

Eating Behaviours: What Are the Red Flags?

Kylie Murphy, Clinical and Health Psychologist, KDM Psychology, Melbourne

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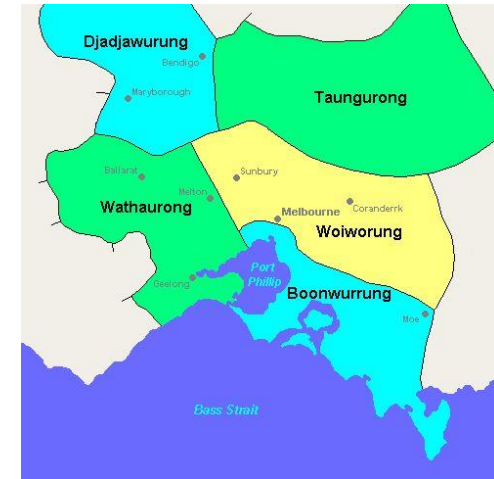
ANZAED Credentialed Eating Disorder Clinician

I have no potential conflict of interest to report

Acknowledgement of country

In the spirit of reconciliation, I acknowledge the Bunurong Boon Wurrung and Wurundjeri Woi Wurrung peoples of the Eastern Kulin Nation, the Traditional Custodians of the land on which I am sitting today. I also acknowledge the Traditional Custodians of country throughout Australia and their connections to land, sea and community.

I pay my respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.





Role of psychology

Approval process?

Identifying
contraindications
for surgery?



Or an opportunity to ...

- Build positive, trusting relationships
- Identify areas for support

... to mitigate

- Short-term focus on weight loss over long-term focus on safety and quality of life
- Post-surgery distress or regret
 - *Complications*
 - *Destination addiction*
 - *False hope syndrome*

Key areas covered in a pre-surgery consultation

- Reasons for seeking surgery – *primary goals*
- Realistic expectations and readiness to change
- Psychosocial factors that may hinder progress
- Internal strengths and external supports
- Weight and dieting history
- Disordered eating and eating disorder history



Formal eating disorder diagnoses

- Anorexia nervosa
- Bulimia nervosa
- Binge eating disorder (BED)
- Other specified feeding or eating disorder (OSFED, formerly EDNOS)
 - *Subclinical BED* or bulimia nervosa
 - (Atypical) anorexia nervosa
 - Night eating syndrome
 - Purging disorder
- *Avoidant restrictive food intake disorder (ARFID)*
 - Sensory based avoidance, fear or restriction of certain foods, due to sensitivities to texture, smell, temperature, or appearance of the food
 - Not driven by negative self-image or a desire to change body weight or shape

Disordered eating behaviours – what you hear

“Once I start eating, I find it really hard to stop, even when I’m full”

“I’ll be happy once I reach my goal weight”

“I’m scared I’m going to stretch my pouch and stuff it all up”

“I don’t keep any bad food in the house because I don’t trust myself”

“I eat most meals in my room”

“I always feel terrible about my eating”

“I weigh or measure my food to make sure I’m sticking to the guidelines”

“I felt safer when I was bigger”

“I’m 85kg but my surgeon said I should be 75-80kg”

I know I’ve lost weight, but I can’t really see it

I walk about 7km a day

“I eat really fast”

“Every time I’m in the supermarket or service station, I buy a treat”

“I’ve lost a lot of weight but I’m still fat”

“I’m not hungry but I still eat”

“I want to be able to eat things I like.”

“I’m petrified of putting weight back on.”

“Nobody notices my weight loss anymore”

“I don’t look how I expected to. I’m so disappointed”

I’m never hungry

“If there’s junk in the house, I’ll eat it”

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Disordered eating behaviours – what you see

Restricted portions

Caffeine drinking

Calorie counting

Chewing & spitting

Drinking instead of eating

Skipping meals

Overexercising

Eating too slowly

Rigid meal planning

Rapid weight loss

Fasting

Chaotic eating

Late night eating

Grazing

Sweet eating

Eating until uncomfortably full

Slider foods

Consistent overeating

Mindless eating

Eating too quickly

Mostly non-nutritious food

Dumping

Vomiting

Picking & nibbling

Avoiding looking at self

> Weekly weighing

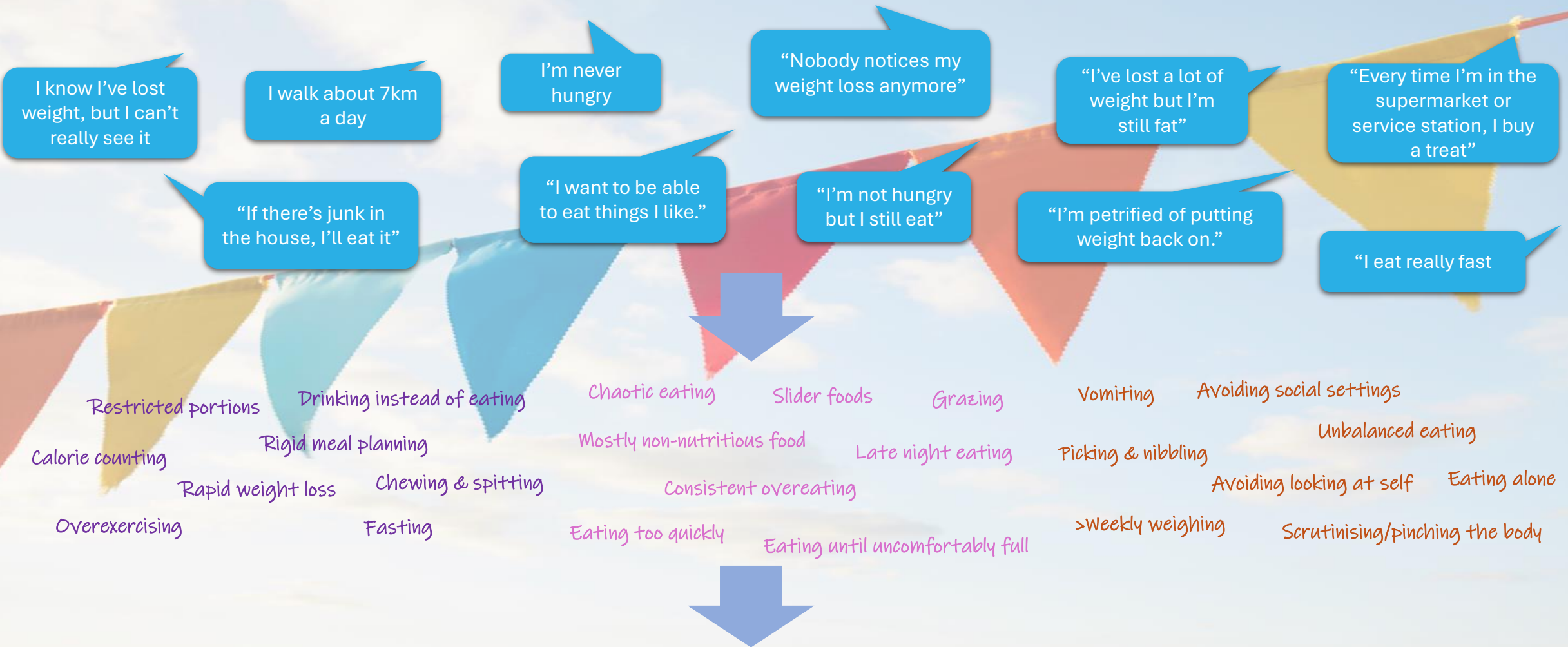
Scrutinising/pinching the body

Unbalanced eating

Avoiding social settings

Eating alone

“Red flags” as clues...



...To what's underneath

Emotional dysregulation Guilt & shame Relationship problems Unmet needs
Stigma Loneliness Neurodiversity Stress Unrealistic expectations
Mental health disorders Sleep problems Personality disorders Workplace bullying
Complications Low self-esteem Perfectionism Lack of social support
History of weight cycling Complicated grief Existential crises Ambivalence Addiction transfer
Excess skin Hunger & cravings Pain Parenting problems
Chronic illness Cultural expectations Gender identity Distress intolerance

Mitigating or reinforcing disordered eating

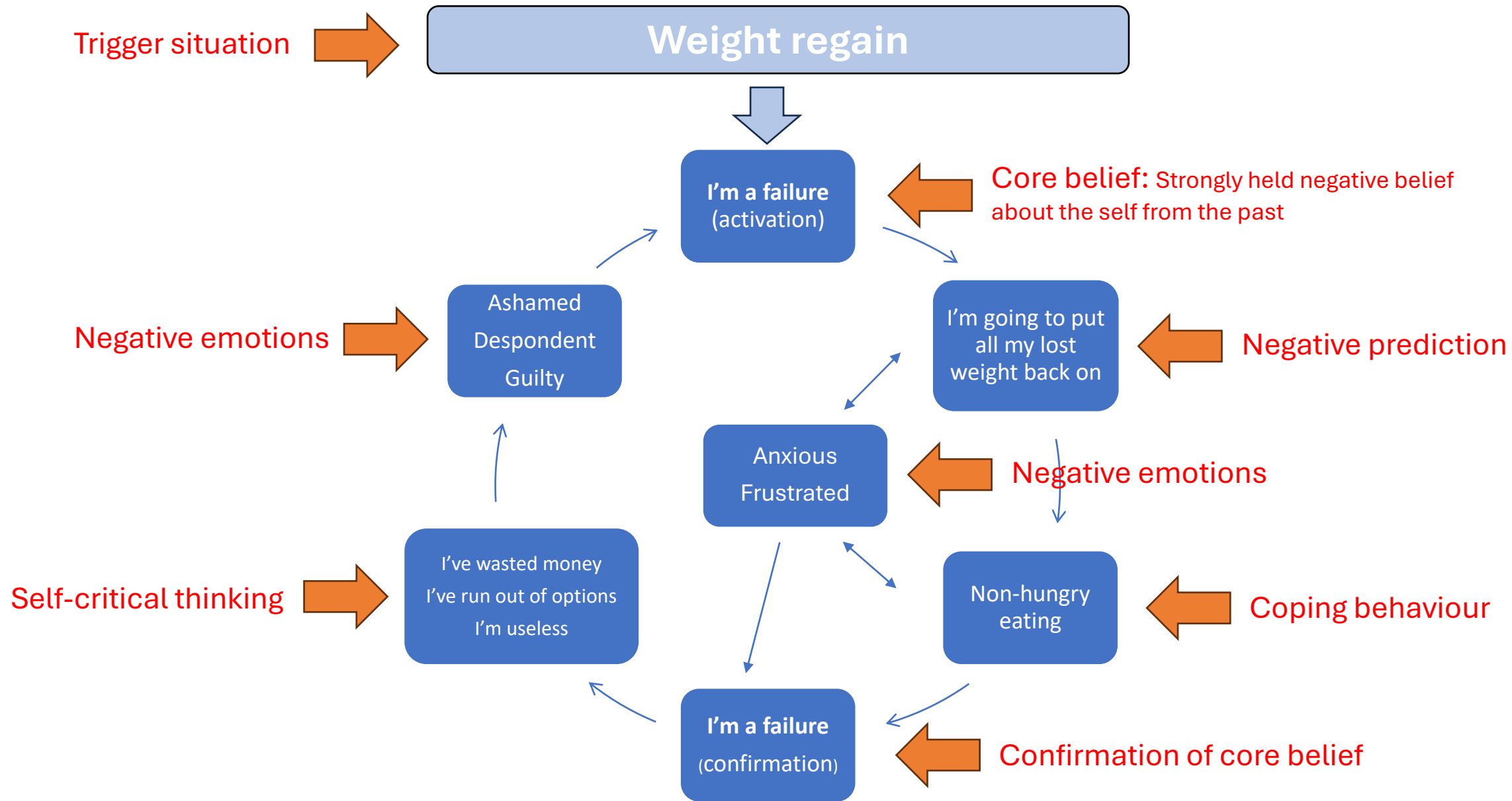
Weight loss focus

Number on the scale or size of clothing
Changing eating habits
Reducing sedentary behaviour



Outcome

Preoccupation with numbers
Reinforces dieting mentality
Is unsustainable
Perpetuates weight cycling
Increases risk of disordered eating
Reinforces failure narrative



A more helpful message...

Weight loss focus

Number on the scale or size of clothing
Changing eating habits
Reducing sedentary behaviour



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In summary...

- Expect higher levels of psychopathology in those living with obesity
- Listen out for “red flags” and act them early – refer to a psychologist
- “Best weight” not goal weight may improve treatment outcomes
 - Encourages goal setting that supports improved quality of life
 - Helps reduce likelihood of a failure narrative being triggered
- Psychologists are not “gatekeepers” – we are a core part of high quality, holistic obesity treatment

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