FEBRUARY 2017

BASTEN & ASSOCIATES
CLINICAL PSYCHOLOGISTS

A quarterly broadcast of things helpful and interesting in local clinical psychology.

Editor's Message

Dear colleague,

The February Newsletter has a focus on Binge Eating Disorder. Each quarterly newsletter includes (a) a summary of one or more articles from the psychological literature of interest to GPs, (b) a serialised article on motivational techniques to help patients change their own health behaviours (c) an inspirational quote of the week and (d) an interview with a clinical psychologist.

Have a read and contact us for more information:

chris@bastenpsychology.com.au.

Literature Digest: Binge Eating Disorder

Diagnosis: Sufferers recurrently binge eat, at least once per week. Binge eating is characterised by eating an excessively large amount of food in one sitting, in a manner that feels "out of control". The binge eating is highly distressing, and also often associated with secretive eating, guilt, and shame.
Epidemiology: Binge eating disorder is by far the most prevalent of the eating disorders, with around 1 in 20 adults[1] currently experiencing binge eating. It is equally prevalent in men and women[2]. The risk for morbid obesity (BMI > 40.0 kg/m2) in people who binge eat is more than three-fold the risk in the general population.
Psychosocial Treatments: There is strong research evidence that cognitive behavioural therapy is effective at helping patients to maintain abstinence from binge eating[3]. Current treatment trials are underway aimed at improving the efficacy of psychological interventions to also lead to healthy weight loss in people with comorbid obesity.
Pharmacological Treatment: More research is required to establish the role of medication in treating binge eating disorder. One review has found fair to good results for second generation SSRI anti-depressants (e.g., fluoxetine, sertraline)[3]. The stimulant medication, Vyvanse, is expected to be listed within the next year and has been found to be helpful and well-tolerated.
Helpful Resources: A well-established 7-item screening tool for GPs is available on our website in our resources link - http://www.bastenpsychology.com.au/resources/. Fact sheets about binge eating disorder can be found at www.nedc.com.au/binge-eating-disorder. Our clinicians specialise in eating disorders and can field phone calls from doctors and your patients.

References:

1. Mitchison D, Hay P, Slewa-Younan S, Mond J. Time trends in population prevalence of eating disorder behaviors and their relationship to quality of life. *PloS ONE*. 2012;7(11):e48450.
2. Hudson JI, Hiripi E, Pope Jr HG, Kessler RC. The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. *Biological Psychiatry*. 2007;61(3):348-58.
3. Brownley KA, Berkman ND, Sedway JA, Lohr KN, Bulik CM. Binge eating disorder treatment: A systematic review of randomized controlled trials. *International Journal of Eating Disorders*. 2007 May 1;40(4):337-48.

Interview with a Clinical Psychologist

DEBORAH MITCHISON
Ph.D

Outside Basten and Associates, Deborah has an appointment at Macquarie University, has consulted to eating disorder clinics and sits on editorial boards of peer review journals. A clinician at heart, Deborah thrives on doing clinically relevant research and facilitating the same in others' practices.

Q: Doing clinical work and also managing a research career can be stressful. What are your personal favourite stress management strategies as a health professional?

A: I have several roles within and outside work and being a natural perfectionist, the most helpful thing I do is to cut myself some slack. I remind myself that I cannot expect myself to be able to do every opportunity or project, nor do them perfectly! I find it helpful to talk to others around me who are in a similar position. Finally, it is important for me that I have fun away from work, whether that be reading a book, cooking, exploring a new walking trail, or playing with children in my life.

Q: What do you find rewarding about working with people with disordered eating?

A: Of all my clients over the last eight years, it is those with an eating disorder that keep me on my toes! I find the interplay between physical and mental health a fascinating challenge. I do not ascribe to the common notion that eating disorders are intractable with little hope for treatment. I find that overwhelmingly my clients want to and do become well. Furthermore, as a result of findings from my epidemiological research, I have become interested in treating the many clients who are outside of the stereotype – including those who have binge eating disorder, are obese, older, male, or from diverse ethnic backgrounds.

Q: Can you name one idea or issue that we all need to keep in mind when people with disordered eating come for help?

A: Anyone can have an eating disorder, and it is not something that you can simply detect by looking at a person. I encourage all health practitioners to be aware of the possible presence of an eating disorder in people who do not meet the "thin young female" stereotype – including those who are obese, male, and older.

FEBRUARY 2017

BASTEN & ASSOCIATES
CLINICAL PSYCHOLOGISTS

"Let food be thy medicine and medicine be thy food."
– Hippocrates

"It is easier to change a man's religion than change his diet."
– Margaret Mead

Basten & Associates

Basten and Associates is a practice of clinical psychologists devoted to enhancing mental health in our community.

We have been providing psychological treatments since 1998 and have three locations in Sydney – Sydney CBD, Chatswood and Westmead.

We are passionate about making a special contribution to mental health and emotional wellbeing. We differ from other practices in several ways:

1. We are all clinical psychologists with post-graduate clinical training.

2. We have enough specialists for different conditions, so you will find the right psychologist to work with your patients.

3. Our clinicians are committed to staying up to date with research into the causes and treatments of common conditions.

4. We only use treatments that have a known basis of evidence showing them to be effective and then adapt and tailor these treatments to each individual after a thorough assessment.

Basten & Associates

Westmead
Sydney
Chatswood

ph 9891 1766

Series on Motivating Patients

Motivating patients to change behaviour:

Part 7: Why people find it so hard to change eating problems and how to augment their motivation?

As health professionals, we try to help people improve their health and yet it can be hard to motivate patients to do potentially helpful treatments or lifestyle changes. This is a *serialised* account of numerous strategies to ***increase motivation for change in our patients.***

Every eating disorder is characterised by low motivation for change and at times a long latency from onset of illness to presentation for help. Embarrassment is a common cause for people to avoid treatment; the doctor needs to ask about eating behaviours because they will not mention it themselves. Many patients do not know what treatments are available (such as CBT). Eating disorders also tend to be 'egosyntonic' – that is, the affected person likes some aspect of it or it feels right to them. Thus, each eating disorder is always a 'functional illness', helping that person meet some need, which adds motivational complexity.

In the case of anorexia nervosa, the need may be to delay development for fear of not coping with maturity, or to gain a sense of mastery over self or competition with others. The bingeing and vomiting that characterise bulimia nervosa also serve to help regulate negative emotions – much like substance misuse. Binge eating disorder (BED) shares this feature. Many people with BED use the binge-eating to manage bad feelings. They may also deliberately gain weight in order to render themselves less attractive to the opposite sex if they have been harassed or assaulted before.

What is the chief implication for motivating our patients? All people who over-eat have mixed feelings about relinquishing this eating problems. Anyone who binges, finds that they crave the immediate relief from emotions and are scared how they will cope without it.

The doctor can do a few things about this. **(1)** Expect them to have reservations and 'normalise' their ambivalence in the consultation – let the patient know that this is common and not to be judged. **(2)** Discuss openly how the eating problem will be helping them to cope in their life somehow. **(3)** Ask them why they are thinking of addressing their eating problem. Then **(4)** you will need to help them to access the skills to actually change and **(5)** enhance their confidence that they can do this. These last two steps need to be individually tailored and depend on what needs are being met by the eating problem. The patient may need some advice and follow-up with you, while others will need a referral to a mental health professional.

Next article in May

Engaging and motivating adolescence.

For an electronic version email
chris@bastenpsychology.com.au