekly individual nutrition “check-ins”
  – This is not the same as out-patient nutrition counseling
  – Specific to program steps yet individualized
Step by step nutrition intervention

Steps of treatment . . .
The Steps of Treatment

## Step 1: Monitor Intake

<table>
<thead>
<tr>
<th>Time</th>
<th>Food/Drink</th>
<th>Place</th>
<th>*</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00</td>
<td>coffee, donut</td>
<td>Car</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00</td>
<td>Salad w/fat free dressing</td>
<td>Work, desk</td>
<td></td>
<td>I’m trying to be good.</td>
</tr>
<tr>
<td>3:00</td>
<td>2 Chocolates</td>
<td>Work, desk</td>
<td></td>
<td>They were on the receptionists desk</td>
</tr>
<tr>
<td>3:30</td>
<td>4 Chocolates</td>
<td>Work, desk</td>
<td></td>
<td>They were good. I wanted more.</td>
</tr>
<tr>
<td>5:00</td>
<td>Chips, cookies, diet coke, candy</td>
<td>Home, kitchen</td>
<td>*</td>
<td>Very hungry and tired. Couldn’t wait for dinner.</td>
</tr>
<tr>
<td>6:30</td>
<td>4 pieces of pizza, onion rings, Caesar salad, coke</td>
<td>Home</td>
<td></td>
<td>Didn’t have anything ready for dinner, ordered take out</td>
</tr>
<tr>
<td>8:30</td>
<td>Cereal with chocolate pieces</td>
<td></td>
<td></td>
<td>Wanted something sweet but trying to be good.</td>
</tr>
<tr>
<td>9:00</td>
<td>Pint of ice cream</td>
<td></td>
<td>*</td>
<td>The cereal didn’t do it for me. Wanted ice cream.</td>
</tr>
<tr>
<td>9:30</td>
<td>Cookies</td>
<td></td>
<td>*</td>
<td>Wanted more ice cream but there wasn’t any</td>
</tr>
</tbody>
</table>
# Step 2: Structured Eating

## Meal plan vs. Suggested Meal Guidelines

<table>
<thead>
<tr>
<th>Meal Plan</th>
<th>Meal Guidelines</th>
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<td>Breakfast: 2 grains, 1 Protein, 1 Fat, 1 Dairy</td>
<td>Eat 5-6 times per day, 3 meals, 2-3 snacks no closer than 2 hours together, no longer than 4 hours apart.</td>
</tr>
<tr>
<td>Snack: 1 Grain, 1 Fat</td>
<td>All meals should have all macro nutrients: CHO, protein and a source of fat</td>
</tr>
<tr>
<td>Lunch: 2 Grains, 3 Protein, 1 Fat, 1 Veggie 1 Dairy</td>
<td></td>
</tr>
<tr>
<td>Snack: 1 Fruit, 1 Protein</td>
<td></td>
</tr>
<tr>
<td>Dinner: 2 Grain, 3 Protein, 1 Fat, 2 Veggie</td>
<td></td>
</tr>
<tr>
<td>Snack: 1 Dairy</td>
<td></td>
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Step 2: Structured Eating

Who gets a meal plan?  
Who gets meal guidelines?

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Step 3: Alternate Activities/Structured Time

- Go for a walk
- Journal
- Scrapbook
- Call a friend
- Make a card
- Write a letter
- Look up fun stuff on the internet (YouTube “Cute Kittens”)
- Art, make it, look at it, plan it
- Plan a vacation or even a day trip to look forward to
- Read the newspaper and plan weekend, day trips
- Read a book
- Get a massage
- Knit/Cross stitch
- Volunteer
Step 3: Alternate Activities

Binge Triggers

- 78% being alone
- 72% unstructured time after going home (from school or work)
- 59% boredom
- 44% drinking alcohol
Step 4: Problem Solving

Problem 1: “I always over eat or binge when I go to a restaurant.”
Solution: Avoid eating out in the early stages.

Problem 2: “I cannot have just 1 bite of ice cream.”
Solution: Don’t have access to ice cream in the early stages.

Problem 3: “My hunger is insatiable.”
Solution: Explore hunger vs. appetite vs. craving

Problem 4: “All of my favorite foods are bad for me.”
Solution: Is this really true? Let’s brainstorm ways to incorporate favorite foods and healthful foods.

Problem 5: “I’m too busy in the morning to eat a real breakfast?”
Solution: Are you too busy to put pants on before leaving the house? People make space and time in their life for the things that are truly important. Let’s look at your schedule and see what we can do to bump breakfast up a notch or two on your list of priorities.
“The food I usually eat [during a binge] consists of all of my forbidden foods: chocolate, cake, cookies, milk, cereals. . . . food that is easy to eat. Food that doesn’t need any preparations. I never eat these kinds of foods normally because they are so fattening. But when I binge, I can’t get enough of them.”
Step 5: Dieting

Types of dieting;

Trying not to eat for long periods of time
Ex. Skipping breakfast, too busy for lunch . . . .
Suggestion: Eat every 2-4 hours

Trying to restrict the overall amount of food you eat
Ex. Trying to be “good” and only have small portions.
Suggestion: Start with healthful portions and balanced meals, have seconds if needed.

Trying to avoid certain types of food
Ex. Don’t carbs make people fat?
Suggestion: Break down food rules and ask, is it true?
Have client list ALL of their food “rules”.
Discuss them one-by-one.

1. I was told eating after 7 p.m. will cause whatever I eat turn immediately to fat.
2. People always talk about how bad bread is for you, so I try to avoid it.
3. Ice cream is not filling so if I start eating it I need a lot to feel full.
4. Cucumber have no nutrition so I don’t eat them.
5. Carrots and corn are loaded with sugar.
Step 5: Dieting

Re-introduction of binge foods in a methodical way.

<table>
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<tr>
<th>Highest risk</th>
<th>Moderate risk</th>
<th>Low risk</th>
</tr>
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<tbody>
<tr>
<td>Mini Reese’s</td>
<td>Ice cream</td>
<td>Cookies</td>
</tr>
<tr>
<td>Birthday cake</td>
<td>Candy Bar</td>
<td>Pizza</td>
</tr>
<tr>
<td>Fudge</td>
<td>Chicken Nuggets</td>
<td>Salad with fried chicken</td>
</tr>
<tr>
<td>Cadbury Eggs</td>
<td>French fries</td>
<td>Mashed potatoes</td>
</tr>
<tr>
<td>Bertuccis dinner rolls</td>
<td>Chips</td>
<td>Fruit/Veggies</td>
</tr>
</tbody>
</table>
Step 6: Relapse Prevention and Other Issues

1. Have realistic expectations
2. Distinguish a setback from a relapse
3. Have a plan to deal with set backs
4. Reduce vulnerability
5. Have an out patient team and after care appointments in place
Step 6: Relapse Prevention and other issues

Other issues: Obesity/BED Cycle

Obesity → Dieting → Binge Eating → Obesity
Walden BED IOP is not a weight loss program. However, we set the stage for weight loss behaviors to be more successful after discharged.

(The majority of BED IOP participants have lost a small amount of weight during the program.)

Walden BED IOP:

Unhealthy dieting behaviors are addressed.

Sound, evidence based nutrition therapy has been provided.

Healthful eating has been discussed and practiced.

Walden BED IOP:

In Northampton, so far, 100% of participants have decreased frequency of binge eating.

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Questions?

Thanks for your time and attention.

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For more information about Walden Behavioral Care and their Binge and Night Eating IOP contact:
Director, Jennifer Smith LICSW
jsmith@waldenbehavioralcare.com
Bibliography

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