PARENTAL INFLUENCE ON EATING DISORDER ATTITUDES AND BEHAVIOR

Cassie Alvarado
December 2, 2009
ADRS – 6301
Addiction and Family Dynamics
Session Overview

- Eating Disorder Awareness
- Types of Eating Disorders
  - Characteristics
  - Signs/Symptoms
- Background Information
- Literature Review
- Prevention
  - Developing Competent Eaters
- Treatment
  - Cognitive Behavioral Strategies
  - Psychoeducation
Eating Disorder Awareness

- YouTube video – Gail Slayen
  - [http://www.youtube.com/watch?v=QSqtVDIwnHo](http://www.youtube.com/watch?v=QSqtVDIwnHo)
Types of Eating Disorders – Anorexia Nervosa

- Approximately 90-95% of anorexia nervosa sufferers are girls and women (American Psychiatric Association, 1994).
- Anorexia nervosa is one of the most common psychiatric diagnoses in young women (Hsu, 1996).
- Between 5-20% of individuals struggling with anorexia nervosa will die.
  - The probabilities of death increases within that range depending on the length of the condition (Zerbe, 1995).
- Anorexia nervosa has one of the highest death rates of any mental health condition.
- Anorexia nervosa typically appears in early to mid-adolescence.
Classic Signs

- Dramatic weight loss
- Avoidance/Restriction of major macronutrients
- Denial of low body weight and hunger
- Brittle hair/languo growth
- Loss of menstrual period
- Food ritual development
- Excuses to avoid meal times or food
- Excessive exercise, need to burn calories
- Comments about weight or body / sectionalize
Physiological Damage

- Slowing of systems to conserve energy
- Decreased heart rate and subsequent lowered blood pressure
- Muscle loss due to gluconeogenesis
  - Breakdown of amino acid sources in the body for production of energy
- Bone density reduced
  - Osteoporosis
Anorexia affects your whole body

**Brain and Nerves**
can't think right, fear of gaining weight, sad, moody, irritable, bad memory, fainting, changes in brain chemistry

**Hair**
hair thins and gets brittle

**Heart**
low blood pressure, slow heart rate, fluttering of the heart (palpitations), heart failure

**Blood**
anemia and other blood problems

**Muscles, Joints, and Bones**
weak muscles, swollen joints, bone loss, fractures, osteoporosis

**Kidneys**
kidney stones, kidney failure

**Body Fluids**
low potassium, magnesium, and sodium

**Intestines**
constipation, bloating

**Hormones**
periods stop, problems growing, trouble getting pregnant. If pregnant, higher risk for miscarriage, having a C-section, baby with low birthweight, and post partum depression.

**Skin**
bruise easily, dry skin, growth of fine hair all over body, get cold easily, yellow skin, nails get brittle
Types of Eating Disorders – Bulimia Nervosa

- Bulimia Nervosa affects 1-2% of adolescent and young adult women. (NEDA, 2005)
- Approximately 80% of bulimia patients are female
- Bulimics tend to be an average body weight, which makes the disorder harder to visibly recognize
- Bulimia is very dangerous and hazardous to the body due to recurrent binging and purging
Classic Signs

- Consumption of abnormally large amounts of food in a short period of time (binging)
  - Intervention episode – 3 days worth in 3 hours
- Purging behavior evidence
  - Vomit breath
  - Frequent trips to the bathroom after consuming food
  - Laxatives/diuretics
- Extreme concern with weight or body shape
- Compensation of overeating
  - Obsessive/compulsive exercise
Physiological Damage

- Swelling of cheeks or jaw area
- Tooth decay
  - Stained due to hydrochloric acid
- Electrolyte imbalance
  - Dehydration + loss of potassium and sodium
  - Can lead to heart failure
- Bowel dysfunction due to laxative use
  - Inability for normal function due to diuretics
- Potential gastric rupture (binging)
How bulimia affects your body

- **Brain**: depression, fear of gaining weight, anxiety, dizziness, shame, low self-esteem
- **Cheeks**: swelling, soreness
- **Mouth**: cavities, tooth enamel erosion, gum disease, teeth sensitive to hot and cold foods
- **Throat & Esophagus**: sore, irritated, can tear and rupture, blood in vomit
- **Muscles**: fatigue
- **Stomach**: ulcers, pain, can rupture, delayed emptying
- **Skin**: abrasion of knuckles, dry skin

- **Blood**: anemia
- **Heart**: irregular heart beat, heart muscle weakened, heart failure, low pulse and blood pressure
- **Body Fluids**: dehydration, low potassium, magnesium, and sodium
- **Intestines**: constipation, irregular bowel movements (BM), bloating, diarrhea, abdominal cramping
- **Hormones**: irregular or absent period

*Cash line indicates that organ is behind other main organs.*
Types of Eating Disorders – Binge Eating Disorder

- Similar to bulimia, but no purging involved
- Feelings of out-of-control eating behavior
- Secretive eating
- Associated with obesity or overweight and depression
- Shame, guilt
Physiological Damage

- High blood pressure
- High cholesterol
- Heart disease
- Diabetes Mellitus
- Gallbladder disease
Other Eating Disorders

- EDNOS (Eating Disorder Not Otherwise Specified)
  - Do not completely fit the mold for diagnosable anorexia or bulimia
- Orthorexia
  - Fixation on eating properly, usually fear of processed foods
- Night Eating Syndrome
  - High consumption of food in the evening due to lack of appetite or food consumption in the morning
- Anorexia Athletica
  - Exercise becomes primary focus, and leads to shame/guilt
Control / Coping

- It’s not about the food / vanity reasons
- Desire for control of one aspect of their life
  - Weight and body
- Experienced trauma (sexual/emotional)
  - Anorexia – delay of puberty onset
  - Binge Eating – search for feeling of unattractiveness to prevent future attacks
- Healthy coping techniques not developed in the family
Parental Influences Literature

- Effect of parenting on weight status and relationship with food
- Environmental factors
Risk Factors for AN

- Etiology and risk factors for developing anorexia nervosa
- Group with AN and group with normal eating behaviors
- Risk factors prevalent in the year before diagnosis of AN:
  - negative affectivity
  - perfectionism
  - family discord
  - higher parental demands
- Risk factors all have an influence on the family, and can effect more than the family member with the eating disorder.
- Prevention efforts
  - Counseling of risk factors when present

Five-Year-Old Girls’ Ideas About Dieting

- Looked at the effects of the dieting practices of mothers on their daughters’ ideas, concepts, and beliefs about dieting.

Questionnaires

- Information and thoughts from both mothers and daughters
  - Define dieting
  - Describe behaviors of dieting
  - How does dieting effect weight and body shape

Five-Year-Old Girls’ Ideas About Dieting

- Concluded that daughters with mothers who diet, or have dieted do have ideas about dieting.
- Showed that there is an association with mothers who diet having an influence on their daughters’ thoughts.
- Women should be aware that dieting or altered eating habits may influence their young children’s ideas and thoughts about dieting.

Learning to Overeat

- This study discusses the potential effects of maternal restriction as an influence on the cues to eat of young girls.
- Interviewed mothers on feeding practices and relationship with food using questionnaire.
- 5 year olds, 7 year olds, 9 year olds.
- Weight factors (OW or Non-OW).
- Maternal restriction (low or high).
- Fed lunch, then snack session.
- Monitored food intake of children.
- Freedom to eat.

Learning to Overeat

- Concluded a high restriction was associated with the highest levels of eating in the absence of hunger
  - Not hungry, but still ate due to loss of restriction
- This shows how much influence the family (more specifically mothers) can have on a child’s weight, and their relationship with food.
- Childhood obesity
  - Binge eating at young age

Eating Habits - Mothers with EDs

- This study examined the relationship between children of mothers with eating disorders, and children who have mothers who have regular eating habits
  - Eating disturbance association
- 56 families
- Interviewed regarding eating habits and emotional problems.

Eating Habits - Mothers with EDs

- Found that children’s eating disturbance was associated with the length of exposure to a mother’s eating disorder.
- Entire family can be affected
- It is important to realize that it is not just the parent who needs counseling and help to overcome food disturbances.

Ellyn Satter - Feeding Your Child

- Mother, RD, Author
  - “How to Get Your Kid to Eat: But Not Too Much”
  - “Child of Mine: Feeding with Love and Good Sense”
  - “Secrets of Feeding a Healthy Family: Orchestrating and Enjoying the Family Meal”
  - “Your Child’s Weight: Helping without Harming”

- Potential prevention avenue

- How to develop competent eaters
  - Make healthy food choices
  - Behave at table
  - Eat when hungry, stop when full
Division of Responsibility

- Parental Responsibilities
  - The What, When, and Where

- Child Responsibilities
  - The How Much and Whether

Example:
- Parent offers child a snack of crackers and cheese at 2pm at the kitchen table
- Child sits, eats 2 crackers and decides he is done.

- Parent must offer consistently, ensuring the child of regular food security.
- Child will eat if he/she is hungry.
Benefits of Proper Feeding Techniques

- Child will be able to rely on healthy supply of food, and develop healthy, trusting relationship with food

- Child will be a competent eater, and not having a struggle with food
Family Distress

Family systems theory  (Bowen, 2009)

- Theory of human behavior
- Views the family as an emotional unit
- Intense emotional connection between members
- A change in one person's functioning predictably followed by reciprocal changes in the functioning of others  
  (Bowen, 2009)
- Members accommodate to reduce tension in others
- Accommodating member “absorbs anxiety and thus is the family member most vulnerable to problems such as depression, alcoholism, affairs, or physical illness.”  
  (Bowen, 2009)
Family as an Enabler - Accommodation

- Looked at the family acting as an enabler, and how this affects the severity of the OCD

- Found that overall increased anxiety in both the family and the person suffering from OCD led to greater compulsions, but not an increased obsession.

- It also found that patients undergoing treatment would be hindered by family accommodation.

- In relation to those with eating disorders, making meal accommodations may indeed prolong their recovery.

- Hindrance instead of aid in recovery, if unaware of the actions towards meal behavior.

Treatment for ED - Psychoeducation Therapy

- Treatment used to teach people about their problem
  - Teaches the individual how to treat the eating disorder, and how to recognize relapse, to prevent the disorder from becoming worse (NEDA, 2005).

- For the family:
  - Can teach members how to aid and help understand the individual with the eating disorder.

- Build a sense of hope and understanding among the family
Families of Patients with EDs - Psychoeducation

- Looked at the effects of psychoeducation and the changes in expressed emotion in families of patients with an eating disorder.
- Incorporated education and problem solving techniques into the group sessions.
- Results showed that the high levels of expressed emotion were decreased in the participants involved in the study, and family distress may be lowered with this treatment.

Treatment for ED - Cognitive Behavioral Strategies

- Family-based interventions
- Examined feelings and emotions of both mothers and fathers of daughters with anorexia nervosa
- Family members were asked to describe their feelings in a letter of what it is like to be the mother/father/sister/brother of the person with the eating disorder
  - Read the letter to the member with the disordered eating
- This study found that cognitive-behavioral strategies may be effective in interventions with these families.
- They also found that feelings of hopelessness and inability to help are common in families with a daughter who has anorexia nervosa.
- Building the sense of hope and teaching strategies to increase capability are useful

Conclusions

- Remember: It’s not about the food
  - Daily struggle
- Desire for control
- Deeper (emotional/sexual) traumatic events
- Numerous treatment options
  - Incorporate family
    - Work as a team
    - Build understanding and hope
References

References

References


