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Dancing in the Unicorn Sprinkler: Finding the SPARK

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Clinicians come into the field and stay in the field of Eating Disorders due to their passion about this being important, worthwhile work to help individuals make significant changes in their day-to-day life functioning, thinking, and circumstances. Despite the fact that we all know recovery is possible, the work is often challenging, the journey long, and the process rocky.

One of the factors that helps to maintain motivation and optimism for most clinicians is being honored to see some clients eventually heal from years of disordered eating and distorted thinking about their bodies. It becomes even more exciting when some of these individuals begin to take on a passion about spreading the word to others about letting go of ED-related thinking, seeking treatment for EDs and changing our culture, where too many people get stuck in ED behaviors for far too long.

My own optimism and enthusiasm were recently sparked in this way during a session with a client who came in declaring that she had recently "danced in a unicorn sprinkler!" This client, whom I will call "Gwen," had a multi-decades-long history of disordered eating but really did not come to recognize it as being problematic from an emotional stance until coming into therapy about a year ago. She had spent much of her life dieting and hating her body, assuming that to get better she simply needed to have more willpower and to stop overeating.

On the day of this summer session, Gwen described how a friend was hosting a party and set up a sprinkler featuring a blow-up unicorn with water spraying from its horn. Normally, Gwen would avoid frolicking, calling attention to herself, or doing anything that might be negatively judged by others. In this case, however, she took on the opportunity that afternoon as a challenge for herself. She decided she deserved to have fun, to be free, and to not worry about the wet clothes clinging to her body. Gwen grinned and giggled as she shared her brave testimony of dancing with a couple of other women-an act that both of us knew was so meaningful on so many levels. Dancing in the waters sparked a newfound sense of freedom for her and came to represent her being in a new stage of recovery.

As is so often true when individuals show up in our offices to ask for help, Gwen was initially skeptical that regulating her eating and quieting her negative inner critic actually would be part of the solution. As a smart, insightful, effortful woman, she soon became fully absorbed in the work of making very different, meaningful changes in her approach to food, body, movement, and life overall. She was hesitant but ultimately surprised to find that ED resolution involved eating more often rather than less often, required allowing more types of foods rather than restricting foods, and required more self-compassion for her body rather than self-loathing.

Gwen began to expand her social circle and to recognize that she deserved to show up and to speak up;

conversely, she also began to experiment with leaving circles that included negative body talk, and began to retort with snappy comebacks when someone made a critical comment about food or women's bodies.

An Abusive Background

Gwen had grown up in an abusive household with parents who were overwhelmed, immature, and struggled with addictions of their own. As a child, she learned quickly to hold back emotions and to soothe herself with food. She also learned to cover up, literally, due to often having bruises, which necessitated long sleeves so that no one would ask questions or get anyone in trouble. Gwen recounted one incident of having a bruised throat after getting in trouble for having laughed and then having to wear a turtleneck until the discolorations disappeared. The scars of emotional eating, suppressing her emotions, and covering up her body lasted well into her adult years. Part of her work on her eating disorder has involved linking together some of the causal factors that made her quite vulnerable to having an ED, not only from our toxic culture but also from a very difficult childhood. She also was ready to turn to the work related to changing her thoughts, behavior patterns, and assumptions in the Now.

In working with Gwen and some of her newfound discoveries and moments of choosing to approach the world differently, it became clear that there are certain factors that seem to be more common for clients who are in the more advanced stages of eating disorder recovery. Getting to this stage of more fully embodying recovery allows clients and therapists to move beyond symptom focus. Those who are further along on the treatment journey often share several specific characteristics representing a SPARK:

S - Self-Awareness is a critical step of treatment and is sought after from the onset of treatment. However, it is often quite distorted and difficult to fully appreciate until the individual is further along the recovery continuum. For those further along in their work, it seems to be easier and easier to identify triggers and reactions to them, allowing them to more mindfully make decisions about responding differently than in previous years.

P - Plucky is defined by the *Merriam-Webster Dictionary* as "having or showing a lot of courage or determination." Most clients at a more advanced stage of recovery have a plucky, courageous, spirited, feisty part of themselves that begins to show up more and more. This indicates their intention to no longer live being ruled by the ED or by rigid rules that never worked anyway. The liveliness is inspiring.

A - Assertiveness about needs, feelings, and boundaries is pivotal in recovery. Therapists are usually seeking to find what the ED is trying to assert - albeit in a harmful way - from the beginning, but clients at later stages are often able themselves to leap to the needed communication with more ease and aplomb. Hearing stories of saying "no" and saying "yes" show up more often, and this is an excellent sign of advancing progress interpersonally and emotionally.

R - Reverence for the body and eating is key in the final stages of recovery, as lack of trust in one's self is an underlying factor in the throes of an active eating disorder. Most clients have lived so much of their lives thinking they can't trust their bodies but have to control and contort their bodies to be something they aren't intended to be. Seeing clients honoring and valuing of their bodies is inspiring to witness.

K - Kindness to oneself is key. Developing more compassionate care for self and allowing for imperfections represents another significant part of later stages of recovery. Many individuals have spent their lives being extraordinarily kind to so many others around them but have not been able to apply such skills to themselves. Shifting into the process of centering on self with kind-heartedness and benevolence represents a radical and significant shift.

Gwen has continued to make bold and exciting discoveries about herself and about ways of approaching food, friends, eating, and living differently. She continues to identify areas on which she wants to work, but progress is absolutely on an upward trajectory and is gaining momentum with each passing week.

Gwen is also beginning to share her knowledge with others, to question long-held myths, and to live the second half of her life in a completely new way. Her spark is spreading, emboldening both of us to be reminded that of recovery and change in the world are absolutely possible.

As we ED clinicians continue the difficult but essential work in our chosen fields, it does help to be periodically reminded of the other side of the continuum. Hearing stories of recovery and having clients move further along in treatment help. May we all continue to assist in the spreading of anti-ED messages in our world, to help more individuals join the ranks of prevention advocacy, to continue to witness SPARK in our offices, and to find opportunities for more dancing in unicorn sprinklers.

About the Author

Sandra Wartski, PsyD, CEDS, a frequent contributor to *Eating Disorders Review*, has been working with eating disorders patients for the past 25years. She is a licensed psychologist who works as an outpatient therapist at Silber Psychological Services in Raleigh, NC. She enjoys providing presentations and writing articles on a variety of mental health topics, particularly eating disorders-related topics.

From Across the Desk
When Patients Find the Joy in Getting Better

As we welcome 2020, there is much to be optimistic about in research and advances in eating disorders, even as long-time issues about mortality and the long-term effects and difficulty of treating all forms of eating disorders continue.

In this issue, author Sandra Wartski notes that one of the factors that helps clinicians maintain their motivation and optimism is witnessing a client heal after years of disordered eating and distorted thinking about his or her body. It is even more exciting when some patients become passionate about spreading the word about letting go of thoughts related to eating disorders, and instead helping others find treatment.

Several articles also underscore the ever-growing use of the Internet and online programs that can greatly increase contact with patients, and some that have questionable effects, such as an app that is directed at increasing weight consciousness among children. Other articles look at the importance of adequate nutrition during pregnancy and the degree of knowledge of nutrition among people with eating disorders.

Dr. Wartski offers a good message for us in 2020: May everyone in the eating disorders field continue to assist in the spreading of anti-ED messages in our world.

— MS

Update: New Weight Watchers Anti-Obesity App for Children Draws Criticisms

The Centers for Disease Control and Prevention estimates that around 13.7 million children and adolescents from 2 to 19 years of age in the US currently are obese. Kurbo, a new weight loss app designed for children 8 to 17 years of age by the Weight Watchers organization (now re-branded WW), has drawn criticism from parents and eating disorders organizations alike. By mid-August 2019, more

than 78,000 persons had signed an online petition calling on WW to withdraw the Kurbo app. One of the criticisms is that looking at before and after pictures of children who have lost weight may be a form of body-shaming and does not stress healthy eating; instead, it is geared toward weight loss. The app, which is based on the Traffic Light System, which divides foods into red, yellow, and green groups, attempts to encourage children and teens toward eating more "green-light" foods like fruits and vegetables.

Participants have access to recipes, videos, and daily-living-focused games. The program is free, but a subscription for $69 a month includes one-on-one 15-minute virtual video sessions with specially trained, Kurbo-certified coaches. Parents receive recipes, shopping lists, and a newsletter that offers diet tips.

A recent study has analyzed the effects of the program. Dr. Victor Cueto and colleagues at Rutgers New Jersey Medical School, Newark, NJ, analyzed 1,120 online participants with a mean age of 12 years and body mass indexes greater than the 85th or 95th percentile at baseline (*JMIR Mhealth Uhealth*. 2019;7:e14458). Dr. Cueto and colleagues reported that the children and teens participated in a median of 9 coaching sessions, and attrition rates were relatively low. Using more coaching sessions was correlated with greater weight loss during participation in the program. Notably absent was comment on any measure of potential adverse effects, including potential risks such as distress, body dissatisfaction or disordered eating thoughts or behaviors. It seems critical to assess for these risks in any further studies of this sort.

Laxative Abuse: Taking a New Tack

A case of a 49-year-old woman whose abuse was halted with an approach usually reserved for those with substance abuse.

Laxative abuse carries significant medical risk. For low-weight patients with AN, this can mean hypotension and osteopenia, and may range all the way to life-threatening arrhythmias. Effective treatment for adults with AN is challenging, perhaps particularly for those with binge-purge subtype AN (AN-BP).

Two Japanese psychiatrists recently described a new approach to controlling laxative abuse in an adult with AN. Drs. Kuniyoshi Toyoshima and Ichiro Kusumi recently reported intervening in a case of laxative abuse using an approach usually reserved for persons with drug addiction (*BMC*. 2019; 13:23). They reported the case of a 49-year-old woman with AN-BP whose physical health had deteriorated due to long-term laxative abuse. She developed kidney failure and began dialysis. By 35 years of age she weighed less than 30 kg (60 lb) and as her blood pressure decreased, it became harder to perform dialysis. When not hospitalized, her laxative abuse resumed and when she was re-hospitalized, her weight gradually continued to fall into the 20- to 25-kg range. The researchers finally surmised that her use of laxatives had evolved from a way to control her weight to a way to manage her anxiety. The authors then adopted a drug addiction intervention.

The Serigaya Methamphetamine Relapse Program (SMARPP) is based on cognitive behavioral therapy, and includes topics on the correlation of an eating disorder with drug cravings and harm to the brain and the body. The authors' rationale was that the woman's laxative abuse was analogous to an addiction; that is, erosion of the desire to stop harmful behavior, which is caused by neuroplastic changes in the brain that limit rational control of the harmful behavior. They then turned to the SMARPP workbook, which uses the SMARRP principles in 28 chapters, which patient and therapist can read and complete together. Each chapter requires about 30 minutes to complete; 15 minutes for the patient to read the chapter and 15 to

answer questions. The exercise was performed once a week for 7 months in a hospital setting.

During the sessions, the patient recognized her laxative abuse, which had led to using approximately 30 tablets each night. From the age of 47 to 49, her abuse gradually increased from 30 tablets to 200 tablets of commercially available laxatives (Bisacodyl™ and Sennoside™) per day. After the use of the workbook approach, the patient admitted her laxative abuse to the medical staff and her family members, and began to work independently to prevent its recurrence. Her weight and food intake became normal, and 4 years after the intervention, she has not been re-hospitalized and currently performs household chores. Her social functioning is much improved.

The authors noted that reports have shown that those with AN-BP may have increased vulnerability to substance use disorders (*BMC Psychiatry*. 2016; 16:10). They also pointed out that this was an individual case and could not be generalized. However, the approach might be effective for treating laxative abuse in patients with AN-BP. Future studies of larger numbers of patients will be needed to assess the efficacy of the SMARPP approach.

(Note: It is important to remember that this person was hospitalized for 7 months! However, the approach and conceptualization are both fairly novel, and worthy of note.)

Problematic Internet Use and Prediction of Eating Disorders

A new link between Internet use and eating disorders

According to Statista, the German online portal for statistics, in 2018, the average American spent 24 hours a week online. Smartphones and social networks have increased the level of Internet addiction and eating disorders among university students, according to a recent study by researchers at the University of Granada (*Nutrients*. 2019; 11:2151).

Problematic Internet Use is one reflection of uncontrolled use of technology, and recent studies are showing a link between Internet addiction and eating disorders. Problematic Internet Use is categorized as a "behavioral addiction" (*Comput Hum Behav*. 2016; 55:76). Dr. Francisco-Javier Hinojo-Lucena and colleagues in Granada, Spain, conducted a meta-analysis of the literature on Problematic Internet Use and EDs using two databases, *Scopus* and *Web of Science*. The researchers included journal articles, empirical research, papers written in either English or Spanish, to study the association of Problematic Internet Use with an eating disorder among students. They excluded proceeding of meetings and congresses, book chapters, books, or non-peer-reviewed publications, theoretical papers or reviews, Problematic Internet Use not associated with a particular eating disorder, and non-student populations. The researchers identified 12 articles in the systemic analysis and 10 in the meta-analysis. Seventy-five percent of the articles were published since 2014; the first articles on Problematic Internet Use and eating disorders were published in 2009.

Some conclusions were made

The authors evaluated articles and documents that included 16,520 students from different countries. A number of eating disorders were associated with Problematic Internet Use: AN, BN, BED, food preoccupation, loss of control eating, and dieting. Most cases involved BN (92% of cases) and highlighted the interest in AN (50%), food preoccupation and loss of control eating (both 42%), and BED (17%). Overall, those with Problematic Internet Use were more likely to have an ED or disordered eating. The authors also noted that most studies involved university students, the group at highest risk. Problematic Internet Use presents many challenges because it may encourage sedentary behavior and may facilitate

ordering food online. An additional danger from the social networks is the risk of social comparisons, which can also lead to the development of eating disorders such as AN or BN.

Finally, the authors suggest that since university students are at the greatest risk, preventive measures should be introduced earlier, at lower educational levels.

Access to Treatment, and Mortality in Eating Disorders

The study model also showed a high prevalence of eating disorders in the general population.

Having a better understanding of the prevalence of eating disorders over the lifetime "could help decision-makers and clinicians better target policies and programs," according to a team of public health researchers led by Zachary J. Ward, MPH, of Harvard's Center for Health Decision Science, Boston (*JAMA Network Open*. 2019; 2[10]:e1912925).

Given the effort that studies providing data on prevalence across the lifespan would entail, the team designed an analytical model study to simulate clinical and epidemiologic eating disorders data, using a simulated nationally representative cohort of 100,000 individuals (50% male) modeled from birth to age 40 for anorexia nervosa, bulimia nervosa, binge-eating disorder, and other specified feeding and eating disorders (OSFED). The authors also sought to estimate how increasing access to treatment for eating disorders might diminish mortality. Estimates of prevalence, remission and relapse rates as well as excess mortality were drawn from the existing literature.

Eating disorders by age

The study results showed that the estimated prevalence of eating disorders was high: the highest estimated mean annual prevalence of eating disorders overall occurred at approximately 21 years of age for both males and females. The mean lifetime prevalence increased to approximately 1 in 7 males and approximately 1 in 5 females by age 40. The types of eating disorders followed a similar pattern, peaking in the late 20s and then decreasing slowly in later adulthood; in this study, most cases involved OSFED. In the model, 95% of those developing an ED did so by 25 years of age.

Treatment prevented approximately 41.7 deaths per 100,000 persons; however, increasing coverage to provide treatment to all with EDs would prevent 70.5 deaths per 100,000. Of note: total prevention of all EDs was estimated to prevent 213 deaths per 100,000.

This modeling highlights the prevalence of EDs and the mortality burden associated with ED and underscores the potential benefits of improved access to treatment.

Musicians and Eating Disorders

A recent study shows perfectionism is one underlying factor.

Karen Carpenter is one of the best-known pop singers to have been overcome by longtime anorexia nervosa, and her death at age 32, in 1983, shocked most fans worldwide. Other well-known actresses and singers, such as Jane Fonda, Britney Spears, Elton John, and Lady Gaga, are just a few of the many celebrities who report having dealt with bulimia nervosa.

A recent report from London has shown that eating disorders are surprisingly common among musicians.

The key elements increasing risk could be: perfectionism, stress, anxiety, and depression—all components of performing before a live audience (*Eat Weight Disord*. 2019; 24:54).

Drs. Marianna E. Kapsetaki and Charlie Easmon of Imperial College London and University College London investigated eating disorders among 303 musicians. The authors had noted that eating disorders are not uncommon among performing artists and hypothesized that eating disorders would have a high prevalence among musicians. The authors sought to pinpoint factors that might be involved, including the type of music, the musician's income, the stage in his or her career, the time of year, their age, gender, and risk factors, such as parental or peer pressure, social isolation, and perfectionism. They wanted to see if musicians believed eating disorders affected performance and diet, and if the musicians used any particular foods or substances to enhance their performance.

The participants were females and males 18 years of age or older, at all stages in their musical careers. They were asked about any eating disorders in the past, and current eating disorders. General mental health was assessed with the *Depression Anxiety Stress Scale* (DASS-21). Body mass index was calculated from self-reported height and weight. All the questions were uploaded on *UCL Opinio 7.3* online survey software in English, and the survey was then sent worldwide to the musicians.

Musicians in every type of music were affected

A total of 119 males and 182 females participated, and the median age was 27 years. All types of music were represented, from classical to pop, folk, and rock. Of the participants, 83% were instrumentalists, 31% were singers, 5% were composers, 2% were musicologists, 2% were conductors; and 2% described themselves as "other." The *EDE-Q Global Score (*EDE-QGS)showed pathological values in 19% of the musicians, and when asked about lifetime history of an eating disorder, 32% of the participants answered positively. EDE-Q subscale scores were in the pathologic range in 13% to 35% of participants, with the highest percentage being seen on the shape concern subscale.

The authors noted that most of the participants spent much time traveling within one country (85%) versus traveling overseas. Most reported that their eating habits did not affect either their career or their performance; however, some reported that their career affected their eating habits—many reported that they would change their diet if they had higher incomes and about 20% were dependent on or addicted to certain food or drinks, usually caffeine-containing drinks.

Pinpointing possible risk factors

Music students, professional musicians, soloists and musicians who traveled overseas had a higher percentage of pathological scores on the *EDE-QGS* and there was a positive correlation between scores on the *EDE-QGS* and risk factors of perfectionism, depression, anxiety, stress, peer pressure, and social isolation. There was added stress when an individual was a soloist compared to singing or playing in a small or large group.

The authors note that an increased prevalence of eating disorders among musicians could be due to increased levels of perfectionism (especially in classical or professional musicians) because their goal is to perform perfectly. The authors also suggest that one reason singers report more eating disorders than do instrumentalists is that there is an ambivalent association with their primary instrument, that is, their bodies make the music.

It is common to think that certain groups are at high risk for eating disorders; endurance athletes or dancers come to mind. This study suggests that musicians are at similarly elevated risk.

Knowledge of Nutrition Needs Can Be Lacking among

Those with Eating Disorders

Two studies point to a need for improvement.

Recently, Polish nutritionists wondered, how much do people with eating disorders know about nutrition? Do age, education, type of eating disorder, or body mass index (BMI, kg/m^2) play a role? (*Rocz Panstw Zaki Hig*. 2019; 70:41).

Dr. Beata Calyniuk and colleagues at the Medical University of Silesia, Kantowice, Poland, assessed knowledge of nutrition using a survey questionnaire designed by Dr. Calyniuk. The 33-question instrument was published on the Internet in one of the social media portals in the "Eating disorders-tackling" group, which includes people with all types of eating disorders.

The authors found that the least-informed group were people younger than 20 years of age, and those who lived in medium-sized cities with populations between 20,000 and 100,000. Respondents with a vocational education were least informed about nutrition, and those with normal body mass indexes scored highest on knowledge of nutrition in eating disorders. Overall, the authors reported, their study showed that nutrition knowledge was selective and not enough to provide appropriate food choices to meet nutritional needs.

Their findings echoed those of an earlier 6-month study of 182 adolescents with and without eating disorders and their parents (*Int J Adolesc Med Health* 2015; 27:11). The study was conducted in a suburban adolescent medicine office. Eighteen basic questions about nutrition were presented to the teens and their parents. Neither teens with or without an ED correctly answered more than 50% of the questions. Also, fewer than 16% of respondents in either group correctly answered questions about appropriate intake of fats, carbohydrates, and proteins.

Both studies findings underscored the importance of teaching patients about healthy lifestyles and nutrition and thoroughly discussing all nutrients, their functions, and effects on the body.

Self-Screening Tools for Detecting Eating Disorders among College Students

Disappointing results from a large study.

Since the peak time of the onset of an eating disorder is usually between adolescence and early adulthood, a self-screening questionnaire targeted at this age group would have obvious benefits. But screening in a way that identifies those with an eating disorder while not mis-identifying those without may be a challenge. Selecting the correct screening instrument may be the key. However, when Japanese researchers recently studied the screening accuracy of the *Eating Attitudes Test* (EAT-26) and self-reported body frame, followed by a semi-structured interview with the *Structured Clinical Interview for DSM-IV Axis 1 Disorders* (SCID) among new college students, the test results were disappointing (*BMC Res Notes*. 2019; 12:613).

Earlier studies in Japan using the *EAT-26* to detect eating disorders and abnormal eating behaviors among high school and college students have yielded inconsistent results. Dr. Norika Hayakawa and four colleagues at Nagoya University designed a larger-scale anonymous study of new college students from 2012 to 2015; the survey was administered during the students' college entrance medical checkup. The 5275 students who agreed to participate provided self-reported body weight and height and completed the EAT-26. Then, the SCID ED module was conducted among 131 students to provide an eating disorder

diagnosis.

Among the 131 students who completed the semi-structured interview, no student with a high EAT-26 score was diagnosed as having an eating disorder based on the *SCID*. Conversely, 3 students were diagnosed with an eating disorder but none had an elevated EAT-26 score. One limitation of the study was that only 1.7% of new students were included in the semi-structured interviews, and it is unclear if these were randomly selected.

After assessing their results, the authors concluded that when the EAT-26 alone is used, it is not possible to identify individuals with an eating disorder. Another interpretation of the findings is that a measure such as the EAT-26 is best used for identifying disordered eating attitudes or behaviors, but not to make diagnoses.

QUESTIONS AND ANSWERS: Fighting Dental Erosion

Q. Several of my patients have oral health issues related to their eating disorders. Are there any dental health programs we might use to better educate these patients? (*L.H., Louisville, KY*)

A. It can be really helpful for people with EDs to better understand oral health. A recent study by Dr. Laura S. Silverstein and a team at the University of North Carolina, Chapel Hill, NC, describes the impact of a 3-session oral health intervention among a group of patients with AN and BN (*J Eat Disord*. 2019; 7:29). The team evaluated the effectiveness of an original oral health education program, "Smiles Matter," which aims to improve oral hygiene knowledge and dental practices to help individuals take control of their oral health

The study group attended 3 educational sessions, which covered general oral health, the effects of eating disorders on teeth, and nutritional ways to improve oral health. The patients learned which foods stimulate saliva and which stick to the teeth and raise the pH of the mouth. Sixty-seven entered the study and 46 attended all sessions and provided pre- and post-intervention data.

The authors found that 59% of the patients reported seeing a dentist regularly, but 20% reported seeing a dentist only when they had a dental problem. Only 11% said they did not plan to visit a dentist, and 93% of patients correctly answered that dental erosion was the most common dental finding among people with eating disorders. Fifteen percent had been referred to a dentist since their eating disorder was discovered. While most patients knew in advance that eating disorders can lead to erosion of the teeth, only about a third knew the most likely place in the mouth where erosions would occur.

Patients who made regular visits to the dentist were significantly more likely to respond that their teeth/mouth had a positive effect on how they looked to themselves and to others, their general health, and general happiness than did those who reported only going to a dentist occasionally. The authors stressed how helpful it is for those with eating disorders to have access to a welcoming dental practice, or dental "home," to help provide a supportive environment for their oral health and self-image.

— SC

In the Next Issue

Causes and Management of Edema in Patients with Eating Disorders

By Leah M. Swanson, MD, Melanie L. Hebert, MD, and Philip S. Mehler, MD

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Edema is highly prevalent, complex, and frustrating for ED patients, who already have high degrees of body dysmorphia and body image distress. When recognized early and treated appropriately, however, it can be managed quite effectively, minimizing patient distress.

PLUS

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- **Public health messages and weight-related beliefs**
- **Managing refeeding syndrome in inpatients**
- **How taste varies among eating disorders patients**

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