SDU STATENS INSTITUT FOR FOLKESUNDHED

REGION H Psykiatri

Problemer og løsninger i BED feltet

Phd.-projekt Statens Institut for Folkesundhed, Syddansk Universitet og Psykoterapeutisk Center Stolpegård, Gentofte (2013 – 2018)

Årsmøde for Fagligt Selskab af Kliniske Diætister (FaKD) d. 24. jan.2020

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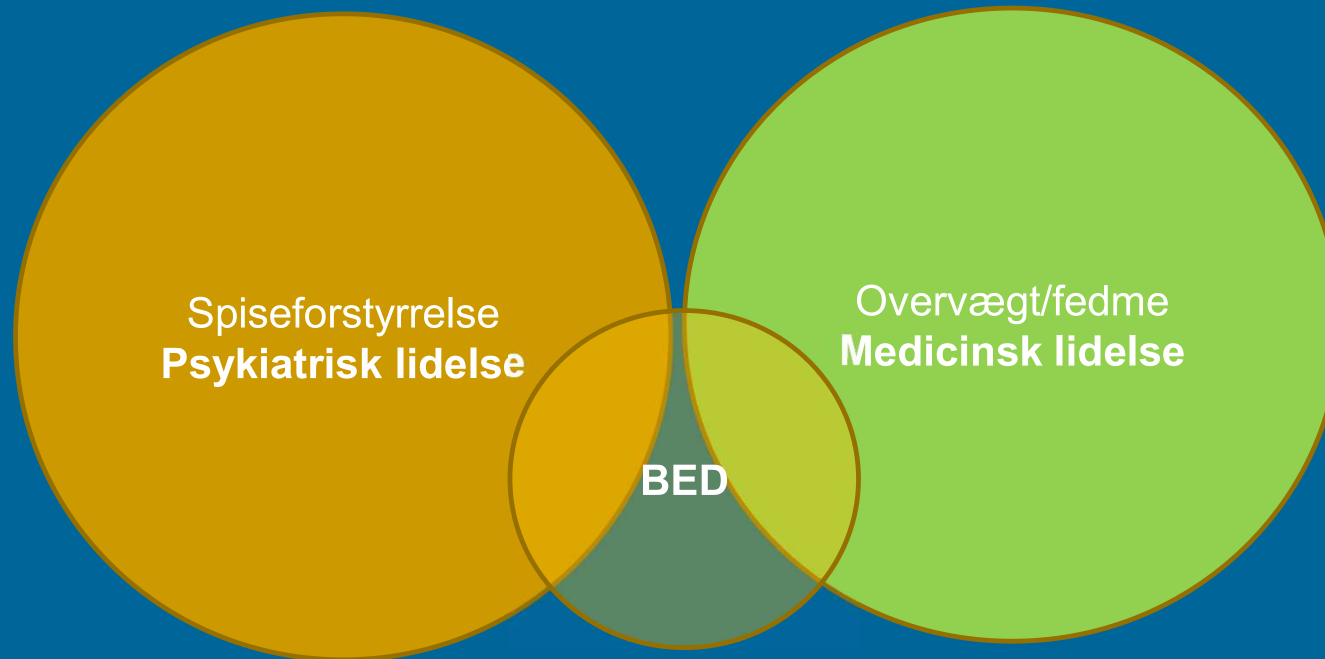
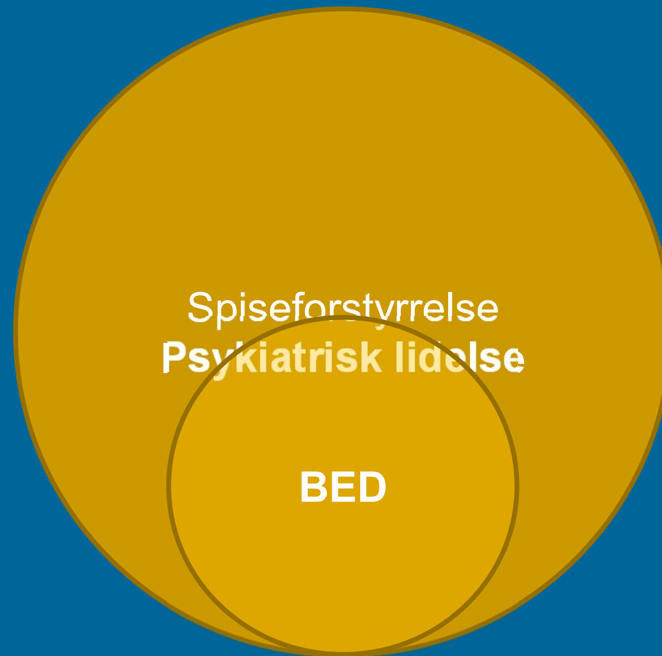
BED – spiseforstyrrelse og overvægt



BED – spiseforstyrrelse



Diagnostiske manualer –DMS og ICD

- DSM-5: American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (APA, 2013)

- ICD-11: World Health Organisation International Classification of Diseases (WHO, april, 2018)
(Implementeres i DK med udgangen af 2021)

BED

Diagnostiske kriterier DSM-5, 2013

Tilbagevendende bulimiske overspisningsepisoder forbundet med:

1) Indtagelse af en **større mængde mad** end andre normalt spiser i en tidsafgrænset periode
2) **Kontroltab** under selve overspisningen. Følelsen af ikke at kunne stoppe eller kontrollere hvad og hvor meget man spiser

BED

Diagnostiske kriterier DSM-5, 2013

Mere end 3 karakteristika (følgende)

- Spiser hurtigere end normalt
- Spiser til ubehagelig mæthedsfølelse
- Spiser store madmængder uden at være sulten
- Spiser alene (skam)
- Føler væmmelse, tristhed, skyld efter overspisning

BED

Diagnostiske kriterier DSM-5, 2013

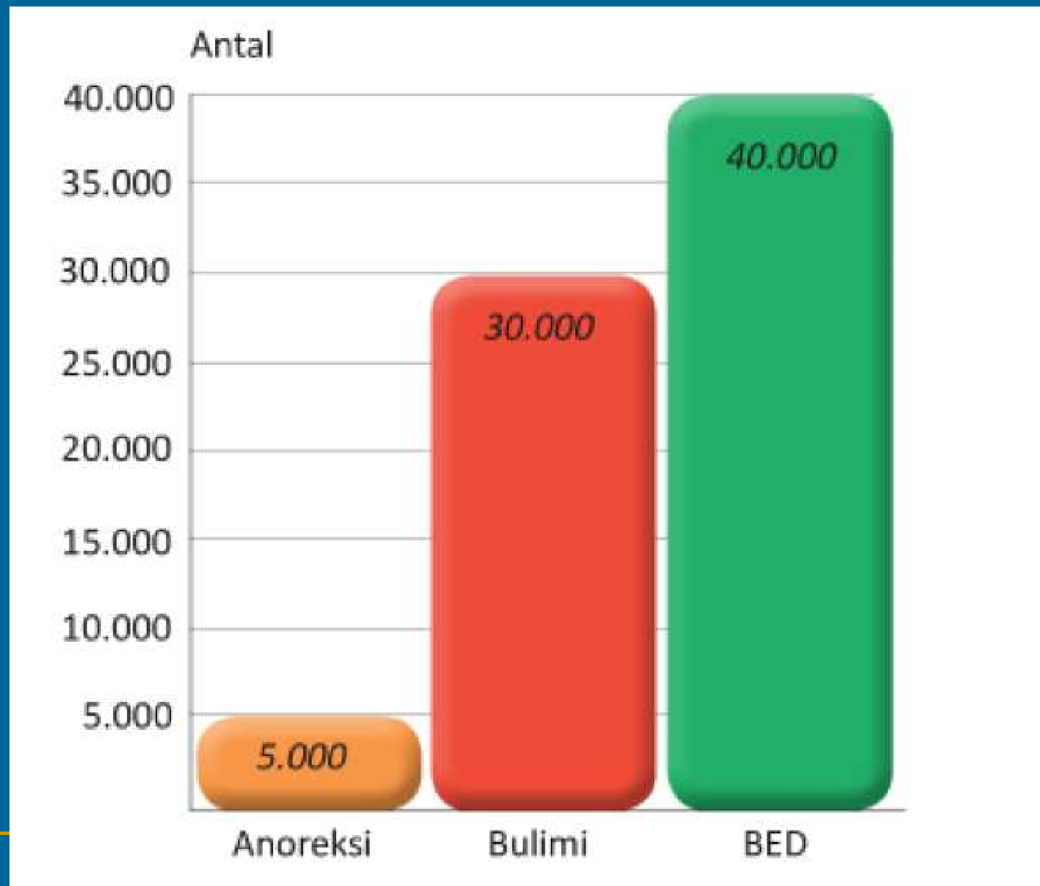
- Betydelig forpinthed / ubehag
- Hyppighed mindst 1 dag/ugen i 3 mdr.
- Ingen *regelmæssig* kompenserende adfærd
  - (fx opkastninger, tvangsmotion, faste)

BED

Diagnostiske kriterier ICD-11, 2018

Binge eating disorder is characterized by frequent, recurrent episodes of binge eating (e.g., once a week or more over a period of several months). A binge eating episode is a distinct period of time during which the individual experiences a subjective loss of control over eating, eating notably more or differently than usual, and feels unable to stop eating or limit the type or amount of food eaten.
Binge eating is experienced as very distressing, and is often accompanied by negative emotions such as guilt or disgust. However, unlike in Bulimia Nervosa, binge eating episodes are not regularly followed by inappropriate compensatory behaviours aimed at preventing weight gain (e.g., self-induced vomiting, misuse of laxatives or enemas, strenuous exercise).

Spiseforstyrrelser i Danmark



BED forekomst

- 2 -3 % af befolkningen
  - Mange studier, mange estimater. Afhængig af screeningsmetode, kriterier, population.

- 8 % blandt svært overvægtige (BMI >30)
  - Andelen stiger med BMI

- 15 – 50 % i vægttabsbehandling

(Kessler et al., 2013, Adami, Gandolfo, Bauer, & Scopinaro, 1995; de Man Lapidoth, Ghaderi, & Norring, 2006; de Zwaan & Mitchell, 1992; Ruth H. Striegel-Moore & Franko, 2003)

Comorbiditet

Livsløbsperspektiv

Mere end 70 % får diagnosticeret mindst 1 psykisk lidelse udover BED

- Næsten 50 % har 3 eller flere i livsløbsperspektiv

I behandling

- 75 % får diagnosticeret mindst 1 psykisk lidelse
- Heraf 45 % affektive lidelser (depression)
- 55 % angstlidelser

(Hudson et al., 2007; Ulfvebrand, Birgegård, Norring, Högdahl, & von Hausswolff-Juhlin, 2015, Wilfley et al., 2000, Grucza, Przybeck, & Cloninger, 2007)

Hvem får BED?

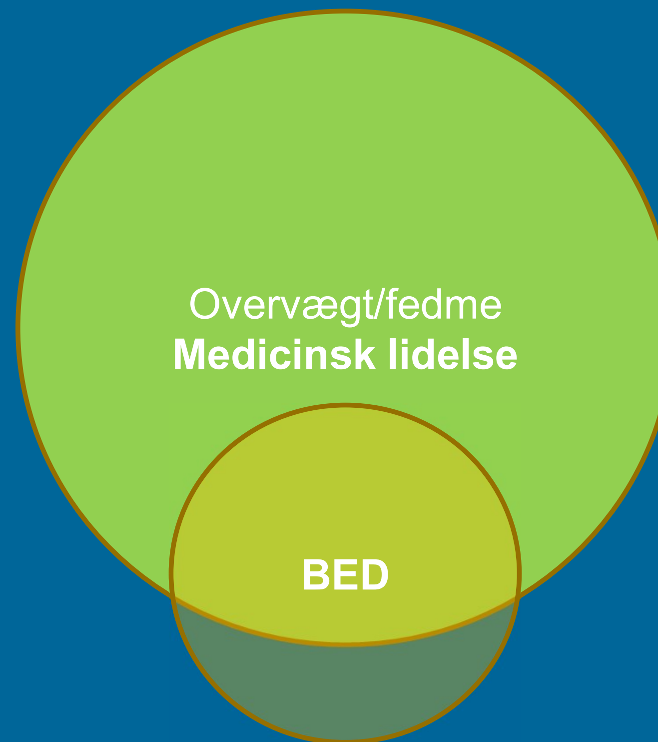
- Kvinder : mænd = 3 : 1
- Debutalder 15- 18 - 27 år
- Overspisning med kontroltab i barndommen

(Smink, van Hoeken, Oldehinkel, & Hoek, 2014, Stice, Marti, & Rohde, 2013, Hudson et al., 2007; Kessler et al., 2013, Manwaring, 2006)

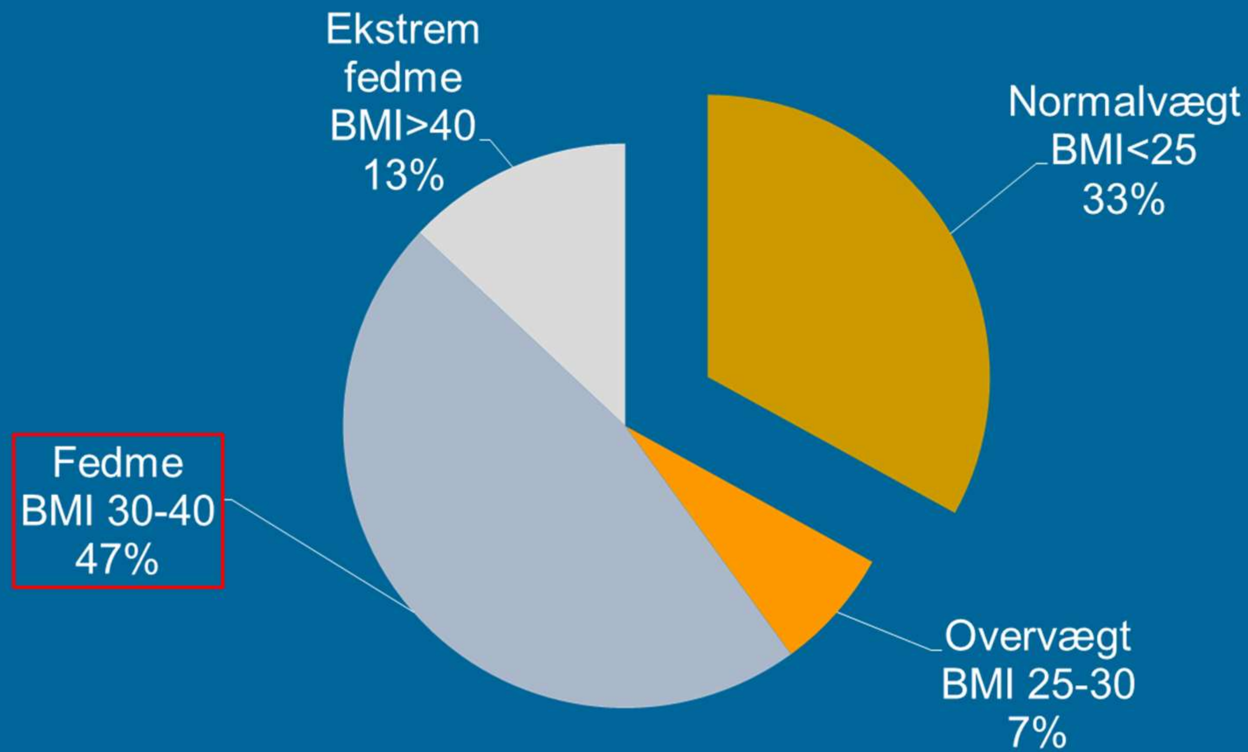
Mænd med BED (sammenlignet med kvinder)

- Samme grad af spiseforstyrrelsespatologi, nedsat funktionsniveau (Lydecker, 2018)
- Mindre kropsutilfredshed, restriktion og drive for tyndhed (Barry, Grilo, & Masheb, 2002)
- Højere BMI (Barry, 2002)
- Mere misbrug, OCD, mindre depression (C. Grilo, White, & Masheb, 2009)
- Flere med subklinisk BED eller overspisning uden kontroltab (Chao, 2016)
- Henvender sig sjældnere for behandling (Hudson, 2007)

BED og vægt



BED og vægt



BED sammenlignet med overvægtige uden BED

- Mere kropsutilfredshed, dårlige kropsbillede, højere grad af fedmefølelse og ubehag og undgåelse af at se sin krop og større frygt for at tage på
- Lavere fysisk aktivitetsniveau
- Større portioner og mere kaotisk spisemønster
- Tanker om mad og spisning fylder mere
- Højere forekomst af andre psykiske lidelser
- Dårligere livskvalitet

Dingemans et al, 2012, Ramacciotti et al, 2008, Lewer et al, 2016, Rieger et al,2005, Carr, 2019)

BED og vægt

- yo-yo-vægt (+/- 20-40 kg) (Dingemans & van Furth, 2012)
- Ned til 17% har modtaget BED behandling, mens op til 70 % har været i vægttabsbehandling (og 50 % i depressionsbehandling) (Striegel-Moore et al., 2001, Hart, Granillo, Jorm, & Paxton, 2011; Mond, Hay, Rodgers, & Owen, 2007)
- Psykoterapi medfører ikke vægttab (Vocks et al, 2010)
- BED er i gang med en vægtøgning, når de starter behandling (vægtstabililtet er et godt resultat) (Blomquist, 2010)
- Restriktion kan være forbundet med tilbagefald (da Luz, 2015)

BED og vægttab

- Anbefalet vægttab på 5 -10 % af kropsvægten
- Forventningen hos mennesker med BED er 36 % (ønsket vægttab) og 23% (acceptabel vægttab) og 14 % (skuffende vægttab) (Masheb & Grilo, 2012)
- Ved almindelig vægtfokuseret behandling taber BED sig mere, mindre, det samme som mennesker uden BED (Pagoto et al., 2007, Gladis et al., 1998, Yanovski et al., 1994)
- Langvarigt vægttab er en udfordring i normal befolkningen (Mann, 2007)
- Få follow-up undersøgelser
- Vægtudsving er dårligere for helbredet end en stabil høj vægt (Mackie, Samocha-Bonet, & Tam, 2017; Rzehak et al., 2007)
- Motion alene er sundhedsfremmende (Teucher, Rohrmann, & Kaaks, 2010)

Vægttabsbehandling til BED

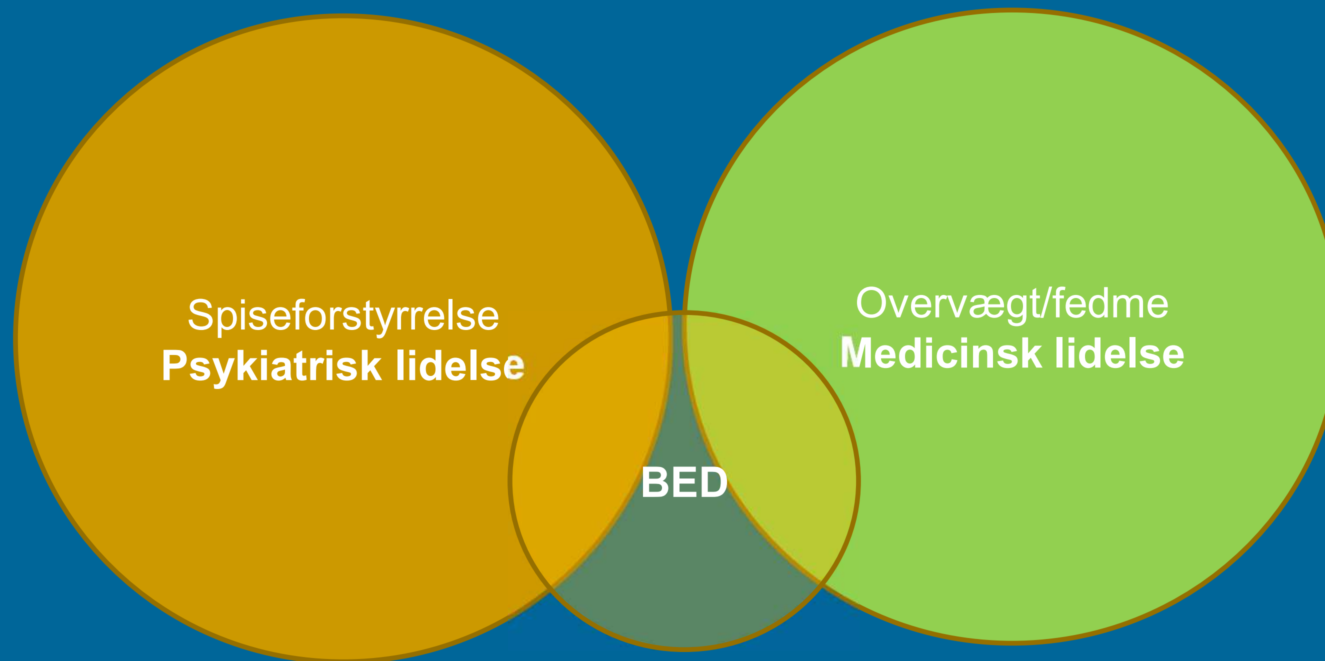
Overvægt/
fedme
Medicinsk
lidelse

- Psykologisk vægtabsbehandling (Behavioral Weight loss treatment) (Brownell & Brownell, 2000; da Luz et al., 2017) og CBT giver et moderat vægttab også ved 2 års follow-up. Men minimalt. (Carlos M. Grilo, Masheb, Wilson, Gueorguieva, & White, 2011)

Undersøges:

- Physical Exercise- and Dietary therapy (PED-t) (Mathisen et al., 2017),
- Healthy Approach to Weight Management and Food in Eating Disorders (HAPIFED) (da Luz et al., 2017).

BED – spiseforstyrrelse og overvægt



Risikofaktorer for spiseforstyrrelser (og overvægt/fedme)

- Slankekure og kropsutilfredshed (Neumark-Sztainer et al, 2011; Cena et al., 2017; Bacon & Aphramor, 2011)
- Vægtstigma og vægtrelateret mobning (Friedman et al., 2005; Puhl & Brownell, 2012; Aphramor, 2005)
- Forældres kommentarer til vægt/krop (neg/pos) og mad/spisning, forældres forstyrret spisning/overvægt, forældres oplevelse af, at deres barn er overvægtig (Allen et al, 2009; Allen et al, 2014, Hilbert et al., 2014; Neumark-Sztainer et al., 2010; Rodgers, 2009, Wansink et al, 2017)
- (Øget risiko for fedme ved at blive kommenteret på som 'for tyk' som barn) (Tomiyama, 2014)

Særlige risikofaktorer for BED

- Fedme som barn og kommentarer om vægt, figur og spisning (Fairburn et al 1998)
- Vægtrelaterede drillerier fra familien (Review, Saltzman & Liechty, 2016)

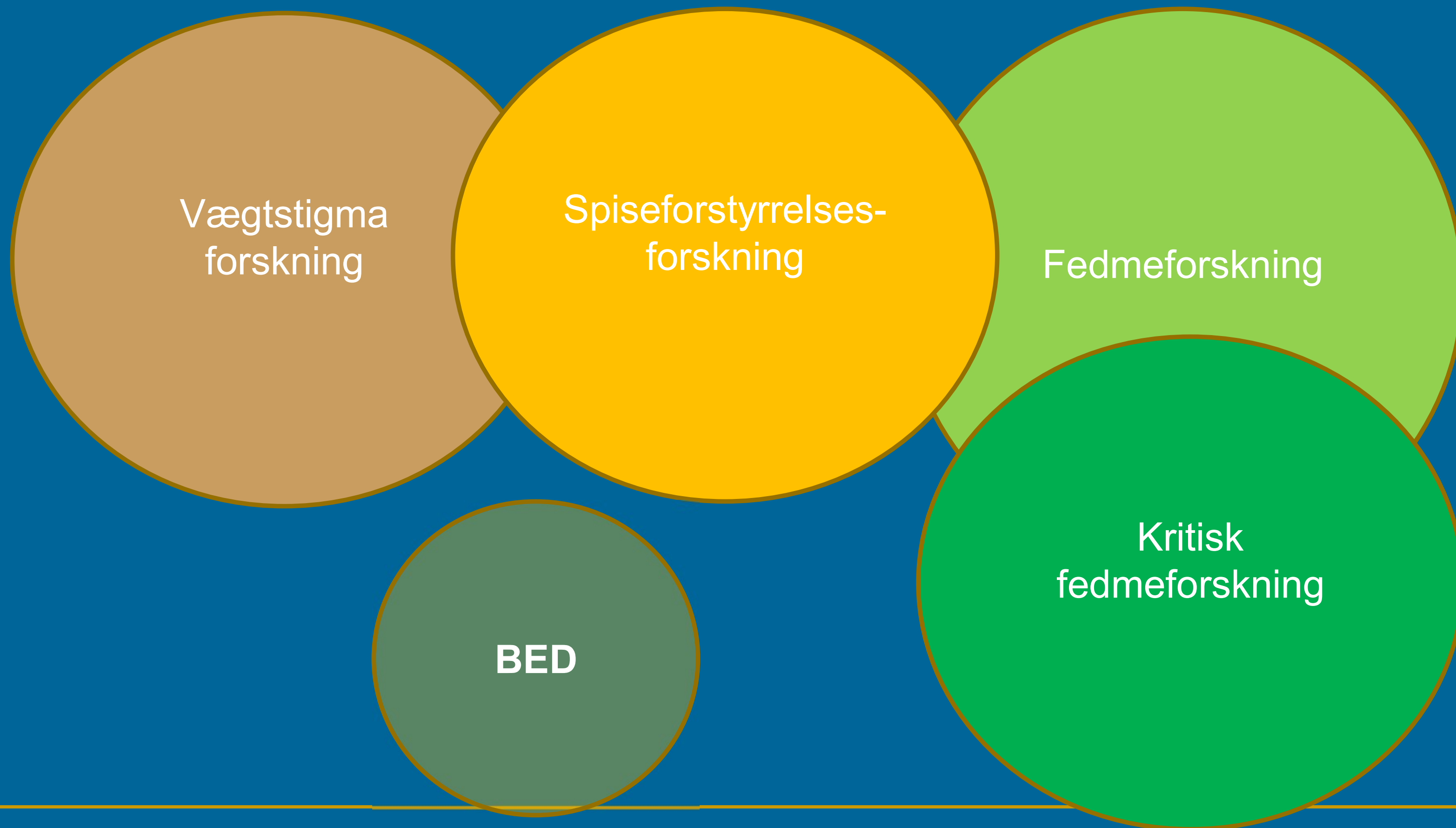
Body Image Disorder/Forstyrret kropsbillede

Vægt og figurs betydning for selvopfattelsen (Fairburn et al, 2008)

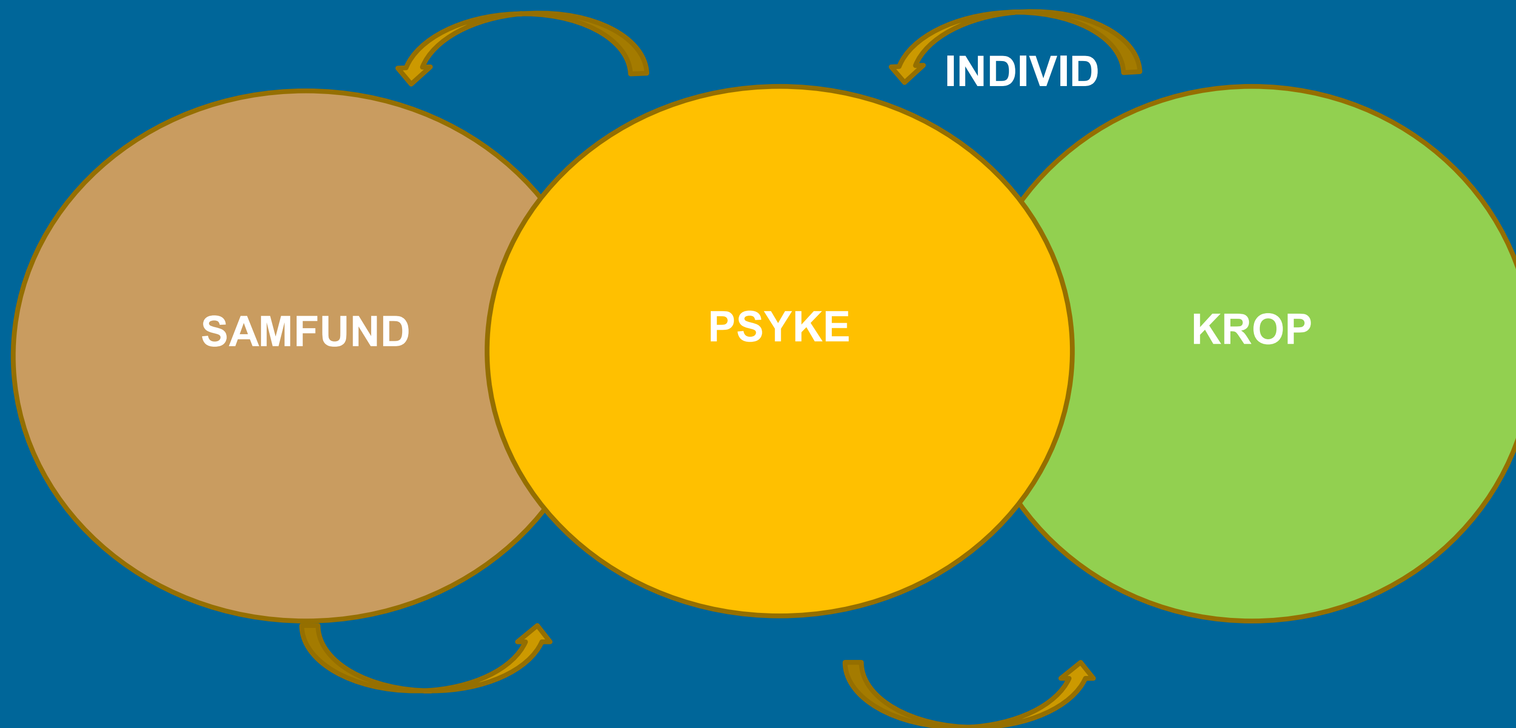
- Centralt i alle spiseforstyrrelser (Carlos M. Grilo & Masheb, 2000; Carlos M. Grilo, Masheb, & White, 2009
- BED har samme grad som BN (Wilfley, Scwartz, Spurrell, & Fairburn, 1999; Masheb & Grilo, 2000)
- Udvikling og vedligeholdelse af BED (Christopher G. Fairburn & Wilson, 1993; Pratt, Telch, Labouvie, Wilson, & Agras, 2001; Sonneville et al., 2015).
- Sværhedsgrad af spf. symptomer, comorbiditet, udbytte af psykoterapeutisk behandling og tilbagefald (Goldschmidt et al., 2010; C. M. Grilo, White, & Masheb, 2012; Carlos M. Grilo et al., 2008, Hilbert et al., 2007; Ojserkis, Sysko, Goldfein, & Devlin, 2012)
- Uafhængigt af BMI (Eldredge & Agras, 1996)
- Ikke relateret til antal overspisninger. En anden form for alvorsgrad (Carlos M. Grilo et al., 2008; Carlos M. Grilo, Ivezaj, & White, 2015

Lidt fra ph.d.-projektet (2013-2018)

Problemer og løsninger defineres forskelligt



Dialog mellem perspektiver



Kvalitativ datagenerering

FASE 1

PSYKOTERAPI
(25 uger)

Intw
n = 8

Deltager-observationer
Nov 2015-marts 2016

FASE 2

VÆGTTAB
20 uger

VELVÆRE
20 uger

Intw
n = 8

n = 8

Deltager-observationer
Nov. 2015- maj 2016

Fortællinger fra deltagerne

- Kaotisk spisning- restriktion - overspisning
- Gentagne vægttabsforsøg, ”Prøvet alle kure i verden”
- Barndom med fokus på vægt og mad
- Forældre med spiseforstyrrelsessymptomer
- Forkerthedsfølelse pga. vægt, følelser
- Ikke fylde/være til besvær -Stor forskel på indre og ydre jeg – facader
- Had til kroppen, ignorerer - adskillelse
- Svært at mærke følelser
- Vægttab kan gøre mig ”rigtig”, kan løse alt
- Opgivenhed, isolation, skam

Overspisninger fungerer som:

- Trøst og beskyttelse
  - Selvhad /selvkritik
  - Andres kritik/ forestillinger om andres kritiske tanker
  - En pause
  - En plads til sig selv

- Oprør og selvbestemmelse
  - ‘Er noget forbudt, får jeg lyst til at spise det’
  - ‘Jeg vil accepteres for den, jeg er, uanset vægt’

Et relationelt vægtproblem

- En vægt-betinget accept
- En sammensmeltning af vægt og identitet
- Et ydre vægtkritisk blik på sig selv

- ‘Jeg er problemet – vægttab er løsningen’

Ligner internaliseret vægtstigma/overvurdering af betydningen af vægt og figur for selvopfattelsen

En barriere for sundhedsadfærd

Konsekvenser af vægtstigmatisering

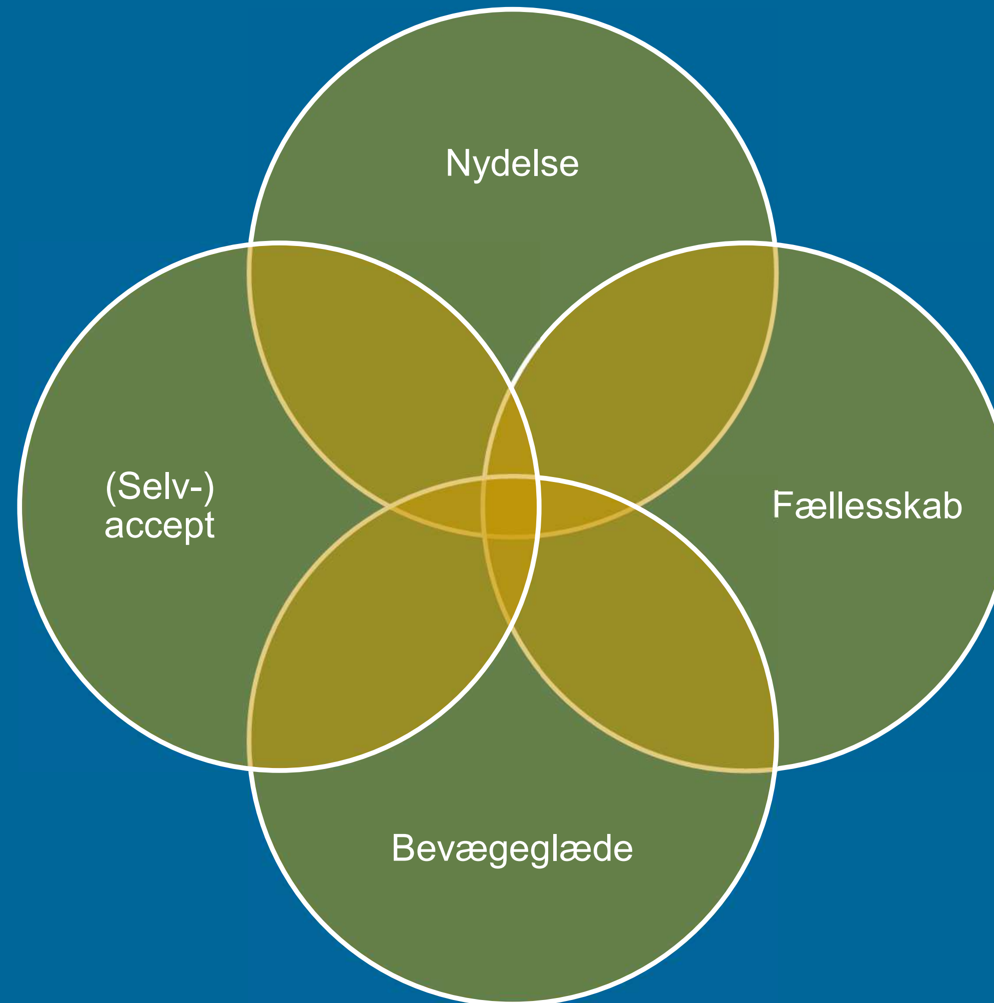
- Dårligere fysisk og psykisk helbred (Puhl & Suh, 2015)
- Højere BMI (Puhl & Suh, 2015)
- Spiser mere, spiser dårligere mad (Araiza &Wellman, 2017)
- Mindre fysisk aktiv (mindre motiveret) (Vartanian & Shaprow, 2008, O'Brien et al, 2016)
- Dårligere effekt af vægttabsbehandling (Wott & Carels, 2010)
- Mindre fysisk aktivitet
- Mennesker med BED større sandsynlighed for internaliseret vægtstigma (Durso et al., 2012; Mensinger, Calogero, & Tylka, 2016).
- Kropsbillede er relateret til graden af internaliseret vægtstigma (Wang, 2017)

Accept og forbundethed…

- At (gen)skabe forbindelse til sig selv
  - Hvem er jeg uden spiseforstyrrelsen?
  - Hvad er mine værdier? Hvad føler jeg?

- At (gen)skabe forbindelse til andre
  - At dele sine tanker og følelser med andre
  - At føle sig accepteret uanset vægt
  - At føle sig fri til at være (og bevæge sig) i verden uanset vægt

- At (gen)skabe forbindelse med kroppen
  - At opleve kroppen indefra (modsat et kritisk ydre blik)
  - Følelser og sansninger
  - Nydelsesfuld spisning
  - Bevægelse for sjov


Nydelse
(Selv-)
accept
Fællesskab
Bevægeglæde

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