Eating Through a Pandemic: Supporting Healthy Eating Behaviors During Crisis
Presented by Casie A. Probst, MSED, NCC, LPC

Learning Objectives
• Identify difference between eating disorders and disordered eating
• Identify 3+ ways crisis can contribute to disordered eating
• Identify 3+ ways providers can support clients

Why do we eat
• Everyone has a relationship with food
• Physical needs
• Social influences
• Behavioral associations
• Emotions associated with eating
Eating Disorders versus Disordered Eating

Range of Behaviors

- Self-worth based highly, or even exclusively, on body shape and weight
- A disturbance in the way one experiences their body, i.e., a person who falls in a healthy weight range but continues to feel that they are overweight
- Excessive or rigid exercise routine
- Obsessive calorie counting
- Anxiety about certain foods or food groups
- A rigid approach to eating, such as only eating certain foods, inflexible meal times, refusal to eat in restaurants or outside of one's own home

May or May Not Warrant Diagnosis

- Concentration and ability to focus — Do thoughts about food, body, and exercise prevent concentration or impede performance at work or school?
- Social life — Is socializing restricted because it might require eating in a restaurant, consumption of foods that are scary or uncomfortable, or disruption of exercise routine?
- Coping skills — Is food consumption and/or restriction used as a way to manage life's problems or cope with stressors?
- Discomfort or anxiety — How much discomfort do thoughts of food and body cause? Are these thoughts hard to shake and anxiety-provoking?

Anorexia Nervosa

- Restriction of Intake
- Significantly low body weight (BMI of less than 17)
- Intense fear of gaining weight (fear of becoming “fat”)
- Over evaluation of weight/shape
- Behaviors: calorie counting, exclusion of food groups, body checking, etc.
Bulimia Nervosa
- Recurrent episodes of bingeing
- Recurrent use of compensatory behaviors to prevent weight gain (purging, laxative misuse, excessive exercise, fasting, etc.)
- Binge/purge episodes occur at least once/week for 3 months
- Self-evaluation influenced by weight/shape
- No BMI criteria
- Behaviors in low-weight individuals can indicate AN-BP

Binge Eating Disorder
- Recurrent binge eating
  - Eating large volumes of food in less than 2 hours
  - Feeling of loss of control while eating
  - Eating more rapidly than normal
  - Eating until uncomfortably full
  - Eating alone due to embarrassment
  - Feeling disgusted, depressed, or guilty after episode
  - Experience of distress related to episode
  - No use of compensatory behaviors
  - Occurs at least 1x/week for 3 months

Night Eating Syndrome
- Recurrent episodes of eating after awakening from sleep OR excessive eating after evening meal
- Awareness and recall of episodes
- Not a parasomnia behavior
- Causes significant distress and/or functional impairment
- Not attributable to another disorder, substance use, or effect of a medication
Functions of Eating Disorders
- Maladaptive coping mechanism
- Source of comfort
- Protective behavior
- Stress release
- Maladaptive form of self-care
- Sense of identity
- Sense of control
- Self-punishment
- Escape
- Pursuit of perfectionism
- Sense of accomplishment

Emotional Eating (What It Isn't)
**Physical**
- Gradual
- Can be satisfied with a variety of foods
- Based on hunger cues (stomach)
- Is patient
- Driven by physical need
- Deliberate choices and awareness of eating
- Stops at satiety/fullness
- Acknowledges necessity of eating

Emotional Eating
**Emotional**
- Sudden
- Typically tied to a specific food
- "Above the neck"
- Urgent
- Paired with strong emotions (usually negative emotions)
- Automatic or mindless eating
- Continues past fullness
- Associated with feelings of guilt and shame
Comfort Food Cravings
- Looking for a way to cope with something (e.g., after a breakup, etc.)
- Foods high in fat/sugar trigger the brain's reward pathways (e.g., eating cheese fries and candy, etc.)
- Feelings of loneliness; we associate comfort foods with our “tribes” (e.g., college students miss mom's spaghetti)
- Nostalgia (e.g., butter pecan ice cream reminds us of our grandmother)
- Celebration (e.g., Western PA is home of the cookie table, etc.)

COVID-19 Impacts (Research)
- Confinement & isolation trigger eating disorder behaviors
- Mitigation strategies need to manage long-term effects (e.g., suicide)
  - COLLATE study suggests
  - Increased engagement in behaviors among individuals with eating disorders
  - Increased restriction and bingeing behaviors in general public
  - COVID-19 confinement impacted how meals were structured
  - Isolation impacted quality and amount of foods eaten

Collate Study Results

<table>
<thead>
<tr>
<th>Eating Disorder Population</th>
<th>General Population</th>
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<tbody>
<tr>
<td>Restricting</td>
<td>Bingeing</td>
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<tr>
<td>Restricting</td>
<td>Exercising</td>
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</tbody>
</table>
ECLB-COVID19 International Survey Results

Behaviors Pre- vs Post-COVID19

Number of Meals Pre- vs Post-COVID19

COVID-19 Impacts
(Considerations)

• Trauma Responses
• Sleep Disruptions
• Access & Food Insecurity
• Media Choices
• Psychotropic Medication and Moods
• Adolescents

Trauma

• Collective Trauma
  • Involves entire groups of people and/or communities
  • Can lead to significant changes in behavior, emotions, and social interactions
  • Experienced and managed collectively, but individual experiences vary widely

• Personal Trauma
  • About 66% of individuals with Eating Disorder report a traumatic event
  • Over 1/3 of women in residential treatment report significant trauma, 52% meet PTSD criteria
  • PTSD symptoms may increase risk of food addiction in women
  • 8% of study cohort met Yale Food Addiction Scale criteria
  • Individuals reporting 6-7 lifetime PTSD symptoms were 2x as likely to meet food addiction criteria

10/16/2020
Sleep Disruptions
• Grehlin: “hunger hormone;” highest before eating and lowers after eating
• Leptin: inhibits hunger, “fullness signal”
• Cortisol: increases hunger and motivation to eat

Media Choices
• Pro-ANA websites
• #foodporn
• Individuals may mimic peers’ eating habits

Access & Food Insecurity
• Unemployment
• Grocery Stores
• Food Banks
• Schools
Psychotropic Medication

- Anti-anxiety prescriptions: 34.2%
- Antidepressants: 16.6%
- Sleep aids: 14.8%
- SSRIs: initially drop in appetite, then improvement
  - Increased mood can lead to more social eating
- Bupropion: appetite suppressing effects
- SNRIs: may improve sense of taste, associated with weight gain
- Tricyclics: increased appetite, dampened metabolism
- MAOIs: severe nausea

Adolescents

- Children are spending more time at home with family
- Family burnout (increased annoyance, feelings of exhaustion, inability to manage)
- More time on screens (including social media)
- Increased feelings of isolation and loss
- Experiencing behavioral regressions and acting out
- Conversations focused on weight/shape and dieting increase risk of ED, disordered eating and unhealthy weight controls (EAT 2010)
- Conversations focused on healthy eating protect against ED and disordered eating (EAT 2010)

Interventions

Mindful Eating  S Ds  Structure  Serious Leisure  Self monitoring
Mindful Eating

- Observe (e.g. check for hunger cues, fullness signals, emotional state, etc.)
- Intentional, shift focus to act of eating and avoid multitasking
- Non-judgmentally, be compassionate and kind with yourself
- Be in the experience (e.g. build a routine around eating)
- Slow down
- Stop when you feel satisfied but before you’re full (you can always go back if you’re still hungry)
- Explore your food (e.g. texture, temperature, sound, smell, etc.)

5 Ds

- Delay: Wait 10-15 minutes before acting on the urge to eat
- Distract: Do something besides watching the clock
- Distance: Don’t post up in the kitchen
- Determine: After 10-15; “Am I physically hungry, emotionally hungry, thirsty or something else?”
- Decide: Make a choice what to eat; single serve items can be helpful

Structure

- Menus: What do I want to eat? What do I need to eat? What feels more difficult?
- Grocery Lists: What do I need for my menu?
- Meals: Weekly? Daily? What makes sense for my day?
- Mealtimes: When will I have my meals and snacks? How much time will I set aside?
- Routines: How make eating an intentional act? (e.g. start with sitting down and eating place settings)
- Company: Who do I want to be involved with?
Serious Leisure

- Goal of replacing dysfunctional behaviors with more effective ones
- Creates a sense of self-efficacy
- Allows individuals to build mastery
- Meets many of the same needs Eating Disorder Functions attempt to fill

Self-Monitoring

- Increases self-awareness
- Provides tangible, real-time examples
- Allows individuals to make connections among a variety of factors

Take Aways

- Identify and target underlying causes
- Normalize (It's okay not to be okay)
- Eating disorders thrive in isolation and secrecy
- Small Changes = Big Pay-Off
References