



Nutrition in the Recovery Journey

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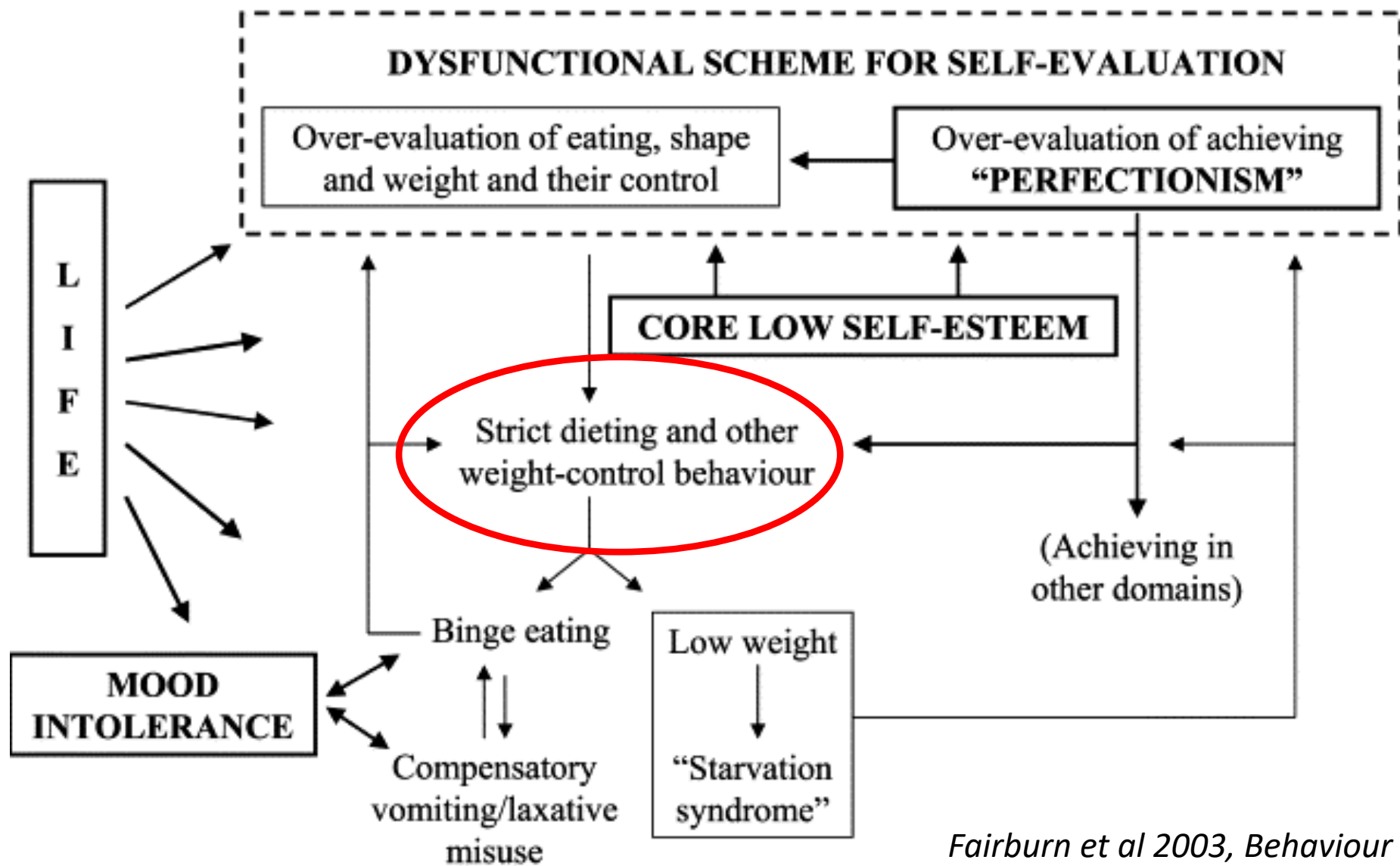
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Nutrition in Recovery

Widely accepted that improved nutrition is an essential aspect of eating disorder treatment

Medicare funding for eating disorders includes up to 20 sessions for dietitian services for eligible presentations

Dietary restriction is a common element to eating disorders across the spectrum



Fairburn et al 2003, Behaviour Research and Therapy

Nutrition in Recovery

Dietary restriction can lead to clinical and sub-clinical malnutrition, irrespective of diagnosis

In the evidence based treatments however, malnutrition is treated in a very non clinical way – especially in the outpatient setting

Inpatients – dietitians are a key member of the treating team

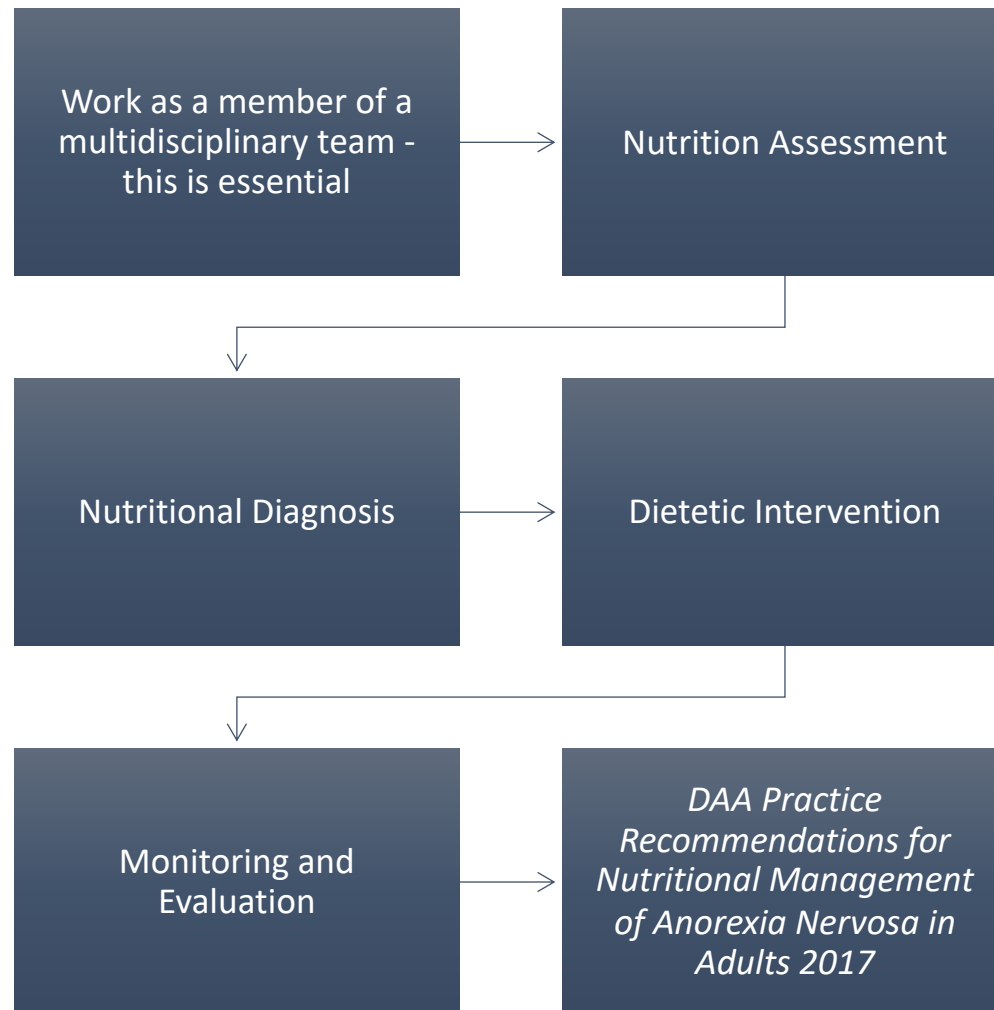
Day Programs – dietitians are a key member of the treating team

Outpatient evidence based treatment – dietitians are not integrated into manualised evidence based treatment models

Nutrition in Recovery

- Nutritional goals are to facilitate nutritional rehabilitation and support a positive relationship with food
 - Weight gain is a product of nutritional rehabilitation, and is not the primary focus of treatment
 - Consider language used in this space
- What nutritional management looks like in the outpatient setting and the role of the dietitian

Role of the Dietitian



Nutrition Assessment

Food and nutrition history

Anthropometry

Biochemistry, physical observations, bone densitometry

Clinical/Medical history: other diagnosis including co-morbidities, social history

Diet and eating history

Eating behaviours, beliefs, symptoms

Feeding risks

Nutritional Diagnosis



Identify if nutritional presentation is associated with eating disorder behavior or other influences



Differentiate between disordered eating and limited food acceptance

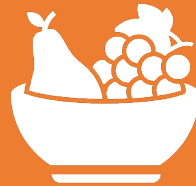


Identify and diagnose nutritional presentation



Malnutrition – Malnutrition Screening Tool (Ferguson et al, Nutrition 1999), Subjective Global Assessment (*Detsky et al, J Parental and Enteral Nutrition 1987*)

Nutrition Intervention



Nutritional intervention to
address the nutritional
diagnosis



Consideration given to state
of malnutrition,
gastrointestinal symptoms,
food intolerances and
allergies, lifestyle, treatment
modality and treatment goals

Nutrition Intervention

Eating patterns,
nutritional adequacy
(quantity and quality),
variety of foods, eating
socially, spontaneity



Recommend a
nutritional
management plan using
a range of nutrition
support models

Rule of 3's (Herrin, Routledge, 2013)

REAL Food Pyramid (Hart et al, J Eat Disord 2018)

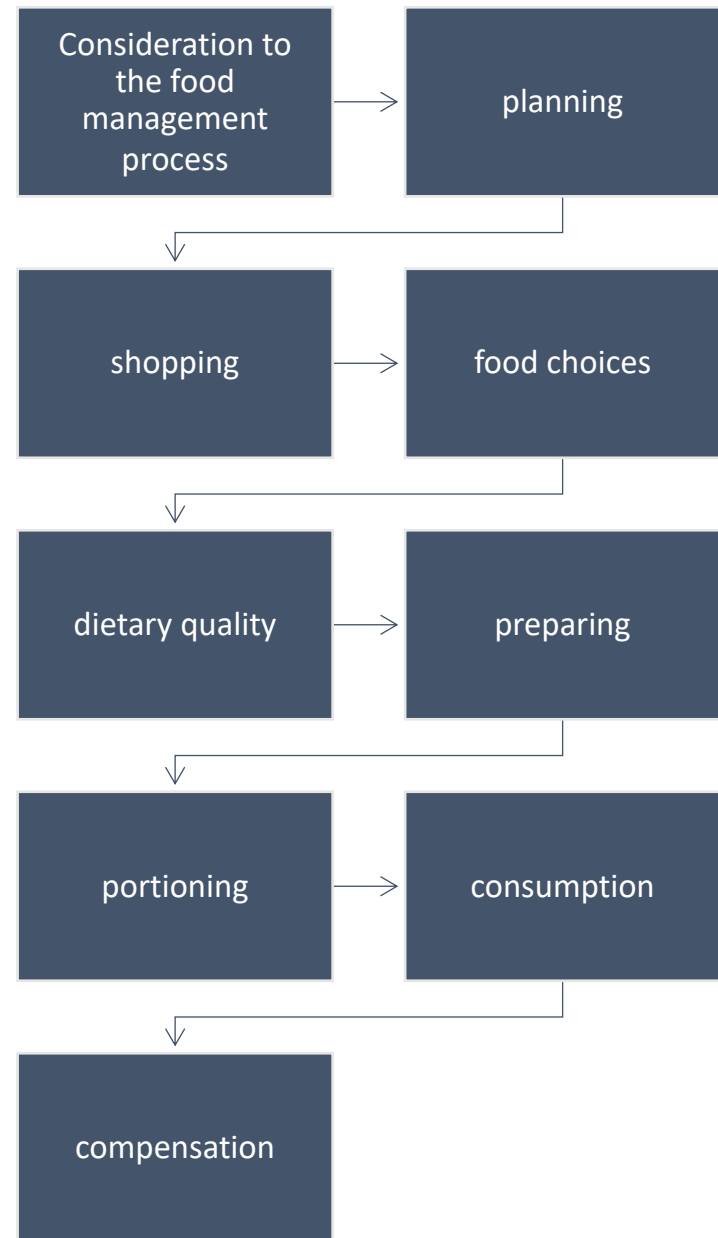
RAVES Eating Model (Jeffrey, unpublished, 2005)

Prescriptive or general meal plan

More general guidelines based on nutrition and food groups

Consideration to the food management process – planning, shopping, food choices, preparing, portioning, consumption, compensation

Nutrition Intervention

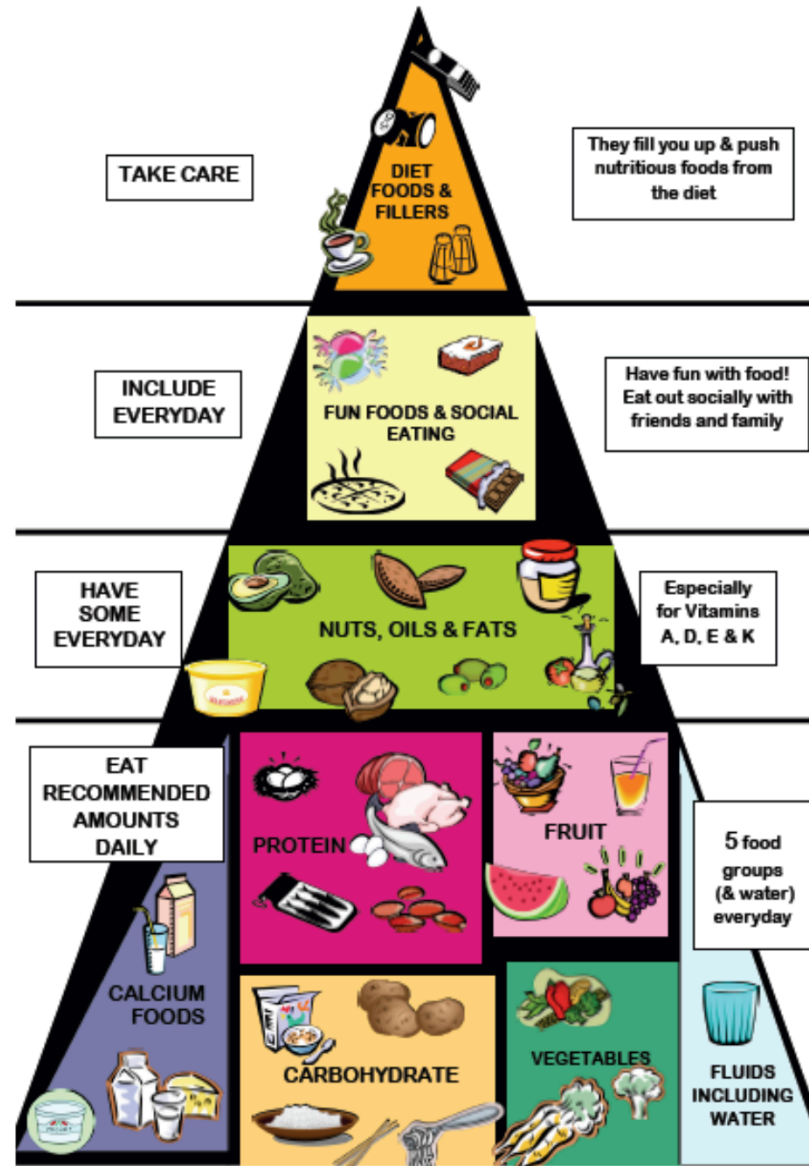




Nutritional Intervention - RAVES

- Keeps eating principles simple and uncomplicated
 - Application across all of the eating disorders
 - Exploring this model in workshop
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- Regularity
 - Adequacy
 - Variety
 - Eating socially
 - Spontaneity
-
- Intuitive Eating

Nutrition Intervention – The REAL Food Pyramid



Nutrition Intervention



NUTRITION EDUCATION

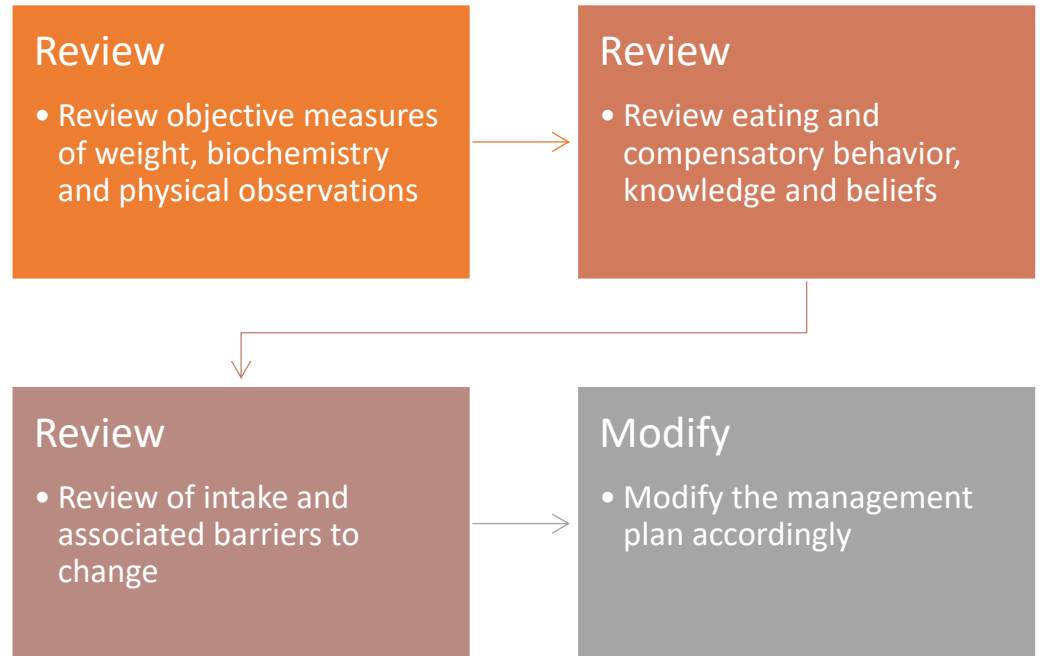


NUTRITION COUNSELLING



RECOMMEND MEDICAL MONITORING
AND ENGAGEMENT WITH THERAPY IF
NOT ALREADY ENGAGED

Monitoring and Evaluation





Nutritional Considerations

- Treatment model and the treatment setting the person is engaged in
- Intervention across the spectrum of the food management process
- To weigh or not weigh?
- Set goal weights or not?
- To meal plan or not meal plan?
- To food journal or not food journal?
- To engage support or not engage support?
- All of this should be facilitated in the context of a multi-disciplinary team and in a collaborative process with the client



Working with a dietitian

To borrow the words from Carolyn Costin

- It is about the food
- Its not about the food

Relative Energy Deficiency in Sport

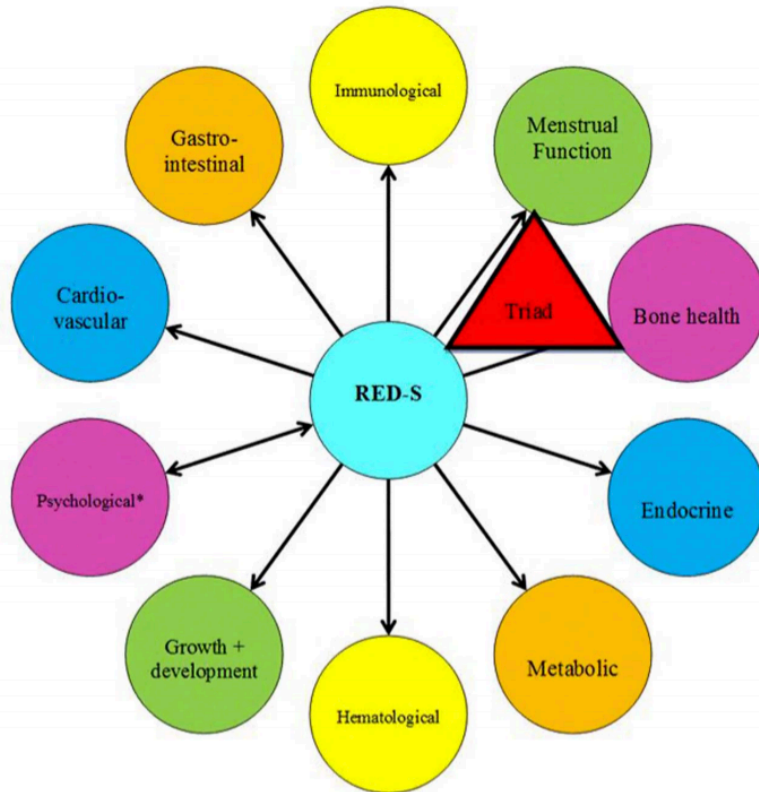


Figure 1 — Health Consequence of Relative Energy Deficiency in Sport (RED-S) showing an expanded concept of the Female Athlete Triad to acknowledge a wider range of outcomes and the application to male athletes (*Psychological consequences can either precede RED-S or be the results of RED-S).

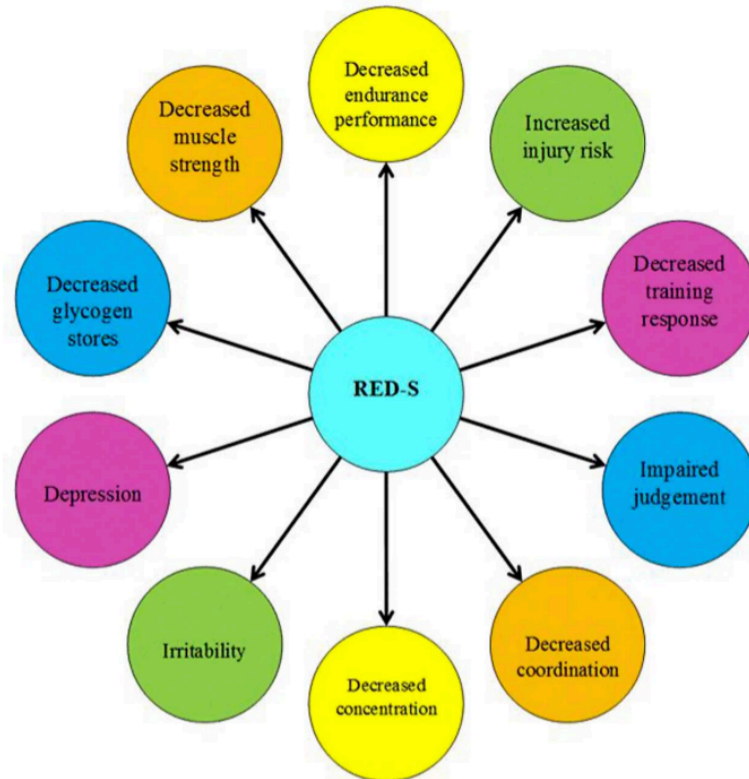


Figure 2 — Potential Performance Effects of Relative Energy Deficiency in Sport (RED-S) (*Aerobic and anaerobic performance)
Adapted from Constantini.

*Mountjoy et al, IJSNEM
2018*

Summary

Nutritional rehabilitation is an essential component of eating disorder treatment

Dietitians are well positioned to compliment evidence based treatments, potentially value adding through clinical nutritional knowledge, nutrition counselling, and practical application