Drug Abuse and Eating Disorders

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Agenda

- Statistics
- Etiology/ psychopathology
- Pathophysiology
- Diagnosis
- Treatment
- Recovery
Statistics

- People who suffer from eating disorder are 5 times more likely to abuse alcohol and drugs.
- 50% of psychiatric patients being treated of mental illness also have a substance use disorder, yet only a few of them receive treatment for both disorders at the same time.
- Only 6% of people with EDs get mental help.
- Long-term recovery for anorexia are as high as 76%.
- Short-term recovery rates for bulimia are as high as 70%.
IT'S TIME TO TALK ABOUT IT

ACCORDING TO THE NATIONAL CENTER ON ADDICTION AND SUBSTANCE ABUSE:

50% OF INDIVIDUALS with eating disorders abused alcohol or illicit drugs, a rate 5X higher than the general population.¹

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CITATIONS: WWW.MYNEDA.ORG/INFOGRAHICS
Etiology/ Psychopathology

- Individuals with eating disorders and alcohol use disorders exhibit similar genetic profiles.
  - Anxious and perfectionist traits are often shown with impulsive, dramatic dispositions/qualities
- Increased risk if one or both parents have alcoholism.
- Substance use disorders were more strongly associated with bulimia than with anorexia nervosa.
- The relationship between eating disorders and alcohol use disorders could be the result of associations with other psychiatric disorders.
  - Major depressive disorders and post-traumatic stress disorder
- Risk factors:
  - combination of biological, psychological, and/or environmental abnormalities
What is “Drunkorexia”?

- “Drunkorexia” is a non medical term that describes the blend between diet-related behaviors associated with the consumption of alcohol.
- Altering eating behaviors to either offset for planned caloric intake from alcohol or to increase/speed the effect of alcohol.
  - Not a clinical diagnosis but is indicative of a substance abuse problem
- The systematic definition has not been formally accepted yet. But the common characteristics include:
  - Alcohol use/abuse
  - Disordered eating behaviors
  - Excessive physical activity
Pathophysiology

- Studies suggest that: There is an overlap between binge eating and substances behaviors. Animal models have shown that neural signals relevant to binge eating are comparable with those indeed in substance abuse.
- People who suffer from Bulimia Nervosa, are more vulnerable to be involved in alcohol/drug abuse because they are novelty seekers (personality traits associated with exploratory activity in response to novel stimulation). These traits can be hereditary.
Diagnosis

- Although the DSM-V has diagnosis criteria for alcohol use disorders (AUD) and eating disorders (ED), there are no established criteria for diagnosing the co-occurrence or comorbidity of the two.
- Diagnosing an individual for treatment would require the screening for both AUDs and EDs separately.
Treatment and Intervention

- **ONE-TO-ONE session:**
  - Making sure patient is paying attention during therapy sessions.
  - Making sure patient is doing-recovery related homework
  - Tracking what they are eating.

- **SUPPORT GROUP MEETINGS**

- **CO-OCCURRING THERAPIES:**
  - People with eating disorders should get treatment for addiction at the same time.
  - This technique takes into account diagnosis, medical history, psychological needs, and emotional conditions.
Methods of Co-occurring Therapy

1. Intensive individual therapy to address the symptoms and challenges of the psychological/psychiatric disorder.
2. Behavioral modification therapies (cognitive behavioral therapy, or dialectical behavior therapy) to teach coping skills and increase self-awareness.
3. Medication therapy to help manage psychiatric symptoms or to reduce craving for drug and/or alcohol.
4. Group therapy with peers who are also faced with the challenges of a dual diagnosis.
5. Family education and counseling.
6. Initiate process of spiritual recovery.
7. Experiential and holistic therapies: meditation/yoga, creative therapies and recreation therapies to encourage self expression.
Recovery

- **Long-term follow-up:** can help to prevent relapse and maintain sobriety.
- **Build a sober social network:** It’s important to have sober friends who will support the recovery.
- **Consider moving into a sober living home:** Sober living homes provide a safe, supportive place to live. They are a good option for people who don’t have a home or a drug-free living environment.
- Maintenance of normal or near-normal weight
- In women, regular menstrual periods (not triggered by medication)
- A varied diet of normal foods (not just low-cal, non-fat, non-sugar items)
- Person has also learned to be kind to self and others, and not look for perfectionism; which can lead to obsession.
Experiment/Study

A systematic review published to the National Institute on Alcohol Abuse and Alcoholism found the literature on the topic is highly varied due to various methodological issues such as community vs. treatment methods, assessment, and diagnostics account for some limitations in the collective data. Even though substance abuse and eating disorders frequently occur together, the study concluded that the current data and literature do not establish a definite link or relationship of shared factors and etiology of substance use disorders and eating disorders. More research on the topic is needed.
Content Questions

1. What are some psychiatric disorders commonly associated with AUDs and EDs?
2. What is drunkorexia? What are the common characteristics?
3. Why is it important for people who suffered from eating disorders and drug abuse to change their lifestyle habits after being treated?
References

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Thank you!