Dinner Table Talks: How healthy eating behavior and body positivity start at home

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Problem Identification

Eating disorders are a broad and incompletely studied area of mental health. Promoting a culture that focuses on wellness, nutrition and body positivity is crucial to preventing the development of disordered eating behaviors as there is a large sociocultural component that impacts eating disorders.

Poor body image is associated with negative health outcomes including unhealthy weight control behaviors, depression, dietary supplement and steroid use (1).

The mortality rate of eating disorders are significantly elevated compared to other psychiatric conditions, primarily due to medical complications and suicide. Some of the medical associations are enlisted of the next slide (2).

Patients with eating disorders frequently feel that they are not "sick enough" to merit treatment. This stresses the importance of early intervention and increased education to prevent the development and progression of eating disorders. Many patients in weight loss programs or taking medications for weight loss attribute unhealthy relationship with food developing during their childhood and due to familial and social pressure and restrictions. Creating a handout on how to create a protective and healthy mindset towards eating and body image would provide useful, accessible information on the topic.

Medical Problems associated with disordered eating behavior

Restricting	Restricting	Purging	Purging	Binging
Amenorrhea	Decreased antidiuretic hormone secretion	Cardiac arrhythmia	Hypokalemia	Esophageal rupture
Atrophic vaginitis	Delayed puberty	Chronic hypovolemia	Pneumothorax, Pneumomediastinum	Gastric rupture
Breast atrophy	Euthroid sick syndrome	Chronic metabolic acidosis (with laxative abuse)	Hypomagnesemia, Hypophosphatemia, Hypocalcemia	
Cardiac muscle wasting	Hypercholesterolemia	Chronic metabolic alkalosis (with vomiting)	Mallory-Weiss tears	
Constipation	Hypercortisolemia	Dental enamel erosion	Parotid gland swelling	
Increased growth hormone	Hypophosphatemia	Esophagitis	Russell sign (callous on knuckles from finger use for inducing vomiting)	

Focus Areas

Behavioral Health Integration (addressing needs of an individual with mental health conditions)

- Body dysmorphia, eating disorders and disordered eating behavior

Cultural Competency (addresses unique culture, language, health literacy of diverse consumers and communities)

- Cultural environment created by a family in the home setting

Social Determinants of Health (economic stability, education, social and community context, health and health care, neighborhood and built environment)

- Sociocultural and environmental factors that play into development of body dysmorphia and disordered eating

Public Health Cost and Considerations

- Total economic costs associated with eating disorders were estimated to be **$64.7 billion** in fiscal year 2018-2019, equivalent to **$11,808** per affected person (3).

Psychiatric diagnosis per DSM V	Percentage of total economic cost
Otherwise Specified Feeding or Eating Disorder	35%
Binge Eating Disorder	30%
Bulimia Nervosa	18%
Anorexia Nervosa	17%

- Substantial reduction in well-being associated with eating disorders was further valued at **$326.5 billion** (3).

Community Perspective and Support

Eric Odle, Medical assistant at Primary Care New Canaan, CT

“I think technology has caused a lot of people to feel differently about their bodies. A lot of the culture surrounding that stuff starts at home. You can’t really control the external world but you can control how your kids interact with it. Kids are like sponges, they see what you do and they emulate that”

Frank Perera, Psychiatrist in Greenwich, CT

“Eating disorders are a true manifestation of medical, psychological and social problems. Treating them involves targeting change in all these areas. A lot of the ideas around food develop from a child’s community - a big part of which is typically their parents.

Weida Ma, Medical Student in Norwalk, CT

“Food is so much more than a means for nourishment. It can be used as a coping skill - too much, too little and there’s so much information out there on what is right and wrong, which is confusing! I think understanding our bodies is important for self love, which comes first before forcing change”

Anonymous community member in Norwalk, CT

“Ever since I can remember, a big part of my identity has been tied to being ‘fat’. I don’t even see myself as fat but I know that’s how society sees me. I think I deserve less and expect less from life because of it. That’s how my family has raised me. A lot of that comes from seeing my mom and dad be critical about their own bodies and measure their worth through their physical appearance. I hope there is generational change and I hope we can start seeing ourselves as more than our ability to fit an unrealistic mould”

Intervention

A family practice that engages with patients of all ages is an ideal environment to educate patients and their families about healthy eating behaviors.

The intervention for this project involves providing a handout with ways to foster good nutrition, body image and healthy eating in a family environment. The hope is that patients are more aware of early signs of disordered eating behavior and can promote protective practices to boost overall mental wellbeing,

Patient can learn more about:

- Ways to improve eating culture in the home environment
- How to separate nutrition and emotional eating
- How to promote body image
- Online resources to learn more about eating disorders

Results

This handout was created and will be disseminated amongst practices in New Canaan, Ridgefield, Newtown, Danbury CT and Burlington, VT. Due to time constraints, evaluations of effectiveness were not performed (7).

Dinner Table Talks

Our relationship with food is often formed in childhood, and can last a lifetime. Body image issues can develop at a young age, impacting a child's ability to enjoy life and form close relationships, often causing feelings of anxiety and isolation. Societal pressure from family, peers and media to attain an "ideal" body can heavily impact children's sense of self and satisfaction

Disordered eating behaviors are associated with negative mental and physical health outcomes. We have little control over external forces that impact a child's approach to nutrition. Educating them, modeling healthy behaviors and helping them engage with their environments in an informed way can protect them from developing eating disorders, malnutrition and poor body image.

Ways to improve eating behavior in the home setting

- Sharing meal time as a family can create a supportive environment for children to explore eating in.
- Avoid using food as a reward as children learn to associate food with emotions, leading to emotional eating.
- Include children in decision making during meals so they educate themselves on nutrition and have agency on what they consume.
-Avoid labelling food as "good" or "bad" and focus on the nutritional value of a meal.

Ways to promote positive body image in the home setting:

- Express kindness and acceptance about your own body to model body positivity to children.
- Celebrate unique aspects of different bodies and focus on non-physical beauty.
- Be open to hearing your child's concerns about their bodies so they have a safe space to process.

Resources to learn more about eating disorders, body positivity and nutrition:

Websites

eatingdisorderhope.com
nationaleatingdisordersassciation.org
kellymentalhealth.ca
thebodypositive.org

Podcasts

Kidseatincolor
Thefullbloompodcast
Peacemeal

Effectiveness and Limitations

Effectiveness of this resource can be evaluated through a short 2 item questionnaire administered at every clinic visit. A sample is shown below, rated on a 0 (Not at all) -10 (Extremely) scale.

Has the information in this handout been useful to you in your awareness of nutrition and body image?

Do you feel better equipped to guide your children on healthy eating behaviors?

Long-term evaluation can include the Family Eating Habits portion of the Eating Habits Questionnaire for more extensive and nuanced interpretation of this resource's value (4).

Limitations of this resource include the limited research on this topic, which tends to be qualitative in nature. Another limitation is that culture specific notions of body ideals, health priorities and eating behaviors have not been factored into the recommendations put forth.

Future Interventions

Information on how to better foster a healthy relationship with food and facilitate good eating behavior and body positivity can be beneficial when disseminated in multiple languages. Cultural beliefs and attitudes have been identified as significant contributing factors in the development of eating disorders, both within American ethnic minorities and those in other countries. Recreating this handout in different languages and across different media would be a great next step (5).

Other aspects of disordered eating behavior can be explored in more handouts. These could include, but are not limited to, delineations between the different classifications of eating disorders, treatment options, providers in the area who specialize working with this population, how eating disorders can manifest and how to intervene early.

Examine efficacy of this intervention through surveys, administered periodically to trend long-term improvement in wellbeing.

Disseminate information to primary care clinics and psychiatric practices in the CT area.

Involve educational institutions as they are another key environment where youth develop their sense of self.

References

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Interview Consent Form

Consent has been obtained from all participants.