

Reflections on Treatment and Recovery: Putting Art and Science into Action

HEDS
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and
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■ Topics

- Treatment
 - Full symptom interruption, including normalization of weight, is a key component of any treatment effort
- Recovery
 - Definition
 - Importance of maintaining normal weight
 - The role of psychopharmacology
 - Holding on to recovery




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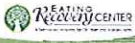
■ Levels of care

- Outpatient
 - Integrated vs. non-integrated
- IOP
 - How “intensive”?
- PHP
 - 6 to 11-1/2 hours per day, 5-7 days per week
- Residential
- Inpatient
 - Medical, psychiatric, both



■ Psychotherapeutic modalities

- FBT
- CBT
- DBT
- Psychodynamic
- Interpersonal
- Supportive



■ Care delivery models

- Medical
- Psychotherapy
- Experiential
- Nutritional
- +/- psychiatric component



Bio-psycho-social model

- Medical care
- Nutritional care
- Psychological care
- Psychiatric care
- Integrating family
- Addressing the social and cultural context







Treatment

- Process of change that will lead an individual towards improvements in their physical and emotional health while fostering and sustaining gains in their development and functionality.



 **Treatment in Eating Disorders**

- No clear 'best practice'
- Individualized but evidenced based
- Holistic
- Psychotherapy as the cornerstone
- Prioritizing biological rehabilitation
- Integrating family
- Non-judgmental and collaborative




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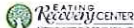
 **Weight Normalization**
=
Nutritional/Metabolic Rehabilitation
+
Brain Rescue



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The Big Picture...


- Nutritional insult → recruitment of physiologic coping strategies for survival
- In the face of starvation, metabolism shifts to “survival mode” and thus making organ system “sacrifices”
- Initial coping strategies are highly effective for short to mid-term survival (“live to fight another day”)
- Prolonged starvation exhausts survival physiology efforts and thus a wasted state is reached that can be counter productive to survival (refeeding intolerance, brain dysfunction)



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The Big Picture...

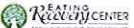
- For those with EDs, even moderate nutritional insults may recruit exaggeration of traits that will perpetuate eating disturbances
 - harm avoidant
 - anxious/fearful
 - obsessive-compulsive
 - neo-phobic
 - emotionally sensitive and socially vulnerable
 - soothed by movement
 - aversive to “strong” stimuli



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The Big Picture...

- So, acquired brain dysfunction (in EDs) related to various malnourished states is by far more likely to facilitate persistence of behaviors / symptoms that make emotion regulation and cognitive shifting much more difficult to achieve and sustain
- i.e. depending on it's constitutional vulnerability, the brain gets more stuck the further down the “nutritionally challenged rabbit hole” it goes
- The opposite is also true.



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The Big Picture...


- As an underweight individual restores weight they are also
 - Improving metabolic capacity
 - Repairing tissues
 - Up-regulating organ system function and reserve
 - Bringing dormant body functions back on-line



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What does this mean to the brain?


- Improving metabolic capacity
 - A steady supply of glucose is needed for optimal brain function, including during sleep
- Repairing tissues
 - Brain atrophy at the expense of loss of gray and white matter needs to be repaired
- Up-regulating organ system function and reserve
 - Adequate cognitive function and capacity for emotional regulation needs to be re-established
- Bringing dormant body functions back on-line
 - Normalization of a neuro-endocrine environment and hormonal balance aids neuronal growth and enhancement of interconnectivity



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What does this mean to the brain?

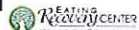

- Nutritional rehabilitation + weight normalization = brain rescue
- If sustained = normalization of brain development potential for children and adolescents (really at any age)
- Normal brain development / function enhances the potential for sustained recovery



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■ What does this mean to the brain?

- When recovery is the goal
 - Get the brain out of trouble
Then
 - **Keep** the brain out of trouble
By
 - **Maintaining** normal weight and normalized eating



■ Weight Restoration

- Initial Goals
 - Correct abnormalities related to de-compensation in survival adaptation efforts
 - Switch off starvation signaling
 - Provide substrate for tissue repair
 - Promote improvement in organ systems functions
 - Switch from catabolism to anabolism
 - Normalization of weight (consistent weight recovery trend)




■ Weight Restoration

- Later Goals
 - Turning off chronic stress response
 - Normalization of hormonal milieu
 - Normalization of body composition
 - Catch up growth and development




■ Interruption of Binging and Purging

- Initial Goals
 - Correct abnormalities related to de-compensation in survival adaptation efforts
 - Stop losses of fluids, electrolytes and nutrients
 - Stabilize consistent energy availability
 - Promote improvement in organ system functions
 - Normalization of weight (weight maintenance)




■ Interruption of Binging and Purging

- Later Goals
 - Normalization of neuro-endocrine function
 - Switching off reward circuitry of dysfunctional behaviors




■ Practical implications

- Effective ED treatment cannot happen if “off the wagon”
- Physiological (body) and psychological (mind) improvements must walk side by side
- Environmental changes needed must also be addressed
- Success = individualized comprehensive treatment from bio-psycho-social perspective




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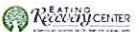
■ Recovery in EDs

- **Working towards an enigma**
- **It's something we all want but cannot clearly define or concisely articulate**
 - "I just want her/him to be healthy..."
 - "I just want her/him to be happy..."
 - "I want my child back...."



■ Recovery in EDs

- "You don't want your child (or loved one) just back....."




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■ Recovery in EDs

- No consensus in definition of recovery
- Dimensions
 - Restoration of physical health
 - Restoration of mental health
 - Developmental appropriateness
 - Functionality





■ Recovery from mental illness and substance abuse




- Definition
 - A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.


Substance Abuse and Mental Health Services Administration
www.samhsa.gov




 **SAMHSA...Dimensions of Recovery**

- **Health:** overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way
- **Home:** a stable and safe place to live
- **Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society
- **Community:** relationships and social networks that provide support, friendship, love, and hope



 **SAMHSA...Guiding Principles**



- Recovery emerges from hope
- Recovery is person-driven
- Recovery occurs via many pathways
- Recovery is holistic
- Recovery is supported by peers and allies
- Recovery is supported through relationship and social networks
- Recovery is culturally-based and influenced
- Recovery is supported by addressing trauma
- Recovery involves individual, family, and community strengths and responsibility
- Recovery is based on respect




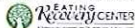
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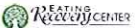
 **The challenge...** 



- Normalization of structural brain changes related to starvation seem to normalize about 1 year after weight normalization
- Neuro-cognitive deficits may take as long as 3 years to normalize and require signaling of "wellness"
- Weight recovery alone may be insufficient and recovery from a nutritional insult may require adequate body composition and hormonal function to support optimal brain function in an "all systems go" neuro-endocrine environment.




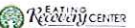
 **Example** 



- Why have my menses not returned if my weight has been "ideal" for 8 months now?
 - Something is not aligned with "signaling of wellness"
 - Insufficient weight
 - Insufficient body fat
 - Too much activity (tentative energy balance)
 - Too much stress




 **Understanding heterogeneity** 

- In wilder beasts
- In human reproductive capacity in relation to the state of nutrition



 **Understanding heterogeneity** 

- What does this mean to the individual seeking recovery?
 - Until we can differentiate where a given person fits into the continuum of heterogenic responses to threats to the species, one must aim for an “optimal stance” towards protecting recovery



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 **Role of Medications**

- The search for effective medications to treat AN has been disappointingly elusive.
- There is slightly more evidence to guide the pharmacologic interventions available for the treatment of BN and BED, but the evidence is limited.
- Currently, psychopharmacologic treatments for the eating disorders require as much art as science.
- Psychopharmacologic interventions often address co-morbid conditions and intrusive symptoms (off-label).



Role of Medications in sustaining recovery

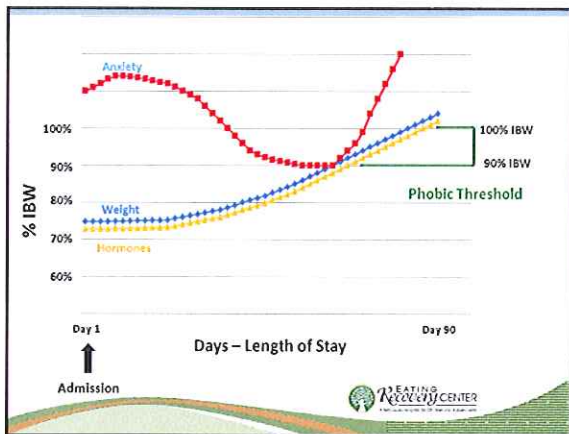
- Stay the course with psychotropics
 - Taking self off medications
 - Shaving off benefits – nocibo effect
 - Leaning on ‘adverse effects’ to get off
 - Initiated by treating professionals
 - Parental disagreement



Role of Medications in sustaining recovery

- Stay the course with psychotropics
 - Medications can
 - Help enhance tolerability of treatment
 - Lower resistance
 - Improve ability to benefit from non-pharmacologic strategies
 - Assist in times of transition
 - Support cognitive shifting and emotion regulation

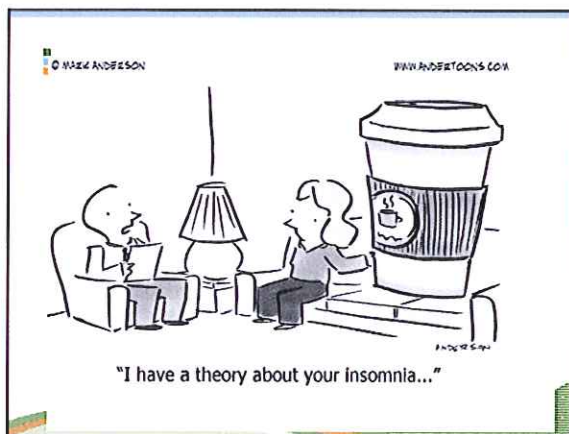




Role of Medications in sustaining recovery

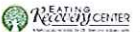
- Value non-pharmacologic approaches
 - Structure
 - Sleep
 - Stimulants
 - Over-stimulation
 - Dosing complexity
 - Activity and exercise
 - Alcohol and drugs






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Holding on to ED recovery

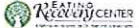
- Manage perpetuating factors = change the status quo
- Avoid precipitating factors = protection from triggers
- Recognize predisposing factors = once vulnerable, always vulnerable
- Family is the recovery community
- Enhance self-efficacy
- Emphasize personal responsibility



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Holding on to ED recovery

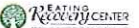
- Returning to a socio-cultural environment that is hostile to recovery
- So,
- Listen to your treatment team
- Do not walk on the edge



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Holding on to ED recovery

- What does 'do not walk on the edge' mean?
 - Hold on to the weight regained
 - Stay away from bingeing and purging
 - Keep life manageable
 - Limit exposure / influence of mass & social media
 - Avoid symptom substitution
 - If medications were indicated, continue them consistently and make changes only as per the professional overseeing their management




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 Have a plan to manage...


- School and academics
- Activity and exercise
- Sports participation
- Socialization and dating
- Internet and social media

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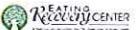
 Additional key ingredients

- Aftercare planning starts at the onset of treatment
- Relapse prevention must be comprehensive and bio-psycho-social
- Family education and family support are crucial (agents of change not just in FBT)
- Ethnicity and culture must be taken into account
- Recovery happens in community, not alone

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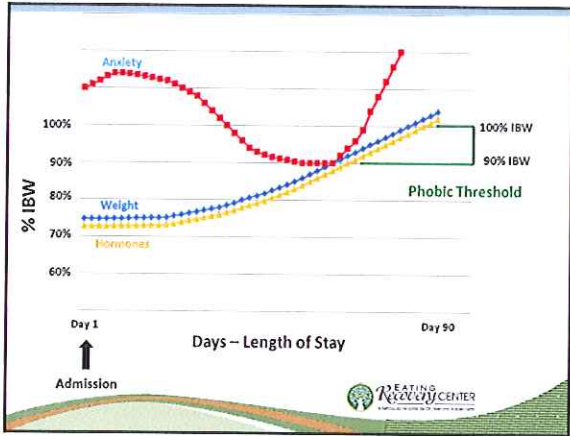
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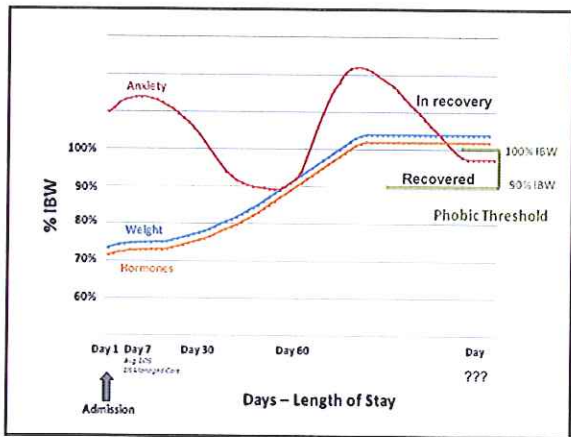
- Lapses are not relapses, but
- Denial is the enemy of recovery
- Guard brain function zealously
- Pray for luck...positive influences that facilitate safety
- "No one regrets recovery...."
- Recovery is personal: "protect your turf"

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■ Additional key ingredients

- Do not forget the promise of recovery...
freedom





Some final thoughts

- We have not emphasized
 - Choice
 - Personal responsibility
 - Impact on others
 - Sense of self-efficacy
- The key ingredient
 - Personal empowerment (vs. pseudo-empowerment)



