

Nutrition resources for eating disorders

Nutrition resources for eating disorders

Eating disorders are on every dietitian's radar.

The diverse ways they present, along with regularly being un-diagnosed, means we need to be switched on for the warning signs and be skilled in first-line assessment.

By exploring and defining the boundaries of our eating disorder knowledge and interests, we can each play our part well. Of paramount importance is acknowledging when these boundaries are being crossed and having a plan to manage this. For many, particularly where eating disorder work is a central aspect of practice, professional supervision plays a vital role in this ongoing and reflective process.

Below are Education in Nutrition's **Nutrition resources for eating disorders**. This collection reflects the wide range of eating disorders we need to know about with handy case studies showing us how experienced practitioners approach their work.

Professional practice

Professional supervision in practice

Jo Money, APD, CEDC, Marina Payne, APD, CEDC

- The creation of a safe and supportive environment
- An honest and authentic relationship
- Identification of the session agenda
- The learning style of the supervisee being respected
- Reflective questioning of the supervisor to assist the supervisee:
 - gain awareness and understanding of the client situation
 - draw out her strengths
- How the supervisor provides constructive, helpful feedback
- How the session ends/is evaluated

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Nutrition resources for eating disorders

Professional supervision

Aly McNicoll, Director of Training - The New Zealand Coaching & Mentoring Centre

- What is supervision?
- What are the benefits?
- What might go wrong in supervision?
- The importance of confidentiality
- What to expect from a supervision session
- What to bring to supervision
- How to find a supervisor

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Practising as an eating disorder dietitian

Maureen O'Connor, APD

- DSM5 classification of eating disorders
- Addressing when the clinician has disordered eating issues
- Using anorexia nervosa as an example developing a:
 - Client assessment
 - Treatment plan
- Professional training, supervision and support

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Identifying and assessing eating disorders

The impact of COVID-19 on eating disorders

Sylvia Pyatt, UK and New Zealand Registered Dietitian

- How the COVID-19 pandemic affected rates and presentations of eating disorders (Internationally and across Australia and New Zealand)
- Factors contributing to the worsening of eating disorder symptoms during the pandemic (a review of qualitative literature)
- How dietitians can change their practice in response to increasing demand for treatment

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Nutrition resources for eating disorders

Working with Trans and Gender Diverse People

Dr Nate Reid (MBBS, FRACGP)

- Explaining terminology
 - Transgender
 - binary and non-binary
 - Understanding concepts of gender
 - gender identity
 - gender expression
 - biological sex
- Social, medical and surgical transition
- Feminising and masculinising hormones and health considerations
- Health issues
 - access to health care services
 - mental health
 - hormone therapy risks
- Key tips
 - Pronouns Pronouns Pronouns!
 - Respect
 - Don't be afraid to ask

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Disordered eating and eating disorders in type 1 diabetes

Helen d'Emden, AdvAPD, CDE, MPhil

- Prevalence and contributing factors
- Consequences
- Prevention
- Screening and assessment
- Interventions

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Nutrition resources for eating disorders

Identifying eating disorders in the primary care setting

Jen Pfeifler, Accredited Practising Dietitian and Sports Dietitian

This presentation is designed for GPs but also provides valuable information for dietitians

Learning outcomes:

1. Understand the definition of eating disorders
2. Identify groups who are at high risk of an eating disorder
3. Identify warning signs and screening tools for diagnosis of an eating disorder
4. Explain potential referral pathways for someone with an eating disorder
5. Explain the role of the GP in supporting their patients and medical monitoring
6. Explain indications for hospital admission for someone with an eating disorder

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Relative energy deficiency in sport (RED-S)

Katie Schofield, PhD Candidate, MPhEd, BPhEd, BSc

What is RED-S? Relative energy deficiency in sport

- Definition
- How it was developed and the link with the female athlete triad
- The underlying aetiology of RED-S: low energy availability

What are the consequences of low energy availability?

- Physiological
- Psychological
- Athletic performance

How to determine energy availability

- Discussion of methods and limitations

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Disordered eating in diabetes

Dr. Kylie Mosely PhD (Clin Health Psych); MPsych (Health); BScPsychol (Hons); MAPS

- Identify disordered eating behaviour
- Understand evidence-based treatment approaches
- Develop action plans for treatment

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Issues around body image

Body image

Terrill Bruere, APD, Nutritional Counsellor and Supervisor

- Weight stigma and bias
- What body image is about
- Body image and young people
- Working with people around issues of body image
- Useful resources

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Weight stigma, the socially acceptable prejudice. Part 1

Jo Money, APD

- What is weight stigma?
- Physical and psychological outcomes of weight stigma
- Perpetrators and contributors of weight stigma
- Impacts of weight stigma in health care

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Weight stigma, the socially acceptable prejudice. Part 2

Jo Money, APD

- Language matters
- Internalised bias
- How to ensure your practice is weight inclusive

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Male body dissatisfaction and eating-disordered behaviour

Dr Jonathon Mond, Psychologist, PhD

- Prevalence
- Triggers
- Diagnosis
- Approaches to treatment

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Anorexia nervosa

Anorexia nervosa: key components of care

Marina Payne, APD, CEDC

- Establishing rapport
- Assessing readiness to change
- Goal setting
- Fundamental questions
 - What is my client's medical and psychiatric risk?
 - Does my client have an established treatment team?
 - Is a meal plan appropriate or not for this client? If it is, what would it look like?
 - What nutrition psychoeducation will resonate with my client?
 - Are they engaging in other eating disorder behaviours (purging, laxative use, over exercising, fluid loading) and how does this impact on management?
 - What steps do I need to take if I feel unsettled or anxious in my work with my client?

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Anorexia nervosa: case study 2

Maureen O'Connor, APD

Ellie is a 43-year-old lady with a history of AN dating from her early 20s. She has comorbidities of anxiety and more recently an autoimmune disease, and also has IBS. These have all played a part in maintaining her eating disorder, and Maureen will highlight the importance of a multidisciplinary team approach for her treatment.

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Nutrition resources for eating disorders

Anorexia nervosa: case study 1

Shane Jeffrey, APD

Jack is a 20-year-old semi-professional basketball player and medical student. Shane explains Jack is medically compromised due to his low neutrophil count. He describes the evidence informed framework which guides exercise recommendations during treatment for an eating disorder. Shane briefs us through Jacks' 18 months of treatment; the support Jack has from his parents, gradual introduction of sport and his eventual ability to manage his own food and activity.

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Type 1 diabetes: case study

Robyn Perlstein, APD

Sophie is a 29-year-old woman who has had type 1 diabetes for 21yrs. Five years ago she was diagnosed with anorexia nervosa. Sophie is a particularly complicated client, and as Robyn explains, changes will not happen overnight, but the support and care Sophie receives are fundamental to her being able to take gradual steps to improve her health. This case study illustrates the skills a dietitian can use in clients who are not straightforward.

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Anorexia nervosa in adolescents

Melissa Whitelaw, APD, PhD candidate

- Definition of eating disorders
 - Anorexia nervosa
 - Bulimia
 - Atypical anorexia nervosa
- Early warning signs
 - Weight change
 - Behaviour
 - Nutritional markers
- Clinical approach/management
- Involvement of other health professionals
- Finding appropriate clinicians to refer on to
- The theory behind family-based therapy
- Case study

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Nutrition resources for eating disorders

Safe exercise at every stage (SEES): Clinical guidelines for exercise and eating disorders

Alanah Dobinson, AEP

- An overview of the "Safe Exercise at Every Stage" (SEES) Guidelines
- A practical guide to medically and psychologically graded exercise for people with an eating disorder
- The maximum level of safe exercise
- The risks related to exercise beyond contraindicated levels

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Binge eating

Binge Eating and Binge Eating Disorder

Michelle Roberton, APD

- Binge eating behaviour and Binge Eating Disorder
- Dietitians roles and scope of practice in BE and BED: prevention, early identification and management
- Helpful resources and further information in disordered eating

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Binge eating: case studies

Jo Money, APD

Suzy is a 30-year-old female with post traumatic stress disorder (PTSD), borderline personality disorder (BPD), binge eating disorder (BED) and exists in a higher weight body. Mia is a 22-year-old female with BED who presents in a straight sized body.

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Nutrition resources for eating disorders

Binge eating disorder

Dr Kiera Buchanan, PhD, Clinical psychologist, Health psychologist

- Prevalence of eating disorders
- Diagnosis and characteristics of binge eating disorder
- Treatment using CBT

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Binge Eating Disorder: case study

Dr Kiera Buchanan, PhD, Clinical psychologist, Health psychologist

Sarah is a 21-year-old woman who presented to the dietitian seeking weight loss. Further questioning revealed symptoms of disordered eating, Sarah was referred to Kiera for her opinion and shared care. In this case study Kiera describes how Binge Eating Disorder is diagnosed and managed. She then explains in detail her use of Cognitive Behavioural Therapy-Enhanced (CBT-E) with Sarah and the outcomes which resulted.

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Eating disorders (other than anorexia nervosa and binge eating)

Fear of food

Marthe Van Iwaarden, Psychologist, BA (Hons), MSc (Psych), MAAPi

- Definition, signs, and symptoms
- Criteria for diagnosis (i.e. clinical impairment)
- Identifying other diagnoses that might be involved (e.g. AN – fear of weight gain, OCD - fear of contamination, ARFID – fear of aversive consequences, anxiety)
- Management/treatment
- Case examples

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Bulimia Nervosa

Shane Jeffrey, APD

- Definition and incidence
- Medical complications
- Treatment options
- Nutritional management
- Case study

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Avoidant restrictive food intake disorder- ARFID

Shawna Melbourn, Registered Dietitian, Canada

- Definition of ARFID
- The difference between ARFID and fussy eating
- Treatment approaches and strategies
- Managing nutritional adequacy in someone with ARFID

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Avoidant restrictive food intake disorder- ARFID: case study

Shawna Melbourn, Registered Dietitian, Canada

Jenny is a 12-year-old girl referred to Shawna for nutritional assessment and concern about her limited food intake due to extreme anxiety around food. In this 50 minute case study, Shawna describes her nutrition plan for Jenny in detail.

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Orthorexia Nervosa

Sarah McMahon, Psychologist

- What differentiates Orthorexia Nervosa from other eating disorders
- How diets and dieting influence the incidence of O.N.
- How to Identify clients with symptoms of O.N.
- Strategies toward helping align yourself with clients
- Approaches for challenging restrictive food practices

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Orthorexia Nervosa: case study

Sarah McMahon, Psychologist

Mary is a 22-year-old woman presenting for treatment due to concern her family has regarding her relationship with eating and exercise. Sarah discusses what orthorexia nervosa is and identifies a treatment framework that is multidisciplinary and includes dietetic, psychological and medical support. The importance of dietitians being familiar with eating disorders such as orthorexia is also highlighted.

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