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DSM V Eating Disorders

- Pica
- Rumination Disorder
- Avoidant/Restrictive Food Intake Disorder
- Anorexia Nervosa
- Bulimia Nervosa
- Binge-Eating Disorder
- Other Specified Feeding or Eating Disorder
- Unspecified Feeding or Eating Disorder

Working with people with eating disorders

- It's hard. Why?
 - Starvation
 - Ambivalence? TERROR!!
 - Need EMPATHY (they did not choose to have a mental illness)
 - Need a balance of **empathy** and **firmness** (otherwise you're in danger of colluding with the illness)
- How do people get EDs?
 - Genetic predisposition
 - Ideal of thinness in females and muscularity in males
 - Skinny/toned models and photoshopping create unattainable standards
 - Low sense of self-worth
 - Dieting/weight loss

Treatment Issues

- Eating Disorders are serious mental illnesses
- If untreated, can become chronic conditions with significant morbidity
- AN: highest mortality rate of any psychiatric disorder (twice that of any other psychiatric diagnosis)
- AN: stigma > depression or schizophrenia (Stewart et al, 2006)
- Main causes of death in AN and BN - cardiac arrest and suicide
- Better prognosis if treated early (especially first 6 months)
- Traditionally difficult to treat – ego-syntonic aspects
- Poor treatment outcomes
- High dropout rates

Treatment Issues 2

- EDs are difficult to treat because:
 - although s/he is unhappy, s/he is often scared of giving up her ED because of an unreasonable fear of becoming fat
 - semi-starvation may lead to depression and other psychological symptoms
 - many physical problems resulting from starvation and/or purging
- Poor prognosis: low initial weight, vomiting, failure of previous treatment, disturbed family relationships, medical instability, suicidality, co-morbid conditions, increase or return of symptoms
- Good prognosis: mild symptoms initially, good initial psychosocial functioning

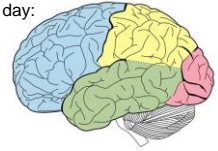
Functions of the ED

- Acts as a form of communication – it identifies him/her as needing help
- Maintains childlike dependency
- Protects him/her from sexuality/intimacy
- Brings family together
- Routines provide security/comfort
- Helps control emotions (esp. bulimia)
- Provides some sense of achievement
- His/Her only way of feeling good
- Provides an excuse not to be perfect
- Protects him/her from others' expectations
- Protects him/her from who she thinks she is ("bad")
- It's always there for him/her, a comforting friend
- It's all his/hers - nobody can tamper with it
- It's his/her identity: it makes him/her special

Brain functioning is damaged by starvation

The brain needs ~500 calories per day:

- For running costs
- To facilitate new learning
- To develop new connections
- To strengthen links in the brain



With fewer calories:

- Decreased social skills
- Inwardly focussed
- Poor decision making
- Decreased flexibility in thinking
- Poor planning
- Reduced spontaneity
- Compulsive/repetitive behaviours

Poor emotional regulation

Dr Louise George

Clinical Psychologist

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Raising Body-Confident Kids

www.raisingbodyconfidentkids.com.au

- Most educators are becoming more aware of the signs and symptoms to look out for with regards to Eating Disorders
- But by the time we identify Eating Disorders we have moved beyond prevention to treatment/harm minimisation
- If prevention is to be effective we need to be learning and educating about the risk factors for the Eating Disorders.
- But educators and parents are often unaware of these risk factors

- The problem is that the primary risk factors for these serious problems are considered "normal" in the environment in which our children and students grow up today.



- This is not a benign environment
- This is an environment that increases risk for EDs

What is body dissatisfaction?

- Negative thoughts and feelings about one's body.

Is it a concern for Australian youth? Children

- 8-9 year old boys and girls report body dissatisfaction
- 10-11 year olds have tried to "manage their weight"



Is it a concern for Australian youth? Adolescents

Body image has remained a top ranked personal concern among Australian youth since 2006.

Current estimates shows the incidence of body dissatisfaction in Australian adolescents is at least 75% for girls and 50% for boys

Are you 15-19 years old?
Have your say today!



Adults

- Less than 25% of Australian women were found to be satisfied with their weight.
- Body dissatisfaction for western men in Australia is estimated to have tripled in the last 25 yrs

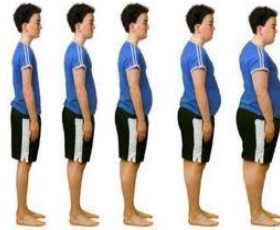


Why do we need body dissatisfaction prevention?

Body dissatisfaction and eating disorders



Body dissatisfaction and overweight/obesity

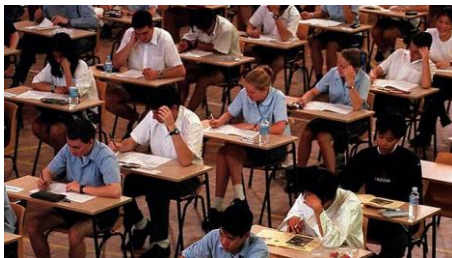


Beyond prevention of Eating Disorders and Obesity

Implications of body dissatisfaction:
Serious psychological distress



Implications of body dissatisfaction:
Limits academic achievement



Implications of body dissatisfaction:
Unhealthy weight control behaviours



Effective prevention

A “whole school” approach to prevention

- Stand alone lessons are important but not enough to have a lasting impact in the prevention of body dissatisfaction.
- Lessons taught need support and reinforcement from the world in which students spend their days: A world of food, fashion and Facebook

A whole school approach



A community approach



A “whole school” approach in action

Body dissatisfaction occurs when...

1. Exposure
2. Internalisation
3. Comparison

Some things to consider at your school

- Develop a “whole school” approach to supporting healthy body image
- Include prevention programs in your school curriculum
- Educate staff and parents about how to support the information taught in these programs.

A day in the life of Georgia

Viewed from the back seat of the car



Teacher says: "Not for me thanks, I'm on diet"



Row team weigh-in



"You look great, have you lost weight? I wish my legs were that thin"



Around the house

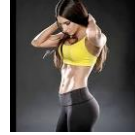


Facebook update



Fitspo

Jen Selter
(5.5m)



Michelle Lewin
(3.5m)



“Mummy’s on a diet, she cooks but she doesn’t eat with us”



Bed time reading

“Who’s that beautiful girl?” the ladies wondered. “She must be a princess.”



CONCLUSION

Resources and further reading

- Media Smart
 - Helping, Encouraging, Listening & Protecting Peers (HELPP)
 - Life Smart: S. M. Wilksch and T. D. Wade
 - Free Being Me: The world association of Girl Guides & Scouts; Dove
 - Healthy Bodies: K. J. Kater
 - NEDC: Awareness, Prevention and Early Intervention for Schools
 - Butterfly Foundation
 - Professor S J Paxton: La Trobe University
 - D. Neumark-Sztainer
- Contact: **Dr Louise George: Raising Body-Confident Kids**
www.raisingbodyconfidentkids.com.au



Alternatives to dieting

Ellyn Satter

- <http://www.ellynsatterinstitute.org>
- Sydney: 11 August 2015

Rick Kausman

- http://www.ifnotdieting.com.au/cpa/htm/htm_home.asp