



Changes during nutritional rehabilitation

Some of the symptoms associated with renourishment can be quite confusing and worrying especially if you don't understand why they are occurring. Although not everyone will experience these symptoms, an understanding of what may happen, can help make the renourishment process a little easier. We do advise that if you are experiencing any of the symptoms below or have any other concerns, please talk to your doctor, mental health professional or accredited practising dietitian so they can take action and help you.

Anxiety and ambivalence

The prospect of recovery can be overwhelming for many and it's normal to feel anxious or to have mixed feelings (ambivalence) throughout your journey to better health. Let's explore why you may be feeling this way...

The human brain is made of millions of cells (neurons). Our thoughts, feelings and actions are therefore dependent on our brain cells (neurons) interacting with each other with the help of chemical messengers called neurotransmitters¹. These neurotransmitters are constantly working to keep our brains functioning and managing our bodily processes such as breathing, our heart beating, but also learning, memory, concentration, sleep and mood².

Research has shown that starvation lowers the levels of the 'feel good' neurotransmitter, serotonin, in our brain, as serotonin must be made from the food we eat. During starvation,

less food is ingested which produces less tryptophan (the building block of serotonin) and this may cause less anxiety initially³. But... the consequences of living with a starved body and brain means that you are significantly placing your physical and mental health at risk.

As you start to refeed, to nourish your body and brain, there can be a 'spike' in serotonin levels, which may cause extreme anxiety and emotional chaos³. Whilst there may be other physiological and psychological reasons why you are feeling anxious and emotional, serotonin 'spikes' may be one explanation. It is important to discuss your feelings with your treating team and if possible, your loved ones during this time.

Giving yourself permission to eat, or being required to eat (such as being in hospital) can lead to feelings of being 'out of control'. You may also feel as if you have 'betrayed' the eating disorder by eating. These are common responses and are best talked about with health professionals or loved ones. It will be helpful to frequently revisit and reflect on why you have chosen recovery and accept that it's normal for the eating disorder to make you feel ambivalent about tackling the required tasks in treatment.

As your time moves on, and your body is healing, you may notice that you are much more in touch with your emotions or just feeling more emotional than usual. This may be unpleasant or difficult at first, especially if your eating disorder and eating disorder behaviours are mechanisms for keeping

unwanted feelings at bay. Your treating team will be able to support you with this. However, you will need to let your treating team know what you are experiencing. Alternatively, you may wish to seek 24-hour support from Lifeline on 13 11 14 or The Butterfly Foundation National Helpline on 1800 33 4673 (8am til midnight AEST, 7 days a week).

Confusion about hunger and fullness

In a healthy body, there are hormones that are released to tell us when we are hungry and when we are full. When the body is starved through disordered eating/ food restriction, hormone functions related to appetite⁴ are altered. This results in **unreliable** appetite signals. Therefore, it is common to experience early fullness/ abdominal discomfort, especially earlier in the refeeding process, which may prevent you from eating regularly and enough.

It is very important to be **guided** by your dietitian and treating team in regards to the **frequency** and **quantities** of food/ snacks recommended each day in order to meet your nutritional requirements. This advice is to guide you to heal your body and brain and to achieve a healthy weight. Without eating as directed by your meal plan, this may delay your recovery.

With time and refeeding, your body's appetite hormones will normalise again, you will eventually recognise hunger and fullness signals again, and respond appropriately. A good indicator of when you can trust your hunger and fullness signals, may be when you've reached a healthy weight and for females, when you're menstruating normally.

If anxiety, stress, medication, constipation, fluid intake or dietary fibre intake for example (or anything else) adds to your feelings of fullness/ discomfort with meals/ snacks and prevents you from eating each day as prescribed by your dietitian or treating team. It is important to speak with your dietitian or treating team and have these issues addressed.

Stomach aches and feeling sick

It is common to have feelings of discomfort in your stomach during starvation and also during refeeding, including early fullness, bloating, wind, abdominal pain and nausea. Taking some

quiet time, using a heat pack or hot water bottle on your stomach or doing something gently distracting after meals (e.g., listening to music) may help the physical discomfort seem less intrusive. As eating normalises, so should the physical discomfort in your stomach.

Rapid or uneven weight gain

Rapid weight gain at the commencement of refeeding is very common. Typically, this is due to rehydration. As you begin to consume greater quantities of carbohydrate and protein, your body stores these nutrients along with fluid (water). These fluid shifts will normalise with time. However, if you notice that your ankles and feet become swollen, it is important to inform your doctor or treating team. Management may include keeping legs elevated when seated.

During refeeding, you may also find that your weight gain is distributed unevenly, typically around the abdominal area. It also may appear to preferentially get larger. Please remember that your body is working very hard to repair itself, replacing muscle tissue and insulating fat, which had been broken down by your body for energy. In time, any weight gained around the middle will be redistributed, but recovery work needs to continue along for this happen.

It may be helpful to wear loose, comfortable clothes during this time and into recovery. It may also be sensible to donate or discard 'eating disorder' clothes as these items may act as potential 'triggers'.

Vitamin and mineral supplementation

During dietary restriction, your body becomes depleted of essential nutrients. Your medical team **may** prescribe supplementation with all or some of the following: phosphate, potassium, magnesium, thiamine, multivitamins. Regardless of whether you are an inpatient or an outpatient undergoing refeeding, it is imperative that you check in regularly with your doctor and treating team, have regular blood tests and other medical tests (as directed) to enable your medical team to monitor your physical health and keep you safe. It is not advisable to take any vitamin or mineral supplementation without the consent of your doctor or treating team.

Hypoglycaemia

Low blood sugar levels or hypoglycaemia can occur in patients with an eating disorder. Hypoglycaemia can be due to the effects of starvation or as part of refeeding/renourishment around meals. If you are experiencing symptoms in the community (outpatient treatment) of low blood sugar levels such as dizziness, headache, confusion, poor concentration, sweating, shaking, blurred vision or extreme hunger, this can be very serious, and requires an emergency admission to hospital so your medical/ treating team can monitor your blood sugar levels and provide treatment.

It is also important to seek medical assistance if you are in hospital (inpatient treatment) and experience any of these symptoms or have any concerns at all regarding your treatment.

Bowels

Inadequate and infrequent food intake may have resulted in infrequent bowel motions. The refeeding process of eating more frequently and adequately, may increase the frequency and volume of your bowel motions. It can be common to experience constipation and/or diarrhoea in the early stages of refeeding as your body readjusts to a more adequate and regular food intake. With patience and the ongoing refeeding journey, these difficulties will resolve. Please speak with your treating team if you have any concerns.

Also, if you were using laxatives before, and have now stopped, you may find initially that you pass stools less often. It is important to go to the toilet when you need to (i.e., respond to

the call of nature) and avoid straining. If you have any concerns regarding your bowels or toileting, please discuss this with your doctor and dietitian.

Final note: What is meant by the term “refeeding syndrome”?

‘Refeeding syndrome’ is a syndrome consisting of metabolic disturbances (e.g., abnormal shifts in fluid and electrolytes) that occur with the re-introduction of food after a period of starvation/ food restriction. Refeeding syndrome, if it does occur, is more likely with inpatient refeeding in hospital, but can also occur in the community as an outpatient. Refeeding syndrome can be life-threatening, but avoidable, with a good understanding of the risk factors and how to manage and/or prevent them. Therefore, it is advisable to follow the directions of your treating team with regards to your nutritional rehabilitation and seek further help if you are at all concerned, sooner rather than later. Help may take the form of calling an ambulance (dialling 000) or presenting to your local hospital emergency department.

Conclusion

The human body is a remarkably resilient system and with care, most of the changes that took place as you had lost and regained weight will return to normal. Some time may be required for your body to heal and repair itself. Tackling the task of recovery and refeeding is a big one that will draw on your reserves of resilience, courage and perseverance. Your treating team will be present to guide and help you with your journey to better health.

References:

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