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# SGH EATING DISORDERS PROGRAMME

### **EATING DISORDERS**

Eating disorders are mental health conditions that involve abnormal thoughts, behaviours or habits surrounding eating. The most common types of eating disorders include Anorexia Nervosa, Bulimia Nervosa, and Binge-Eating Disorder.

The following are common signs and symptoms of eating disorders:

Anorexia Nervosa	Bulimia Nervosa	Binge-Eating Disorder
<ul> <li>Intense fear of gaining weight</li> <li>Distorted body image</li> <li>Eating restrictively or starving self intentionally</li> <li>May use additional techniques to control weight (i.e. excessive exercise or abuse of laxatives, enemas, or diuretics)</li> <li>Tend to engage in behaviours that seem abnormal or compulsive to others (e.g. weighing self every day, calorie counting, avoiding meals or multiple types of food, checking the mirror frequently, weighing and portioning foods carefully, etc.)</li> <li>Tend to have significantly low body weight in relation to height or developmental stage</li> </ul>	<ul> <li>Intense fear of gaining weight</li> <li>Distorted body image</li> <li>Engage in repeated episodes of binge-eating (i.e. eating large amounts of food in limited time until uncomfortably full) and compensating via purging (i.e. vomiting), excessive exercising, or abusing laxatives, enemas, or diuretics</li> <li>Tend to be within normal weight range in relation to height or developmental stage</li> </ul>	<ul> <li>Tend to experience out- of-control eating but not engage in compensatory behaviours</li> <li>Tend to be overweight as a result of eating habits</li> <li>May develop metabolic complications such as diabetes, hyperlipidaemia, obesity, and hypertension over time</li> </ul>

### IMPACTS OF EATING DISORDERS

Eating disorders can have serious physical, psychological and social consequences on the individual. The following are just some of the impacts that eating disorders tend to have on individuals with eating disorders:

Physical Impacts	Psychological Impacts	Social Impacts
<ul> <li>Permanent loss of bone mass</li> <li>Delayed or permanently stunted growth</li> <li>Weakened immune system</li> <li>Fainting spells</li> <li>Disruption of menstrual cycle or infertility</li> <li>Damage to kidneys or liver</li> <li>Inability to concentrate or think clearly</li> <li>Irregular heartbeat or cardiac arrest</li> <li>Death</li> </ul>	<ul> <li>Mood disorders (depression, anxiety)</li> <li>Obsessive thoughts and preoccupations</li> <li>Compulsive behaviors</li> <li>Fear of being out-of- control</li> <li>Feelings of isolation and alienation</li> </ul>	<ul> <li>Tensions within family, especially due to arguments about meals and eating behaviors</li> <li>Damaged or destroyed friendships or romantic relationships</li> <li>Reduced ability to perform or cope well in school or work</li> </ul>

### **CAUSES AND RISK FACTORS**

Eating disorders are complex conditions that can arise from a range of behavioral, interpersonal, emotional, psychological, and social factors.

Psychological Factors	Interpersonal Factors	Social Factors	Other Factors
<ul> <li>Low self-esteem</li> <li>Feelings of inadequacy or lack of control in life</li> <li>Depression, anxiety, anger, or loneliness</li> </ul>	<ul> <li>Troubled family and personal relationships</li> <li>Difficulty expressing emotions and feelings</li> <li>History of being teased or ridiculed based on size or weight</li> <li>History of physical or sexual abuse</li> </ul>	<ul> <li>Cultural norms that value people based on their physical appearance</li> <li>Cultural values that glorify thinness and obtaining the perfect body</li> <li>Narrow definitions of beauty based on specific body weights and shapes</li> </ul>	<ul> <li>Possible biochemical or biological factors (e.g. imbalance of chemicals in the brain that control hunger, appetite, and digestion)</li> <li>Genetic factors (i.e. family history of eating disorders)</li> </ul>

	<ul> <li>Influence of</li> </ul>	
	media on	
	standards of	
	beauty	

While there are no specific causes of eating disorders identified, studies have found that people with eating disorders tend to use food and the control of food to compensate for feelings and emotions that may be overwhelming for them. Dieting, bingeing, and purging can bring about different perceived benefits to individuals with eating disorders, such as a greater sense of control, feelings of comfort and relief from emotional distress, and increased self-esteem. These 'benefits' tend to make holding on to the eating disorders appealing to individuals, and they may therefore resist or delay treatment for their eating disorders. In doing so, individuals with eating disorders expose themselves to serious risks that can damage their physical and emotional health, self-esteem, and sense of competence and control.

It may not be possible to avoid developing an eating disorder. However, seeking professional help, taking control of and treating eating disorders early on when symptoms first appear can greatly increase the individual's chances of recovery.

#### **BUILDING RESILIENCE AGAINST EATING DISORDERS**

# **Building a Positive Body Image and Healthy Self-Esteem**

Eating disorders cannot be treated solely using medications, if at all. Psychotherapy or counselling is the most effective and long-lasting treatment for individuals with eating disorders, coupled with careful attention paid to medical and nutritional needs. Family counselling may also be needed to support the individual's recovery process.

Building a healthy self-esteem and a positive body image is one important way to build resilience against eating disorders. There are several ways one can achieve this. For some individuals, seeking professional help from a psychologist or a counsellor can further support their efforts to build a positive self-image and increase self-confidence.

#### 10 Ways to Improve Self-Image

- 1. Appreciate all that your body can do and celebrate it
- 2. Keep a top 10 list of things you like about yourself (not linked to your weight or what you look like) and read it often
- 3. Remind yourself that 'true beauty' is not just about how you look physically
- 4. Look at yourself as a whole person, instead of focusing on specific body parts
- 5. Surround yourself with positive and supportive people
- 6. Shut down internal voices that shame you or your appearance
- 7. Wear clothes that are comfortable and that make you feel good about your body
- 8. View social and media messages with a critical eye and pay attention to how they make you feel about yourself
- 9. Do something nice for yourself take a relaxing bath, make time for a nap, or find a peaceful place to relax
- 10. Use the time and energy that you might have spent worrying about food, calories, and your weight to do something to help others

# **Building Resilience**

Learning and adopting healthy coping skills can also help individuals manage their emotions and responses to stressors better. This in turn reduces the necessity for the individual to turn to food or controlling food to cope with life's challenges. Coping better can be done by improving skills in stress management, time management, decision-making, problem-solving, and lifestyle management.

Another way to improve one's ability to cope is to build resilience – which refers to the process of adapting well to trauma, adversity, threats, or other significant sources of stress. One of the most important ways to build resilience is to have supportive and caring relationships in one's life. Having a positive view of yourself is another important factor in building resilience. The following are specific strategies that one can use to build resilience:

# 10 Ways to Build Resilience

- 1. Maintain good relationships with close family members and friends, and help others
- 2. Avoid seeing crises as insurmountable problems
- 3. Accept that change is part of living
- 4. Set realistic goals, break them down into small achievable goals, and move toward your goals gradually
- 5. Take decisive actions instead of avoiding problems
- 6. Look for opportunities for self-discovery (e.g. think about specific ways you have grown from dealing with a difficult situation)
- 7. Nurture a positive view of yourself, and develop confidence in your ability to solve problems
- 8. Keep things in perspective think long-term and avoid blowing things out of proportion
- 9. Maintain a hopeful outlook visualize what you want instead of worrying about what you fear
- 10. Take care of your needs, your feelings, and your body

Information is adapted from National Eating Disorders Association (NEDA) (<a href="https://www.NationalEatingDisorders.org">www.NationalEatingDisorders.org</a>) and Johns Hopkins Medicine (<a href="https://www.hopkinsmedicine.org">www.hopkinsmedicine.org</a>)

## TREATMENT OPTIONS AT SGH

SGH has a structured eating disorders treatment programme supported by a multi-disciplinary team comprising experienced psychiatrists, psychologists, social workers, family therapists, occupational therapists, dietitians, physiotherapists, art therapists, and clinical counsellors. The programme accepts patients aged 13 and above.

The team utilizes evidence-based treatment that is safe, effective, and scientifically proven. Treatment is individualized to the patient's specific needs and recovery process. Treatment is intended to:

- Help patients achieve a healthy and stable body weight;
- Normalise the patient's eating behaviors;
- Work through conflicts and issues underlying and maintaining the eating disorders;
- · Assist the family in providing adequate support to the patient for recovery; and
- Offer structured aftercare and prevent relapse.

All patients will receive a complete medical and psychiatric assessment as well as regular monitoring of their condition. A personalised and holistic treatment plan will be developed for the patient. The programme includes treatment at outpatient clinics as well as inpatient treatment.

## **Outpatient Treatment**

Outpatient treatment comprises of:

- Consultations with a designated psychiatrist for regular consultation and monitoring of the patient's condition
- Psychotherapy (for patients aged above 18)
- Nutritional Therapy
- Family Therapy
- Family-based Therapy (for patients aged 18 and below)
- Occupational Therapy
- Art Therapy
- Physiotherapy
- Clinical counselling & case management

#### **Inpatient Treatment**

Inpatient treatment is intended for patients who require more intensive psychiatric nursing and medical care. The ward has 15 beds dedicated for medical stabilization of patients with eating disorders and/or general psychiatric issues such as management of mood and risk issues. It is designed to be a safe place for the patient to focus on their recovery, so there are specific rules and conditions in place to ensure the patient's safety and wellbeing.

Inpatients will be expected to participate in inpatient groups run by members of the multidisciplinary team that are carefully developed to support recovery from eating disorders. A specialized meal programme is also in place for patients with eating disorders with customized meal plans for each inpatient advised by the dietitians. Inpatients are also supported during their meal times.

Admission to our inpatient unit will need to be discussed and arranged by the doctor-in-charge. Admission may be necessary if you are:

- Medically compromised as a result of extremely low body weight and/or symptoms of the eating disorders;
- Psychologically unstable (e.g. suicidal or intensely resistant to treatment); or
- Unable to cope with the eating disorder symptoms and/or are not responding to treatment as an outpatient.

For more detailed information on SGH's Eating Disorders Programme and treatment approach, you can refer to this booklet: <a href="https://www.sgh.com.sg/patient-care/specialties-services/Eating-Disorders-Programme/Documents/Treating\_Eating\_Disorder.pdf">https://www.sgh.com.sg/patient-care/specialties-services/Eating\_Disorder.pdf</a>.

### **CONTACT US**

To make an appointment with the SGH Eating Disorders team:

- Call us at +65 6321 4377
- Email us at <a href="mailto:eatingdisorders@sgh.com.sg">eatingdisorders@sgh.com.sg</a>
- Fill in the appointment request form here

For urgent and emergency cases, please call 995 for an ambulance or go to the nearest A&E department.

#### FREQUENTLY ASKED QUESTIONS

- 1. Is the eating disorder just a phase?
  - Dieting and paying additional attention to body image can be a phase for many individuals, but it can become a serious problem if it gets out of control. Identifying signs of an eating disorder early on and resolving them quickly is crucial for recovery. Warning signs of an eating disorder include frequent weighing, denial of hunger, avoidance of eating in public or situations where there is food, frequent trips to the bathroom (especially right after meals), mood shifts, fear of becoming fat, an excessive or rigid exercise regime, and binge or secretive eating.
- 2. When should I or my loved one with an eating disorder seek treatment?
  - If you see yourself or your loved one displaying warning signs of an eating disorder
    or already living with an eating disorder for a while, seek treatment as soon as
    possible to improve the chances of successful recovery and resolve any medical
    or psychological complications brought about by the eating disorder. Regularly
    attending appointments with the multi-disciplinary team and adhering to the
    treatment plans is crucial to the recovery process.
- 3. How would I know if I or my loved one is recovering from an eating disorder?
  - There are 3 key factors to look out for in the recovery of a patient with an eating disorder. One is **physical recovery**, where the patient's body weight and nutritional status are restored to a healthy level and where any medical complications that resulted have been resolved. Another is **behavioral recovery**, where there are improvements in the patient's behaviors related to food, eating, exercising, and engaging in social situations where meals are involved. The third is **psychological recovery**, where thoughts related to the eating disorder (such as fear of certain foods or bloating, body image issues, or significant obsession with healthy eating) are resolved or reduced.
- 4. What other resources can I read to find out more about managing eating disorders?
  - The following resources are highly recommended for anyone wishing to understand eating disorders better:
    - Eating Disorder Hope (<a href="https://www.eatingdisorderhope.com">https://www.eatingdisorderhope.com</a>)
    - Help Your Teenager Beat an Eating Disorder (2<sup>nd</sup> Edition) (2015) by James Lock and Daniel Le Grange (Publisher: The Guildford Press)
    - Beating Your Eating Disorder: A Cognitive-Behavioral Self-Help Guide for Adult Sufferers and Their Carers (1<sup>st</sup> Edition) (2010) by Glenn Waller et al., (Publisher: Cambridge University Press)

Restricted, Non-sensitive

 The Intuitive Eating Workbook: Ten Principles for Nourishing a Healthy Relationship with Food (Illustrated Edition) (2017) by Evelyn Tribole and Elyse Resch (Publisher: New Harbinger)