

The Detection and Management of Eating Disorders and Other Psychopathology in Bariatric Patients

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Disclosures

I have nothing to disclose.

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Topics to Cover

- Important disorders to assess for in pre-surgery bariatric patients
 - Binge Eating Disorder
 - Problematic Eating Behaviors
 - Other psychiatric diagnosis (e.g. depression, PTSD, bipolar, personality disorders)
- How to assess for these disorders and problematic behaviors
- Treatment recommendations/management of symptoms

Binge Eating and Other Problematic Eating Behaviors

- A growing body of research suggests that eating disorders (EDs) and problematic eating behaviors (EBs) are common in bariatric patients and may have a significant impact on bariatric surgery outcomes, such as weight gain and low quality of life.
- Binge eating disorder (BED) is the second most common psychiatric disorder in bariatric surgery populations, following major depressive disorder.
- Full BED occurs in approximately 16% of patients seeking surgery, lifetime prevalence is 27%.

Binge Eating disorder

- BED is the most common eating disorder in the United States. In adults it affects 3.5% of women and 2% of men and up to 1.6% of adolescents.
- In women it is most common in early adulthood but more common in men at midlife.
- Although most people with obesity don't have BED, up to 2/3 of people with BED are obese and can have the medical difficulties associated with this condition. Compared with normal weight or obese control groups, people with BED have higher levels of anxiety and both current and lifetime major depression.

Binge Eating Disorder Criteria

- Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
 - Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than what most people would eat in a similar period of time under similar circumstances.
 - A sense of lack of control overeating during the episode (e.g., a feeling that one cannot stop eating or control what one is eating).
- The binge-eating episodes are associated with three (or more) of the following:
 - Eating much more rapidly than normal.
 - Eating until feeling uncomfortably full.
 - Eating large amounts of food when not feeling physically hungry.
 - Eating alone because of feeling embarrassed by how much one is eating.
 - Feeling disgusted with oneself, depressed, or very guilty afterward.

Binge Eating Disorder Criteria (cont'd)

- Marked distress regarding binge eating is present.
- The binge eating occurs, on average, at least once a week for 3 months.
- The binge eating is not associated with the recurrent use of inappropriate compensatory behavior as in bulimia nervosa and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa.
- Severity Rating:
 - Mild: 1-3 binge-eating episodes per week
 - Moderate: 4-7 binge-eating episodes per week
 - Severe: 8-13 binge-eating episodes per week
 - Extreme: 14 or more binge-eating episodes per week

Detecting Binge Eating Disorder

- Binge Eating Disorder Screener-7 (BEDS-7)
- Binge Eating Scale
- Eating Disorder Examination Questionnaire (EDE-Q)
- Questionnaire on Eating and Weight Patterns (QEWP-5)
- Clinical Interview can still the best diagnostic tool.

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Treatment of Binge Eating Disorder

- The goal of treatment is to reduce the frequency of binge eating, losing weight and treating psychological issues to help one control their urges to binge eat.
- **Medication**
 - Psychostimulants: It is known to control the impulses of binge eating. (Vyvanse)
 - Selective serotonin reuptake inhibitors (SSRIs): To reduce symptoms of anxiety. (Citalopram, Lexapro, Prozac)
 - Anticonvulsants: To control the episodes. (Topiramate)
- **Evidence-Based Therapies:**
 - Cognitive behavior therapy
 - Dialectical behavior therapy (includes distress tolerance, emotional regulation, interpersonal skills, mindfulness)

Problematic Eating Behaviors—Grazing

- Defined as the repetitive eating of small/modest amounts of food in an unplanned manner and/or not in response to hunger or satiety sensations.
- Grazing is thought to be present in up to 26.4% of bariatric patients pre-operatively and in up to 46.6% post-operatively.
- Two subtypes:
 - compulsive grazing
 - non-compulsive grazing

Grazing and other maladaptive eating episodes in relation to the degree of LOC

EATING EPISODE	DEGREE OF LOC	DESCRIPTION
None	0	Plan to repeatedly have small amounts of food throughout the day.
Deliberate overeating	0	Plan to repeatedly have small amounts of food to be able to accommodate large amounts of food in total.
Grazing and non-compulsive subtype	1	'Mindless' eating, eating in distracted way repetitively and eating whatever is available 'on the spur of the moment'. Not planned or anticipated.
Grazing and compulsive subtype	2	Trying to resist but repetitively going back and eating small or modest amounts of food. Not planned or anticipated.
(Subjective) binge eating episode	3	Feeling that one cannot stop eating after starting or cannot control the amount eaten. Eating episode occurs in a circumscribed period of time rather than repeatedly over time.
(Objective) binge eating episode	4	Feeling that one cannot stop eating after starting or cannot control the amount being eaten. Eating extremely large amounts of food in a short period of time.

Emotional Eating

- Emotional eating has been described as ‘the tendency to eat in response to emotional distress and during stressful life situations.
- Emotional eating is estimated to be present in 38% of bariatric surgery candidates and thought to be more frequent in women than in men
- Pre-surgical emotional eating severity has been found to be significantly associated with poorer weight loss following surgery.
- Emotional Eating Scale (EES)—designed to assess the association between overeating and specific negative emotional states, including anger/frustration, anxiety, and depression.

Management of Emotional Eating

- **Cognitive Behavioral Therapy/Stress Management Skills**
- **DBT (mindfulness, emotion regulation, distress tolerance, and interpersonal skills)**
- **Mindfulness:** to be fully present, aware, and nonjudgmental of our internal and external experiences.
 - higher levels of mindfulness are negatively associated with EE.
 - greater difficulty identifying/describing feelings is associated with more EE.
- **Emotion Regulation:** the ability to effectively manage and respond to an emotional experience.
 - includes emotional awareness, behavioral control, distress tolerance.
 - Deficits in goal-directedness, emotional awareness, and impulse control are associated with EE.

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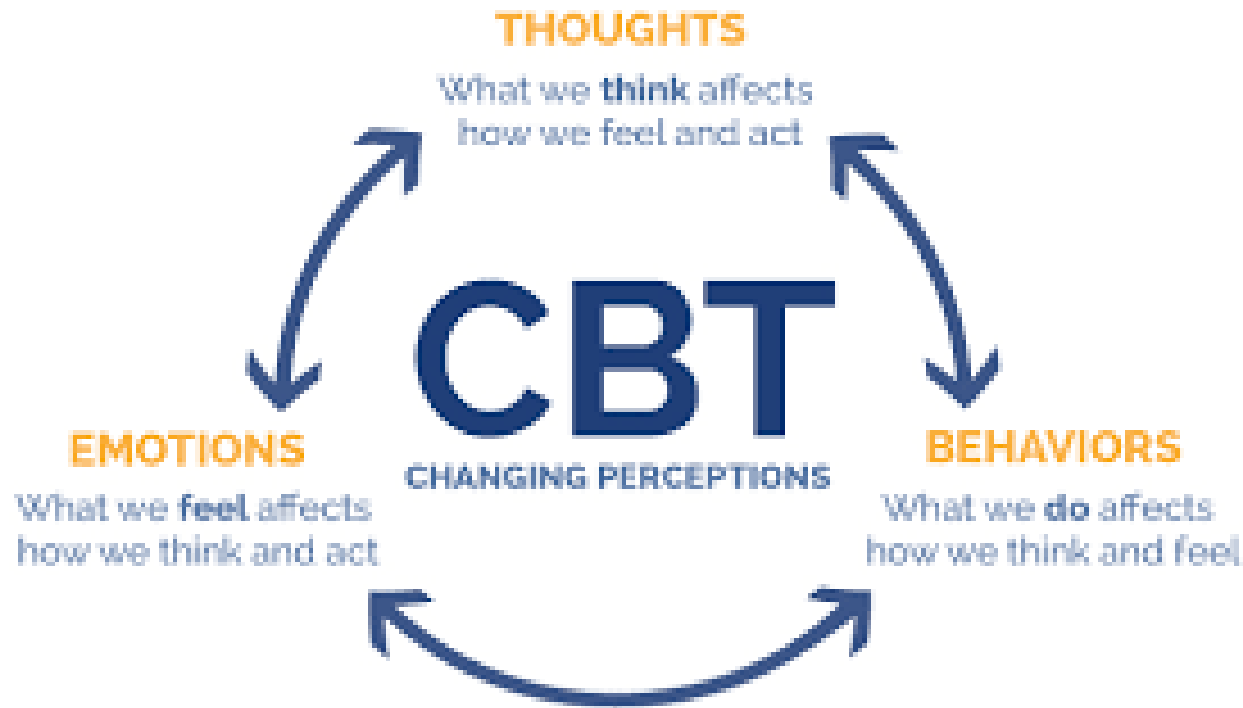
Other Psychopathology in Bariatric Patients

- Depressive Disorders
- Anxiety Disorders
- Bipolar Disorders
- Substance Use
- Trauma-related Disorders
- Personality Disorders/Features

Psychological Testing for Other Psychopathology

- The Minnesota Multiphasic Personality Inventory-2 Restructured Form (MMPI-2-RF)
 - Norms with bariatric surgery candidates
 - Numerous research articles validating the measure and assessing postoperative outcomes for bariatric surgery
- Millon Behavioral Medicine Diagnostic (MBMD)
 - Norms with bariatric surgery candidates
 - Inconsistency in research about validity and reliability of MBMD with bariatric surgery (considering removing from our evaluations)

Recommended Treatments



- Cognitive Behavioral Therapy:
 - People's feelings and behaviors are influenced by the way they perceive events in their environment.
 - Feelings are caused not necessarily by actual events that occur, but instead by the way we interpret or give meaning to them.
- Dialectical Behavior Therapy (DBT)

Stress Management/Positive Coping



USING RELAXING
TECHNIQUES



PRACTICING GROUNDING
AND MINDFULNESS
MEDITATION



IDENTIFYING UNHEALTHY
THINKING AND CHANGING
YOUR PERSPECTIVE



PRACTICING REGULAR
SELF-CARE



ENGAGING WITH YOUR
SOCIAL SUPPORTS

Summary/Take Away Message

- The most common eating disorder found in the bariatric patient population is binge eating disorder. Active, uncontrolled binge eating disorder in pre-surgery candidates can lead to poor outcomes post-surgery.
- Binge eating and other problematic eating behaviors (e.g., emotional eating) are often associated with other psychopathology.
- The treatment of binge eating, emotional eating, and significant psychopathology (e.g. severe depression or anxiety, active substance use, untreated trauma-related disorders) is essential to increase the likelihood of positive outcomes post bariatric surgery.
- CBT, DBT (distress tolerance, emotion regulation, mindfulness), and stress management are strongly recommended treatments

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