

OCD and disordered eating: When OCD masquerades as eating disorders

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Presentation Outline

➤ This talk will cover four topics which may enhance correct identification and treatment of OCD when symptoms include disordered eating.

- Symptoms that OCD and eating disorders can share in common will be presented.
- A heuristic will be provided to aid in differential diagnosis of OCD and eating disorders.
- Exposure with response prevention (ERP) treatment strategies will be described for forms of OCD associated with eating.
- Comorbid eating disorders can interfere with ERP treatment progress. Strategies for treating OCD along with comorbid eating disorders will be presented.

OCD Continues to be Misdiagnosed and Treated Incorrectly

- Despite the recent increase in public awareness of OCD, there is a strong need to improve education about less well-understood forms of OCD.
- In particular, when OCD manifests itself as disordered eating, it is commonly misdiagnosed and treated incorrectly as an eating disorder.

Symptoms that OCD and Eating Disorders Can Share in Common

➤ Fear

- Fear of gaining weight

➤ Response

- Restricting or avoiding food
- Binging
- Purging
- Food hoarding
- Abusing laxatives and other bathroom rituals
- Consuming excessive amounts of water
- Avoiding reminders of food

Diagnostic Criteria for OCD and Eating Disorders Can Look Similar

<u>Disorder</u>	<u>Cognitive Symptoms</u>	<u>Behavioral Symptoms</u>	<u>Emotional Symptoms</u>
OCD	<ul style="list-style-type: none"> •Recurrent thoughts/obsessions 	<ul style="list-style-type: none"> •Attempts to neutralize the obsessions, reduce fear, prevent feared outcome with repetitive behavioral or mental rituals 	<ul style="list-style-type: none"> •Fear of ...
Anorexia Nervosa	<ul style="list-style-type: none"> •Body image distortion •Denial of seriousness of low body weight •Body image and self concept overly linked 	<ul style="list-style-type: none"> •Refusal to maintain weight •Food restriction •Binging •Purging •Laxative •Exercise 	<ul style="list-style-type: none"> •Fear of gaining weight
Bulimia Nervosa	<ul style="list-style-type: none"> •Body image distortion •Lack of control over eating •Body image and self concept overly linked 	<ul style="list-style-type: none"> •Food restriction •Binging •Purging •Laxative •Exercise 	<ul style="list-style-type: none"> •Fear of gaining weight

A Heuristic to Aid in Differential Diagnosis of OCD and Eating Disorders

- The obsessions OR compulsions are not restricted to preoccupation with food as in an Eating Disorder

Application of the Heuristic

<u>Compulsion</u>	<u>Corresponding Obsession</u>
<u>Looks Like an Eating Disorder</u>	<u>Doesn't Look Like an Eating Disorder</u>
1. Food restriction, avoidance, and checking	<ul style="list-style-type: none">•What if I choke?•What if I throw up?•What if I am hedonistic?•What if this food is expired and contaminated?
2. Binging	<ul style="list-style-type: none">•What if I am out of control or diagnosed with a serious disorder?—eating means everything is ok.•What if guys hit on me and I am sexually out of control?—being overweight protects me.•If I lose weight that might mean I am starting a serious anxious episode because anxious people don't eat.

Application of the Heuristic

<u>Compulsion</u>	<u>Corresponding Obsession</u>
<u>Looks Like an Eating Disorder</u>	<u>Doesn't Look Like an Eating Disorder</u>
3. Food hoarding	<ul style="list-style-type: none">•What if I need this food later?•Food has value and I can't dispose of it.•Food has sentimental value.
4. Abuse of laxatives and other bathroom rituals	<ul style="list-style-type: none">•What if I don't have a bowel movement and don't feel right?•What if I contaminate my house with feces?
5. Excessive water intake	<ul style="list-style-type: none">•What if I am contaminated inside with feces?
6. Perfectionism with food	<ul style="list-style-type: none">•I need to be perfect with everything including food.

Application of the Heuristic

<u>Compulsion</u>	<u>Corresponding Obsession</u>
<u>Doesn't Look Like an Eating Disorder</u>	<u>Looks Like an Eating Disorder</u>
7. Spin to undo the thought; Shut the door to undo the thought.	What if I feel fat? What if I am fat?

The Case of Ann

Ann is a prototypical OCD patient with eating rituals.
This case does not represent any individual.

Ann's Presenting Symptoms

◆ Obsession:

- ◆ I am afraid that I will become manic, lose control, and become hedonistic.

◆ Rituals:

- ◆ Drastically restricting calories; BMI = 16.3
- ◆ Avoidance of eating until all responsibilities are met at the end of the day
- ◆ Eating only foods that are not enjoyable
- ◆ Engaging in painful exercise
- ◆ Taking cold showers because they are not pleasurable
- ◆ Volunteering for unpleasant duties

Exposure with Response Prevention (ERP) Treatment Strategies for forms of OCD Associated with Eating

- ◆ Basic principles of ERP
 - ◆ Gradual exposure to triggers of the obsession
 - ◆ Ritual prevention
 - ◆ ERP must identify and process core obsessions and emotions

How does ERP Differ from CBT for Eating Disorders?

- ◆ Initially these treatment strategies contain similar components:
 - ◆ Gradually improve tolerance of fear triggers
 - ◆ Don't engage in compensatory behavior
 - ◆ Example:
 - ◆ Eat regularly
 - ◆ Don't avoid or restrict
 - ◆ Don't compensate for it

How does ERP differ from CBT for Eating Disorders?

- ◆ Depending on case conceptualization, eventually there will be a divergence
 - ◆ The fear triggers and compensatory behavior will differ
 - ◆ Eating disorder goal: eat, gain weight
 - ◆ OCD goal: Take a warm shower, have fun before you work
 - ◆ Our ability to adjust core beliefs will be affected
 - ◆ Eating disorder core belief: I'm overweight and worthless
 - ◆ OCD core belief: I'm hedonistic and out of control

Addressing the Core of OCD

- ◆ ERP must identify and process core obsessions and emotions
 - ◆ Situations on the hierarchy are tools through which we adjust core obsessions
 - ◆ We only care about situation-specific triggers because they trigger anxiety currently and therefore allow access to core obsessions

Addressing the Core of OCD

- ◆ Ann's core obsessions and emotions
 - ◆ Shame at engaging in pleasure
 - ◆ Fear of being out of control and rejected by others
- ◆ Core obsession and emotions are the driving forces behind situation-specific obsessions
 - ◆ Core obsession and emotions may be apparent at the outset
 - ◆ If not apparent, exposure to situation-specific obsessions accesses, identifies, and processes core obsessions

Designing the Hierarchy

- ◆ Construct a hierarchy as best you can including each category of obsession
 - ◆ For OCD, all of these situations could lead the person to feel out of control, hedonistic, and in danger of mania
 - ◆ For eating disorders, all of these situations could lead the person to feel out of control, worthless, and rejected

Designing the Hierarchy

<u>OCD</u>	<u>Eating Disorder</u>
Stay up late at night	Increase BMI
Go to a bar	Skip a day of exercise
Go to a movie	Eat junk food
Take a warm shower	Follow a meal plan
Restrict exercise	Restrict exercise
Eat high fat food	Eat high fat food
Eat three meals a day starting at breakfast	Eat three meals a day starting at breakfast
Eat a minimum number of calories per meal or per day	Eat a minimum number of calories per meal or per day

What do we do when OCD and Eating Disorders Really are Comorbid?

- ◆ Triggered obsessions frequently trigger comorbid emotions
 - ◆ Ex: Anxiety about losing control and being hedonistic can trigger anxiety about gaining weight and feeling worthless
- ◆ Triggered comorbid emotions can deflect attention from the obsessions and core emotions
 - ◆ Ex: Now I'm ruminating about how bad I look
- ◆ Triggered comorbid emotions can interfere with ERP

Managing Comorbidity

- ◆ Redirect attention to the experience and tolerance of the obsession and core emotion
 - ◆ Ex: I feel such shame at the thought of being out of control, hedonistic, and rejected by others
- ◆ Provide strategies to process the comorbid emotion. This is very important at this point since the comorbid emotions are activated
 - ◆ Ex: I am so tempted to ruminate about how bad I look and how heavy I am, but I know that doing exposures and risking that I might lose control and become hedonistic will help me develop a healthy self-concept

Thank you!

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