National Eating Disorder Information Centre

BULLETIN

Vol. 30 No. 2 ISSN 08366845 May 2015

The Role of the Dietitian in Eating Disorder Treatment: Lessons Learned From 25 Years in the Field

Jill Fraleigh, MEd, RD, Nutrition Therapist and Team Leader
Eating Disorder Program, Southlake Regional Health Centre

I was at a dinner party recently where a three-year-old girl, holding up a strawberry, turned to her mother and said, "Mommy, will this make me fat?" I found this extremely disturbing for two reasons: 1) at age three she had learned that there was this bad thing that could happen to her (fat), and 2) that she could somehow "catch it" from food.

When I first became a dietitian, the people I met who were struggling with eating disorders (EDs) were primarily concerned with fat intake. Through the years, the focus shifted to carbohydrates, then animal protein. Dairy has gone in and out of favour. These days, foods containing gluten are highly feared. It is at the point that clients I am meeting are afraid to eat anything but fruits and vegetables. Over the years, I have observed that the manner in which an ED manifests itself through food rules tends to be a direct reflection of current public trends in food selection rather than whether something is "healthy" or not. As such, nutrition education has become more important than ever.

The role of the dietitian in ED treatment is in flux. Some programs have dietitians as integral parts of treatment. Others do not see a significant role for us. Literature and national dietetic organizations throughout the world have identified dietitians as possessing a unique skill set that is essential for comprehensive ED treatment. Not every dietitian has the training and expertise needed to help someone who is struggling with an ED. Even so, many claim to be able to help.

Registered dietitians are trained to evaluate nutritional intake and determine nutritional requirements. They evaluate diet, exercise and growth, and provide perspective about adequacy of intake throughout the lifespan. They can also provide education about how the body uses food and the consequences of starvation.

Funded by Mental Health Programs and Services, Ontario Ministry of Health and Long-Term Care. A Program of the University Health Network.

An ED dietitian uses these skills in an enhanced, unique fashion. S/he understands that an ED can cause someone to distort information about "healthy" eating and to take rules and beliefs about food to an extreme. S/he recognizes that replacing one set of rules with another, in the long run, does not improve someone's relationship with food. The ED dietitian can help individuals and families understand the physiological and emotional role that food plays and support them in establishing balanced eating plans. The ED dietitian understands that an important step in recovery is helping people to learn to recognize and respond to hunger and satiety cues and trust that their bodies actually know what to do with a balanced intake of food. S/he can also help them to challenge food myths and distortions, and (re)develop skills of daily living (cooking, grocery shopping, and eating out).

The ED dietitian approaches an assessment with a focus on eating behaviours and attitudes towards food and exercise – not just by asking, "What did you eat today?" Specialized training and expertise are required to interpret symptoms such as bradycardia and postural hypotension, as well as physical side effects such as feeling cold, dizziness, headaches, and constipation in the context of the ED, and to determine how they can be improved with appropriate nutrition education and support. The ED dietitian can also help determine how someone should be renourished to limit the possibility of refeeding syndrome.

The ED dietitian provides individuals and caregivers with education that will empower them to sort out nutritional needs for growth, development and quality of life. This information can be used to enhance and support motivation for change and provide reasons for someone to sustain change once it is commenced. S/he is also instrumental in helping the treatment team establish its philosophical approach to normalizing eating, as "normal" is always a relative concept. S/he also frees the therapist from getting bogged down (and distracted by) nutritional discussions.

I have learned that the language I use when asking questions significantly impacts the information I receive. As making dietary changes requires the sufferer and/or caregiver to act, determining motivation to change is an important first step. Questions such as *why are you here?*, *whose idea was it?*, and *do you have any worries about your eating?*, help me determine if the focus needs to be education or behaviour change. I have learned that symptoms are often minimized so when I get a diet history, I assume there are symptoms such as restriction rather than ask. For example, I ask, "How many times do you miss that meal?" rather than "How often do you have that meal?" I ask them to tell me about their food rules instead of whether they have any. It has been my experience that clients appreciate that I already know they are struggling and are often more willing to talk about their challenges.

When I educate clients, I stick to "need to know" (versus "nice to know" and "nuts to know") – "Your body needs fuel and it needs building blocks". Moreover, I focus on moving them away from thinking about food as

"healthy" and "unhealthy" and promote "balanced eating". I teach them how our bodies really can use *all* foods for health, growth, development, and daily living when taken in moderation, and what happens when it doesn't get enough.

Whether working with a family or an individual I ask them where they want to start. At follow-up invariably clients focus on what they failed to do. I shift the focus to successes and help them build on them. I support them through their fears. Whatever they imagine will happen if they eat is almost always worse than what actually happens. I understand that the only way they will know they are going to be okay if they eat is to take a leap of faith. I don't expect them to believe me because I am the "expert" and so I ask them to "try and see for themselves".

I knew little of this 25 years ago when I started my career. I took courses so I could understand child development, family dynamics, and therapeutic techniques. I needed my teammates to share their perspectives and experience with me over and over again so I could learn new ways to formulate treatment and incorporate therapeutic skills. Sometimes, I *still* need my teammates to help me not get caught up in the powerful force that is the ED.

Education about nutrition is, I think, necessary but certainly not enough for recovery. Even when the ED rules demanding restriction have been replaced with a balanced approach and the myths about food been debunked, people in recovery still need their families and supports to be at their backs. Weight restoration and nutrition rehabilitation provide the brain with the physiological building blocks it needs to think about recovery. During recovery, clients need therapists, medical support and access to an ED psychiatrist. They also need access to ED dietitians to help them continue to challenge the rules and beliefs that continue to come up whenever the illness gets even a bit of a foothold.

One of the first *AHA!* moments I had working with people with EDs was when I realized that even though an ED appears to be all about food rules and beliefs, it is actually not about food at all. From the beginning, I have been respectful. People have individual reasons for their ED behaviours. Those reasons don't go away when someone enters recovery. They need support to find other ways to cope with their world and feel better about themselves. The people I have met who struggle with EDs are smart, creative, sensitive and caring and the illness uses these strengths to maintain its hold.

Can someone recover without the help of an ED dietitian? I would expect that if people (and their families) do not have an opportunity to examine their beliefs and practices with respect to food, they are more likely to continue to have distorted beliefs and maladaptive eating patterns, even if they manage to move away from the extremes of ED behaviours. In these days of easily accessible information and so many people considering themselves "experts" about food and nutrition, I have wondered what ED dietitians can offer that is unique and useful. I have determined that our perspective in the context of our knowledge about nutrition *and*

eating disorders *and* recovery sets us apart. I have seen many sufferers and their families take the education and perspective that I offer and apply it using their intelligence, creativity and sensitivity to create more balanced, undistorted relationships with food. With this foundation, they are better able to move past the ED and have full, healthy lives that are no longer seemingly "all about food".

A note from NEDIC

Looking for a dietitian who specializes in EDs?

Visit our online service provider directory at www.nedic.ca/providers/ search to locate the ED dietitians closest to you. You can also call our helpline at (416) 340-4156 in Toronto or 1-866-NEDIC-20 toll-free – our client support team will be happy to assist.

Dietitians of Canada also has an online directory at www.dietitians.ca/find that allows you search by location and keywords.

A TASTE FOR LIFE

nedic 30 YEARS

National Eating Disorder Information Centre

ANNUAL FUNDRAISER

Join NEDIC at our 4th annual A Taste for Life fundraiser

Thursday May 28, 2015 at 7:00pm at Malaparte - TIFF Bell Lightbox

Live music by Canadian artist Candice Sand
Host bar and hors d'ouvres catered by Oliver & Bonacini
Fabulous silent and live auction packages
Event proceeds to support NEDIC helpline services

Visit nedic.ca to reserve your ticket!
$120 Individual; $430 (4-pack); $1,000 (10-pack)

Can't attend our event but would like to support NEDIC and the work we do?
Please visit www.nedic.ca/donate to make your gift today