How to bridge the gap between DSM 5 eating disorders and the bariatric experience

Kate Berridge RNcP, BHSc, MN(Hons)

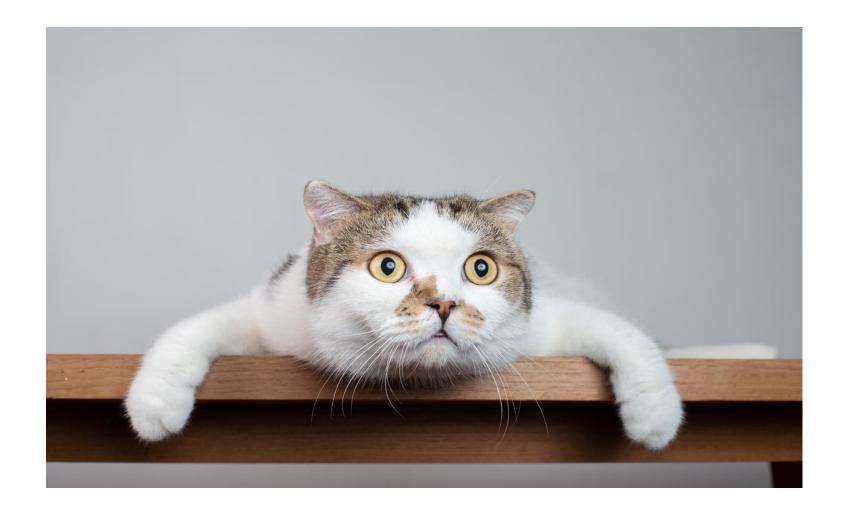
Tiaki - Whaiaro

A coordinated approach to managing patients with eating disorders post MBS



I have no conflicts of interest to disclose







17 year's worth of lightbulbs

- Obesity is **complex**
- Unprocessed shame has significant impact on today
- Yes, diagnosis is important. However, meeting who ever is in front of me where they are on their journey right now, more so
- I am still learning





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Examining the contribution of weight-bias internalization between weight suppression and disordered eating in 1

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ARTICLEINFO

Weight bias internalization

ABSTRACT

Weight suppression (WS) is consistently, positively that contribute to these associations rema nalization as a potential contributor to the link be

REGULAR ARTICLE

Internalized Weight Bias in Obese Patients wit **Eating Disorder: Associations with Eating Distu** and Psychological Functioning

Laura E. Durso, MA1 Janet D. Latner, PhD1* Marney A. White, PhD2 Robin M. Masheb, PhD² Kerstin K. Blomquist, PhD2 Peter T. Morgan, MD, PhD2 Carlos M. Grilo, PhD2,3

Objective: Widespread bias against esteem IWB made obese individuals may lead to the internalization of weight bias in obese per-sons. This study examined correlates of internalized weight bias (IWB) in obese patients with binge eating disorder (BED).

Method: One hundred treatment-seek-ing obese patients with BED were admin-els of IWB. IWB m istered with the eating disorders exami- variance in eating d assessing IWB, fat phobia, depression, butions of fat pho

Results: The mean IWB score in this cantly greater than the mean IWB score sample of overweight adults. IWB was positively associated with eating disorder psychopathology, fat phobia, and depres-

weight bias; stigm

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Introduction

Weight-based discrimination in the United States is pervasive1 and its consequences for overweight and obese individuals are becoming increasi clear. Obese persons who experience weight-based discrimination report a range of negative psychological and physiological outcomes, including increased depression, greater body image disturbance, decreased self-esteem,2-4 and elevated ambulatory blood pressure.5 Little is known about how weight-based discrimination relates to these negative outcomes, or whether specific groups of obese

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effects of weight-based discrimin sons with binge eating disorder (B particularly susceptible to weigh ion. Recent research has for based discrimination is associeating among obese treatment-ser

The internalization of weight t the degree to which an obese p weight-based negative stereot strongly with the negative psychthat can follow acts of weight-b tion.9 In a community sample of and women, a high level of intern was associated with increased m body image concern, drive for th ing, and decreased self-esteem. dence suggests that internalize associated with eating-related but this requires confirm

The present study examir (ED) psychopathology, and gene.... psychopathology functioning in obese men and women seekir

treatment for BED. We hypothesized that (1) greate internalized weight bias would be related increased fat phobia, increased depression, an

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Psychopathology, Disordered Eating, and Impulsivity as Predictors of Outcomes of Bariatric Surgery

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Disordered eating following bariatric surgery: a review of measurement and conceptual considerations

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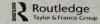
Abstract

Eating disorders are associated with significant medical morbidity and mortality and serious psychological impairment. Individuals seeking bariatric surgery represent a high-risk group for evidencing disordered eating and eating disorders, with some patients experiencing the persistence or onset of disordered eating postsurgery. This review synthesizes the available literature on problematic or disordered eating in the bariatric field, followed by a review of measurement and conceptual considerations related to the use of eating disorder assessment tools within the bariatric population.

Keywords: Measurement, Bariatric surgery, Eating disorders, Obesity, Assessment

Individuals seeking bariatric surgery may report engaging in certain types of disordered eating and meet eating disorder criteria. The current Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) [1] recognizes feeding disorders, including the eating disorder diagnoses of (1) anorexia nervosa (AN); (2) bulimia nervosa (BN); and (3) binge-eating disorder (BED), as well as 2 residual categories in which the full diagnostic criteria for AN, BN, or BED are not met: (4) other specified feeding or eating disorder (OSFED); and (5) unspecified feeding or eating disorders (USFED). Eating disorders are associated with significant medical morbidity and mortality [serious psychological impairment [3], including a 5-fold increased risk of suicide attempts [4] According to the Longitudinal Assessment of Bariatric Surgery-3 (LABS-3) study, 6.1% of pants seeking bariatric surgery met DSM-IV diagnostic criteria for BED, while 1.2% met B1 Back to Top

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Internalized weight bias and loss-of-control eating following bariatric surgery

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Objective: Internalized weight bias (IWB), or negative weight related self-evaluation, is associated with eating-disorder psychopathology and common among patients seeking bariatric surgery, but little is known about the clinical presentation of IWB post-operatively. This study examined IWB and clinical correlates among adult patients with loss-of-control (LOC) eating post-sleeve gastrectomy surgery.

Methods: Participants (N = 145) were sleeve gastrectomy patients seeking treatment for eating/weight concerns and

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See corresponding editorial on page 907.

eases odds for future onset of anorexia a, and purging disorder, but not binge eating

and Chris Desjardins3

Stanford University, Stanford, CA, USA; 2Oregon Research Institute, Eugene, OR, USA; and 3Saint

males and contribute t few studies have e with future onset of pinge eating disorder risk factors specific etiologic knowledge

ght suppression (the it at their adult height e onset of AN. BN.

with body image o completed annual Keywords: risk factors, prospective, weight suppression, anorexia nervosa, bulimia nervosa, binge eating disorder, purging disorder, young women

Introduction

Eating disorders affect 13% of females and are characterized by chronicity, distress, impairment, and mortality. It is critical to identify risk factors that predict future onset of each type of eating disorder, because this should advance etiologic knowledge, guide the development of effective prevention programs, and elucidate high-risk subgroups to target with selective prevention programs. One novel potential risk factor is weight suppression, which reflects the difference between highest past weight at adult

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Take home messages from the current data

- Weight bias internalization is a contributing factor in weight suppression
- Weight suppression is consistently positively associated with future onset of disordered eating/eating disorders
- Our current eating disorder classification system and assessment are limited for pre and postoperative bariatric surgical populations
- The relationship between pre-operative psychosocial status and postoperative outcomes is one of the most researched but least understood issues in the area of MBS



In my experience





- To opening up the space to figure out what is really going on vs what they think is occurring
- Because often the ability to acknowledge/manage the underlying psychopathology is obscured by the important human requirement to belong

Which is why





A coordinated approach within the New Zealand context

Te Whare Tapa Whā was developed by leading Māori health advocate and psychiatrist Tā Mason Durie in 1984

The model describes health and wellbeing as a wharenui/meeting house with four walls

When all these things are in balance, we thrive. When one or more of these is out of balance our wellbeing is impacted

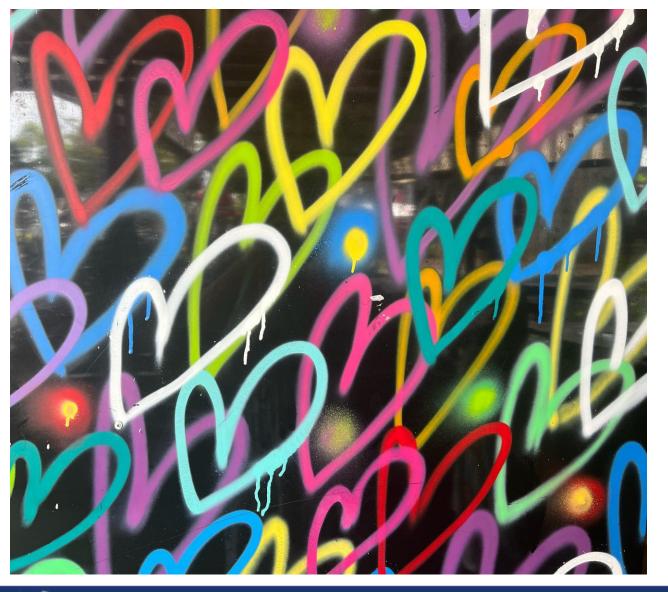


It creates space and awareness around the function of default behaviours





- Allowing room for self compassion and acceptance
- With a shift toward selfcare vs self-harm





Thank you

