Eating Disorders Post Bariatric Surgery or Procedure

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Disclosures

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Outline of Today's Session

- Overview of eating disorders
- Review similarities between typical and bariatric clients with eating disorders
- Describe challenges for clients with eating disorders and history of bariatric surgery
- Identify client features that warrant referral for eating disorders consultation
- Provide practical strategies to help support more balanced eating behaviours

Overview of eating disorders

Eating disorders …

are behavioral conditions characterized by severe and persistent disturbance in eating behaviors and associated distressing thoughts and emotions. They can be very serious conditions affecting physical, psychological and social function.

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Overview of Eating Disorders

- Patients with eating disorders display a broad range of symptoms that frequently occur along a continuum

- Weight and shape preoccupation and excessive self-evaluation based on weight and shape are the primary symptoms for most eating disorders

Types of eating disorders

- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder
- Other specified feeding and eating disorder
- Avoidant restrictive food intake disorder

Individuals with eating disorders are likely to have additional comorbid psychiatric conditions

Anorexia Nervosa

- Restriction of energy intake relative to requirements, leading to a significantly low body weight.

- An intense fear of gaining weight or becoming fat , or persistent behavior that interferes with weight gain, even though underweight.

- Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self- evaluation, or persistent lack of recognition of the seriousness of the current low body weight.

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Bulimia Nervosa

- Recurrent episodes of binge eating which is characterized by both of the following:
    a) Eating, in a discreet period of time, a very large amount of food
    b) Sense of lack of control

- Recurrent inappropriate compensatory behaviour in order to prevent weight gain such as self-induced vomiting, misuse of laxatives, diuretics, diet pills, enemas, medications, fasting, or excessive exercise

- Binge eating and inappropriate compensatory behaviours both occur on average at least once a week for three months

- Self-evaluation is disproportionately influenced by body weight and shape

Binge Eating Disorder

- Recurrent episodes of binge eating
- Binge eating episodes are associated with 3 or more of the following: eating much more rapidly than normal, eating until uncomfortably full, eating large amounts when not physically hungry, eating alone because feels embarrassed by how much one is eating, feeling disgusted, depressed or very guilty after a binge
- Marked distress about binge eating
- No inappropriate compensatory behaviours

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Other Specified Feeding and Eating Disorder

- Do not meet criteria for AN or BN but still have *high levels of distress and impairment*

Examples:

- Sub-threshold AN or BN or BED
- All criteria for BN but the frequency of bingeing and purging is less than once a week for three months
- Night eating syndrome
- Purging Disorder-Vomiting or purging regularly but no binge eating

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Similarities

- Intense fear of weight gain
- Focus on weight for self identity and valuation of one's worth
- Restricted food intake with or without over eats or "binge" behaviours
- Eating due to emotions and not in response to hunger
- Compensatory behaviours (skipping meals, vomiting, over exercise, misuse of caffeine or fluids)
- Co-morbid psychiatric conditions – anxiety, depression

Case Series: Demographics and Clinical Presentation

	Case		
	1	**2**	**3**
Age (years)	67	57	36
Surgery Type	Lap Band	Vertical Banding	Gastric Bypass
Surgery Date	2011	1997	2011
Eating Disorder (DSM-IV)	EDNOS (AN-R like)	BN-P	EDNOS
Other Psychiatric Conditions	Anxiety, substance abuse (alcohol) in remission BDI-II score: 20 Moderate Depression	Anxiety, panic BDI-II score: 25 Moderate Depression	Anxiety BDI-II score: 44 Severe Depression
Admission Weight (kg)	89.2	69.5	73.7
Admission BMI	34.8	23.4	27.2
Weight Loss Post Surgery (kg)	~27.3	54.5	77.3
Binge or Overeat Symptoms	overeat	binge	binge
Compensatory Behaviours	vomit	vomit	8 cups decaf coffee; exercise 2-3hr/day
Presenting Eating Disorder Symptoms	All cases - Caloric Restriction, Fear of Weight Gain, Weight/ Shape Preoccupation		

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Challenges

- Higher than typical BMI in eating disorder population may lead to bias with pathology of eating disorder symptoms being overlooked or minimized
- Praise for weight loss achieved
- Realistic fear of weight regain
- Conflicting messages between bariatric recommendations and ED recovery recommendations
- Physical intolerance to foods common in ED recovery models
- Prior to surgery patients may withhold ED type behaviours to avoid being denied procedure

Clients warranting further assessment

Identify problematic behaviours:

- Restricted intake
- Overeating/grazing
- Compensatory behaviours

Then assess the patient's *motivation* for engaging in the behaviours, related *distress* and *preoccupation* and resulting *harm*

Practical Strategies: To support more balanced eating

Basic Comparison of Nutrition Recommendations

Post Bariatric Surgery Recommendations	Eating Disorders Recovery Recommendations
• Eat 6 small meals through the day • Cut food in small pieces and chew well • Limit intake to approximately 1-2 cups • Separate calorie free liquids from meals by 30 min • Eat mostly (low fat) protein, fruits, vegetables and whole grains • Avoid high fat or sugary foods • Take vitamin and mineral supplements as directed	• Eat 3 meals and 2-3 snacks • Eat regularly q 3-4 hrs • Choose a variety of foods in normal portions • Include challenging foods (these are often higher fat, sugar items) • No diet or specialty products • Take vitamin and mineral supplements as directed

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Estimating Requirements

"More of an art than a science"

- HBE with BMI 22 or adjusted weight for BMI >30 with 1.2-1.3 AF/SF
- Protein 0.8-1.0g/kg (BMI 22)
- Typical meal plan starts at 1200Kcal then increase to maintenance of 1300-1700Kcal
- Goal is for weight stabilization
- Clients may gain weight if they have lost an excess amount of weight (e.g., >50-60 % of pre surgery excess weight)

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Bariatric Meal Plan Modifications

- Develop individualized meal plan to meet their needs and goals for ED recovery
- Work with client individually to figure out foods they can or can't tolerate.
- Set goals to include more challenging foods in a controlled manner to improve tolerance
- If client is having a problem with a certain food – look for a solution.
- Question motivation- use clinical judgment

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Breakfast
2 slice WW Toast
1 tbsp PB
1Banana

Lunch
Ciabatta bun with
Turkey (60g) and Cheese (30g)
1tsp margarine
Granola bar and apple
OR
1 piece Cheesecake

Afternoon Snack
Cereal Bar
Juice (300ml)

Dinner
Chicken Breast (90g)
Mashed Potato (125ml) + 5 ml margarine
Salad + dressing (15ml)
Pear

Evening Snack
Crackers (6) and cheese (30g)

Typical Meal plan 2000Kcal

Things to consider

- Requirements
- Absolute intolerances
- Volume of meals
- Fluid tolerance
- Risks and challenges
- Vitamin and mineral supplements

Breakfast
1 slice WW Toast
1 tbsp PB
1Banana

Lunch*
Multigrain bread 2 slices with
Turkey (60g) and Cheese (30g)
1tsp margarine
Yogurt
OR
1 Cookie

Afternoon Snack
Cereal bar

Dinner
Chicken Breast **(60-90g)**
Mashed Potato **(100-125ml)** + 5 ml margarine
Mixed vegetables (125ml)

Evening Snack
Crackers (6) and cheese (30g)

Modified Meal Plan 1500 kcal

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Final thoughts

More research is required to identify patients at risk and inform treatment

Increasing connections between bariatric centres and eating disorder programs would be a valuable step in providing better care for this unique client group

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Questions

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