Clinical Implications of Eating Disorders in Women with Physical Disabilities

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Background

87 Spadina Road, Toronto.

SHEENA'S
PLACE

hope and support for people with eating disorders

Background

- Prior physical illness → Eating Disorder & Disordered Eating Behaviours
- Higher than other mental illnesses
- Type of physical illness did not seem to matter
- Cystic Fibrosis, IDDM, Blind Women, Spina Bifida, Cerebral Palsy, Scoliosis, MS, Rheumatoid Arthritis, etc.

Background: Risk Factors

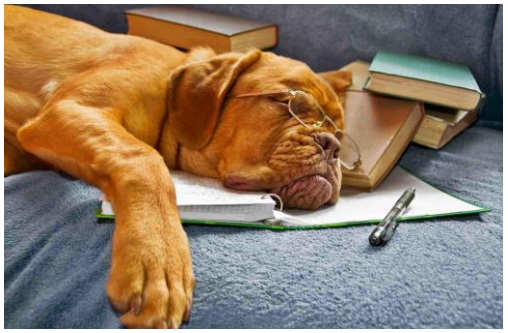
- **Physical:**
- Early feeding
- Unintentional Weight Loss
- Obesity & The Pressure to Lose Weight
  - 25% disabled vs. 15%
  - >50% concerns regarding weight
  - Encouraged to lose weight by HCP

Background: Risk Factors

Psycho-Socio-Cultural:

- Risk for Mental Health issues
- Stress of Disability
- Peer Relations & Sexuality
- Family Over-involvement
- Culture of **Thinness**
  - "Dress to impress"
  - Stigma Weight
- Culture of **Ableism**

Lack of Research



- Under utilize preventative health care
- "Complex Cases"
- Focus on physical disability
- Manifestation Differences?
- Stigmatization Theory - Individuals with disabilities possess 'discrediting attributes' which discount them from meeting mainstream socially constructed standards of beauty

Method (Roosen, in progress, 2014)

- Quantitative – Survey Based Study
  - 114 Females who identified as having a physical disability or significant mobility impairment
  - Compared to a control group
- Qualitative Analysis – Grounded Theory Methodological Hermeneutics
  - 11 participants Part 1 – Disordered Eating
  - Selective Sampling

Measures (Roosen, in progress, 2014)

- Disability – RDRS, Subjective Rating Scales
- Disordered Eating – EDE-Q, EAT-26, Restraint Scale, Gnomally Binge Eating Scale
- Mental Health – BDI-II, BAI, RSES
- Body Satisfaction – BES, AII, PDSES*

Participants (Roosen, in progress, 2014)

- *n* = 114
- Age 16-40 (*M* = 26.74, *SD* = 5.84)
- Disability:
  - NMD (32%), CP (24%), SB (11%), musculoskeletal disorder or SCI (11%), arthritis (8%), amputation (4%), and other (11%)
  - 67% wheelchair; 12% walker/cane; 21% no regular mobility device
  - 75% congenital disability (Mean years disabled = 24)

Participants (Roosen, in progress, 2014)

- 60% 'moderately-significantly' impacted appearance
- 21% rated disability as 'severe'
- Felt most 'disabled' physically & environmentally
- RDRS: 'minimally' disabled

Results (Roosen, in progress, 2014)

- 15% EAT-26 score over 20
- 5.5% engaged in binge-purge behaviours (4 weeks)
- 29% binge eating
- 17% underweight, 28% overweight, 13% obese
- 63% felt currently needed to lose weight
- 30% advised by a HCP; 48% by family

Results (Roosen, in progress, 2014)

- Participants with Disabilities had higher scores on measures of:
  - Body Dissatisfaction
  - Anxiety
  - Subjective Health Ranking

- Need to lose weight was equal; However, PWDs more likely to report different motives for weight loss.

Results (Roosen, in progress, 2014)

- **Predictors of Disordered Eating and Poorer Mental Health in PWDs:**
  - Health Status (RRS, EDE-Q, BES, BDI, BAI, RSES)
  - Subjective vs. Objective Disability
  - Years Living with Disability (BDI, BAI, Health, RSES)
  - Body Dissatisfaction & Appearance Investment

Results (Roosen, in progress, 2014)

- Emerging Themes Qualitative Analyses
  - Overall: Difference – Being the Other or an Outlier
    - Accepting that difference or trying to find their 'normal'
- Disability – Large part in the development and maintenance of disordered eating, weight management and body image.
- Variable & Complex

Results – Emerging Themes

(Roosen, in progress, 2014)

1. Multi-Purpose Function of Food
2. Compensation
3. Maintaining Control
4. Undesirable Obesity
5. Seeking Accessible & Knowledgeable Support
6. Dependency
7. Uphill Ongoing Struggle (Resorting to Restriction)
8. Barriers (Financial, Environmental, Attitudinal, etc.)
9. Resistance & Resilience

Clinical Implications: A Case Study

- Case of "Carol"
  - 32 year old woman with cerebral palsy
  - 17 year history of Anorexia Nervosa
  - Previous psychotherapy experience
- Clinical Challenges
  - Developing Rapport
  - Medical Complications/Physical Limitations
  - Attendant Services
  - Access Issues

Strategies to Effectively Work with Patients with Physical Disabilities

- Explore your own assumptions/biases
- Accept when you don't know something
- Collaborate on behavioural experiments
- Balance between accepting the disability and its limitations and pushing for change
- Be willing to challenge ED beliefs
- Get to know patient's personal values & strengths
- Be willing to advocate
- Be willing to work with other health care professionals
- Ask patient how to best accommodate their needs

Future Directions

- Training of Health Care Providers
  - Doctors, Nurses, Dieticians
  - Personal Support Workers
  - Sensitivity to Weight issues & Appreciation of complexity
  - Knowledge of supports

Future Directions

- More Research
  - Guidance on calorie range or BMI
  - Involving persons with disabilities
  - Using Qualitative inquiry as well as traditional methods

Future Directions

- Advocacy Efforts
  - AODA
  - Economic Disadvantage
  - Accessible transportation
  - Supports live Independently
  - Accessible supports (treatment centres, recreational activities, preventative health care)
  - Attitudinal Barriers

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