

Substance Use and Eating Disorders: Making the Connection

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“I am addicted to my eating disorder”

I am addicted to the “high” I feel from not eating and seeing myself lose weight

My eating disorder and my substance abuse are the same thing in my mind

Case Example 1

- ▶ Ms DS is a 40 year old female patient who was admitted to the Tara eating disorder unit.
- ▶ Long standing history of binge eating and associated purging behaviours/ restrictive eating patterns.
- ▶ Symptoms intermittent and emotionally driven
- ▶ Ongoing problems around weight and eating habits >20 years
- ▶ Feelings of remorse and guilt. Distorted body image
- ▶ Had led to severe substance use (stimulant) use in order to lose weight.
- ▶ Developed further addictions to KAT/LSD/Heroin
- ▶ Required admission to a dual-diagnosis unit; and various other rehab facilities in order to overcome her substance abuse.
- ▶ In remission for 2 years at time of admission but still displayed ongoing distorted eating behaviours

Case Example 2

- ▶ BN was a 38 year old female admitted to our eating disorder unit.
- ▶ History of anorexia since the age of 20years. Ongoing abuse of laxatives at the onset of her eating disorder as a means of compensatory behaviour.
- ▶ Severe laxative use.
- ▶ Despite claims that she hadn't used laxatives for over six months at the time of admission, it was highly suspected that she was sneaking laxatives onto the ward and this was impacting on her progress to weight restore.
- ▶ Left the program early but would have benefitted from a substance rehab program prior to admission.

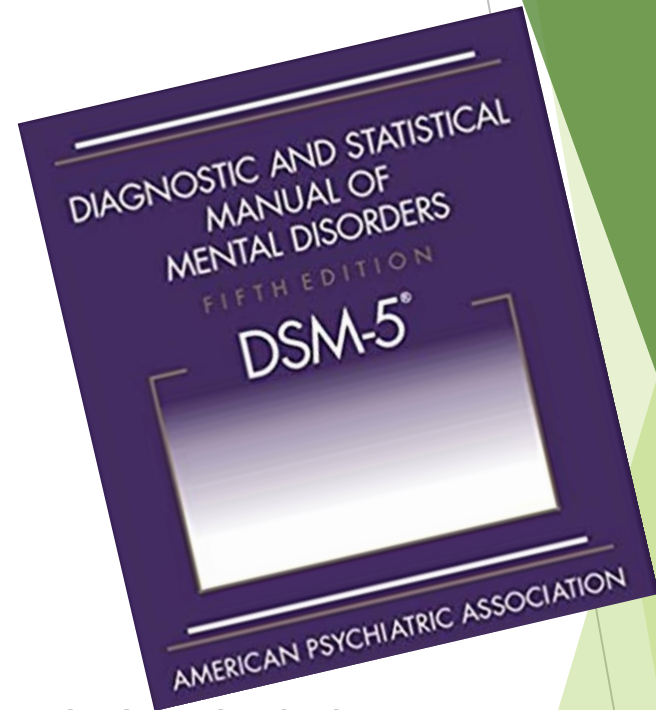
Defining Eating Disorders

- ▶ Persistent disturbance of eating that leads to impairment in ones health and psychosocial functioning
- ▶ Include: Anorexia Nervosa
 - Bulimia nervosa
 - Binge Eating Disorder
- ▶ Affects both males and females
- ▶ Commonly co-exist with substance abuse

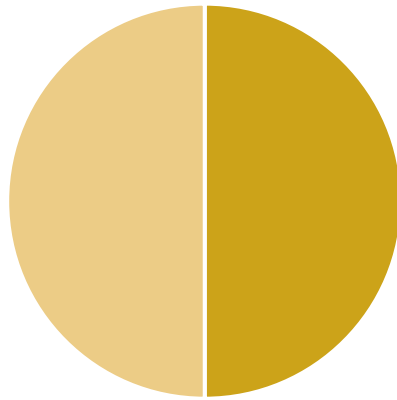
Defining Substance Abuse

- ▶ DSM 5 definition

- ▶ Substances frequently used in those with eating disorders include: alcohol, laxatives, emetics, diuretics, amphetamines, heroine and cocaine



The Statistics of the Co-Occurrence between Eating Disorders and Substance abuse (NEDA 2022)



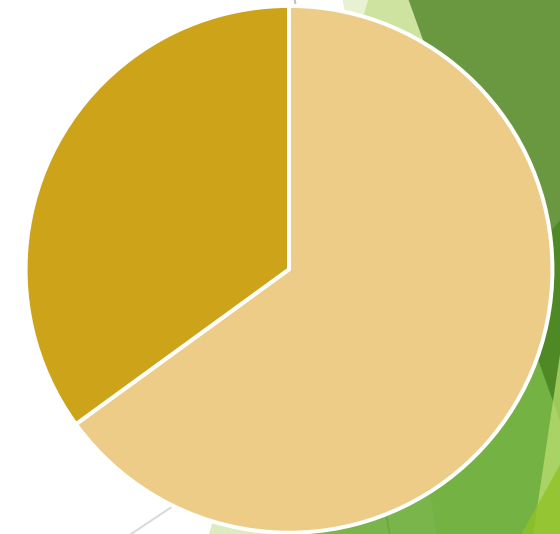
- Eating Disorder and substance use
- Eating Disorder and no substance abuse

50% of individuals with eating disorders abused alcohol or illicit drugs

5X higher than the general population

35% of individuals who abused or were dependent on alcohol or drugs have also had eating disorders

11X higher than the rate of the general population



- Substance user without Eating Disorder
- Substance user with Eating Disorder

More Stats....

- ▶ 27% of patients with ANOREXIA NERVOSA abuse substances
- ▶ 23% of patients with BINGE EATING DISORDER abuse substances
- ▶ 57% of men with BINGE EATING DISORDER also have a substance abuse problem
- ▶ 37% of patients with BULIMIA NERVOSA abuse substances

Drunkorexia

- ▶ Colloquial term
- ▶ Restrictive eating behaviours to either offset for planned calorie intake from alcohol or to increase/speed up the effects of alcohol
- ▶ Not clinical diagnosis
- ▶ Used in college campuses today
- ▶ Can lead to medical complications
- ▶ Should be identified and treated as soon as possible

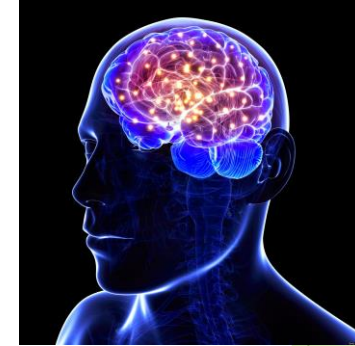
WHY?

Common Risk Factors

GENETICS



NEURO-CHEMISTRY



DEPRESSION AND ANXIETY



SOCIAL PRESSURES



LOW SELF-ESTEEM



Similarities between eating disorders and substance use disorders

- ▶ Potential to be life threatening
- ▶ Chronic relapsing and remitting course
- ▶ Both long term conditions
- ▶ Compulsiveness
- ▶ Ritualistic Behaviour
- ▶ Poor insight with resistance to treatment
- ▶ Can lead to compromised nutritional and physical states
- ▶ Driven by underlying feelings of need for control
- ▶ Both result in a loss of control

Screening for Eating Disorders and Drug Addiction

- ▶ Highlights further similarities
- ▶ In both disorders we tend to look for:
 - cravings, rituals, obsessions**
 - giving up** interests and friends to spend more time on an addictive behaviour
 - inability to stop** the addictive or destructive behaviour despite numerous attempts
 - escalation** in frequency or intensity over time
 - Continued use** despite consequences
 - family members or loved ones express **concerns** over the addictive behaviours

The Reciprocal Relationship

A silver balance scale is centered in the background. The scale is slightly tilted, with the right pan being lower than the left pan. The pans are empty. The scale has a decorative top and a sturdy base.

Treatment of one disorder leads to exacerbation of the other disorder. It is not unusual for patients being treated with bulimia to increase their use of alcohol or other substances as they decrease bingeing and purging behaviours.

On the other side of the scale, patients who have overcome their addiction may resort to binge eating or restrictive eating behaviours after substance abuse rehabilitation.

Treatment

- ▶ Co-occurrence of substance use disorders and eating disorders makes treatment complicated.
- ▶ Has been a call for integrated treatment programs
- ▶ Few able to provide this
- ▶ No research on best way to co-treat

Treatment

Analysis of data of the National Treatment Centre Study:

- ▶ 351 publicly funded SUD programs- only 16% offered treatment for co-occurring ED
- ▶ Only ½ screened for eating disorders
- ▶ Only 14% that did screen used a standardized instrument
- ▶ Only 3% had formal referral arrangements with ED treatment providers

- ▶ In South Africa?

Treatment Guidelines

- ▶ Most importantly medical stabilization (for both disorders)
- ▶ Treatment for substance use disorder first
- ▶ Inpatient vs outpatient?
- ▶ Multidisciplinary approach

- ▶ Referral to eating disorder program once substance use under control
- ▶ CBT-E

The 12 Step Approach

- ▶ Initially designed for recovering alcoholics
- ▶ Same process can form the platform for recovery from an eating disorder
- ▶ Many principles apply in recovering from an eating disorder and the struggle to change behaviours

- ▶ Process involves:
 - Admitting that one cannot control their addiction or compulsion
 - Recognizing a higher power that can give strength
 - Examining past errors with the help of a sponsor (experienced members)
 - Making amends for one's errors
 - Learning to live a new life with a new code of behaviour
 - Helping others who suffer from the same addictions or compulsions

Providing support for families and loved ones

- ▶ Challenging to care for a loved one with an eating disorder or substance use disorder
- ▶ Impact on the whole family and system
- ▶ Important for them to also receive support
- ▶ No two families have the same needs or path

WE SHOULD : Educate

Be able to answer questions

Externalize the eating disorder/ substance addiction

Eliminate guilt and shame

Include the family in the treatment plan

Refer for own support or support groups

Stigma

- ▶ Many misconceptions around eating disorders and substance abuse
- ▶ These contribute to stigmatising attitudes and beliefs
- ▶ Leads to judgement, blame, isolation

What can we do to assist?

- ▶ Educate ourselves
- ▶ Be able to identify

- ▶ **SCREENING!**

All clients with substance use should be screened for eating disorders

SUD counsellors can easily incorporate some simple ED screening questions into their Substance Use disorder assessment by asking the following questions:

Under **drug use** assessment- use of laxatives/diuretics/diet pills

Under **medical history**- past hospital admissions/behavioural treatment history including for eating disorders

Daily activities- excessive exercise/physical activity

SCOFF Questionnaire

What can we do to assist?

- ▶ Make appropriate referrals to evidence based ED/SUD treatment facilities
- ▶ Help patients with ED/SUD attain and maintain recovery

▶ THANK YOU!