

ALSANA

An Eating Recovery Community



Substance-Use Disorders & Eating Disorders: An Epic Game of Ping-Pong

Angela Dainas, M.Ed., LMFT

Overview



- **FACTS**

- The Intersection of Eating Disorders (ED) and Substance Use Disorders (SUD)
- Presentation of ED/SUD Client
 - How to recognize the issue
 - How to break-through your denial

- **FEELINGS**

- Clinicians
- Families

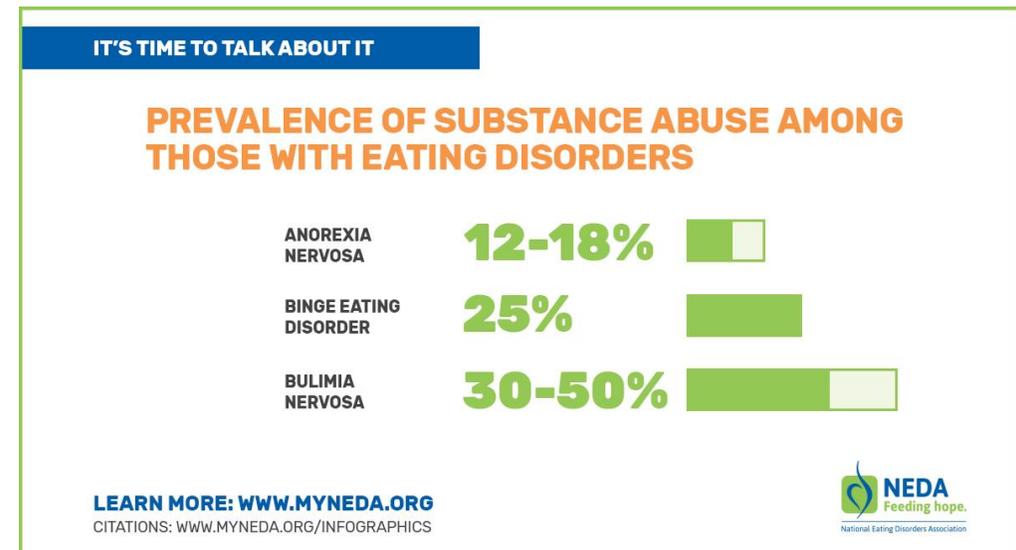
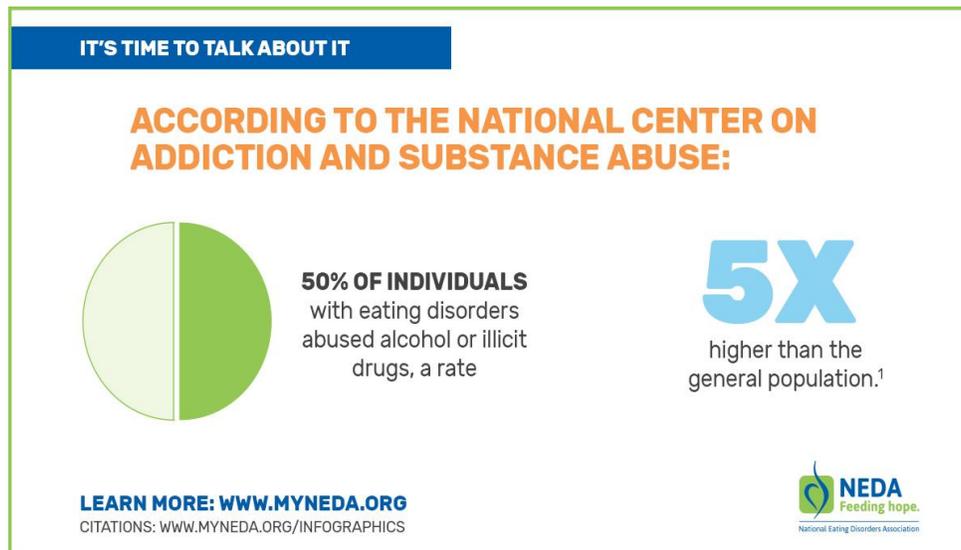
- **ACTIONS**

- Clinicians
- Families

- **QUESTIONS**

FACTS

- Approximately 50% of individuals with ED abuse alcohol or other illicit substances as compared to 9% of the general population (CASA, 2003)
- Approximately 35% of substance abusers have clinically significant disordered eating or ED (CASA, 2003)
- NEDA Infographics:



FACTS



- **Substances Abused:** Alcohol, Amphetamines (Adderall & Meth), Natural Opioids (Heroin and Kratom) and Synthetic Opioids (Oxycodone), Benzodiazepines (Xanax, Ativan, Valium, etc.), OTC laxatives, diet pills, and diuretics, *Loperamide (Imodium)*; internet supplements; caffeine; nicotine; artificial sweeteners; and misuse of insulin and thyroid medication. Cannabis, MDMA, Psilocybin (mushrooms), and new synthetics everyday
 - Very few programs with integrated treatment for ED/SUD
 - Language of Treatment & Definition of RECOVERY differs
 - Old school beliefs of treatment and recovery differ
 - Co-occurring Disorders are also more likely to be reported and experienced by individuals suffering from ED & SUD:
 - Anxiety, Depression, Suicidal Ideation and Attempts, OCD, Trauma History, & PTSD
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Are Eating Disorders Categorized as Addictions?

- Clients identify with the conceptualization of ED as Addiction
- Food Addiction
 - Yale Food Addiction Scale
- Behavioral Addiction
 - Dieting
 - Compensatory Behaviors
- Exercise Addiction
 - Primary Exercise Addiction in non-ED individuals

Signs of a Problem



- The Slow Boil
 - Tolerance
 - Withdrawal and (PAWS)
 - Craving (Agitation and Irritation)
 - Gaslighting: the act of manipulating (someone) by psychological means into questioning their own sanity and reality
 - Rosemary's Baby
 - The gaslight-er may not be doing so intentionally but their own denial is causing the manipulation
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The River in Egypt



- Denial- it is VERY difficult to live in and accept reality. Throughout the recovery process families and individuals will travel the continuum of denial, potentially experiencing extremes.
 - We do not want our loved one to be sick
 - We do not want to deal with any of this
 - We do not want to have to make changes ourselves
 - Minimization + Rationalization= “Protection”
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FEELINGS



CLINICIANS

- Want our clients to be well
 - See the progress and give endless benefits of doubt
 - Must ethically draw boundaries in order to assist clients in receiving the correct type of treatment
 - Must have the difficult conversations in a lovingly direct way
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FEELINGS

CLIENTS:

- Confusion
- Anger
- Fear
- Loss of Identity

FAMILIES:

- Confusion & Uncertainty
- Anger
- Fear
- Loss of Control

ACTIONS: CLINICIANS



Must break through the denial and communicate the severity of the condition/situation to family and client



Amend treatment plan to incorporate integrated treatment- more research is needed: DBT is the only



ED PHP is best containment strategy



Programs and Clinicians must be trained in recognizing behaviors AND treating both ED and SUD

ACTIONS

FAMILIES

- Hang a sign in your home to remind yourself that:
 - 1. You are human
 - 2. You want your loved one to live
 - 3. You can do hard things
- Follow Recommendations
- Do your own work

WE
CAN
DO
HARD
THINGS.

-glennon doyle

QUESTIONS & REVIEW



References



- The National Center on Addiction and Substance Abuse (CASA). (2003). *Food for Thought: Substance Abuse and Eating Disorders*. New York: CASA at Columbia University.
 - National Eating Disorders Association.
<https://www.nationaleatingdisorders.org/eating-disorders-substance-abuse>
 - Dennis, A.B., Pryor, T. (2019). *The complex relationship between eating disorders and substance use disorders*. Eating Disorders Resource Catalogue
 - Dennis, A. B., Pryor, T., & Brewerton, T. D. (2014). Integrated treatment principles and strategies for patients with eating disorders, substance use disorders, and addictions. In T. D. Brewerton, & A. B. Dennis, *Eating disorders, addictions and substance use disorders: Research, clinical and treatment perspectives* (pp. 461-490). Berlin Heidelberg: Springer.
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