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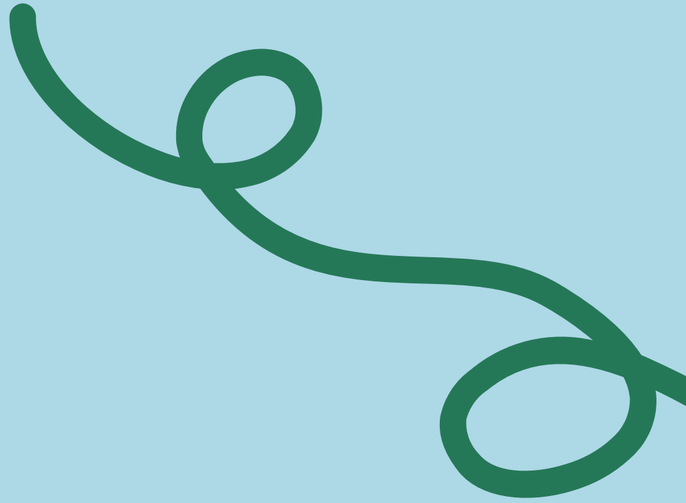
ATTENTION & EATING

A simultaneous approach to the treatment of binge eating and attention-regulating symptoms



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BRANDI STALZER

MY DISCLOSURES

I have no actual or potential conflict of interest in relation to this presentation.

LEARNING OBJECTIVES

01 Explain how executive functioning differences impact attention and eating symptoms,

02 Explain how sensory issues relate to attention and eating symptoms,

03 Assess for binge eating and attention-related symptoms,

04 And demonstrate familiarity with psychiatric, nutritional, and other inventions.

DEFINITION OF EXECUTIVE FUNCTIONING

Most research's definition: Cognitive abilities needed for goal directed actions.

Barkley definition: the capacity to direct an action at yourself for change in the future.

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PRESENTATION OF

Eating & Attention Symptoms

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DIFFERENCES IN EXECUTIVE FUNCTIONING

WHAT DO IMAGING STUDIES SHOW US?

1. **PFC to Posterior Cortex** -> Self-Regulation, Monitoring
2. **Dorsal Lateral Cortex to Basal Ganglia** -> Working Memory (WHAT system)
3. **PFC to Basal Ganglia to Cerebellum** -> Time Awareness (WHEN System)
4. **Dorsal Lateral Cortex through Midline to Amygdala** -> Motivational System

DIFFERENCES AT THE NEUROCELLULAR LEVEL

- **Dopamine** -> Associated with reward (I.e., self-motivation), motor activity and emotion
- **Norepinephrine** -> Associated with arousal, flight-or-fight, wakefulness

DIFFERENCES AT THE ENDOCRINE LEVEL

Orexin -> Involved in regulation of blood sugar and pancreatic functioning

- Typically decreases with fullness, increases with BE

Leptin -> Signals to CNS amount of energy stores, supresses reward cue

- Typically decreases with fullness, increases with BE

Ghrelin -> Signals fullness

- Lower levels found in BED, maintains low through BE

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DIFFERENCES AT THE PSYCHOLOGICAL LEVEL

Rarely presents as isolated condition -> 70% of individuals with ADHD display at least 1 other disorder

- BED - Prevalence is approximately 8% with estimates around 30%
- Mood - MDD 3x more likely, Dysthymia six times more likely, Any Mood dx > four times more likely
- Anxiety - 47% of respondents with ADHD had an anxiety disorder, most prevalent Social Anxiety
- SUD - 19% of respondents with ADHD had a substance use disorder

Associated with poor health outcomes -> Increased risk to suicide, physical injuries, risky sexual behavior, diabetes, hypertension

DIFFERENCES AT THE SOCIAL LEVEL

- More likely to experience weight stigma or stigma related to neurodiversities
- More likely to go undiagnosed or misdiagnosed

For those presenting in larger bodies:

- More likely to have physically demanding jobs
- More likely to be paid less
- Less likely to be advance in career when compared to straight-weighted peers
- Less likely to seek healthcare or receive poor healthcare

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ASSESSMENT OF

Eating & Attention Symptoms

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WEIGHT STIGMA & NEURODIVERSITY STIGMA

"It's not ADHD. They just don't try hard enough."
"If they got off the couch once in awhile, they wouldn't have problems with eating."
"He can't possibly have ADHD. He does well in school."
"She just doesn't have any self-control."
"They're kind of strange."
"They just want stimulants, because they don't want to try."

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ASSESSMENT STARTS AT EXAMINING OUR OWN BIAS

Healthcare professionals have an obligation to explore their attitudes about neurodivergences, their knowledge gaps, and the implications for proper assessment and care.

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ASSESSMENT IN ADULTS

TO OBTAIN A DIAGNOSIS

- Clinical interview
- Objective self-report measures
- Observations from supports
- Ruling out mood/anxiety
- * For co-occurring mood/anxiety, treatment may involve the reduction of symptoms prior to the introduction of stimulant medications.

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DIAGNOSTIC CRITERIA - ADHD

5 OR MORE SYMPTOMS OF INATTENTION

- Lacking attention to detail
- Difficulty focusing
- Trouble listening
- Failing to complete tasks
- Poor organizational skills
- Avoiding tasks requiring sustained focus
- Losing important items
- Distracted easily
- Forgetfulness

5 OR MORE SYMPTOMS OF HYPERACTIVITY

- Leaving seat when expected to remain seated
- Blurting out answers/completing other's sent.
- Interrupting others/intruding on activities
- Struggling to stay quiet during quiet activities
- Fidgeting and tapping hands or feet
- Often on the go and unable to sit still
- Trouble waiting their turn
- Talking excessively
- Feeling restless

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DIAGNOSTIC CRITERIA - BED

RECURRENT EPISODES OF BINGE EATING

- Amounts larger than most in a discrete period of time
- Sense of lack of control over eating during the episode

3 OR MORE OF THE FOLLOWING

- Eating rapidly
- Eating until uncomfortably full
- Eating when not physically hungry
- Eating alone out of embarrassment
- Experiencing disgust, guilt, or depressed

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POINT OF PERFORMANCE

"It's a disorder of performance, not skill...The point of performance is the place and time in your natural settings where you should use what you know (but may not)."

Dr. Russell Barkley, Ph.D.

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POINT OF PERFORMANCE

What are the points of performance with individuals who have binge eating symptoms and ADHD?

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TREATMENT OF

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FRONT LINE APPROACHES

ADHD

- CBT-ADHD
- Stimulant medications

BED

- CBT-E
- Vyvanse

BN

- CBT-E
- Fluoxetine

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CLOSER LOOK AT CBT-E

01 Implement self-monitoring, establish a pattern of regular eating, introduce weekly weighing

02 Create formulation, decide on focused or broad form

03 Target: body image, dieting, moods, self-esteem, perfectionism, and interpersonal difficulties

04 Eliminate self-monitoring/weekly weighing, create maintenance plan

CLOSER LOOK AT CBT-ADHD

01 Psychoeducation and organizing/planning

02 Coping with distractability

03 Create more adaptive thinking

SHIFTING THE PARADIGM

"The only way to deal with the executive deficits is to engineer the environment around them."

Dr. Russell Barkley, Ph.D.

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ENGINEERING ENVIRONMENTS

Consider this concept when thinking about supporting a client who is also experiencing weight stigma.

How might you respond differently?

What about neurodiversity stigma?

EF BATTERY

Your mental battery drains faster than others. We need to work together to:

- Reduce demands on your executive functioning, and
- Increase your battery's capacity.

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EF BATTERY

Reducing demands:

- Using support system,
- Identifying accommodations,
- Eliminating tasks

Increasing capacity:

- Taking medications
- Getting adequate sleep
- Nourishing your body

AIMS OF THERAPY

Establish a regular pattern of eating. Reduce episodes of binge eating.	→ Access supports to regularly eat.
Create more adaptive beliefs about self.	→ Create beliefs free of self-ableism.
Regularly implement emotion regulation skills.	→ Access supports to respond emotionally to difficult situations.
Eliminate dieting beliefs that contribute to BE.	→ Create a weight-neutral environment. Establish a weight-neutral support system.

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ESTABLISH INITIAL TOOLS

Externalize time by establishing the use of:

- Calendar
- Watch

Offload information from EF through the use of:

- Task List

Remember, folks with ADHD have struggles with TIME AWARENESS, not just time management.

ACCOMMODATIONS FOR R.E.

Identify all of the points of performance:

- Went to the grocery store without meal planning
- Meal planned, but didn't plan snacks
- Went to the grocery store without a list (not a mental list)
- Didn't anticipate [FILL IN WITH UNEXPECTED SITUATION] (e.g., traffic, kids taking too long putting on shoes, staying late at work)
- Planned meal, but forgot to take meat out of the freezer
- Planned meals, but got bored of leftovers
- Planned meals, but exhausted and didn't want to cook
- Planned meal, but [FILL IN WITH IMPULSE] (e.g., someone brought in donuts, drove by favorite place, someone mentioned a food item).
- Timer went off, but ignored it
- Didn't realize it was lunchtime until starving
- Forgot lunchbox on counter

FUNCTIONS OF BINGE EATING

Meeting an emotional need.	→	Alternate behavior
Meeting a sensory need.	→	Alternate behavior
Low EF Battery.	→	Reduce demands/increase capacity
Impulsive response.	→	Reduce distractability
Physical hunger from irregular eating.	→	Identify accommodations

Each of these may come with its own Points of Performance, and needed accommodations.

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