Questions Asked During Live Webinar Broadcast on 3/13/19

Hunger for Healing: Evidence-Based Practice for Binge Eating Disorder
Presenter: by Michael Bricker, MS, CADC II, NCAC-2, LPC

What areas of research are recommended and/or needed for EBP?
A: I think it would be most useful to look at the neurotransmitter cascade that results from the binge eating episode. If we could find a way to pre-emptively meet the need for homeostasis (i.e. “fill the lack”) without bingeing, it would be easier to break the cycle.

Many times he has said BED is not about food- would you say the same for bulimia and AN? Would you also apply the non-diet method to bulimia and AN?
A: In the interest of full disclosure, I’m not a content expert in treating eating disorders...I kind of backed into this to meet client needs. That said, my sense is that persons with both AN and BN fall into that “mood intolerance” paradigm we talked about. In fact, my limited exposure to ED treatment seems to focus on developing a broader and more effective repertoire of coping skills for affect management as well as behavioral interventions.

Since you mention food/diet is not a root cause would it ever be appropriate to refer these clients to a nutritionist?
A: Absolutely – but NOT for weight management! Developing a healthy relationship with food – in addition to learning affect coping skills – is key to recovery. I apologize for not mentioning that specifically...thanks for your question!

What are your recommendations for someone who is in recovery from Methamphetamine and received a recent diagnosis of BED would you recommend any medications specifically?
A: I’m not a physician, so specific recommendations are outside my scope of practice. That said, coming from the SUD treatment perspective, I would tend to steer away from stimulant medications. Contrave might be an option worth considering, along with fluvoxamine, topomax, or any of the other medications noted on the pharmacology slide. Vyvanse is not the only option.

What do you mean by vomiting and exercising intensely with mood state? Can you please clarify?
A: The most common compensatory behaviors for bulimia and anorexia are active purging by emesis or laxatives, and intense exercise with the ONLY intent being to counter the weight gain from eating. By definition, these compensatory behaviors are not part of BED. Many people use moderate exercise to improve mood, but NOT to deal with guilt or shame around eating behaviors. Does that help?

Do you treat the underlying trauma before addressing the eating disorder?
A: My experience suggests that – as with any complex of co-occurring disorders – we have treat the disorders separately together”. Going after either one first is likely to trigger the other and launch both patient and clinician into a feedback loop of “whack-a-mole”. I find that EMDR is especially helpful in working with BED and developmental trauma.
What was the name of the medication again and you tell us about who it works?
A: We discussed 2 medications specifically: Vyvanse® (an amphetamine analog derivative) and Contrave® (bupropion + naltrexone). Which patient might be a better candidate for either is a discussion for their physician.

What are the chief neurotransmitters involved in this disorder?
A: I’m not a neurobiologist, and I don’t want to get too far out ahead of the research. A working hypothesis might suggest that dopamine is involved both in the initial craving as well as the “pump of pleasure” afterwards. The serotonin feedback loop with the enteric nervous system (“gut microbiome”) probably plays a role. Glutamate is an excitatory neurotransmitter involved with motivation, and leptin is the hormone that signals satiation.

Do you use Vyvanse on individuals who have amphetamine use disorder?
A: I’m not a physician, so specific recommendations are outside my scope of practice. That said, coming from the SUD treatment perspective, I would tend to steer away from stimulant medications. Contrave might be an option worth considering, along with fluvoxamine, topomax, or any of the other medications noted on the pharmacology slide. Vyvanse is not the only option.

My ACEs score was 8/10, and led to over four decades of substance abuse with pills and alcohol. I drank to excess always. Can this be likened to a BED since compensatory measures (as in not hating myself), were never in place. I just used different substances, is this a correct analogy? Thank you.
A: Perhaps a better metaphor than an analogy, but absolutely! I find that BED patients sometimes have an elevated ACE profile - but not always! Often the developmental trauma in BED (and some other d/o’s) comes from an unmet attachment need...something that should have happened that didn’t.
But regardless, congratulations on overcoming a serious trauma load! You are living proof that history is not destiny!

Do you recommend clients with BED work with a registered dietitian?
A: Absolutely – but NOT for weight management! Developing a healthy relationship with food – in addition to learning affect coping skills – is key to recovery. I apologize for not mentioning that specifically...thanks for your question!

Can you repeat your anecdotal comment from the very beginning when you said "BED is not about food, it is about trying to manage a perceived unmanageable emotional state" (or something or other- can you repeat what your words were/correct me here?) Thanks
A: Your memory is very good – that’s almost verbatim! With BED, “food is always what it’s not about.” Feel free to download the slides from the website for more detailed specifics.

Would you give more information about the circle of triggers when binging starts rather than just being connected to feeling of or cause of the feeling of anxiety?
A: The “intolerable feeling” that triggers a BED episode is probably very specific to each client, and any dysphoric feeling may be the trigger. BTW the trigger is almost always a felt memory (ie. physical), rather than an emotional (cognitive) response. I find that the most common combinations with my patients are anxiety & shame, or shame and hurt.