HEALTH Reach

A Newsletter for Professionals and Colleagues of the Eating Disorder Center of Denver,
A Division of Flatirons Behavioral Health Corporation

Compulsive Exercising & Eating Disorders

By Pat Kokora, RD, Dietitian at EDC-Denver

I am often asked by patients, "how can exercise hurt me" or "isn't exercise good for me?" For someone with an eating disorder, exercising can be a demon. Compulsive or obligatory exercise is best defined by the exercise addict's frame of mind. Compulsive exercise is used by patients to forget about underlying issues and to relieve guilt and pressure of the stresses that build. For the eating disordered individuals, exercise gives them a feeling of power, control and self-respect. Compulsive exercise puts the individual's physical safety, emotional health and other areas of his/her life in jeopardy. Some physical consequences that can lead to a serious medical problem include dehydration, stress fractures, osteoporosis, degenerative arthritis, malnourishment, amenorrhea, reproductive problems and heart problems.

During recovery, many patients convince themselves that starting exercise equates to taking care of their bodies. They are still in the process of healing themselves and learning ways to cope with issues that lead to their disorder. At EDC-Denver, the clinicians help patients develop healthy lifestyles through their participation in a support group called "Sensing the Self." Patients learn to understand the needs of their bodies and develop an awareness of how to minimize compulsive exercising. This educational group facilitates knowledge and dispels eating disordered "myths" about exercise, while encouraging a plan that supports total body, mind and emotional health.

During physical activities, the focus is on listening to the body's signals and connecting feelings and sensations in the body. Patients work on normalizing an exercise program while planning activities they like to do and to experience fun during these activities. They learn to practice self-care, self-respect, nutrition, adequate rest and address internal needs instead of external concerns. Developing the balance of health, emotional and spiritual, as well as the physical aspect of the human experience does many great things to the body and the soul.

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Compulsive Exercising & Eating Disorders

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Following is a checklist indivduals can use to normalize their exercising:

1. Examine the reasons for exercising.

Exercising for the purpose of weight loss leads to unhealthy exercise behaviors. The three main purposes of exercise are to rejuvenate the body, increase the mind-body connection and alleviate mental and physical stress.

2. Avoid getting stuck in rigid patterns.

Following a strict regiment leads to obsessive-compulsive exercise that is both mentally and physically damaging. Be flexible on when and how you exercise. Create a program that is fun, includes a variety of activities and involves other people.

3. Avoid trying to beat the clock.

Paying attention to and writing down how the body feels before, during, and after exercise will help to identify patterns of healthy and unhealthy exercising.

4. Stop comparing yourself to others when exercising.

Focusing on others leads to minimizing your own skills, achievements and body's needs.

5. Acknowledge exercise triggers.

Avoiding people, places or activities that lead to exercise abuse is possible by challenging yourself to do something different.

6. Plan rest days and stick to them.

Resting is a key component of a healthy exercise program.

7. Be critical of sources of fitness information.

Remember that exercise tips and workout plans offered in magazines do not consider the specific needs of someone in recovery from an eating disorder. Also, be aware that not all fitness professionals are trained in treating eating disorders.

8. Work out with a healthy buddy.

Having someone to exercise with makes it social and keeps it fun. Leaving the gym or stopping exercise when your buddy leaves will help prevent you from over-exercising.

9. Eat to exercise, don't exercise to eat.

The body needs fuel to engage in physical activity safely. Plan exercise around meals to ensure you properly fuel and refuel your body.

10. Expand the variety of exercise activities.

Try visiting parks, dancing, hiking, biking, walking or yoga to broaden your exercise options. Seek out other places for physical activity besides the gym. Get outside with children or do gardening.

11. Work on changing self-talk.

When you look in the mirror, make sure you find at least one good thing to say about yourself. Be more aware of your positive attributes.

For more information regarding material presented in this newsletter or to refer patients, please call EDC-Denver at: 866-771-0861

Empowering Change through Normalized Eating

By Janelle Hunt, MS, RD, Dietitian at EDC-Denver

Normal eating is being able to eat when one is hungry, continuing to eat until satisfied and choosing food because it fulfills a craving or desire, rather then what society says should be eaten. It is occasionally eating because one is happy, sad or bored, and over-undereating at times. Normal eating is being flexible. While it takes some time and attention… it does not consume one's thoughts.

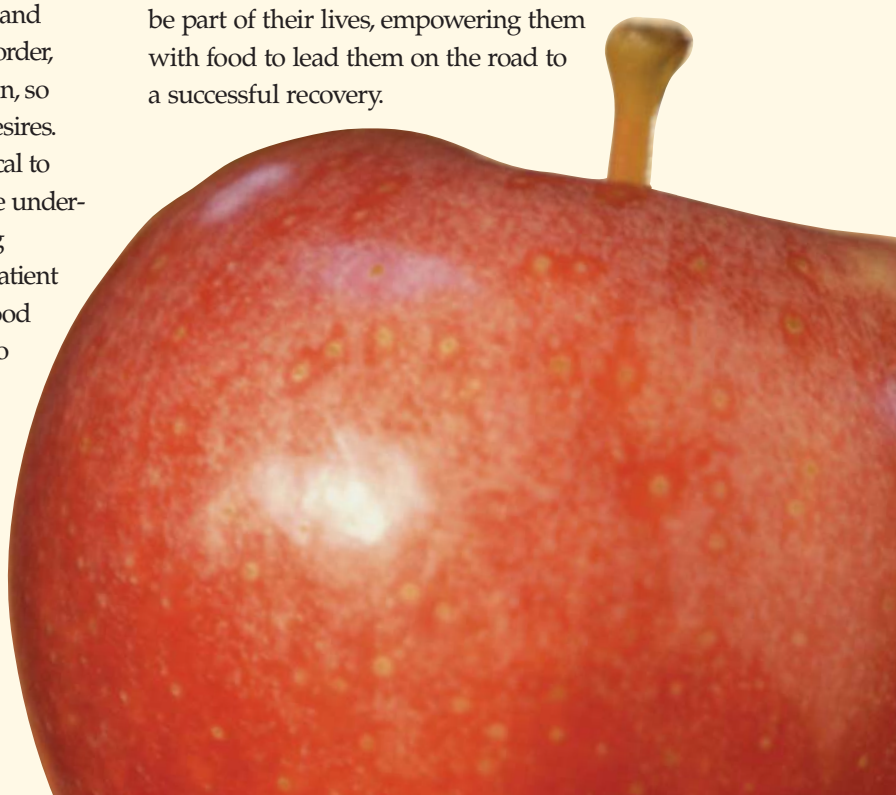
Mixed messages from society make it difficult for an individual to have normal eating. Oversized portions of food are frequently served at restaurants and at the same time, the media feature the latest diet trend or a new way to be thin. Americans spend more than $40 billion dollars a year on dieting-related products. Though dieting may not cause an eating disorder, it does train the mind to constantly focus on body image, fat, carbohydrate grams and calories. This mindset can quickly cause someone to ignore their body's needs and desires. Dieting suppresses metabolism and eliminates important nutrients that can lead to numerous physical side affects and decreased mental function.

When someone with an eating disorder is beginning to seek treatment, the mind and body are already in a compromised state due to the effects of the dieting mentality and behaviors. When treating a patient with an eating disorder, the focus is placed on developing intuitive eating again, so one can become in tune with the body's needs and desires.

When a dietitian begins to see a patient, it is critical to work closely with the patient's therapist to identify the underlying issues that are projected onto the patient's eating patterns. The dietitian's role is to gain trust with the patient and ask him/her to replace his/her control around food with a structured meal plan. When patients are able to give up this control, they will begin to learn to trust their own bodies, allowing their metabolism and weight to begin to normalize. This can help them learn to be in-tune with their body cues, allowing them to work towards intuitive eating. Dietitians can help a patient learn what normal eating is by:

- Having patients eat three meals per day
- Having patients eat one to three snacks per day, depending on their needs
- Providing a wide range of foods
- Challenging patients to eat "fear" foods
- Avoiding diet foods, i.e., fat-free, low-fat, low-carbohydrate, high-protein
- Teaching correct portion sizes
- Providing well-balanced meals

Because food is so enmeshed with emotions, it may take months for a patient to be able to distinguish the difference between physical and emotional hunger/fullness. Therefore, during the course of treatment at EDC-Denver, patients are provided with a meal plan that incorporates starches, proteins, fats, fruits, vegetables and desserts. Patients learn how to meal plan and develop several weeks of meal plans that are realistic to their lifestyles. Patients have the opportunity to go to the grocery store, cook and eat out with the dietitian to learn how to incorporate all types of food into their meal plans. Introducing these skills allows patients to apply normal eating and understand how it can be part of their lives, empowering them with food to lead them on the road to a successful recovery.



What is Refeeding Syndrome?

By Rebecca Abraham, MS, RD, Dietitian at EDC-Denver

Refeeding syndrome describes a series of metabolic events that occur by reintroducing nutrition to patients who are underweight, starved or severely malnourished. When these types of patients begin to be fed again, primarily with carbohydrates, the result is electrolyte disturbances such as a rapid fall in phosphate, magnesium and potassium levels. Another big concern is fluid retention and micronutrient deficiencies such as thiamine and folic acid. Thiamine is important for carbohydrate metabolism. It is a water soluble vitamin, and total body stores can quickly become depleted with weight loss and malnutrition. If refeeding syndrome is severe, it may result in pulmonary failure, cardiac failure, hypotension, arrhythmias, seizures, neuromuscular dysfunction and neurologic complications.

Refeeding syndrome was first discovered in Far East prisoners of war after World War II. After a period of prolonged starvation and weight loss, low blood pressure developed and cardiac size diminished in the prisoners. When the prisoners began to eat again, they became acutely ill. During starvation, the secretion of insulin is decreased in response to a reduced intake of carbohydrates. Instead, fat and protein stores are catabolized to produce energy, which results in an intracellular loss of electrolytes, in particular phosphate. Malnourished patients' intracellular phosphate stores can be depleted despite normal serum phosphate concentrations.

A main sign of refeeding syndrome is that patients develop hypophosphatemia. Phosphate is necessary for the accrual of lean tissue mass and a vital component of the metabolic pathway. When one starts to eat again, the reintroduction of carbohydrates causes a sudden shift from fat and protein back to carbohydrate metabolism, and secretion of insulin increases, causing circulating insulin levels to increase. This stimulates uptake of phosphate into the cells that results in hypophosphatemia. The serum phosphorous level falls with refeeding due to a shift of phosphate from the extracellular to the intracellular compartment due to the huge demand for this ion for synthesis of phosphorylated compounds. The result of this sudden reduction in phosphorous levels can cause a multitude of life-threatening complications that involve multiple organs resulting in respiratory failure, cardiac failure, cardiac arrhythmias, seizures, coma and red blood cell dysfunction. In addition, the increased insulin levels cause a rapid uptake of glucose, potassium and magnesium into cells, and the serum concentration of these agents fall dramatically. The body also begins to retain fluid and the extracellular space expands causing rapid weight gain.

> The result of this sudden reduction in phosphorous levels can cause a multitude of **life-threatening** complications

The reduction in serum electrolytes and fluid retention can lead to a number of systemic pathologies. There is an increase in cardiac workload, increased stroke work, heart rate and oxygen consumption. As a result, this increase in demand for nutrients and oxygen may out strip the supply. In patients with cardiovascular disease or in patients with severe organ damage from starvation, the increase in cardiac work and circulating fluid can cause acute heart failure. The mechanism of heart failure that occurs with refeeding is multifactorial. It is due to the reduced heart mass that accompanies weight loss, which makes it difficult for the heart to handle the increase in total circulatory blood volume seen with refeeding. Even though the heart mass does revert toward normal with weight gain, the first few weeks of refeeding require close attention to an anorexic patient's cardiovascular status until this process has occurred.

The reintroduction of carbohydrates exerts a considerable strain on the respiratory system, whose musculature may be atrophied due to starvation. This causes an increase in carbon dioxide production and oxygen consumption, and an increase in respiratory quotient (RQ), which can cause difficulty in breathing.

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What is Refeeding Syndrome?

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With malnutrition and starvation, the gut atrophies, and the production of digestive enzymes diminishes. When nutrition is reintroduced, the gut may be initially intolerant, requiring time to adapt. Many patients complain of gastrointestinal discomfort, bloating, nausea and diarrhea. A bowel regimen with the use of products such as Miralax or Benefiber may help alleviate these symptoms during the early stages of the refeeding process.

The most effective way to treat refeeding syndrome is to be aware of the symptoms and identify the patients who are at risk. The introduction of nutrition should be done slowly by starting the caloric intake low and advancing slowly to avoid overfeeding. The dietary treatment is to individualize a patient's meal plan based on his/her rate of weight gain. In general, starved anorexics are metabolically inefficient. At EDC-Denver, at-risk patients are generally started around 1,100 calories per day and advanced by 200 to 300 calories every 2-3 days on average and often require 3,500-5,000 calories per day to restore weight. However, weight gain does not always correlate exactly with the total excess calories consumed over basal requirement.

It is important to check labs often such as potassium, phosphorous, magnesium, sodium and glucose. It is also important to supplement the patient with electrolytes and vitamins as necessary to help alleviate potential problems. Serum protein levels often remain within normal limits, while low albumin levels likely indicate the degree of stress or illness rather than nutritional depletion. Patients should be monitored closely for signs and symptoms of refeeding syndrome, which include vital signs such as heart rate, blood pressure, respiratory rate, mental status, and neurological function. They should also be assessed for fluid balance, signs of edema, fluid overload and weighed on a regular basis. At EDC-Denver, the clinical staff monitors at-risk patients very closely for the signs and symptoms of refeeding syndrome and often supplement them early to ward off potentially serious consequences of refeeding syndrome.

References:

Kraft MD, Btaiche IF, Sacks GS. (2005). Review of Refeeding Syndrome. Nutrition in Clinical Practice, 20, 625-633.

Parrish CR, Walker S, McCray S. (2005). Much Ado About Refeeding. Practical Gastroenterlogy, Nutrition issues in Gastroenterology, 23, 26-44.

Mehler PS, Andersen AE, et al. (1999). Eating Disorders. A Guide to Medical Care and Complications. Baltimore, MD: The John Hopkins University Press, 67-75.

What is Normal Eating?

By Ellyn Satter

Normal eating is going to the table hungry and eating until you are satisfied. It is being able to choose food you like and eat it and truly get enough of it – not just stop eating because you think you should. Normal eating is being able to give some thought to your food selection so you get nutritious food, not being so wary and restrictive that you miss out on enjoyable food. Normal eating is giving yourself permission to eat sometimes because you are happy, sad, bored or just because it feels good. Normal eating is three meals a day, or four or five, or it can be choosing to munch along the way. It is leaving some cookies on the plate because you know you can have some again tomorrow, or it is eating more now because they taste so wonderful. Normal eating is overeating at times, feeling stuffed and uncomfortable. And it can be undereating at times and wishing you had more. Normal eating is trusting your body to make up for your mistakes in eating. Normal eating takes up some of your time and attention, but keeps its place as only one important area of your life.

In short, normal eating is flexible. It varies in response to your hunger, your schedule, your proximity to food and your feelings.

Article from Secrets of Feeding a Healthy Family. For more information visit www.ellynsatter.com

Programs at EDC-Denver

Partial Hospitalization Program (PHP):
Available to individual patients who are 16 years and older. Patients attend seven days a week, 11-hour days with shortened weekend schedules. This highly structured program includes: Medical and Psychiatric evaluation and follow-up, Individual therapy, Family/Couples Therapy, Group Therapy, Psycho-educational groups and Nutrition therapy including three meals and two snacks per day. **Housing is available.**

Evening Intensive Outpatient Program (EIOP):
An integrated program meeting three times per week comprising: 13 hours per week of therapy including psycho-educational groups, group therapy, multi-family group, DBT and three meals. Also included are a weekly individual session, nutritional monitoring/consultation and psychiatric oversight. These groups are presented on a 12-week rotation and are open for patients to join at any time. Sessions are held for this program Monday, Wednesday, & Friday: 5-9 PM.

Outpatient Services provide an effective alternative for individuals whose symptoms do not require a more intensive setting. Patients can also participate in one or more of our Outpatient Services to enhance work with outside treatment providers. Our services include: Individual and family/couples therapy; group therapy including DBT and aftercare; Psychiatric evaluation, therapy and medication monitoring; gastric bypass evaluations; and nutritional counseling.

Support Groups:

Aftercare Outpatient Process Group
Monday 5:30-7:00 PM
An open recovery group consisting of individuals in recovery who have completed an intense eating disorders program at EDC-D or other national programs. $50 per group

DBT Skills Training
Monday 5:00-6:15 PM
Didactic and experiential education in four different skill areas: core mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance. $75 per group

Body Image 101
Tuesday 5:30-7:00 PM
12-week ongoing group utilizing cognitive behavioral and experiential techniques to mend the relationship between a woman and her body. $50 per group

Minding the Body
Monday 6:30-8:00 PM
12-week ongoing group for individuals establishing positive lifestyles while maintaining weight loss. $75 per group.

Please Contact Us For A Free Assessment
to our intensive programs or to schedule an outpatient appointment:
303-771-0861 Or toll free: **1-866-771-0861**

Upcoming Events:
Eating Disorder Awareness Week
February 25th – March 3rd

Denver Networking Luncheon:
Applications and Adaptations of DBT with Eating Disorder Patients
March 2, from 11:30 – 1:30
Wellshire Inn, Hunt Room
Please call 720-889-4249 to register

Colorado Springs Networking Luncheon:
Bio-Psycho-Social Assessment of Eating Disorders: Gathering Data to Support Appropriate Treatment Interventions and Collaboration Between Professionals
March 23, from 11:30 – 1:30
The Warehouse
Please call 720-889-4249

Pat Kokora, RD, will be in EDC-Denver's Louisville office the 2nd & 4th Friday of each month.

Pat specializes in helping patients to normalize their eating patterns and problems, including anorexia, bulimia, compulsive eating, binge eating and weight management. She assists patients in establishing a healthy relationship with food and to move towards a balance lifestyle for more optimal health. Services include individual sessions and family support.

To schedule an appointment, call Pat at 720-889-4221

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