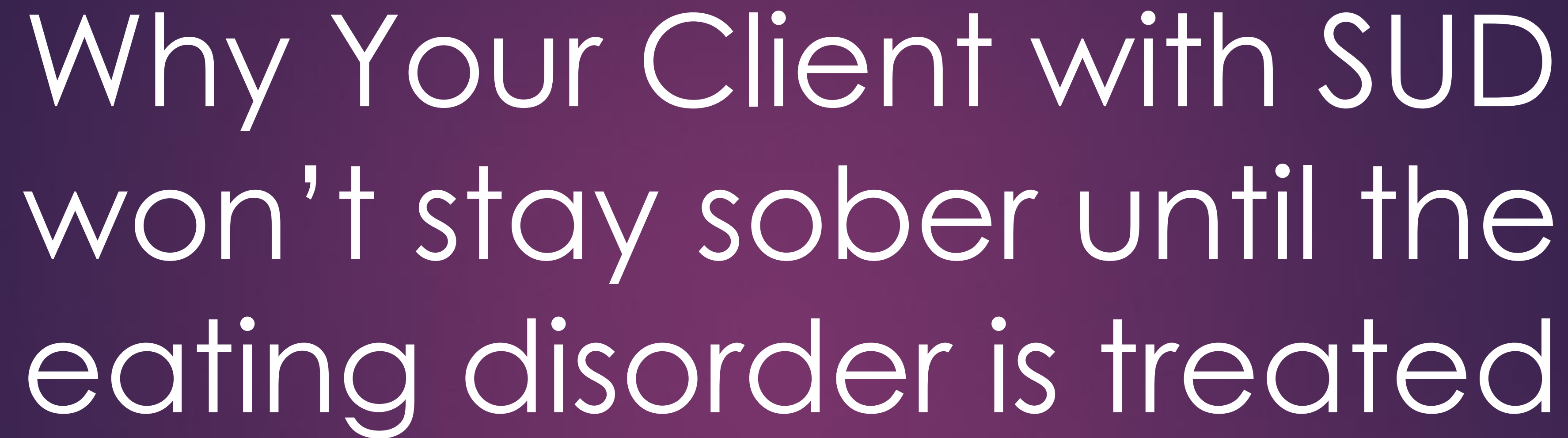
Why Your Client with SUD won't stay sober until the eating disorder is treated



ANDREA M KULBERG, PHD, CEDS

CLINICAL DIRECTOR, ANXIETY EXPERTS OF SANTA BARBARA

- LOW WEIGHT (ANOREXIA, RESTRICTING TYPE OR B/P TYPE, OR ARFDID)
- BINGE/PURGE (BULIMIA OR BINGE EATING DISORDER)

2 main reasons clients w/ ED's can't benefit from SUD treatment:

-THE BRAIN/BODY ARE IN CHRONIC DISTRESS

-IN ANOREXIA BRAIN IS OFF-LINE DUE TO LOW WEIGHT (BRAIN IS 60% FAT)

-IN BULIMIA ELECTROLYTE AND OTHER METABOLIC IMBALANCES KEEP THE BODY AT THE EDGE OF CARDIAC ARREST AND OTHER LIFE-THREATENING PROBLEMS

-THE EATING DISORDER IS RUNNING THE PERSON'S LIFE CHOICES

-DAYS ARE CONSUMED W/OBSESSIONS & COMPULSIONS RE: FOOD, WEIGHT, SHAPE OR HEALTH

-ED's are obsessive-compulsive spectrum illnesses
-Diagnostically indistinguishable from Obsessive-Compulsive Disorder
-Substances are used to turn off thoughts or cope w/body sensations of anxiety focused on 3 things…

IRRATIONAL FOOD FEARS AND RIGID RULES ABOUT FOOD

THE BODY IMAGE IDEAL (COMPULSIVE EXERCISE)

HEALTH ANXIETY

Common progression of ED to dual dx due to genetic carrier for OCD:

Irrational Food Thoughts	Body Image Ideal	Health Anxiety

Food Avoidance/Narrowed Food Variety

Reduced Oral Intake

Weight Loss/Metabolic Imbalances

Substance Use To Cope w/Obsessions & Growing Anxiety

Alternative progression of same illness:

Substance Use To Cope w/Obsessions & Growing Anxiety

Irrational Food Thoughts	Body Image Ideal	Health Anxiety

Food Avoidance/Narrowed Food Variety

Reduced Oral Intake

Weight Loss/Metabolic Imbalances

The result of untreated ED in the SUD treatment setting?

-MULTIPLE COURSES OF SUD TREATMENT WITH NO HOPE OF SOBRIETY

-CLIENT CONSIDERS SELF TO BE A FAILURE

-CLIENT LABELED BY TREATMENT TEAM AS TREATMENT-RESISTANT OR AS HAVING A PERSONALITY DISORDER

Solution:

- DETOX
- RESIDENTIAL ED TX FOLLOWED BY PHP/IOP
- SUD TX (SOBER LIVING W/OP ED TEAM)

- OR

- DETOX
- RESIDENTIAL ED TX W/A SUD TRACK
- PHP/IOP ED TX (WHILE IN SOBER LIVING)

Why ED tx- can't we do it ourselves?

-BONE DENSITY LOSS WHILE AT LOW WEIGHT & RISK FOR HEALTH COMPLICATIONS

-PURGING KILLS

-WEIGHT RESTORATION IN A MEDICAL ENVIRONMENT IS REQUIRED BELOW CERTAIN BMI (REFEEDING SYNDROME)

-PRESCRIPTION MEAL PLAN REQUIRED

-INTERRUPTION OF BEHAVIORS REQUIRED W/O ACCESS TO BATHROOMS AND FOOD CHOICES MADE FOR THE PATIENT (EXPOSURE THERAPY)

-FULL WEIGHT RESTORATION IS #1 PREDICTOR FOR LONG-TERM RECOVERY

-NEED MED STABILIZATION

Level of Care Guidelines for Clients with Eating Disorders

Stable	Stable	Level 2: Intensive Outpatient	Level 3: Partial Hospitalization	Level 4: Residential	Level 5: Inpatient Hospitalization
Medical indicators	Stable	Stable	Stable	No IV, Tube Feed nor daily labs	HR <40bpm; blood pressure <90/60mmHG; abnormal labs; may require tube feed
Weight as a % of healthy body weight			>80% IBW	>85% IBW	Generally <85% IBW, acute weight decline with food refusal even if not <85% of healthy weight
Structure needed to eat/gain weight	Self-sufficient	Self-sufficient	Needs some structure	Needs supervision to at meals	Needs supervision during and after all meals
Ability to control compulsive exercise, purging, laxative use (compensatory behaviors)	Can manage through self-control	Uses bx's 1x/week	External structure required to prevent bx's from occurring 2-3x/week	External structure required to prevent bx's from occurring daily	External structure required to prevent compensatory behaviors