

## **Food Working Group Speaker Series Session #4**

April 9th, 2014 @3:00pm

**Speaker:** Nancy Zucker, Director of the Duke Center for Eating Disorders

**Topic:** Food Avoidance and Food Overconsumption in Children and Adults

Many children at a young age do not seem to have a fundamental enjoyment of food. Some early feeding experiences for children were associated with pain (GERD- acid reflux). The impact on memory in later experience is key.

If given the choice, we would rather breathe than eat- sometimes a child may have trouble breathing when they eat. These physical conditions can result in eating issues later in life.

Attachment literature: the child expressed “undifferentiated arousal” (they respond to all of their sensations- can’t differentiate them), and through trial-and-error the mother is able to discriminate between those different needs. Then, the baby learns to attach to the mother and also to recognize themselves as a separate entity that another person will respond to.

Alexithymia- people who have trouble identifying feelings

Somatisizers – people who are hyper-sensitive of their own feelings

Nancy’s approach: Can we teach people to read their bodies better and become their own self-parents?  
Can we teach children and adults to discriminate between the different needs they have?

Attempt #1: Teens w anorexia nervosa

-This is the leading cause of mortality for mental disorders

-mostly develops in teen years. Short window of onset. No good treatment for adults.

-healthy self-regulation reads the body and determines what is appropriate, but within certain rules/limits (just like an authoritative parent. Permissive and authoritarian parents are extremes on either side)

Anorexia – perfectionism and harm avoidance leads to the imposition of a rule book for themselves (authoritarian parent for themselves – you lose knowing/trusting yourself as well as flexibility)

Treatment Outline:

Can we work on parents first to model balance and to know themselves more deeply? They tested their model to the gold standard- it was commensurate for body mass gain, but also showed more improvement in decreasing frequency of perfectionist/stressful thoughts.

Another study: Toddlers at risk for obesity

Tasked with reaching mothers with a second child on the way- need to reach 400 families. Used a mail-based intervention, supplemented with motivational interviewing phone calls (1 per month), as well as a few support groups.

Need to address the mother's self-regulatory capacity to deal with broad life stressors before we can get to their food issues, and that of their child. Keep emotional regulation as the corner-stone.

Learned: always hire a cartoonist to do your research! [see slide for the brochure sent in mail]

The mail-in was effective on certain metrics, but not for impacting BMI. Behaviors were adjusted somewhat:

"Instrumental feeding": feeding your kids to get them to do something

"Emotional feeding": feeding your kids to get them to feel better

Q: what about a longer-term effect on the children?

Nancy Zucker: Was hoping that in the long-run the message would really resonate and perhaps have impact

Q: But didn't the quality of their diet change?

Nancy: Yes, that was a positive.

Q: But are the people with the largest problems not signing up for these studies?

Nancy: Who did we wind up with? Higher educated, Caucasian moms were the highest in numbers in their study, even though they sampled from the whole population.

Treatment: study that taught students to pause and determine if they were feeling full (gave them a scale to use to rate their feeling), lost BMI and kept it off

Binge eating: like sleep walking, the gratification is almost in the chewing. It's a free-for-all without rules. You don't think about your problems. But afterwards when you feel guilty, you actually shifted your worries to your binge and how to un-do the binge.

"reward stimulated" child – lack control, they are effusive in general; these are some characteristics of the binge eating child.

Treatment: Doing "cue exposure", like with treatments to addiction. Expose to cues that elicit craving, then try to break the connection between cue and response. Need to teach kids to navigate the food environment. Need un-pair the presence of food with the craving to eat it.

Would show kids the food, tantalize them, then have them do alternative activities (dance, get rid of their craving energy). Would have them try it, then throw it away.

Q:

Nancy: eating in the absence of hunger – have looked at restrictive settings, and these are ones where  
How to navigate rules for parents- seems to be more about the style in which it is done, as opposed to rules.

Can't focus on eating more fruits and vegetables when they can't manage their work stress, stress with kids. Often people are unaware that stress is affecting them.

Q: caffeine and over-the-counter and its connection with eating disorders?

Just looked at rates, but not on her radar-screen clinically?

Q: have you looked into the influence of popular culture on eating disorders?

Nancy: rates have not changed historically. Some suggestion that it is onsetting younger, but overall prevalence is still low

Q: isn't there genetic disposition, but that is triggered by environment?

Nancy: yes. But inheritability of a kind of executive-functioning deficits (can only focus on one item and are not flexible) and hypersensitivity (to how their body is feeling, and they can't shift from how their body feels to their outside environment; can't distinguish between the feelings)

Q: have they looked at what is happening in the brain for that?

Nancy: they have been looking a lot at the vagal break(?)

Q: how can you link what you've been doing to larger-scale obesity?