



ORTHOREXIA NERVOSA
What Dietitians Need to Know About This "Healthy Eating" Disorder
December 5, 2019 | 2:3 PM EST
PRESENTED BY
Janice Dada, MPH, RDN, CDE




Learning Objectives



- ✔ Understand the history and describe the defining characteristics of orthorexia nervosa (ON)
- ✔ List the various ON screening tools and use them successfully with clients suffering from ON.
- ✔ Employ treatment strategies for clients suspected of havin ON.

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Outline



- ED Overview
- Defining Orthorexia Nervosa
- Screening Tools
- Case Examples
- Risk Factors
- Assessment & Treatment
- Resources

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DSM Classifications for Eating Disorders

Diagnostic and Statistical Manual of Mental Disorders (DSM), IV (1994)



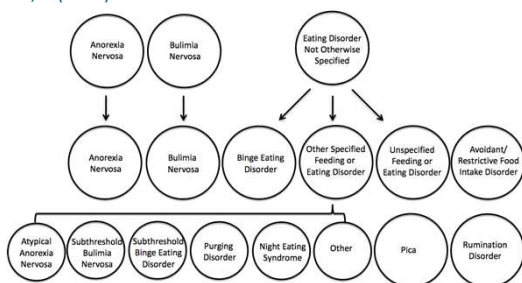
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DSM Classifications for Eating Disorders

DSM, V (2013)



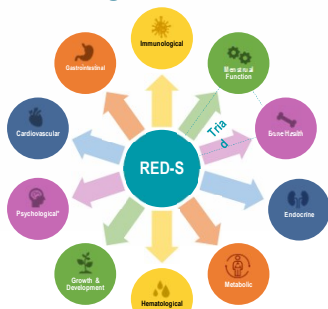
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Other Disordered Eating Classifications

- RED-S
- Muscle Dysmorphia/ "Bigorexia"
- Orthorexia Nervosa

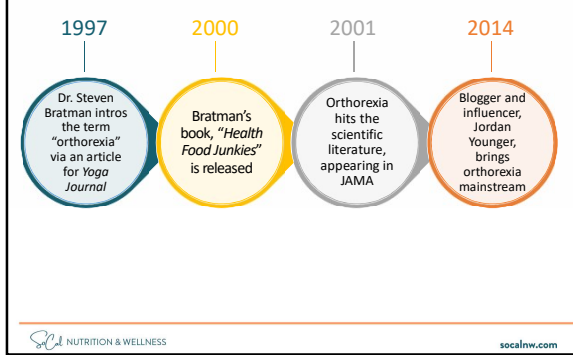


Mountjoy M, Sundgot-Borgen JK, Burke LM, et al. Br J Sports Med 2018;52:687-697



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The Early Evolution of "Orthorexia"




Orthorexia Nervosa

- Pathological obsession with proper nutrition characterized by:
 - restrictive diet
 - ritualized patterns of eating
 - rigid avoidance of foods believed to be unhealthy or impure
- Although prompted by a desire to achieve optimum health, orthorexia may lead to:
 - nutritional deficiencies
 - medical complications
 - poor quality of life
- Ego-syntonic

Orthorexia Red Flags

- Phobic avoidance of foods perceived to be unhealthy
- Severe emotional distress or self-harm after eating a food considered unhealthy
- Persistent failure to meet nutritional needs
- Follows a restrictive diet prescribed for a medical condition that the individual does not have
- Insists on the health benefits of the diet in the face of evidence to the contrary
- Marked interference with social functioning or activities of daily living (ADLs)





Screening for Orthorexia

Screening Tests:

- ORTO-15
- Bratman Orthorexia Self-Test
- Eating Habits Questionnaire (EHQ)

Bottom Line:
How is eating behavior affecting *life*?

ORTO-15 Screening Test

1 ALWAYS 2 OFTEN 3 SOMETIMES 4 NEVER

- 1) When eating, do you pay attention to the calories of the food?
- 2) When you go in a food shop do you feel confused?
- 3) In the last 3 months, did the thought of food worry you?
- 4) Are your eating choices conditioned by your worry about your health status?
- 5) Is the taste of food more important than the quality when you evaluate food?
- 6) Are you willing to spend more money to have healthier food?
- 7) Does the thought about food worry you for more than three hours a day?
- 8) Do you allow yourself any eating transgressions ?
- 9) Do you think your mood affects your eating behavior?
- 10) Do you think that the conviction to eat only healthy food increases self-esteem?
- 11) Do you think that eating healthy food changes your life-style (frequency of eating out, friends, ...)?
- 12) Do you think that consuming healthy food may improve your appearance?
- 13) Do you feel guilty when transgressing ?
- 14) Do you think that on the market there is also unhealthy food?
- 15) At present, are you alone when having meals?


<https://orthorexia.com/wp-content/uploads/2010/06/Donini-Orthorexia-Questionnaire.pdf> socialnw.com

The Bratman Orthorexia Self-Test

(1) I spend so much of my life thinking about, choosing, and preparing healthy food that it **interferes with other dimensions of my life**, such as love, creativity, family, friendship, work, and school.

(2) When I eat any food I regard to be unhealthy, I feel **anxious, guilty, impure, unclean and/or defiled**; even to be near such foods disturbs me and I feel judgmental of others who eat such foods.

(3) My personal sense of peace, happiness, joy, safety and self-esteem is **excessively dependent** on the purity and rightness of what I eat.

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The Bratman Orthorexia Self-Test

(4) Sometimes I **would like to relax** my self-imposed “good food” rules for a special occasion, such as a wedding or a meal with family or friends, but I find that I cannot. (Note: If you have a medical condition in which it is unsafe for you to make ANY exception to your diet, then this item does not apply.)

(5) Over time, I have **steadily eliminated more foods** and expanded my list of food rules in an attempt to maintain or enhance health benefits; sometimes, I may take an existing food theory and add to it with beliefs of my own.

(6) Following my theory of healthy eating has **caused me to lose more weight** than most people would say is good for me, or has caused other signs of **malnutrition** such as hair loss, loss of menstruation, or skin problems.

Documented Case Studies

Zamora, et al (2005)

- Age 14: Told by a nutritionist to eliminate fats from her diet to control severe acne
- Age 16: Extreme “lacto-ovo-vegetarian” diet
- Age 24: Eliminated eggs and milk products
- Age 28: Presents w/ severe malnutrition, marked hypoproteinemia, B12 deficit, BMI 10.7



Moroze, et al (2015)

28yo male w/ 3 years of reduced intake, limited to self-made "protein shakes" that included only pure amino powders
Avoided commercial shakes because of fillers



Result: severe malnutrition, BMI of 12.3, wt of 43.5 kg (50% IBW)

Orthorexia?

No white sugar. No white flour. No MSG. Raw olive oil. Only coconut oil for cooking. No canola oil. Himalayan pink salt. No iodized salt. No nightshades (i.e. no tomatoes, peppers, mushrooms, eggplant). Tomatoes 1x/mo. No coffee. No caffeine. No fungus. No dairy. Prefers not to eat fruit.



Tina Muir

- 2:36 Marathon runner
- Amenorrhea x 9 years
- Doctors and tests said "you're healthy"
- Had to stop running to get her period back




Psychosocial Risk Factors for ON

Social Factors
(social and cultural factors outside of the individual)

- Weight bias and obesity stigma
- Availability of organic/clean food
- Higher income
- Access to food research/knowledge
- Positive reinforcement from others
- Time for food planning/preparation

Psychological Factors
(intra-individual thoughts, feelings, and behaviors)

- Perfectionism
- Dieting/restrictive eating
- Drive for thinness/thin-ideal internalization
- Neuroticism (anxiety, negative affect)
- Obsessive-compulsive tendencies
- Current or past eating disorder
- Fear of losing control
- Perceived vulnerability to disease



McComb, S, Mills, J. Orthorexia nervosa: A review of psychosocial risk factors. *Appetite*. 2019;140(70):50-75.

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Clinic Assessment

- ✔ Assess Eating **Behaviors**
- ✔ Screening tools
- ✔ Rigidity?
- ✔ Pathological preoccupation?
- ✔ Undereating?
- ✔ Out of control eating?
- ✔ Food groups missing?

Use Motivational Interviewing:


Tell me about your eating % of time thinking about food?

How is eating affecting your life?



Clinic Assessment

- ✔ Avoid BMI, IBW; look at weight history
- ✔ For females: ask about period frequency, duration, heavy or light?
- ✔ How much physical activity?
- ✔ Food intake assessment
- ✔ Check labs, if possible
 - ✔ Ferritin
 - ✔ C3 Complement
 - ✔ CBC, CMP, Thyroid Panel
- ✔ DEXA scan



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Treatment

- ✔ Team approach
- ✔ Individualize
- ✔ Nutrition Rehabilitation
- ✔ Unsubscribe + Unfollow
- ✔ Treat as OCD with irrational fears around food
- ✔ Exposure Response Prevention (ERP)
- ✔ Acceptance and Commitment Therapy (ACT)



Community Case Studies

Case Study: MB, 53yoF

From intake forms:

- ✔ What would you like this consultation to address? "Not to be afraid of food."
- ✔ Are you concerned with your current body weight? "Yes, I think it is too low."
- ✔ How does your body size or weight affect how you feel about yourself? "I feel anorexic."
- ✔ Current state of health: "Not energetic. Very tired. Can't rest though."
- ✔ Personal health history: "Food allergies/intolerances, osteoporosis/ osteopenia, thyroid disorder, menopause, depression/anxiety."



Case Study: MB, 53yoF

From intake forms, continued:

Check all the factors that apply to your eating habits and lifestyle:

- ✓ Struggle with eating issues
- ✓ Have fear foods
- ✓ Wake in the middle of the night to eat
- ✓ Associate physical symptoms with certain foods
- ✓ Negative relationship with food
- ✓ Poor body image
- ✓ Organic food is important to me



What are some common meals you eat?

"I don't eat out. Make all meals at home. Eat mostly chicken, steamed vegetables, salad, a few fruits, rice cereal with a banana. No dairy, no bread (gluten), or processed sugar. Only water or coconut water to drink."

Case Study: MB, 53yoF

Assessment:

Significant weight loss (19% of BW), which is likely a root cause for her low energy, sleep issues, thyroid hormone fluctuations, and poor mood
Rigid food beliefs and superiority complex surrounding food → orthorexia?



Takes more than 20 supplements per day and continues to purchase more from other pushy practitioners
Narrow list of foods allowed
Misses out on social eating events due to food fears

Case Study: MB, 53yoF

Plan:

- ✓ Educate on the effects of weight loss/malnutrition on the brain, digestive system, etc.
- ✓ Increase calories through preferred foods
- ✓ Slowly work toward exposure wider array of foods
- ✓ Connect with values (ACT) and have patient create a plan (MI) centered around those values
- ✓ Referral to a therapist skilled in EDs



Helping without Harming


- Avoid calling food “clean,” “healthy/unhealthy,” “processed,” etc.
- Watch what you post – messages about food superiority can fuel disorder
- Don’t congratulate weight loss
- Embrace an “all foods fit” philosophy
- Instead of praising or condemning food choices, use curiosity:
 - How does it feel to eat that way?
 - How does this way of eating support your values?
- If it’s out of your wheelhouse, refer out or get supervision



ED Nutrition Resources

“Restrictive eating, including ON, is facilitated in any culture that stigmatizes ‘obesity’”
-McComb, S, Mills, J. Orthorexia nervosa: A review of psychosocial risk factors. *Appetite*. 2015;84(1):150-75.

- Websites:
 - Orthorexia.com
 - Nationaleatingdisorders.com
 - EDRDPro.com
- Books:
 - *Orthorexia: When Healthy Eating Goes Bad*
 - *Sick Enough*
 - *No Period. Now What?*
 - *Eating Disorder Sourcebook*
 - *The ED Clinical Pocket Guide*
- Podcasts:
 - Food Psych
 - Nutrition Matters
 - The Mindful Dietitian




Counseling Resources

“I’m always ready to learn, although I do not always like being taught”
-Sir Winston Churchill

- Motivational Interviewing:
 - *Motivational Interviewing in Nutrition and Fitness* by Dawn Clifford, Laura Curtis (www.motivatechange.net)
 - Molly Kellogg, LCSW, RD (www.mollykellogg.com)
- Intuitive Eating Supervision or Training Courses:
 - www.intuitiveeating.org
 - Marci Evans online ED training
 - Jessica Setnick’s Eating Disorders Bootcamp




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QUESTIONS?

 **JANICE DADA**
MPH, RDN, CDE
janice@socalnw.com
socalnw.com

1100 Quail Street, Suite 111
Newport Beach, CA 92660


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