COMORBIDITY GUIDELINES

Eating disorders and AOD use: what clinicians need to know

Webinar attendee questions with answers from A/Prof Sarah Maguire

Question: Is there a minimum exercise people with ED can still do safely?

Depends on the patient's stage of recovery, both in terms of their weight and the severity of their eating disorder psychopathology. If the patient is underweight and in the process of weight stabilisation, we would recommend low-intensity exercise (e.g., yoga, light walks) in order to not contribute to a caloric deficit. If the patient holds a very strong fear of weight gain, we would also need to be mindful of the exercise serving as a weight control behaviour and closely monitor the frequency, duration, and intensity of the exercise. We would limit any forms of driven exercise (e.g., exercising multiple times a day, longer than 1.5 hours, highly intense cardio exercise). Be mindful that people with eating disorders also often engage in constant movement (standing, fidgeting, always doing jobs – which uses a lot of calories) so this needs also be accounted for.

Question: Training in monitoring weight was suggested as essential in working with ED presentations. Where can we access training for weight monitoring?

The InsideOut Institute Essentials Training: https://insideoutinstitute.org.au/resource-library/the-essentials-training-clinicians-in-eating-disorders

Question: What type of therapy would you suggest for someone who has severe social anxiety and as a result of that now has been diagnosed with atypical anorexia and avoidant restrictive food intake disorder? CBT is not an option as it's not available in the area this person lives in and they won't travel.

If the restrictive eating and avoidant/restrictive food intake disorder (ARFID) is a result of social anxiety, it may be helpful to consider online CBT courses for social anxiety such as Mindspot, This Way Up or Clinical Research Unit for Anxiety and Depression (CRUfAD) where the individual won't need to travel to received CBT for social anxiety. However, this individual may also need eating disorder support which can also be offered via telehealth if location is an issue with accessing services. Take a look at our Treatment Services Database for clinicians who work with eating disorders to see if telehealth is offered https://insideoutinstitute.org.au/treatment-services/#gsc.tab=0

Funded by
Australian Government
Department of Health

Delivered by
THE UNIVERSITY OF SYDNEY
Matilda Centre

Question: Is there a genetic component to ED? My daughter has many of the same signs of having an ED as I had. I never discussed having any eating issues and I always modelled healthy eating and attitudes to food.

Yes, there is high heritability of eating disorders between family members. Incidence rates in individuals with a parent with a history of an eating disorder have been found to be over twice as high as compared to individuals with parents with no history of an eating disorder.

Here are a few references if you'd like to read some more:

- Thornton, L. M., Mazzeo, S. E., & Bulik, C. M. (2010). The heritability of eating disorders: methods and current findings. *Behavioral Neurobiology of Eating Disorders*, 141-156.
- Bould, H., Sovio, U., Koupil, I., Dalman, C., Micali, N., Lewis, G., & Magnusson, C. (2015). Do eating disorders in parents predict eating disorders in children? Evidence from a Swedish cohort. *Acta Psychiatrica Scandinavica*, 132(1), 51-59.

Question: David Epstein has been using Narrative with ED's for several years, is there any evidence of effectiveness?

Research and information about the effectiveness of Narrative Therapy for treating eating disorders is limited, here is an article if you'd like to read more:

Mim Weber, Kierrynn Davis & Lisa McPhie (2006) Narrative Therapy, Eating Disorders and Groups: Enhancing Outcomes in Rural NSW, *Australian Social Work*, 59:4, 391-405, DOI: 10.1080/03124070600985970

Question: In rehab settings for substance misuse and addiction, do you know of treatment for ED being part of the treatment? I am aware of women who have ice addiction and an eating disorder.

No we are not aware of those programs.

Question: The use of methamphetamine as a maladaptive behaviour for weight management seems to arise quite frequently in my work. In treatment of methamphetamine dependency often increasing weight and perceived changes in body image remains triggering. Are there any particular considerations or helpful resources in managing this comorbidity?

Other than applying the treatment strategies outlined in the webinar no we are not aware of bespoke resources.

Question: On the interplay between ED and drug and alcohol disorders; how does one impact/influence the other, and does having one make a person more vulnerable to developing the other?

Research shows that by having an eating disorder, the individual is also at an increased risk of developing other psychiatric disorders including addiction. Eating disordered behaviours can be used as a way of escaping or dulling uncomfortable/distressing emotions. In a similar way, drug and alcohol use has been associated with managing emotional discomfort or feelings of distress. Research shows that people who present with an eating disorder can develop alcohol use issues over time. A few journal articles if you'd like to read more:

- Franko, D. L., Dorer, D. J., Keel, P. K., Jackson, S., Manzo, M. P., & Herzog, D. B. (2005). How do eating disorders and alcohol use disorder influence each other? *International Journal of Eating Disorders*, 38(3), 200–207. https://doi.org/10.1002/eat.20178
- Gadalla, T., & Piran, N. (2007). Co-occurrence of eating disorders and alcohol use disorders in women: A meta analysis. *Archives of Women's Mental Health*, 10(4), 133–140. https://doi.org/10.1007/s00737-007-0184-x
- Root, T. L., Pisetsky, E. M., Thornton, L., Lichtenstein, P., Pedersen, N. L., & Bulik, C. M. (2010). Patterns of co-morbidity of eating disorders and substance use in Swedish females. *Psychological Medicine*, 40(1), 105–115. https://doi.org/10.1017/S0033291709005662

Question: How does the occurrence of both ED and drug and alcohol disorders impact on treatment outcomes and modalities?

Please reference the treatments we overviewed in the webinar. It is not a well-researched area but we selected the therapies carefully to try to address this.

Question: What are common treatments for comorbid EDs and mental health conditions?

This would depend upon the type of psychiatric comorbidity that the patient is presenting with as well as the type of eating disorder diagnosis. Another factor to consider if the severity of the eating disorder vs. the comorbid mental health condition (i.e., what is the primary vs. secondary concern) in order to inform sequencing of treatment targets. Generally speaking, if a patient is experiencing conditions such as anxiety, depression, or OCD alongside their eating disorder, a CBT approach would be recommended, however comorbidities such as personality disorders (e.g., BPD which often co-occurs with binge-purge presentations) might necessitate a different modality such as DBT.

Question: Can we please get more information about the pure self-help and guided self-help online e-clinic? I wasn't clear on "who" the therapist is if we refer a client to this service.

The InsideOut Institute have recently conducted a research trial examining one of our newly developed eTherapies, called Binge Eating eTherapy (BEeT). BEeT is a 10-session online, self-help intervention based upon CBT. As part of the trial participants were randomised to receive the BEeT as a pure self-help intervention, BEeT with clinician support (in the form of weekly 30 min telehealth sessions with a clinician), or waitlist control. Here is more information: https://insideoutinstitute.org.au/blog/%E2%80%9Cwe-want-to-intervene-early%E2%80%9D-australia%E2%80%99s-first-online-treatment-for-eating-disorders-is-on-its-way

We have closed recruitment for this stage of the trial and are in the process of analysing the results. However, the program has been extended into headspace clinics and is available as a brief intervention (only sessions 1-4) with clinician support from InsideOut Institute. The individual must be a patient of a headspace clinic in order to be referred.

Question: Is counselling free with InsideOut's e-clinic / do clients have to pay / are Medicare rebates available?

InsideOut's eClinic is under development and will be available soon. There will be a variety of different programs including online self-help and supported self-help eTherapies. Pricing options will depend on a number of variables including whether the supporting sessions are delivered by InsideOut clinicians. At this time there are no online counselling sessions provided by InsideOut separately to an eTherapy. Any pricing for eTherapies will depend on the referral pathway and eTherapy that sessions are a part of. More detail will be available as the eClinic is finalised.

Question: Do clients need a GP referral for InsideOut's e-clinic and is there national access?

This depends on the eTherapy that clients are being referred to. In some cases, there will be a need for GP involvement and monitoring.

Question: When will the e-clinic be available to the public and/or clinicians wanting to refer clients?

The eClinic online eTherapies will be available later this year. We are currently finalising the details. Keep an eye on our website https://insideoutinstitute.org.au/#gsc.tab=0 as any updates will appear here.

Question: Is InsideOut's e-learning free for alumni of the University of Sydney?

Unfortunately, not at this time. The federal and state governments have funded places for some of our eLearnings to be provided to NSW Health clinicians and headspace clinicians on a limited timeframe. All are available on our website https://insideoutinstitute.org.au/#gsc.tab=0 where you can also find the costs involved.