



Holistic Care for Patients with Disordered and Emotional Eating- Current Practices

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Abstract

Eating disorders pose significant challenges for public health, resultant from their complex aetiology and the highest mortality rate among the mental disorders. Disordered eating patterns contribute to body dissatisfaction, weight stigma, anxiety, and high stress, exacerbating mental and physical health issues. The elusive etiology of eating disorders coupled with inefficient diagnostic criteria, results in untreated patients facing prolonged illness and diminished recovery likelihood. Patients with eating disorders face high relapse rates, necessitating the development of effective treatment strategies. Current psycho-behavioral therapies, while crucial, exhibit limitations, emphasizing the need for a holistic and individualized approach. Holistic care, considering physical, emotional, and social factors, provides a comprehensive alternative, encompassing emotional management along with psychosocial and nutritional support. A multidimensional approach, integrating medical monitoring, group therapies, and holistic practices, tailors interventions to individual needs. Yoga, mindfulness, art therapy, and animal-assisted therapy complement traditional therapies, promoting emotional well-being and facilitating a positive relationship with food. In conclusion, the evolving landscape of eating disorder treatments emphasizes the necessity for personalized and interdisciplinary approaches to address the intricate interplay of physiological, psychological, social, and environmental factors.

Keywords: MASLD; Liver Disease; Gut Microbiota; Diet; Inflammation; Obesity

Abbreviations: CBT-E: Cognitive Behaviour Therapy-Enhanced; MANTRA: Maudsley Anorexia Nervosa Therapy for Adults; SSCM: Specialist Supportive Clinical Management; FPT: Focal Psychodynamic Therapy; BED: Binge Eating Disorder; DBT: Dialectical Behavior Therapy.

Introduction

Eating disorders are relatively rare but are associated with a multitude of physiological, psychological, social and economic complications and have the highest mortality of all

mental disorders. Evidence suggests that prompt diagnosis and early intervention improves recovery prospects. However, eating disorders are difficult to diagnose and treat [1]. Furthermore, a presence of disruptive relationship with food including disordered eating patterns, such as dieting, restrictive eating, purging, bingeing and other compensatory behaviors negatively influence on the individual body image, thereby leading to body dissatisfaction, weight stigma, anxiety, high stress, often contribute to poor mental and physical health [2].

Diagnosis and Classification of Eating Disorders

The conceptualisation of eating disorders has expanded rapidly in the last 10 years to include binge eating disorder and avoidant/restrictive food intake disorder in addition

to anorexia nervosa and bulimia nervosa. These are now recognised as four well-conceptualised disorders, which differ in features of eating, weight, body image as well as presence of specific symptoms (details presented in Table 1).

	Anorexia Nervosa	Bulimia Nervosa	Binge Eating Disorder	Avoidant/Restrictive Food Intake Disorder
Eating	Severe restriction	Irregular, skipping meals common as well as restriction	Irregular but no extreme restriction	Severe restriction of all or selected foods
Weight	Underweight	Normal or above normal	Normal or above normal	Underweight and/or with nutrition deficiency
Body image	Overvaluation with or without 'fear of fatness'	Overvaluation	Overvaluation but not mandatory	No overvaluation
Binge eating	May occur	Regular and with compensation	Regular without compensation	NA
Purging, fasting, driven exercise weight control behaviour(s)	One or more is present	Regular as compensatory behaviours	Not regular	None

Table 1: Key diagnostic features of the main feeding and eating disorders [3].

The complex and unknown aetiology of eating disorders, along with not always efficient diagnostic criteria, left many patients with eating disorders untreated, facing long waiting lists, inappropriate referrals, and prolonged illness, exacerbating symptoms of the eating disorder and decreasing their likelihood of recovery [1]. Noteworthy, some eating disorders, like Bulimia nervosa and binge eating disorder share intersecting risk factors for overweight/obesity (e.g. a child history of trauma), what may require need of a supervised environment where care can be taken to address and prevent emergence of eating disorders and other psychological co-morbidities. Given that patients diagnosed with eating disorders are prone to have high rates of relapse [4], there is an emerging need for developing appropriate treatment strategies, allowing the comprehensive care of the individual.

Interesting Fact

The predictors of eating disorder relapse – what to look for? According to Sala M, et al. [4]

The key predictors indicating the higher chances of eating disorder relapse:

Higher level of care,
Having psychiatric comorbidity,
Higher severity of psychopathology in individuals with eating disorders were

The key predictors indicating the lower chances of eating disorder relapse:

- Higher leptin levels,
- Intake of a higher meal energy density,
- Having a vary diet composition,
- Higher motivation of patient for change,
- Higher body mass index/weight/body fat,
- Having an anorexia nervosa-restricting (vs. anorexia nervosa-binge purge) subtype
- Higher age of the eating disorder onset diagnosis

The current management of all eating disorders, also including avoidant/restrictive food intake disorder is based on the form of psycho-behavioural therapy, which can most usually be provided on an outpatient basis. Although this approach is an essential component of treatment for disordered and emotional eating, it may have certain limitations, such as limited efficacy and response due to varying readiness of patient for change; as well as high relapse risk elevated by the stress, social pressures, or unresolved psychological issues. In addition, many individuals with disordered and emotional eating also experience comorbid mental health conditions such as depression, anxiety, trauma-related disorders, or personality disorders; and addressing all these underlying conditions concurrently, might be challenging for psychotherapy and may require a multidisciplinary approach [5]. Therefore, there is increasing need for a holistic and individualized approach that addresses the complex interplay of psychological, biological, social, and environmental factors underlying eating disorders.

As psychological therapy alone may not address all aspects of the eating disorder, the integrated and comprehensive care is of the great importance. Disordered and emotional eating often require a multidisciplinary approach involving collaboration among mental health professionals, registered dietitians, medical providers, and other healthcare professionals. In addition to psychological therapy, treatment needs to address important nutritional, physical and mental health co-morbidities and thus is ideally from a multi-disciplinary team, comprising a psychological therapist and a family doctor; or for more complex cases additional supports from dietitian, specialist physician/paediatrician, psychiatrist, nurse(s), an exercise therapist, activity/occupational therapist and social worker might be required for providing complex holistic care [3], which in detail is discussed in the following article.

Holistic Care

Holistic care for patients with disordered and emotional eating involves a comprehensive approach that considers various aspects of an individual's well-being. Noteworthy, holistic and traditional treatments for eating disorders differ in their approaches and focus, as traditional approaches may focus more on symptom management rather than addressing underlying emotional issues comprehensively, whereas holistic therapy considering the person as whole, aims to address the physical, psychological, and social well-being. Consequently, the comprehensive care offered by the holistic therapy offer the individualized care and focus on emotional well-being, which are not always the case of traditional treatments.

Some of the key approaches encourage a holistic health approach that consider a physical, emotional, and social factors to create overall well-being while treating the whole person, identifying causes, and utilizing natural healing methods. Consequently, the Holistic Approaches to Eating

Disorder Treatment involves an interdisciplinary diagnosis focused on examining physical, emotional, and social factors; and depending on the outcome propose treatments which may combine relaxation techniques, acupuncture, herbal medicine, homeopathy, meditation, and relaxation therapy. Although the importance of encouraging the professional help is necessary to ensure prompt recovery from disordered eating, the ongoing support such as therapy sessions, check-ins with a dietitian, participation in support groups, and staying connected to a supportive community may also promote the overall well-being and long-term recovery for individuals struggling with eating disorders. It is crucial to prioritize self-care, engage in healthy relationships, and seek support when needed [3].

Psychological support-individual therapy and Psycho-behavioural therapy, although may have certain limitations, studies to date have shown that adopting especially evidence-based therapies delivered by informed clinician are considered most efficacious and are preferred by people with eating disorders [3]. The most major recent advances in treatments for eating disorders have come from the specific psychological therapy, which in most cases include like the trans-diagnostic Cognitive Behaviour Therapy – Enhanced (CBT-E), being the first-line treatment for all eating disorders with the greatest impact on symptom reduction and other outcomes achieved after 20 to 40 sessions; with less known evidence-based therapies, the Maudsley Anorexia Nervosa Therapy for Adults (MANTRA), Specialist Supportive Clinical Management (SSCM) and Focal Psychodynamic Therapy (FPT) (details presented in Table 2). Importantly, all therapies provide psychoeducation and aim to restore the person's physical health with weight monitoring, nutritional counselling and meal planning, often alongside sessions from a registered dietitian. They were developed for individual outpatient care over 8 months or longer [3].

	CBT-E	MANTRA	SSCM	FPT
Theoretical model	CBT formulation and trans-diagnostic maintaining factors	Cognitive/interpersonal	Atheoretical	Psychodynamic formulation
Targets	Dysfunctional beliefs, disordered eating	Intra- and interpersonal maintaining factors, for example inflexibility	Undernutrition, other 'targets' as personalised goals	Intra- and interpersonal maintaining factors, for example low self-esteem
Therapy tools	Behavioural monitoring, behavioural experiments, cognitive restructuring, chain analyses	Motivational interviewing, social integration and cognitive remediation	Psychoeducation, supportive therapy	Exploration of beliefs/schema; interpersonal therapy, goal setting, new behaviours
Mood symptoms	Core mood intolerance module	Emotion skills training	Symptom management	Exploration/analysis of affective-emotional experiences

Table 2: Comparative features of evidence based therapies for adults with anorexia nervosa [3].

CBT-E: Cognitive Behaviour Therapy-Enhanced; FPT: Focal Psychodynamic Therapy; MANTRA: Maudsley Anorexia Nervosa Therapy for Adults; SSCM: Specialist Supportive Clinical Management.

In addition, psychosocial treatments, including that family-

based therapies, as well as emerging virtual or telehealth-based practices and guided self-help modalities may be considered as possibly efficacious depending on the type of eating disorder and its onset, with certain new approaches being currently under development [6] (Table 3).

	AN	BN	BED	ARFID
Well-Established Treatments	Family-based treatment	Family-based treatment – Bulimia Nervosa	None	None
Probably Efficacious Treatments	Family Therapy-Systemic; Insight Oriented-Psychotherapy (individual); Adolescent-Focused Therapy (individual), Parent-Focused therapy		None	None
Possibly Efficacious Treatments	GSH, Telephone assisted therapy (Experienced Carer Helping Others, or ECHO); Family-based treatment +Cognitive Remediation Training and Family-based treatment +Art Therapy	Cognitive Behavioral Therapy (Guided Self-Help) (Individual)	Internet Facilitated Cognitive Behavior Therapy (Self Help); CBT; FBT	Family-based treatment
Experimental Treatments	Cognitive Behavioral Therapy-Broad (Individual); Cognitive Remediation Training (individual), Family-based treatment-Intensive Parental Coaching; DBT skills group; Family-based treatment + Dialectical Behavioral Therapy Skills; Family-based treatment-Guided Self-Help for waitlist	Cognitive Behavioral Therapy – (Individual); Supportive Psychotherapy (Individual)	Interpersonal Psychotherapy (Individual); Dialectical Behavior Therapy (Individual and Family)	Cognitive Behavioral Therapy
Questionable Efficacy	Outpatient Family Therapy with/ without Family Meal	Guided Self-Help-Waitlist		

Table 3: Evidence-based psychosocial interventions for eating disorders in adolescents [6].

Pharmacotherapy

In contrast to psychological care, there have been fewer advances in pharmacological treatments based on the second-generation antipsychotics, such as olanzapine for anorexia nervosa. For example, 16-weeks treatment with olanzapine (mean dose 7.77 mg/day) in adults with anorexia nervosa found a moderate effect size on weight gain favouring the active drug. In addition, antidepressants, might be considered as supporting agents for the treatment of BED and bulimia nervosa, especially a higher dose-selective serotonin reuptake inhibitors (e.g. fluoxetine 60 mg daily), topiramate and lisdexamfetamine. Nevertheless, the longer term safety of lisdexamfetamine is considered commensurate with that found for its use in attention-deficit/hyperactivity disorder [3].

Combination of Pharmacological and Psychological Treatments

Clinical studies testing combined pharmacological and psychological treatments for eating disorders have yielded

mostly nonsignificant findings [5]. The comprehensive meta-analysis assessing the efficacy of psychological and medical treatments for binge-eating disorder, including those targeting weight loss conducted on total group of 7,515 individuals with binge-eating disorder confirmed the efficacy of psychotherapy, structured self-help treatment, and pharmacotherapy for these individuals. Nevertheless, the heterogenous and low-quality data warrant attention and need for more high quality research on combining accessible treatment for eating disorders with a specific focus on long-term maintenance of therapeutic gains [7].

When looking at specific eating disorder these benefits seem to vary widely. For example for anorexia nervosa, these studies reported no significant advantage for combining treatments, with only one trial reporting a clinically modest advantage. In case of bulimia, although no significant advantage was reported, there was some indication that combining fluoxetine with cognitive-behavioral therapy (CBT) can lead to clinically meaningful improvements [5]. Also, significant benefits from combining an orlistat, a

weight-loss medication with behavioral interventions can enhance the overall effectiveness of weight management strategies by addressing both behavioral and emotional aspects of obesity [8].

Exposure Therapy and Psychological Therapy

Exposure therapy is a valuable method in the treatment of eating disorders. The main aim of the exposure therapy aims to reduce anxiety, fear, and avoidance by helping individuals habituate to their fears, weaken negative associations, enhance self-efficacy, and process emotions effectively through a gradual exposure of individuals to feared or avoided situations related to food, body image, and eating behaviors in a safe and controlled manner. This is of particular importance in the eating disorders, as exposure therapy can involve exposure to fear foods, body image concerns, and social situations related to food. Studies have shown that mirror exposure, often combined with cognitive-behavioral therapy (CBT), can decrease body dissatisfaction [9]; whereas an exposure to feared foods may reduce anxiety and increase caloric intake and body mass index. Interestingly, an upgraded version of exposure therapy using a virtual reality has also been explored as a promising approach to improve accessibility and feasibility of exposures in clinical settings [9].

Nutritional Guidance

Nutritional interventions play a crucial role in the holistic care of patients with eating disorders and emotional eating [10]. Nutritional advice for patients with disordered eating and emotional eating involves a comprehensive approach that includes nutritional counseling, meal planning, and addressing emotional triggers related to food consumption. Patients with binge eating disorder (BED) may benefit from structured meal plans that include regular meals and snacks, ensuring a balance of macronutrients and addressing deficiencies in vitamins and minerals. Also, dietary supplementation supporting mental well-being might be considered, especially with omega-3 fatty acids, folic acid, tryptophan supplementation, as well as pre- and probiotics/psychobiotics [11].

The Role of the Integrated Approach

A multidimensional approach involving medical monitoring, individual and group therapies, nutritional interventions, and holistic practices contributes to a personalized and effective treatment plan for individuals with eating disorders. These interventions are part of a comprehensive treatment plan that aims to address both the physical and psychological aspects of these conditions. Tailoring interventions to individual needs is essential for effective treatment,

including therapies like Cognitive Behavioral Therapy (CBT) or Dialectical Behavior Therapy (DBT) to address distorted thoughts and behaviors. The holistic approaches such as yoga, mindfulness, art therapy, and animal-assisted therapy can complement traditional therapies and support emotional well-being during the recovery journey [10]. For example, the approach of incorporating science, body, and yoga in nutrition-based eating disorder treatment and recovery, may help individuals affected by eating disorders to relearn healthy eating habits and establish a positive relationship with food. Mindful eating skills are promoted to enhance awareness during meals, while developing eating-body intuition is encouraged to foster a deeper connection with one's body cues. Additionally, incorporation of gentle physical activity in the form of yoga may promote brain neuroplasticity to create healthier neural pathways and improve overall well-being [12].

Conclusion

In summary, effective ED treatment requires a multidisciplinary approach that integrates evidence-based psychological therapies, holistic practices, nutritional support, and medical care. Ongoing research and adaptation of these approaches are crucial to address the diverse needs of individuals with eating disorders and to improve long-term recovery and well-being. The key findings of the following manuscript indicate that predictors of EDs relapse include factors such as higher levels of care required, psychiatric comorbidities, and severe psychopathology, while factors such as higher leptin levels, diverse dietary intake, and higher patient motivation are associated with lower relapse rates. These insights underscore the necessity for personalized treatment strategies tailored to the individual's specific needs and circumstances. Therefore, holistic care, offers a promising alternative to traditional symptom-focused treatments. Techniques such as mindfulness, yoga, art therapy, and animal-assisted therapy can complement conventional treatments by promoting emotional well-being and helping patients develop healthier relationships with food and body. In addition, the nutritional guidance remains a critical component of ED treatment. Structured meal plans, nutritional counseling, and addressing emotional triggers related to food are essential for patients with conditions like binge eating disorder. Dietary supplements supporting mental well-being can also be beneficial. Finally, the integrated approach to treating EDs, which combines medical monitoring, psychological and nutritional interventions, and holistic practices, provides a comprehensive treatment framework. Tailoring interventions to individual needs and incorporating various therapeutic modalities can enhance the overall treatment outcomes, supporting both physical and psychological recovery.

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