

Emotions and Eating: Approaches and Interventions?

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CONCURRENT SESSION 1: Mental Health

Friday, May 6, 2022 (2:15-3:30pm)

2:35 – 2:55pm

Financial Disclosures

(over past 24 months)

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CanMEDS Roles Covered:

- X **Medical Expert** (as *Medical Experts*, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centered care. *Medical Expert* is the central physician Role in the CanMEDS Framework and defines the physician's clinical scope of practice.)
- X **Communicator** (as *Communicators*, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.)
- X **Collaborator** (as *Collaborators*, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care.)
- Leader** (as *Leaders*, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.)
- X **Health Advocate** (as *Health Advocates*, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.)
- X **Scholar** (as *Scholars*, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.)
- X **Professional** (as *Professionals*, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.)

Objectives

1. To describe emotional eating and to understand how emotional eating affects bariatric surgery patients
2. To apply clinical approaches related to:
 - 1) Assessment
 - 2) Psychoeducation
 - 3) Behavioural skills

Poll: which statement do you agree with?

- Emotional eating is a problem
- Emotional eating is not a problem
- It's complicated

What is emotional eating?

- **Eating in response to emotions**
- Not a diagnosis in the DSM-5-TR
- Not binge eating disorder, though can overlap
- Affects 15–47% of the general population, and as much as 63% of people living with obesity (Gibson 2012)
- Various self-report measures are used

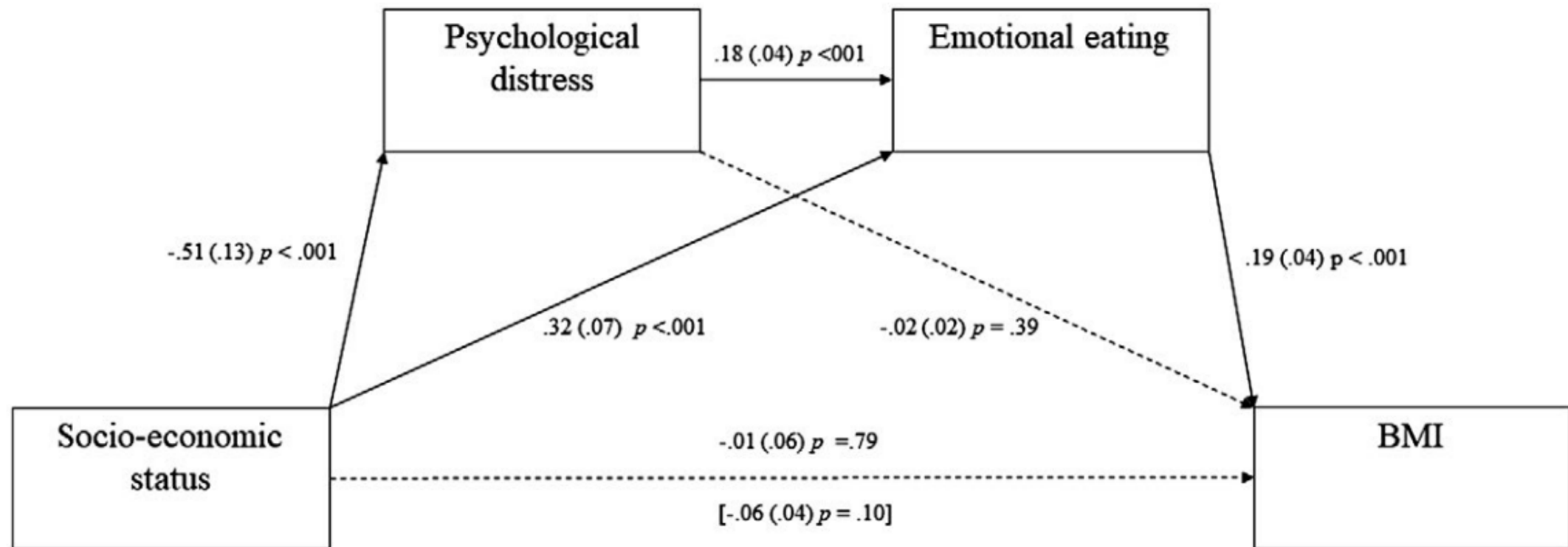
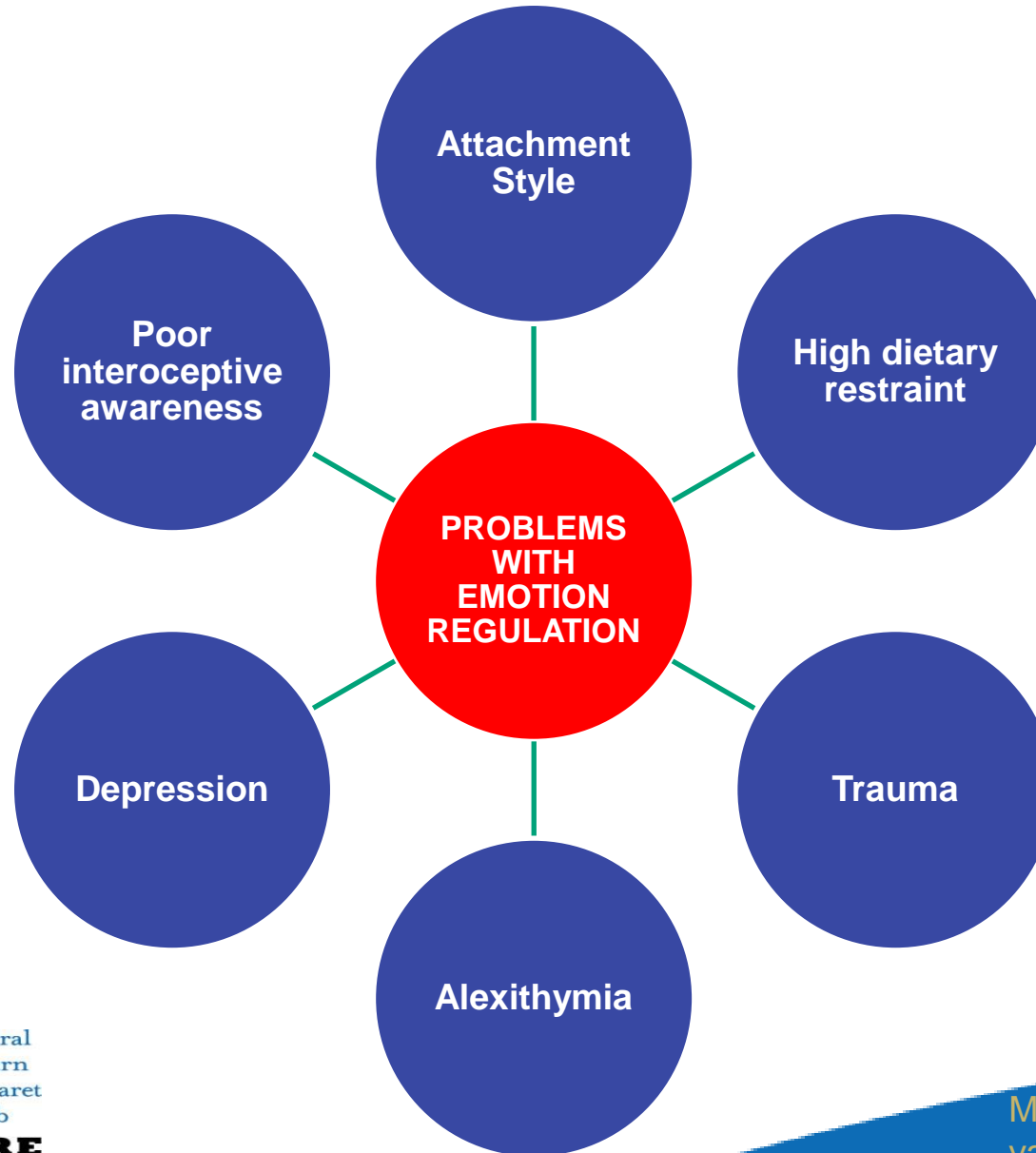
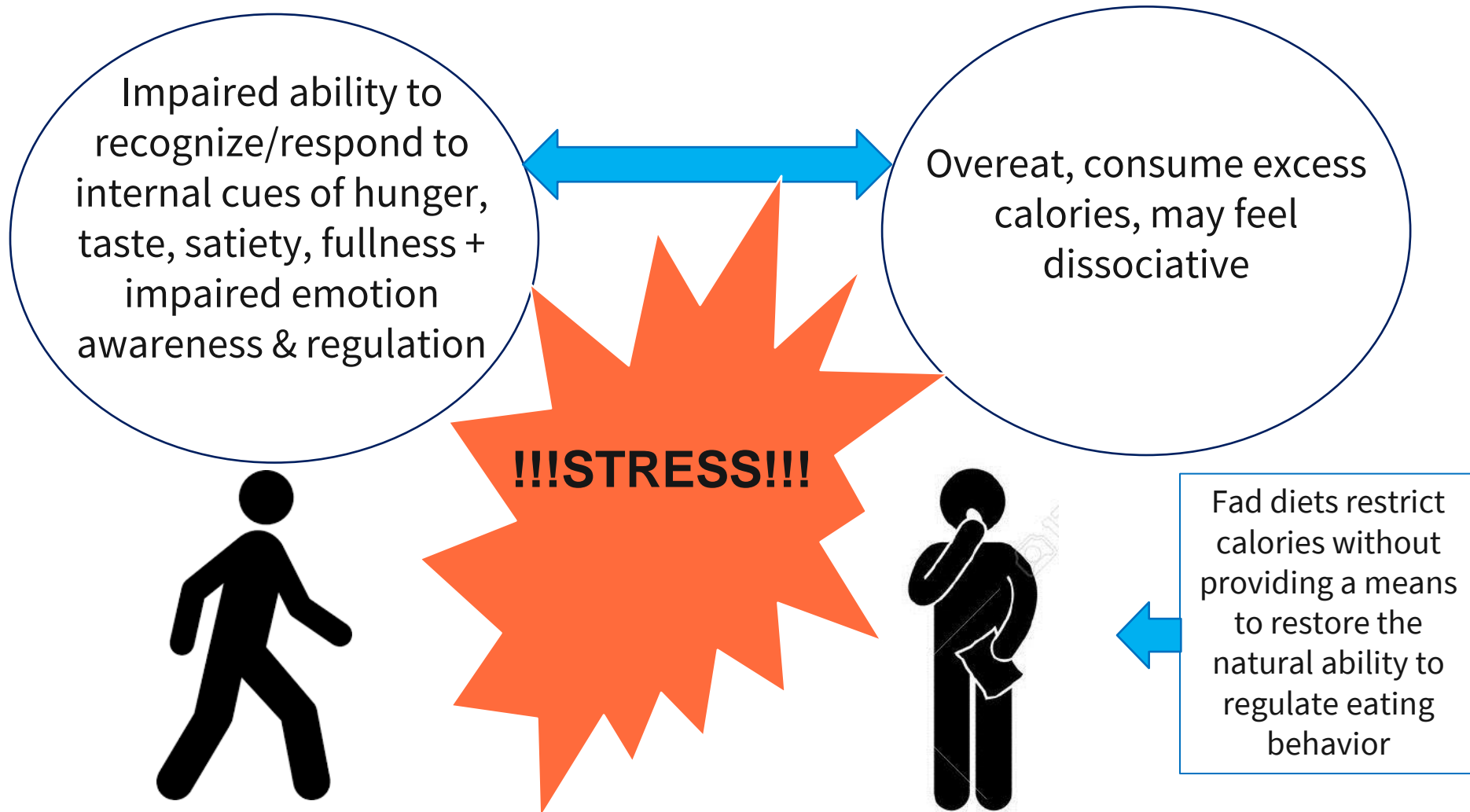


Figure 1 Serial multiple mediation analysis with socioeconomic as the independent variable, BMI as the dependent variable, and psychological distress and emotional eating as the first and second mediators. Values are unstandardized regression coefficients (SE in parentheses) and associated P values. Bracketed association=direct effect (controlling for indirect effects). Solid lines indicate significant pathways, and dashed lines indicate nonsignificant pathways.

What causes emotional eating?



Dysregulation Model of Obesity



Emotional eating is associated with:

- Food preoccupation in bariatric surgery patients (Crowley et al 2012)
- Loss of control over eating in bariatric surgery patients (Wiedemann et al 2018) and overweight individuals with binge eating disorder (Masheb et al, 2006)
- Overeating in individuals living with obesity (Chua et al, 2004; Patel et al 2001; Whiteside et al, 2007)
- Reduced weight loss in bariatric surgery patients (Wedin et al., 2014)

Factors that affect weight maintenance post-surgery

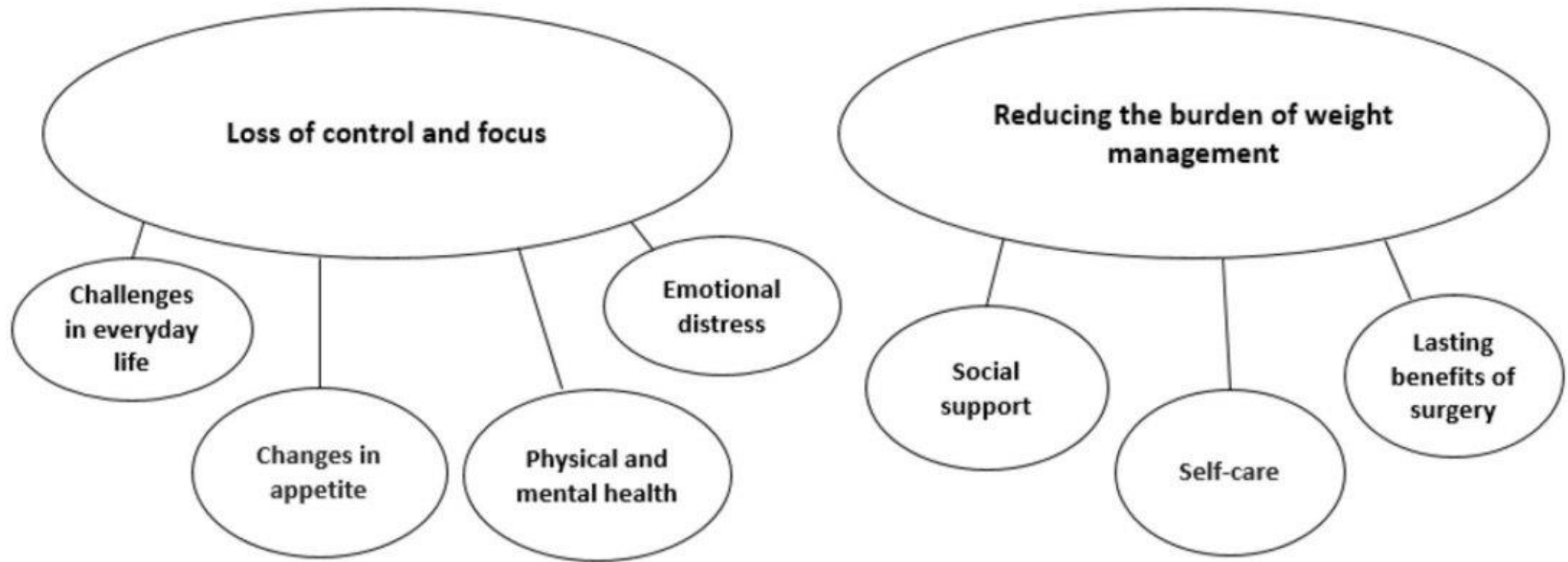


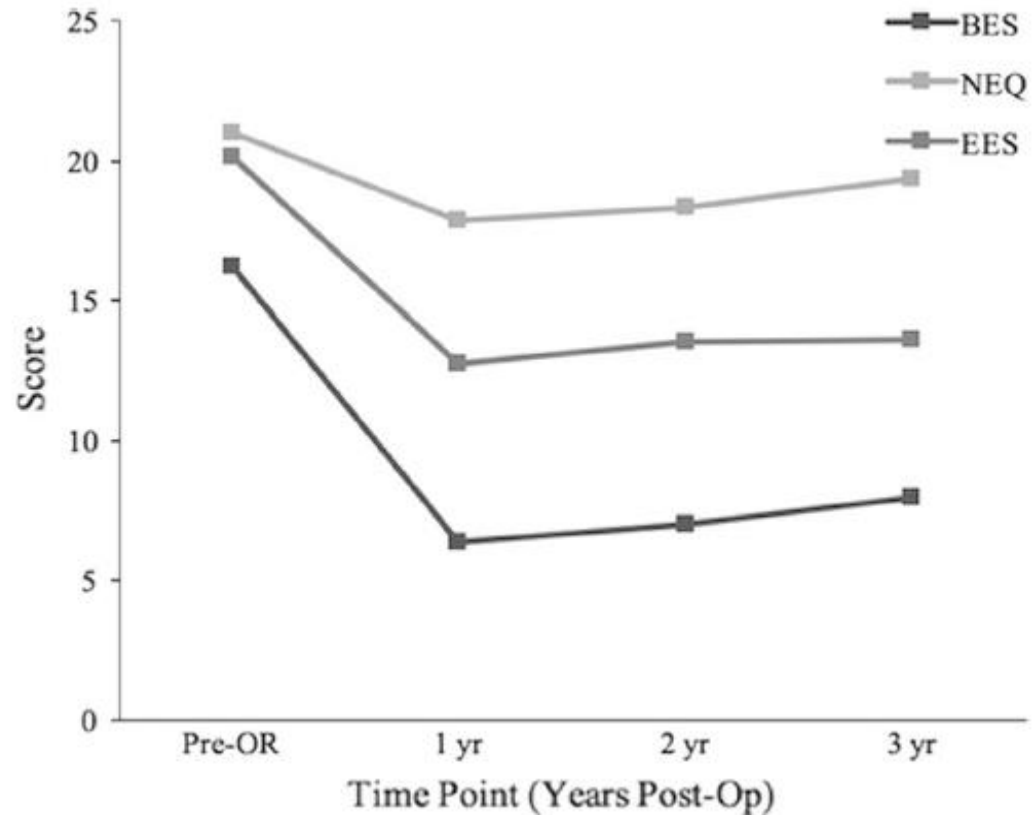
Fig. 3 Final thematic map demonstrating two major themes and seven sub-themes

Emotional eating after bariatric surgery:

A review & meta-analysis

- 23 studies, self-reported changes in emotional eating post-bariatric surgery, follow-up ranged from 2 weeks to 2 years
- Significant improvement in emotional eating in the first 12 months post-op, mixed findings thereafter
- Reduced food reward may diminish the effectiveness of emotional eating
- Improvement in emotional states in the short-term may decrease urges to eat to cope

Post-surgery problematic eating



- Binge eating, loss of control, emotional eating and night eating up to 3 years post-op ($n=844$)
- Binge eating score at 1 year was the only significant predictor of reduced % total weight loss at 2 years



Clinical Approaches

Step 1: Assessment

Assessing emotional eating

- What does the patient mean by “emotional eating”?
- What foods do they eat and how much?
- What is the quality of their overall diet?
- How frequently do they eat?
- What are their expectations about weight?
- Do they have significant life stressors?
- What are their goals?



Clinical Approaches

Step 2: Psychoeducation

What is an emotion?



Anger



Disgust



Fear



Happiness



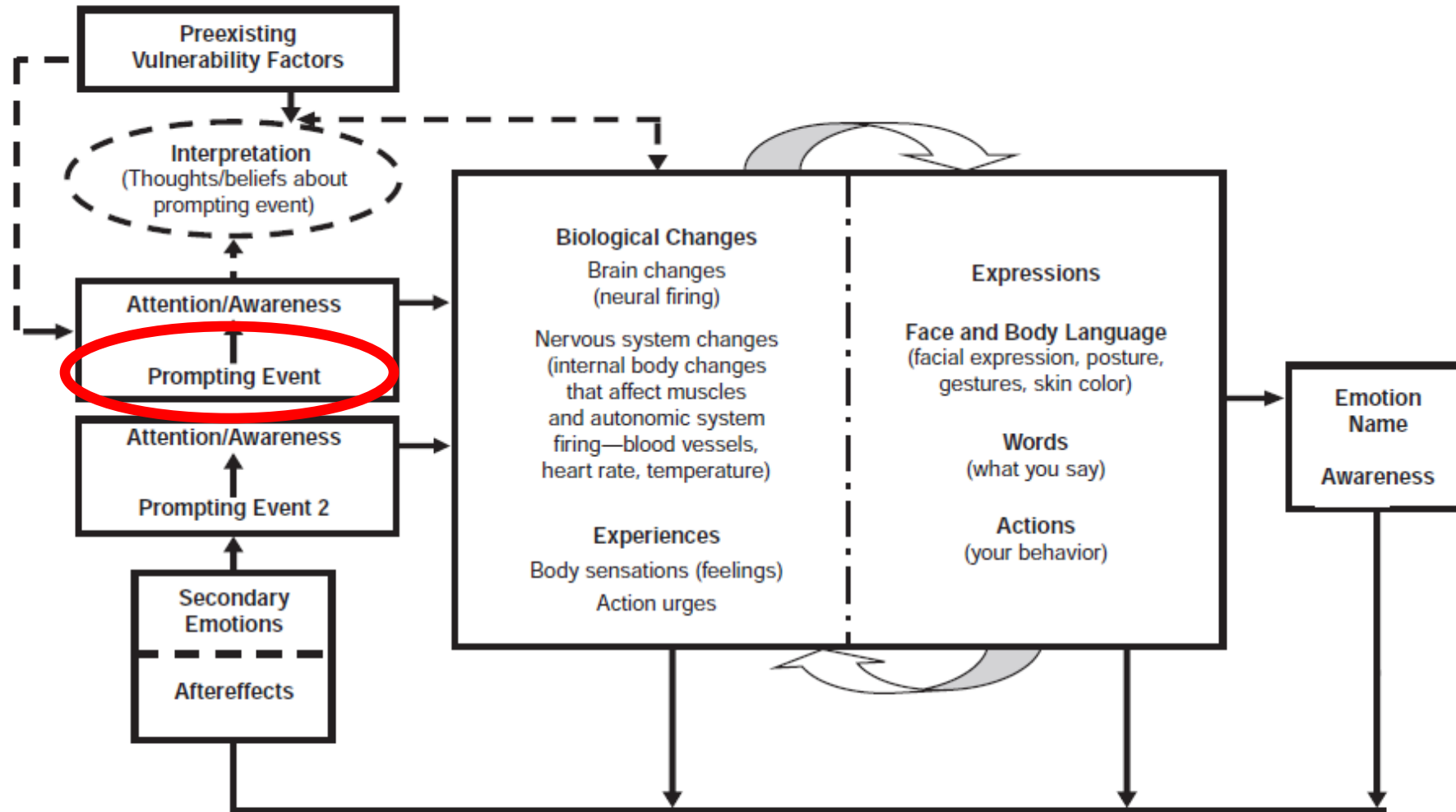
Sadness



Surprise

- A complex physical and psychological reaction that provides information about our environment and our needs
- Part of the human experience that has been essential to our survival
- We can learn to manage or regulate how we respond to our emotions

Model for Describing Emotions



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Clinical Approaches

Step 3: Behavioural Strategies

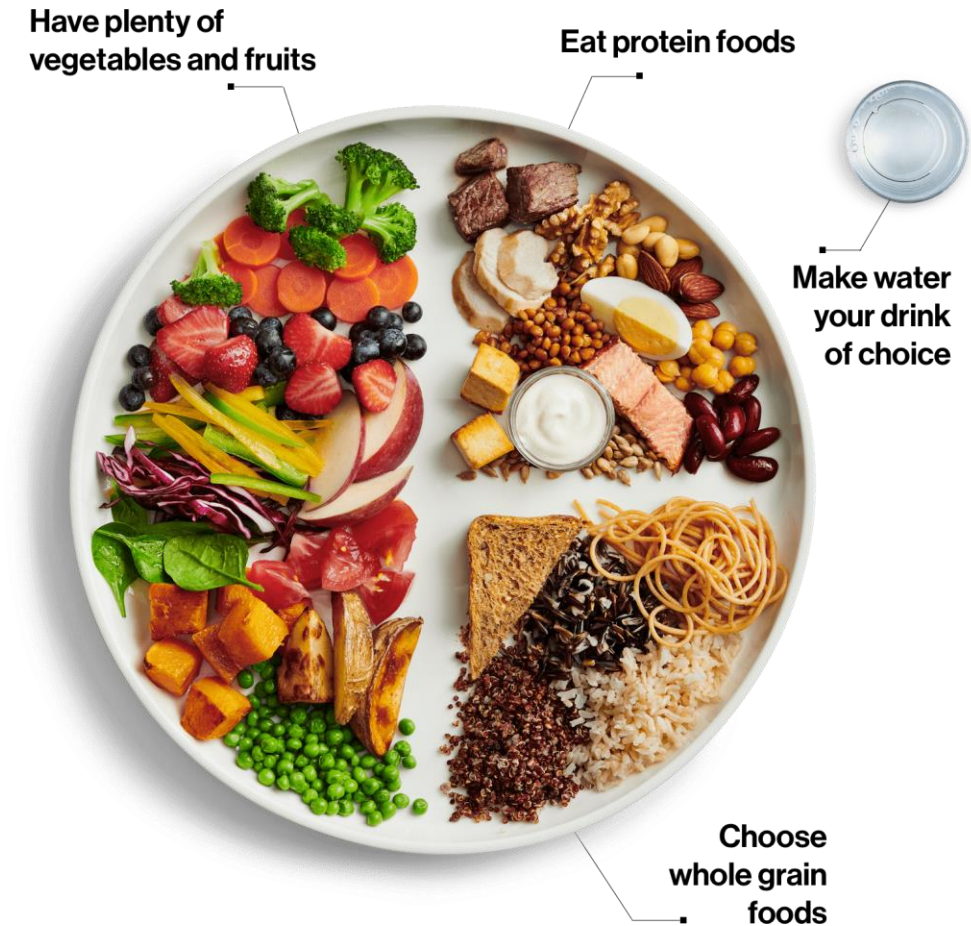
1. Practice healthy lifestyle habits

- Sleep
- Move
- Socialize
- Treat physical illness
- Avoid mood-altering substances



2. Practice healthy eating habits

- Know what healthy nutrition for you involves
- Eat food you enjoy
- Eat regularly
- Plan and prepare meals ahead of time
- Give eating the time and attention it deserves



3. Manage negative self-talk

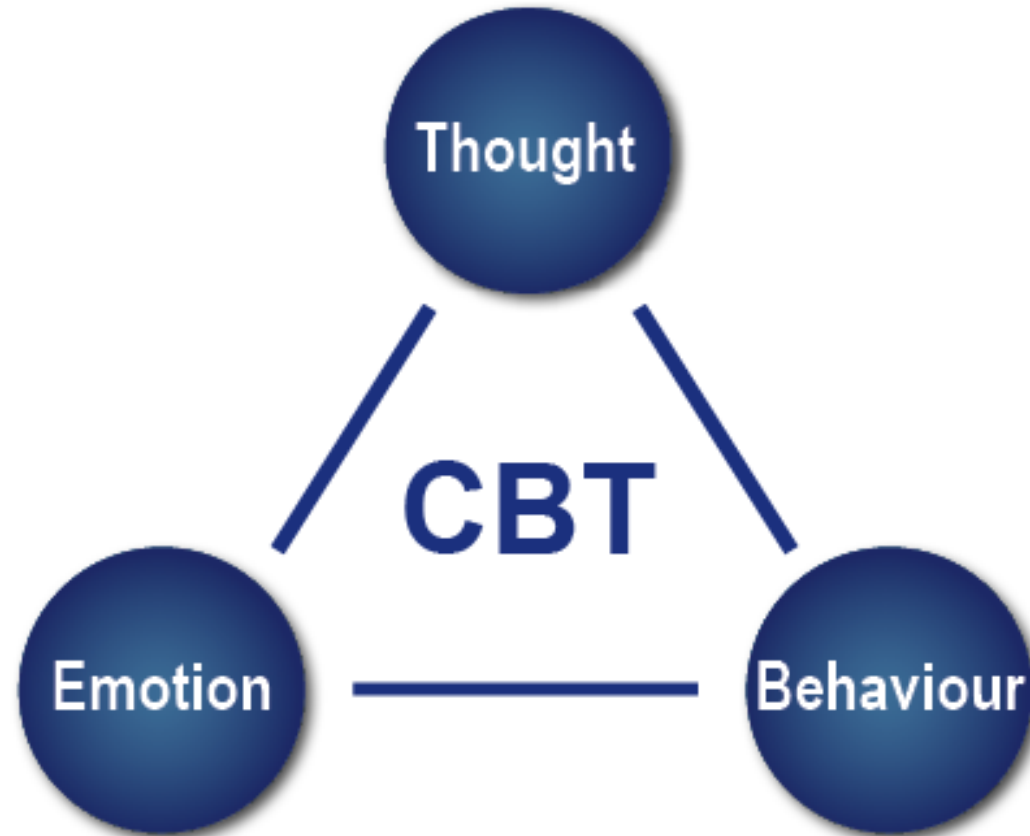
- Recognize it
- Notice the impact
- Consider the evidence
- Balance it in a realistic way

THOUGHT RECORD

Instructions: Follow the hints at the bottom of each column in order to help you successfully reappraise your automatic thoughts and achieve a better balance in your thinking and emotions.

1. Describe The Situation	2. Identify And Rate Your Mood	3. Identify Automatic Thoughts Or Images	4. Facts That Support My Hot Thought(s)	5. Facts That Do Not Support My Hot Thought(s)	6. Balanced, Realistic Or Objective Thought	7. Rate How You Feel Now

What we *think* affects
how we act and feel.



What we *feel* affects
how we think and do.

What we *do* affects
how we think and feel.

4. Practice mindfulness

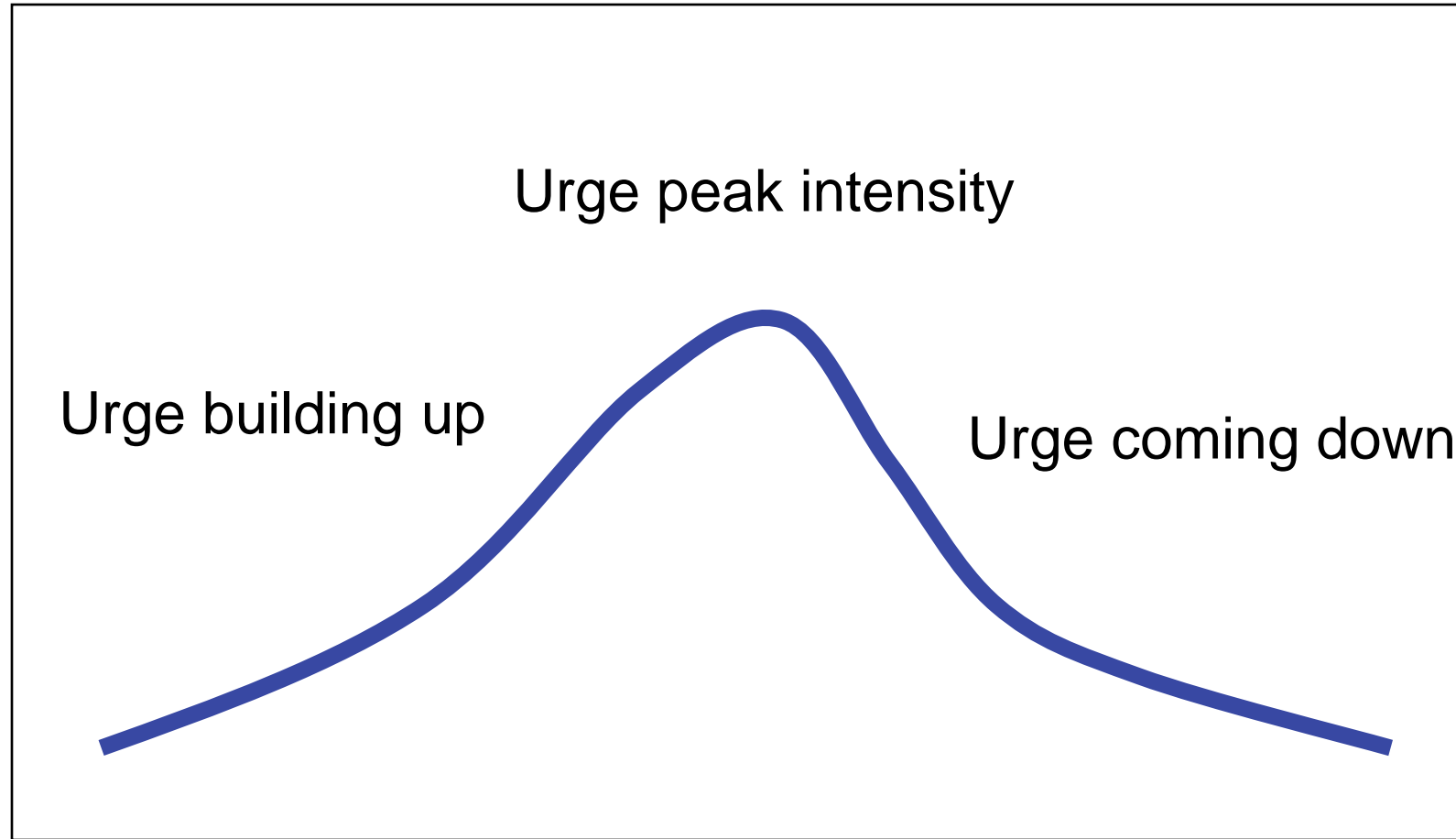


5. S.T.O.P. practice

1. **Stop** for a moment and pause.
2. **Take** 3-5 slow, deep breaths.
3. **Observe** your experience by becoming aware of your current thoughts, emotions, and physical sensations.
4. **Proceed** mindfully with your day.



6. Surf the urge



7. Reduce anxiety/regulate the nervous system

- Breathing exercises
- Movement



Summary

- Emotional eating is common and can be associated with problematic mental health and physical health outcomes
- Assess and understand your patient so that you can:
 - Provide relevant education
 - Offer effective clinical tools and resources
 - Refer if needed

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