Bite size recovery

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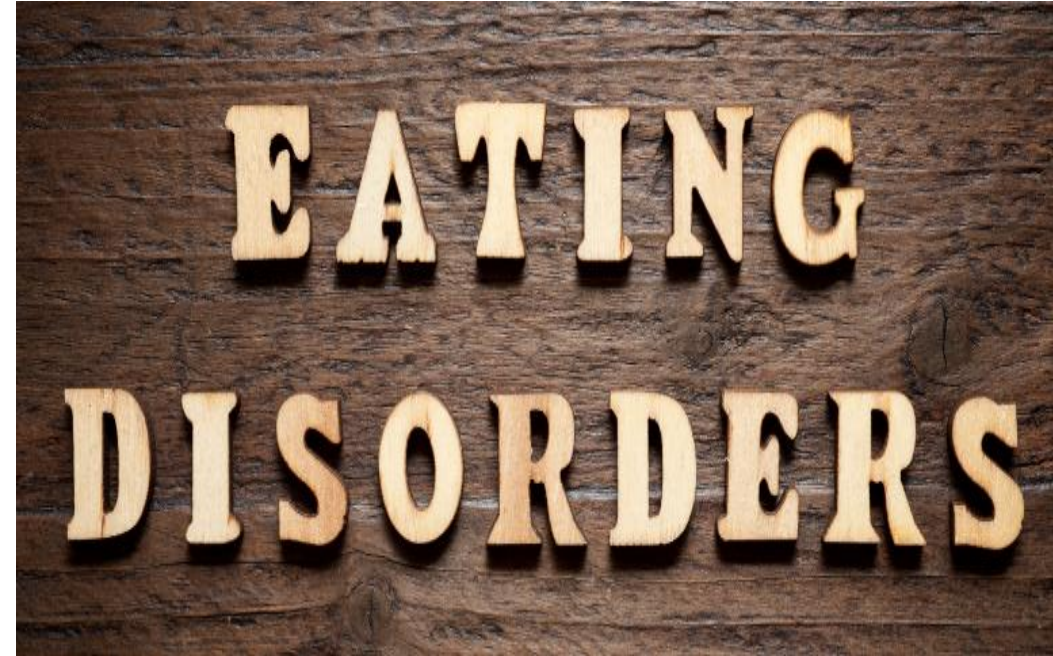
Nurture nourish thrive

No

DSM- 5 Diagnostic criteria for Eating Disorders 2013 (revised 2022)

Anorexia Nervosa (AN)
Bulimia Nervosa (BN)
Binge Eating Disorder (BED)
Other Specified Feeding and Eating Disorder (OSFED)
Pica
Rumination Disorder
Avoidant/Restrictive Food Intake Disorder (ARFID)
Unspecified Feeding or Eating Disorder (UFED)



Other:
Muscle Dysmorphia
Orthorexia Nervosa (ON)

Defined by changes in behaviours, thoughts and attitudes to food, eating, weight or body shape

Potentially serious and life threatening

Negative impact on physical, emotional, occupational and social wellbeing

Often a way of dealing with underlying personal, emotional and psychological difficulties

INSIDE OUT
Institute for Eating Disorders

Often comorbid with other mental health issues such as anxiety / depression

Eating disorders

Medical morbidity and mortality

Serious psychological impairments

X 5 risk of suicide attempts

“Disordered eating (DE) refers to eating patterns that can include restrictive dieting, compulsive eating, or skipping meals. Disordered eating can include behaviours which reflect many, but not all of the symptoms of EDs”

EDs affect approx. 4% of the population in Australia
>1 million people in 2022.

5% of people age 16-85 have experienced binge eating.

The actual prevalence of ED and DE is most likely higher.

One of the biggest predictors of an ED is dieting!

More people die due to EDs than the annual national road toll.

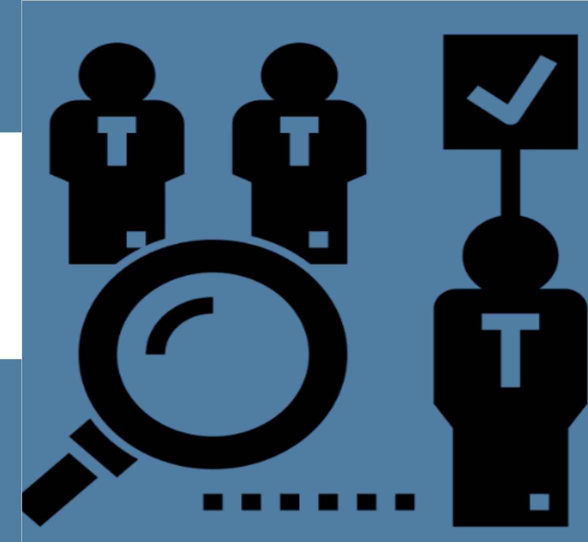
Surg Obes Relat Dis. 2021 Aug; 17(8): 1510–1520. PMID: 34083136
Published online 2021 Mar 18. doi: 10.1016/j.soard.2021.03.008

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

"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 post-surgery."

1. Prevalence of EDs in MBS

2. Screening-who has responsibility?



3. No gold standard

nutrients MDPI

Nutrients. 2021 Jul; 13(7): 2396. PMCID: PMC8308796
Published online 2021 Jul 13. doi: 10.3390/nu13072396 PMID: 34371904

The Development of Feeding and Eating Disorders after Bariatric Surgery: A Systematic Review and Meta-Analysis

"The prevalence of eating disorders in the postoperative period was 7.83%."

Binge eating scale
Dutch eating behaviour questionnaire
Eating disorder diagnostic scale
Eating disorder examination questionnaire*
Eating disorder inventory
Eating loss of control scale
Emotional eating scale
Night eating questionnaire
Questionnaire on eating patterns
Factor eating questionnaire
Yale food addiction scale

*Most common

The evidence suggests that testing the reliability of most measures used within the bariatric field is warranted.

Eating Disorder Examination - semi-structured interview focused on disordered eating behaviors, cognitions, and general eating disorder psychopathology --> adapted to **Bariatric Surgery Version (EDE-BSV)**

6.1% of participants seeking bariatric surgery met DSM-IV diagnostic criteria for **BED**

1.2% met **BN** criteria > rates reported in the general population

Disordered eating behaviors also common

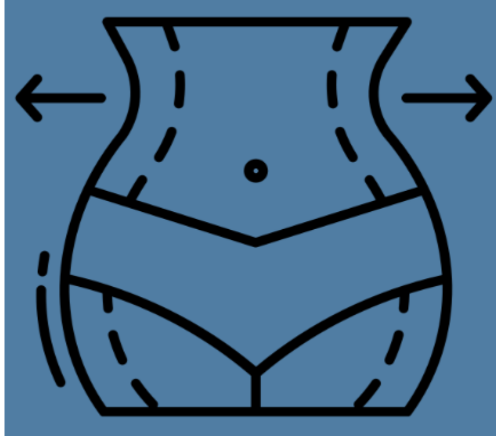
40.4% reported loss-of-control (LOC) eating

30.5% reported binge eating

16.5% reported night eating

6.4% reported at least 1 compensatory behavior during the prior 6 months

Disordered eating ***after*** bariatric surgery is associated with suboptimal weight loss trajectories and/or greater weight regain



Other factors increased risk of depression, poor QOL, low self-esteem, poor body image

Loss of control

LOC eating rates13.3% to 61% in patients **prior** to bariatric surgery
(Colles et al., 2008b; White et al., 2010)

16.9% to 39% of patients **post-operatively**
(Conceição, Bastos, Brandão, et al., 2014; White et al., 2010).

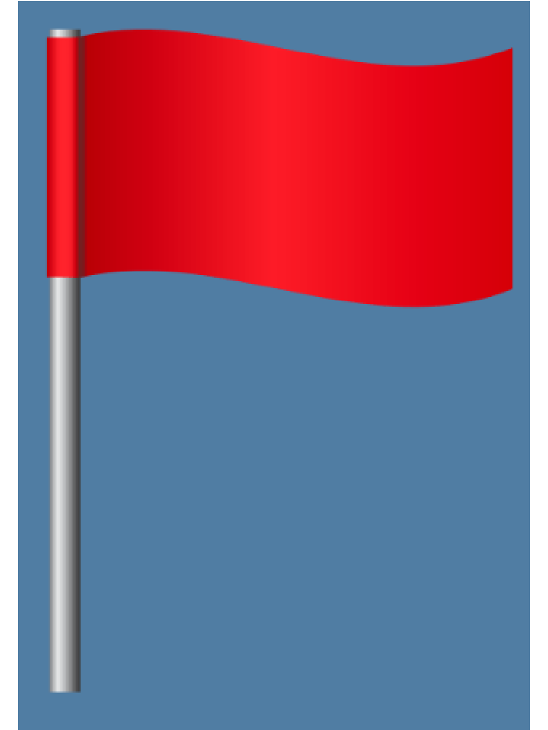
Pre op History of ED / DE – don't be afraid to ask the tough questions

Formal diagnosis or treatment- how long ago/ what was the duration	Fasting/ restriction
Non-hungry eating	Feeling physically ill after eating
Emotional eating	LOC
Eating in secret. Guilt or shame associated with eating	Night eating
Binge eating*	Use of non-prescribed diet pills/ laxatives
Self-induced/ spontaneous vomiting	Excessive exercise

When to refer on?

- Acute / current issue

- Aim for stabilisation prior to surgery



(Pre and) Post op red flags

Low BP/ HR	Skin pale, cold, rough
Cessation of menses	Thin hair, excess loss
Reduced libido	Micronutrient deficiencies
If excess vomiting, check B1, Ca, Mg, PO_4^{3-}	Raised LFTs
Increased apathy, depression, irritability, anxiety	Low energy levels
Insomnia	Ongoing GI symptoms

GI symptoms an excuse not to eat?

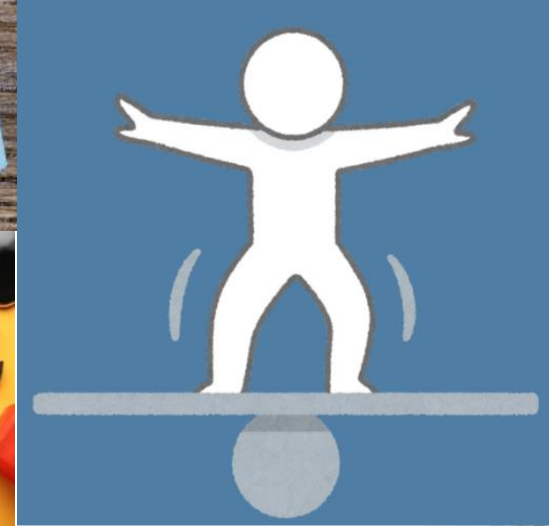
- Beth Rosen USA wealth of knowledge in the area of disordered eating and GI issues

– 98% of people with EDs are diagnosed with a functional gut disorder

Focus away from weight as the primary outcome measure- HRQOL

BP	Tying up shoelaces!
Metabolic (insulin, HbA1c, fasting glucose)	Fitting into clothes off the shelf
Liver health (LFTs)	Improved taste buds
Improved mood	The joy of eating
Improved sleep	Less SOBOE
Hand grip strength	Self esteem

Goals of nutrition therapy often overlap with EDs and MBS



Want to know more?