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JourneyPure

# The Guide To Eating Disorder Recovery In Nashville

# Introduction

Eating disorders, also known as ED, are serious, often fatal illnesses that involve severe disruption in a person's relationship with food. Behaviors, thoughts, emotions—all become disturbed when an ED begins to develop. Common EDs include anorexia nervosa, bulimia nervosa, and binge-eating disorder (BED).

**Eating disorders have the highest mortality rate of any mental illness.**

Without treatment, up to 20 percent of people diagnosed with a serious ED die. With treatment, however, the mortality rate falls to 2 to 3 percent.

The causes of ED are not clear, though both biological and environmental factors play a role, as does the culture's idealization of thinness. People who have experienced sexual abuse or trauma are more likely to develop an ED, while intellectual disabilities can contribute to the development of lesser known disorders like pica (where people eat non-food items) and rumination syndrome (where people regurgitate food). Anxiety, depression, and substance abuse are common among people with ED.

While ED can affect people of all ages, racial and ethnic backgrounds, body weights, and genders, they have been found to be more common in developed countries than less developed countries.

**Some general statistics of ED:**

- At least 30 million people, of all ages and genders, suffer from ED in the U.S.
- At least one person dies as a direct result of an ED every 62 minutes.
- 13 percent of women over age 50 engage in eating disorder behaviors
- 16 percent of transgender college students reported having an eating disorder.
- An estimated 10 to 15 percent of people with anorexia or bulimia are males.

Because the study of ED is relatively new, researchers continue harnessing the latest technology to better understand them. One approach involves the study of human genes, identifying DNA variations linked to the increased risk of developing an ED.

Brain imaging studies also provide a better understanding of ED. For instance, differences in brain activity patterns in women with ED—in comparison with healthy women—have been found. Such research can help guide the development of new means of diagnosis and treatment of these illnesses.

While challenging, recovery from ED is absolutely possible. It can take months or years, but with effective treatment, many people can and do recover, going on to live lives of health and wellness.

# What Are Eating Disorders?

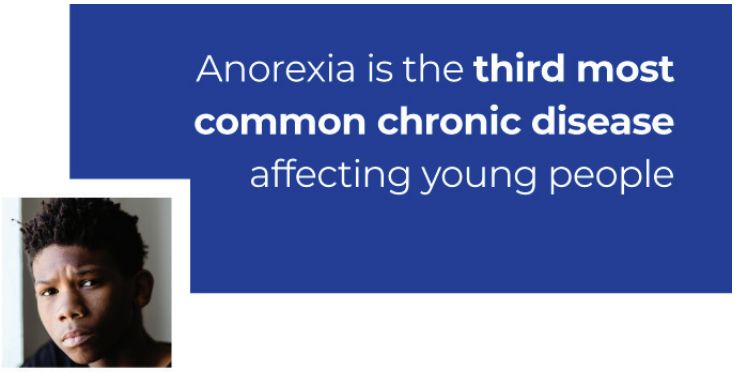
Eating disorders are mental health disorders in which the person experiences serious disturbances in his or

her eating habits and approaches. Those with ED typically become pre-occupied with food and their body weight. Following are some of the most common eating disorders.

## Anorexia Nervosa

Anorexia nervosa—anorexia for short—is classified as persistent energy restriction, fear of weight change, and disturbance in the way one experiences his or her own body. Excessive weight loss as a result of prolonged self-starvation is the chief characteristic of anorexia.

**Approximately 1 percent of American women live with anorexia.**




Anorexia is the third most common chronic disease affecting young people, after asthma and type 1 diabetes. Medical diagnoses have been increasing in females, specifically among those aged 15 to 24, over the last 50 years. Causes include genetic factors, a history of trauma, and social and cultural issues such as social isolation, peer pressure, and the prevalence of aesthetic or weight-dependent sports like dance, cheerleading, wrestling, and gymnastics.

Over time, the symptoms of anorexia can develop into:

- thinning of the bones (osteopenia or osteoporosis)
- mild anemia and muscle wasting
- brittle hair and nails
- severe constipation
- lethargy and sluggishness
- infertility
- brain damage

Many who live with anorexia hide it or minimize its severity, often going undiagnosed for most of their lives. In severe cases, hospitalization is required to treat the physical symptoms before treating the underlying issues attributed to the development of this disorder.

There are several types of treatment for anorexia nervosa, from medical inpatient to outpatient services. Along with other EDs, anorexia frequently co-occurs with other mental health issues such as anxiety, depression, addiction or alcoholism, and post-traumatic stress disorder (PTSD).

Depending on his or her history, medical situation, complexity of co-occurring issues such as substance abuse or mental health, and availability, a person diagnosed with anorexia will be placed in the level of care that  a clinical team deems the most appropriate for the circumstances.

## Bulimia Nervosa

Bulimia nervosa—bulimia for short—is an ED characterized by ingesting large amounts of food and then purging or taking laxatives and diuretics to speed up the digestion process. Some who live with bulimia also fast and exercise intensely, in what they see as an effort to make up for their food intake.

**Approximately 1.5 percent of American women suffer from bulimia nervosa in their lifetime.**

People with bulimia often maintain average weight but suffer from dehydration, acid reflux issues, deteriorating teeth enamel, swollen jaw, bloodshot eyes, and cuts on their hands and knuckles from the act of purging.

Although experts cannot pinpoint a specific cause, it is suspected that the causes of bulimia stem from a combination of genetic, psychological, and environmental factors. Many who live with bulimia also suffer from anxiety, depression, and PTSD.

The treatment of bulimia varies depending on the individual. Often, individual care and a personalized treatment plan are the most effective tools used in treatment.


## Binge Eating Disorder

Binge Eating Disorder (BED), wherein the person will eat unusually large amounts of food in a single sitting—sometimes as often as several times per week—is the result of a combination of psychological, biological, and environmental factors.

**Nearly 3 percent of American adults suffer from BED in their lifetime.**

BED can lead to heavy weight gain, self-esteem issues, and physical health problems. Many therapists and researchers maintain that "bingeing" may be a coping mechanism for symptoms related to other mental health disorders.

According to the Mayo Clinic, symptoms of BED can appear as:

- Eating unusually large amounts of food in a specific amount of time
- Feeling that the eating behavior is out of control
- Eating even when you're full or not hungry
- Rapid eating during binge episodes
- Eating until you're uncomfortably full
- Frequently eating alone or in secret
- Feeling depressed, disgusted, ashamed, guilty, or upset about your eating

## Body Dysmorphia Disorder

According to the Anxiety and Depression Association of America, Body Dysmorphia Disorder (BDD) affects roughly one in 50 people. It is characterized by persistent and intrusive preoccupations with a slight or imagined defect in one's appearance. Those with BDD often participate in behaviors that mask or hide their perceived flaws, including wearing baggy clothing, applying excessive makeup, exercising constantly, or taking on antisocial, avoidant behavior.

BDD can manifest as Muscle Dysmorphia Disorder (MDD). Muscle Dysmorphia Disorder most often presents as an addiction to exercise and an obsession with body measurements, as well as persistent thoughts of inadequacy related to appearance.

Treatment for BDD involves in-depth therapy, identification of struggles, Cognitive Behavioral Therapy (CBT), and pharmaceutical intervention, if necessary.

## Orthorexia

Also known as orthorexia nervosa, orthorexia is a proposed ED characterized by the excessive preoccupation with eating healthy food, often to the point of having a negative effect on the person's health through malnutrition, social isolation, and anxiety. This dependence on healthy eating becomes a means of identity and self-worth, as well as an attendant fear of disease or personal impurity caused by the violation of self-imposed dietary rules and restrictions.

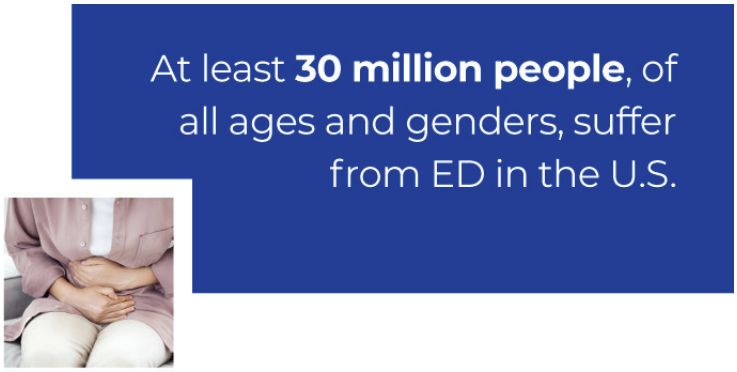
Other Specified Feeding and Eating Disorders (OSFED)

Formerly termed Eating Disorder Not Otherwise Specified, Other Specified Feeding and Eating Disorder (OSFED) applies to people whose symptoms cause significant physical or mental stress but do not fit with-

in the criteria of a more clearly defined ED.

## Risk Factors of Eating Disorders

The risk factors of ED involve a range of biological, psychological, and sociocultural issues. While these factors interact differently in different people, resulting in diverse symptoms and experiences, researchers have found broad similarities in understanding many of the biggest risks for developing ED.




## Long-term Health Problems

While each type of ED has its own set of symptoms and health risks, all EDs have the potential to damage the body's organs. Complications from ED, as well as co-existing mental health disorders, are wide ranging, and, in some cases, fatal.

The key to preventing serious medical complications related to ED is the professional treatment found in an eating disorder treatment center, hospital, or other accredited facility.

### Anorexia

Aside from drastic weight loss, anorexia nervosa causes serious nutritional deficits, as it denies the body of many nutrients needed to function properly. Because the body is not getting the energy it needs via food, the normal processes of organs tend to slow down as a way of conserving energy.

According to records by New York Presbyterian Hospital, approximately 95 percent of patients that doctors admit to hospitals for anorexia have lower than normal heart rates.

Low blood pressure and irregular heart rhythms also occur as a result of calorie restriction, increasing the risk of heart failure. Meanwhile, because of radical changes in the endocrine system, women with anorexia often stop menstruating.

Issues stemming from anorexia are not limited to the cardiovascular and endocrine systems. Bone density often decreases, due to a lack of calcium and vitamin D, causing premature osteoporosis and increasing

the risk of bone fractures. New York Presbyterian Hospital also highlights hematological issues. For instance, anemia, or a low white blood cell count, is also prevalent among anorexia patients.

### Bulimia

Because individuals living with bulimia nervosa are less likely to be underweight, bulimia tends to create far fewer medical issues when left untreated. Many of the issues stemming from bulimia occur due to the frequent purging involved.

When individuals with bulimia vomit, the stomach acid erodes the enamel of the teeth over the long term, leading to decay. Some bulimic individuals experience ulcers or gastroesophageal reflux disease, wherein the esophagus becomes raw and inflamed. Forced vomiting, meanwhile, has the potential to rupture the esophagus.

Some complications related to bulimia arise from the abuse of medications. Diuretic or "water pill" abuse damages the kidneys by causing or contributing to dehydration. Laxative abuse causes gastrointestinal issues, including irregularity and constipation.

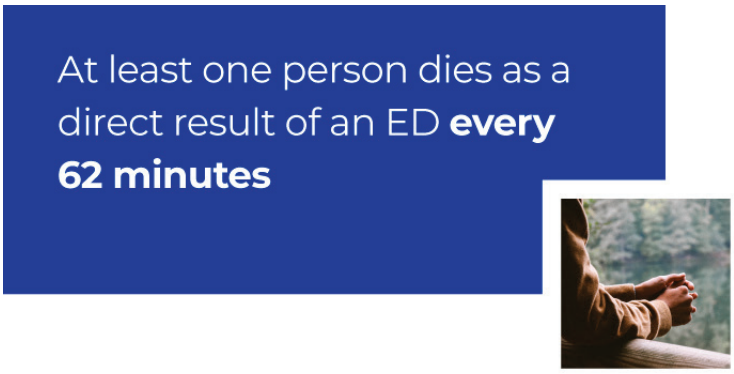
Vomiting and laxative abuse can lead to electrolyte imbalances, which affect the heart and organs like the kidneys.

### Binge Eating Disorder (BED)

Because of the consumption of large amounts of fat and carbohydrates, those living with binge eating disorder (BED) are often obese. Therefore, medical issues that arise due to BED are similar to those of clinical obesity: an increased risk of cardiovascular problems, including high blood pressure, high cholesterol and heart disease, as well as higher-than-normal risks of type 2 diabetes and gallbladder disease.

## Mortality Rates

Eating disorders have the highest mortality rate of any mental health disorder. According to the National Association of Anorexia Nervosa and Associated Disorders, anorexia has the highest death rate of any psychiatric illness, including major depression. Anorexia also has a mortality rate that is 12 times higher than the death rate of all other causes of death for females 15 to 24 years old.



According to the National Eating Disorder Association, people with anorexia have a six-fold increased risk of death compared to the general population, due to the preponderance of cases of starvation, drug overdose, and suicide.

While more study is needed, the mortality rates for bulimia have been found to be comparable to those of anorexia, with high suicide rates being a big reason.

## Family Problems

Practically by definition, EDs are antisocial, involving feelings of alienation, isolation, and self-destruction. While an outsider might see someone needlessly preoccupied with weight loss, or someone who lacks a certain amount of self-control when it comes to food, underneath the surface there is great anguish and a desperate need for control.

Like substance use disorders and mental health disorders, EDs can wreak havoc on the family unit. As the ED progresses, a person's relationships with his or her loved ones can grow strained and diminish over time. Left untreated, EDs can progress so much that they take the place of any and all familial relationships that once existed in the person's life. This can lead to a sense of confusion and hopelessness among family members.

## Co-Occurring Disorders

EDs are also similar to substance use disorders in that they very often occur alongside other mental issues. This dynamic is known as comorbidity, and a large proportion of those with ED also deal with comorbidities like anxiety, depression, post-traumatic stress disorder (PTSD), social phobia, and obsessive-compulsive disorder (OCD).

According to statistics from the National Association of Anorexia Nervosa and Associated Disorders, between 33 and 50 percent of anorexia patients have a comorbid anxiety disorder, most frequently OCD and social phobia. Meanwhile, more than half of all bulimia and Binge Eating Disorder (BED) patients have similar, comorbid anxiety disorders.

Nearly 10 percent of bulimia and Binge Eating Disorder (BED) patients have a comorbid substance use disorder, such as alcoholism, while more than half of all Binge Eating Disorder patients have comorbid anxiety disorders. Among BED patients, nearly 10 percent have a comorbid substance use disorder.

### Substance Use Disorder (Addiction)

Substance use disorder occurs when a person's use of alcohol or other drug leads to health issues or problems at work, school, or home. Many who develop a substance use disorder live with low self-esteem, anxiety, depression, bi-polar disorder, attention deficit disorder (ADD), PTSD, or some other mental health issue.

Substance use disorders are characterized by a wide array of mental, physical, and behavioral symptoms that can create problems related to the loss of control, the strain on one's interpersonal life, hazardous use of the preferred drug, high tolerance, and extreme withdrawal symptoms. A stressful or chaotic lifestyle is one common characteristic of substance use disorder.

Worldwide, 275 million people were estimated to have used an illicit drug in 2016, and about 10 percent of that figure participate in recurrent drug use. Recurrent drug use causes harmful physical health effects, psychological problems, and social problems. In 2015, substance use disorders claimed 307,400 lives, nearly doubling the 165,000 lives claimed by substance use in 1990.

Some drug classes than are involved in substance use disorder include:

- Opiates such as heroin, opium, codeine, and narcotic pain medicines
- Stimulants like cocaine and amphetamines
- Depressants like alcohol, barbiturates, and benzodiazepines (Valium, Ativan, Xanax)
- Hallucinogens like LSD, mescaline, psilocybin or "mushrooms," and phencyclidine or PCP.

The regular use of marijuana, tobacco, sedatives, hypnotics, and anxiolytics can also result in addiction.

The exact cause of substance use disorder is not known, though a person's genes, emotional distress, anxiety, depression, peer pressure, and environmental stress are all possible factors.

Children who grow up seeing their parents use drugs run a higher risk of developing substance use problems later in life than those who did not. Children born to parents with substance use disorders have roughly a twofold increased risk in developing their own substance use disorder, compared to children born to parents without.

## Obsessive-Compulsive Disorder (OCD)

Obsessive-compulsive disorder (OCD) is a mental health disorder characterized by the pairing of obsessive thoughts or urges and compulsive, repetitive behaviors beyond a person's control. Such a disorder tends to have negative effects on the person's work, schooling, travel, and relationships.

Obsessive thoughts can include the fear of germs, worries about getting hurt or hurting others, the need for things to be in a certain order, the belief that certain numbers or colors are "good" or "bad," or the unfounded suspicion that a partner or friend is unfaithful or disloyal.

Compulsive habits can include the repeated washing of hands, performing small tasks in a specific order, the repeated checking of such things as locked doors and light switches, the need to count things such as stairsteps, and the fear of touching doorknobs or shaking hands.

These obsessions and compulsions can arise from many different ideas or urges, such as the need for order or cleanliness, or as a distraction from sexual or violent thoughts. While there is no "cure" for OCD, it

can be treated to lessen or manage the symptoms, either via psychotherapy or with prescription medicine.

### Depression

Depression is one of the most common mental health disorders in the U.S. Sometimes known as major depressive disorder or clinical depression, it causes symptoms that affect how one feels, thinks, and copes with everyday life. Eating, sleeping, working, social interaction—all aspects of life are affected by depression.

The latest research on depression suggests that it is caused by a combination of genetic, biological, environmental, and psychological factors. Risk factors include a family history of depression, major life changes like trauma, illness, or stress, and certain types of physical illness and medication. Even in severe cases, depression can be treated with some combination of medication, psychotherapy, or alternative therapy.

## Eating Disorders: Myths Versus Facts

Misconceptions about ED are widespread. These myths can lead to stigma, making it difficult for some people to seek ED treatment and decreasing the chance of medical professionals identifying or diagnosing ED when they occur outside of the stereotypes.

Below are some of the most common myths about ED and the facts to counter them.

### "Eating disorders are a lifestyle choice."

Eating disorders are highly complex bio-psycho-social illnesses that no one could or would choose. Genetic, biological, environmental, and social elements all play a role in the cause and maintenance of the illness.

Decades of genetic research show that biological factors are an important influence in who might develop an ED. Meanwhile, societal factors like the media-driven thin body "ideal" have been linked to increased risk of developing an ED.

Environmental factors include physical illnesses, childhood teasing and bullying, childhood or adolescent trauma, and other stressors. Of course, EDs often co-occur with other mental health conditions like major depression, anxiety, social phobia, and obsessive-compulsive disorder (OCD).

### "The parents are to blame."

The Academy for Eating Disorders, the American Psychiatric Association, and the National Eating Disorders Association all agree: parents are not the cause of any ED.

While parents—mothers in particular—were blamed in the past for their child's disorder in the past, recent research supports that EDs have strong biological roots. However, because EDs develop differently for everyone affected, there is no single set of rules that parents can follow to guarantee the prevention of an ED for their child.

Of course, parents and families can play an integral role in helping a loved one recover. For this reason, family therapy is a primary therapeutic modality used for adolescents. It is strongly encouraged for adults diagnosed with ED as well.

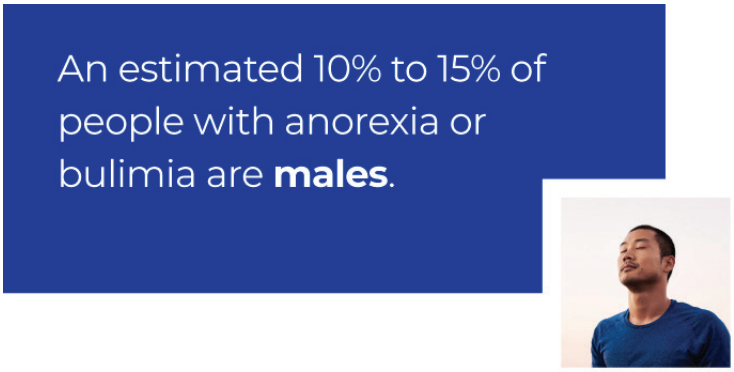
## “ED is a female disease.”

Recent studies estimate that approximately 10 million men will, at some point in their life, suffer an ED like anorexia nervosa or bulimia nervosa. Meanwhile, subclinical ED behaviors, including laxative abuse and fasting for weight loss or binge eating for weight gain, are nearly as common among males as females.

Some studies suggest that the risk of death among males with a severe ED is significantly higher than it is for females, since men more often delay seeking treatment, due to the stigma of ED as “a girl thing.” Because of this, treatment for ED is likely to begin for men in the emergency room, after the ED has progressed beyond unhealthy to dangerous.

In a recently released report from the American Academy of Pediatrics, boys and men were cited as one of the groups seeing the fastest rise in ED over the past 10 years. Within certain diagnostic categories like Binge Eating Disorder, men represent as many as 40 percent of those affected.

ED warning signs exist among both males and females, and while many of these signs carry across gender, others occur more often among males. These warning signs include a preoccupation with body-building, weightlifting, or toning; continuing to exercise despite injury, and the use of anabolic steroids.




## Eating Disorder Recovery

ED recovery depends on the particular disorder and the patient’s symptoms, but typically it involves a combination of psychological therapy, nutrition education, medical monitoring, and, in some cases, medication.

Having an organized approach to ED treatment can help the patient manage symptoms, return to a healthy weight, and maintain physical and emotional wellness. ED patients likely will benefit from referral to a team of professionals who specialize in such treatment.

Members of this treatment team often include a mental health professional, such as a psychologist to

provide psychological therapy, a registered dietitian to provide education on nutrition and meal planning, a medical or dental specialist to treat health or dental problems resulting from the ED, and a support system of partners, parents, or family members.

The treatment team works with patients to develop a treatment plan, treat physical complications, and identify resources and treatment options.

## Treatment

Effective ED treatment ought to center upon the whole person, addressing that person's well-being from a physical, psychological, social, and spiritual perspective.

**At JourneyPure, we focus on the following goals for each patient:**

- Help patients better understand the psychological, social, environmental, biological, and spiritual components of their disorders
- Impart healthy nutritional practices and tools to manage ED behaviors
- Effectively treat medical and mental health issues
- Facilitate insight and awareness to work towards healing underlying issues
- Collaborate on the development of both short and long-term goals, including an aftercare plan for long-term recovery

Our Intensive Outpatient (IOP) and Partial Hospitalization Programs (PHP) provide treatment for females and males ages 18 and up living with:

- Anorexia Nervosa
- Bulimia Nervosa
- Binge-Eating Disorder (BED)
- Other Specified and Non-specified Feeding and Eating Disorders

With the treatment of these EDs, JourneyPure also treats co-occurring conditions such as depression, obsessive compulsive disorder, PTSD, codependency, and substance use disorder.

JourneyPure's Eating Disorders program is designed to provide medical, pharmacological, psychological, and nutritional treatment in a supportive environment for those that have been recently discharged from a higher level of care or for those who are able to maintain and increase functioning.

The transition from residential treatment to IOP care will be provided by the patient's treatment team. Appointments are scheduled with the IOP team (dietitian, therapist, psychiatrist) to continue group therapies, individual nutritional counseling, and individual psychotherapy. Typically, the patient will make an appoint-

ment with the intake coordinator of the preferred IOP or PHP program prior to discharge from his or her residential program.

## Therapy

Psychological therapy is the most important component of ED treatment. It involves seeing a psychologist or other mental health professional on a regular basis and can help the patient:

- Normalize eating patterns and achieve a healthy weight
- Switch out unhealthy habits for healthy ones
- Learn how to monitor eating and moods
- Develop effective problem-solving skills
- Explore ways to cope with stressful situations
- Improve relationships
- Improve mood

Some types of therapy involved in effective ED recovery include:

- Cognitive Behavioral Therapy (CBT) helps patients examine and recognize the behavioral and thought patterns that may inhibit recovery, growth, and healing. Group CBT leads participants toward learning the automatic nature of thoughts and ways that are no longer accurate or helpful.
- Dialectical Behavioral Therapy (DBT) provides clients with knowledge and skill-building in mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness to move toward greater emotional balance.
- Experiential nutrition can consists of the client and his or her support staff visiting a restaurant to practice skills and awareness around the challenge of choosing a meal and eating in an unfamiliar environment. Processing this experience follows upon returning to the clinic, deepening mindfulness.
- Family dynamics uses the framework of Internal Family Systems (IFS) to explore the self in relation to his or her family. Clients develop awareness of the dynamics at play within themselves and their relationships to get past their detrimental roles and into healthier ways of interacting.
- Nutrition therapy and instruction offers psychoeducation about physiological aspects of eating and dieting. Clients and staff work together to develop meal plans that foster wellness and recovery.

## Resources and Books

EDs are highly complex illnesses. As such, they can often leave those affected feeling helpless and isolat-

ed. Fortunately, there exists a variety of resources to assist people through the treatment process.

Eating Disorders Anonymous (EDA) is a fellowship of individuals who share their experience, strength, and hope with each other to solve their common problems and help others recover from their ED. There are no dues or fees for EDA membership. The only requirement for membership is a desire to recover from an eating disorder.

The Academy for Eating Disorders (AED) is an international professional organization that promotes excellence in research, treatment, and prevention of ED. The AED provides education, training, and a forum for collaboration and professional dialogue.

The National Association of Anorexia Nervosa & Related Disorders is a non-profit that seeks to alleviate the problems of ED, especially anorexia nervosa and bulimia nervosa.

The Binge Eating Disorder Association is committed to helping those who live with BED conquer their disorder.

The mission of the Eating Disorders Coalition is to advance the Federal government's recognition of eating disorders as a public health priority.

## Eating Disorder Hotlines

National Eating Disorders Association Helpline: 1-800-931-2237

Hopeline Network: 1-800-442-4673

## Books

### Memoir

Brain over Binge: Why I Was Bulimic, Why Conventional Therapy Didn't Work, and How I Recovered for Good by Kathryn Hansen

Hunger: A Memoir of (My) Body by Roxanne Gay

Please Eat...: A Mother's Struggle to Free Her Teenage Son from Anorexia by Bev Mattocks

How to Disappear Completely by Kelly Osgood

Wasted: A Memoir of Anorexia and Bulimia by Mary Hornbacher

### For Teens

Just Listen by Sarah Dessen

Paperweight by Meg Haston

## Anthologies

Going Hungry: Writers on Desire, Self-Denial, and Overcoming Anorexia edited by Kate Taylor

Body Outlaws: Rewriting the Rules of Beauty and Body Image edited by Ophira Edut

## Nonfiction

Healing Your Hungry Heart by Joanna Poppink

A Hunger So Wide and So Deep: A Multi-Racial View of Women's Eating Problems by Becky W. Thompson

Eating Disorders: A Parent's Guide by Rachel Bryant-Waugh and Bryan Lask

The Eating Disorder Sourcebook by Carolyn Costin

Does Every Woman Have an Eating Disorder? by Stacey M. Rosenfeld

Gaining: The Truth About Life After Eating Disorders by Aimee Liu