Central East (HHS Region 3)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Marginalized Voices- Understanding the Presentation and Prevalence of Eating Disorders

Kate Jarvi, LPC – Rock Recovery Clinical Program Director

Kristyn Soto, MS – Rock Recovery Director of Community Partnerships

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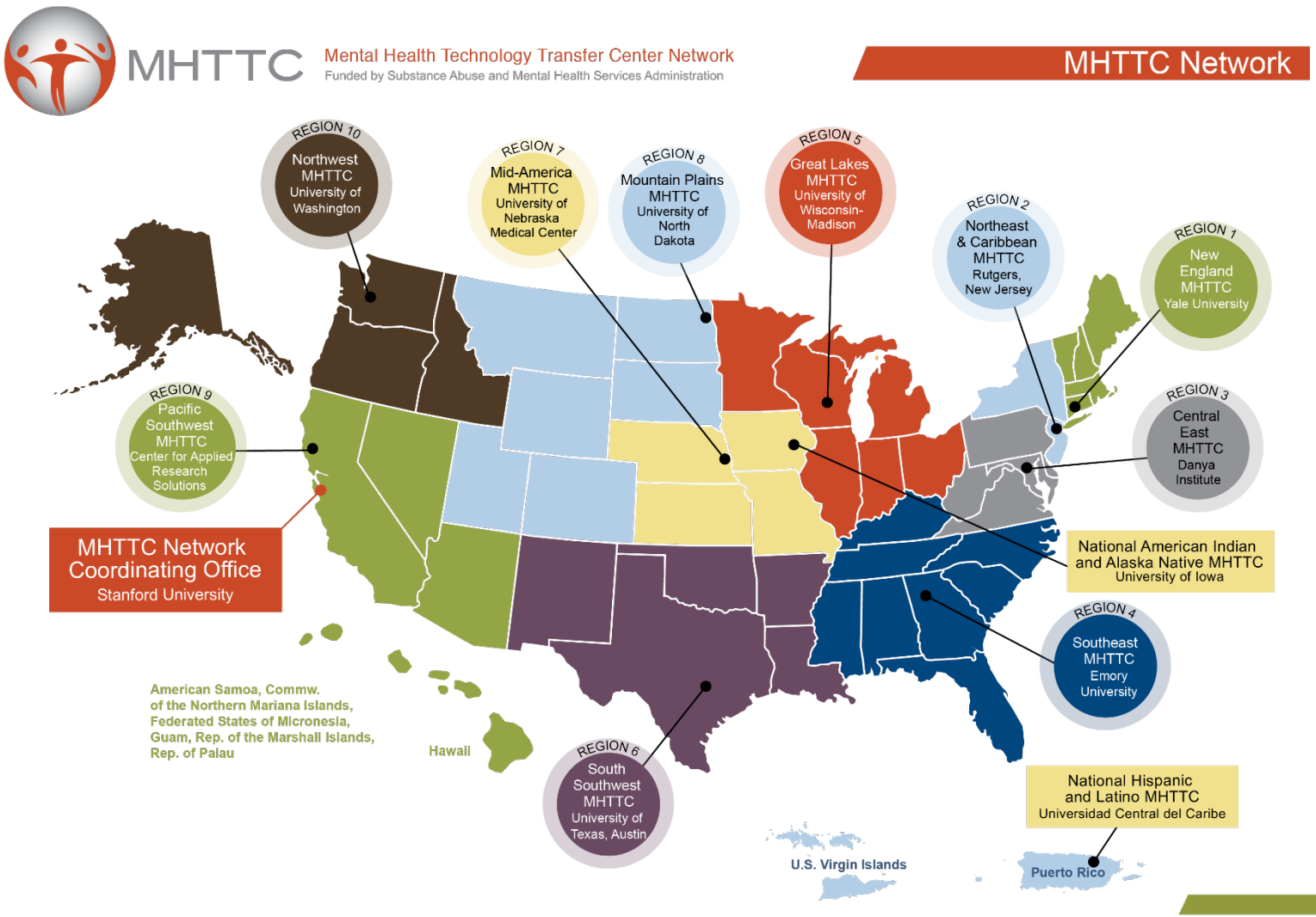


MHTTC Purpose

The MHTTC Network vision is to unify science, education and service to transform lives through evidence-based and promising treatment and recovery practices in a recovery-oriented system of care.

Central East MHTTC Goals

Funded by SAMHSA to:

- Accelerate the adoption and implementation of mental health related evidence-based practices
- Heighten the awareness, knowledge, and skills of the behavioral health workforce
- Foster alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers
- Ensure the availability and delivery of publicly available, free of charge, training and technical assistance

Central East Region

HHS REGION 3

Delaware

District of Columbia

Maryland

Pennsylvania

Virginia

West Virginia

About Rock Recovery

- Nonprofit organization founded in 2009 and based in the Washington, DC metro area
- Bridges gaps in eating disorder treatment and education to help individuals and communities fully recover
- Program offerings include outpatient clinical programs for residents of DC, MD, VA and CA and support programs nationwide

Overview

- A brief review of the types of eating disorders
- Eating disorder presentation
- Understanding how eating disorders affect a diverse population
- Discuss what is being done in the field currently and what you can do as clinicians/leaders

What is disordered eating?

At Rock Recovery, we define “disordered eating” as having an unbalanced relationship with food that gets in the way of health and relationships. Disordered eating behaviors can include under-eating, compulsively counting calories, chronic dieting, over-exercising, binging and purging, and more. While it can be normal to occasionally overeat, undereat, avoid certain foods, or eat for comfort, disordered eating includes more habitual, ingrained and perhaps compulsive behaviors.

The term “disordered eating” also covers eating disorders such as anorexia, bulimia and binge eating. Disordered eating of any kind has negative effects on overall emotional, social and physical health. You don’t need to be diagnosed with an “eating disorder” to need professional help.

Common eating disorders

Here are some basic definitions according to the most-recent Diagnostic and Statistical Manual of Mental Disorders (DSM-5):

- **Anorexia Nervosa** (AN) is characterized by excessive restriction, weight loss, distorted body image.
- **Bulimia Nervosa** (BN) also includes distorted body image and characterized by a cycle of bingeing and compensatory behaviors (self-induced vomiting, laxatives, over-exercise, etc.).
- **Binge Eating Disorder** (BED) is characterized by recurrent binge eating (without compensatory measures).
- **Avoidant Restrictive Food Intake Disorder** (ARFID) is characterized by avoidance of food due to lack of interest, fear of aversive consequences, or sensory characteristics.
- **Other specified feeding or eating disorder** (OSFED) captures feeding disorders and eating disorders of clinical severity that do not meet diagnostic criteria for other eating disorders.

(American Psychiatric Association, 2013)

The presentation of eating disorders

- Eating disorders come in all shapes and sizes.
- Eating disorder professionals are challenging terms such as “atypical anorexia” and BMI requirements for diagnosis.

Source

Source

Subclinical eating disorders

- Orthorexia- involves a preoccupation with being “healthy” and “clean” eating
- Diabulimia- involves restricting insulin to lose weight

Source

Signs and symptoms

- Behavioral and Emotional
  - Preoccupation with weight or food, avoidance of food, food rituals, skipping meals, frequent dieting, extreme concern with body size
- Physical
  - Sudden fluctuations in weight, dizziness, fatigue, muscle weakness, intolerance of cold, abnormal lab findings, menstrual irregularities, gastrointestinal or other health concerns
- Social
  - Withdrawal from usual friends or activities, struggling with social comparison, avoiding gatherings that involve food, sudden mood or personality changes

Prevalence of eating disorders

- **Over 28 million Americans** alone will battle an eating disorder in their lifetime. Millions more will suffer from poor body image and disordered eating (chronic dieting, compulsive exercising, counting calories, etc.).
- **35% of "normal dieters" progress to pathological dieting** and 25% of those individuals develop a full-blown eating disorder
- **Eating disorders affect people of all backgrounds** regardless of gender, race, size or socioeconomic status

(National Eating Disorders Association)

Eating disorders & marginalized voices

Rates of disordered eating have increased across all demographic sectors, but at a faster rate in male, lower socioeconomic, and older participants (Mitchison, Hay, Slewa-Younan, & Mond, 2014)

- Men and boys
- People of color
- LGBTQ+
- Mid-life and beyond
- Size diversity

Men and boys

- Subclinical eating disordered behaviors are nearly as common among males as they are among females (Mond, Mitchison, & Hay, 2014)
  - 15% of gay and bisexual men and 4.6% of heterosexual men had a full or subthreshold eating disorder at some point in their lives (Feldman & Meyer, 2007)
- There continues to be a lot of stigma around male treatment for eating disorders
  - Difficult to find clinical and peer male support in all levels of care

People of color

- Despite similar rates of eating disorders among non-Hispanic Whites, Hispanics, African-Americans, and Asians in the United States, people of color are significantly less likely to receive help for their eating issues
  - Significantly higher rates of Bulimia in Latino and African American groups
  - Significantly higher rates of Binge Eating for all ethnic groups studied

(Kim, Rush-Wilson, and Raimondo, 2019)

Risk factors for people of color

- Discrimination and marginalization/trauma
  - People of color with self-acknowledged eating and weight concerns were less likely than white participants to have been asked by a doctor about eating disorder symptoms (Becker, 2003)
  - When presented with identical case studies, clinicians identified 44% of White, 41% of Hispanic, and only 17% of Black womens' behavior as problematic. The clinicians were also less likely to recommend that the Black woman should receive professional help (Gordon, Brattole, Wingate, & Joiner, 2006).
- Cultural differences and stigma
  - Fear of rejection from family and peers

LGBTQ+

- Trevor Project study in 2018 found that 71% of transgender youth (12 to 24) have been diagnosed with an ED
- In one study of LGBTQ+ individuals (18-35), disordered eating was reported by 54.4% of respondents with transgender males reporting the highest proportions at 64.8%
  - Only 4.3% of these individuals reported having treatment for an eating disorder (Arikawa et al., 2020)
- Although this is changing, there continues to be a lack of culturally-competent treatment for this community

Mid-life and beyond

- Triggers to eating disorders in older adults are often correlated with life-stage-specific events
  - Divorce, menopause, retirement, aging
- From 1999 to 2009, hospitalizations involving eating disorders increased for all age groups, but hospitalizations for patients aged 45-65 increased the most, by 88%
- In 2009, people over the age of 45 accounted for 25% of eating disorder-related hospitalizations
- Shame and hopelessness are big barriers to care

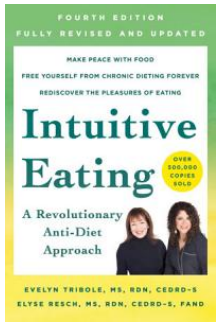
(Zhao & Encinosa, 2011)

Size diversity

- Body diversity is a fact of life and eating disorders can occur across the weight spectrum
- Diagnosis of an eating disorder for people at a higher weight might be missed
- Weight stigma and social pressure increase the risk of developing an eating disorder
  - Messages that they need to be changed or fixed
  - Health issues attributed to size
  - Pressures of diet-culture

What's being done in the field

- Health At Every Size – Dr. Lindo Bacon, PhD
  - — social justice movement
- Intuitive Eating principles – Elyse Resch and Evelyn Tribole
- Anti-racism work
- Social media has presented a unique platform to access expert clinicians and influencers who advocate for minority populations



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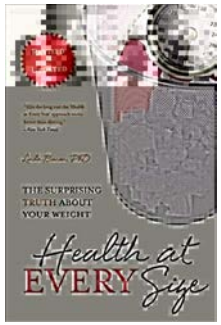

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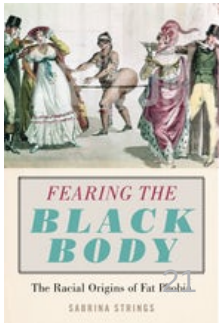

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What does this mean for you as clinicians and leaders?

- Self-awareness and education are key
  - —Identification and recognition of your own privilege and biases
  - —Check your language and what you are communicating to clients
    - For example, do not promise a client that “they won’t get fat”
    - Instead, address what is behind their fear of “getting fat”

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