ACUTE
CENTER FOR EATING DISORDERS & SEVERE MALNUTRITION
BY DENVER HEALTH
A CENTER OF EXCELLENCE

OCCUPATIONAL THERAPY IN THE TREATMENT OF SEVERE EATING DISORDERS

> One commonly overlooked aspect of severe eating disorders is how they can interfere with daily rituals and activities. Occupational therapy can be a valuable tool in regaining independence in eating disorder treatment and recovery.

Eating disorders impact all aspects of a patient's life. Occupational performance issues in eating disorders can affect activities like meal preparation, socialization, financial management and self-grooming.[1] Low body weight and malnutrition can affect an individual's memory, cognition and concentration, making work or study more challenging. Engaging in eating disorder behaviors is a time intensive pursuit. For many, their eating disorder becomes the primary occupation of life, with all other areas of daily life declining. There is little time, energy or motivation left for things like showering, cleaning or socializing. As individuals with eating disorders become less engaged with other occupations, motivation, independence and quality of life decline. This often leads individuals to stop going to school or work, participating in hobbies or activities, seeing their loved ones or leaving their home.

EATING DISORDERS IMPACT MANY ACTIVITIES OF DAILY LIVING.

WHAT IS OCCUPATIONAL THERAPY?

Occupational therapy helps people across the lifespan to do the things they want and need to do through the therapeutic use of daily activities (occupations).

WHAT IS OCCUPATIONAL THERAPY FOR SEVERE EATING DISORDERS?

Occupational therapy helps eating disorder patients progress toward independence in managing their activities of daily living (ADLs) and reengaging with coping and meaningful leisure activities as they become more physically capable.

[1] Clark, M., & Mayar, S. (2012).

Q: WHAT ARE OCCUPATIONS?

A: According to the World Federation of Occupational Therapists, occupations refer to "the everyday activities that people do as individuals, in families and with communities to occupy time and bring meaning and purpose to life. Occupations include things people need to, want to and are expected to do."[7]

Occupations can be broken down into the following categories:[8]

- **Activities of Daily Living:** Dressing, toileting, feeding, swallowing/ eating, functional mobility, personal device care, personal hygiene and grooming
- **Instrumental Activities of Daily Living:** Care of others/children, care of pets, communication management, financial management, health management and maintenance, shopping, home management, driving and community mobility, meal preparation, religious and spiritual activities and safety and emergency maintenance
- **Rest & Sleep:** Rest, sleep preparation and sleep participation
- **Play:** Exploration and participation
- **Leisure:** Exploration and participation
- **Work:** Employment interests and pursuits, employment seeking and acquisition, job performance and retirement preparation and adjustment
- **Social Participation:** Community activities, family activities and peer/friend activities

THE ULTIMATE GOALS OF OCCUPATIONAL THERAPY IN EATING DISORDER TREATMENT ARE TO HELP PATIENTS:

- Improve patient independence in order to meet the demands of daily living across all occupations and environments
- Empower patients to lead satisfying, meaningful and fulfilled lives in whichever way they choose to engage life

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Eating disorder recovery and the philosophical tenants of occupational therapy run parallel to each other. Both disciplines place emphasis on social engagement, learning new coping mechanisms and skills to manage symptoms, address stigma and share the ultimate goal of supporting the patient as they interact with and become a functional member in society. They both place heavy emphasis on hope, adaptation and the value of the individual independent of their illness.[2] Given the alignment between occupational therapy and elements of eating disorder recovery, the role of occupational therapists in eating disorder treatment is clear. In fact, a growing collection of research supports the use of occupational therapy in the treatment of eating disorders:

The use of occupations can **build self-esteem**. Building self-esteem is a top priority for patients and therapists alike.[3] Re-engaging with different activities and areas of life enables feelings of control over one's life, satisfaction and improved sense of self.[4]

Adaptive yoga as a mind-body practice can help **improve the relationship between mind and body** in patients with eating disorders, including self-competence, positive physical and social self-concepts and emotion regulation.[5]

The introduction of new interests and activities encourages **alternative coping mechanisms** separate from the eating disorder.[6]

[2] Davidson, L., Sells, D., Sangster, S., & O'Connell, M. J. (Eds.). (2005) | [3] Vanderlinden, J., Buis, H., Pieters, G., & Probst, M. (2007) | [4] Patching, J. (2008)
[5] Klein J & Cook-Cottone C. (2013) | [6] Martin, J. (1991) | [7] *About Occupational Therapy.* World Federation of Occupational Therapists. (n.d.)
[8] Occupational therapy practice framework: Domain and process (3rd edition). (2014).

OCCUPATIONAL THERAPY IN INPATIENT EATING DISORDER TREATMENT

Guidelines exist to help clinically guide the management of physical activity for patients with severe eating disorders who are admitted for medical stabilization, weight restoration or symptom interruption. Occupational therapy and prescribed activity are individualized based on each patient's unique medical status and recovery needs. In general, patients can expect comprehensive assessment, education and a variety of skilled interventions.

ASSESSMENT: Upon admission, the patient meets with a dedicated occupational therapist specializing in eating disorders. This conversation starts by establishing an occupational profile that outlines who the patient is, what they value and what their goals are for occupational therapy. The occupational therapist will also inquire about personal factors (habits, routines, roles and skills) and how their ability to perform their occupations is impacted by their social, cultural and physical environment. The patient may also be asked to perform certain example tasks, like getting dressed, washing their face or ambulating around the bathroom. The occupational therapist will then perform a variety of standardized assessments including, but not limited to those for occupational performance, strength and endurance, functional balance, functional cognition, anxiety and depression, sensory processing and chronic pain.

EDUCATION: Learning about medical complications and physical and functional capacity is an essential component of occupational therapy for eating disorder patients. For example, yoga can have a clinical benefit for those suffering from eating disorders.[9] While yoga has many benefits, it is a physical modality that requires strength, coordination and balance. Not all yoga is appropriate, and in some situations can be dangerous, for individuals in eating disorder treatment. Decreased bone mineral density is a common medical complication found in eating disorder patients and increases risk of injury.[10] This serves as an example of the importance of education regarding safely returning to movement activities during and after eating disorder treatment.

Activity-based groups are essential to helping patients transition to the next level of care, foster a positive sense-of-self in a supportive environment with peers and develop the life skills necessary to participate in and build a fulfilling life.

SKILLED INTERVENTIONS: Occupational therapy programs are customized to support patients across all orientations and environments. Occupational therapy programs address occupational challenges patients experience as an individual and in their families or communities, allowing patients to adapt to their environment or physical limitation, build self-esteem and independence, build new skills and coping mechanisms and live a full and engaged life as they regain strength and nutrition during treatment. Occupational therapists utilize a variety of interventions, including but not limited to:

- Preparatory activities for experiential learning
- Fostering new skills and routines to build confidence and self-esteem
- Yoga, breathing exercises and relaxation training to support digestion, self-regulation and parasympathetic engagement
- Sensory processing interventions, including weighted blankets, proprioceptive activities, tactile fidgets, visual stimuli, scents and music
- Group programming for therapeutic engagement, development of activity tolerance and to support transition to the next level of care:
  - Sensory group, Aromatherapy group, Communication skills group, Self-esteem skills group, Gratitude group, Teamwork skills group, Macrame group, Handicraft project group, Life skills groups

[9] Hall, A., Ofei-Tenkorang, N. A., Machan, J., & Gordon, C. M. (2016) | [10] Workman, C., Blalock, D. V., & Mehler, P. S. (2020).

ACUTE Center for Eating Disorders & Severe Malnutrition at Denver Health is the only dedicated inpatient medical stabilization program in the country with the resources, environment and experience to treat the most medically severe cases of eating disorders. This life-saving care is covered by medical insurance, which preserves valuable behavioral health benefits for patients as they continue the recovery process. When they are medically stable, patients discharge to the appropriate next level of care, typically with their established eating disorder care team or referring IP/RES program.

IN GENERAL, ACUTE'S ADMISSION CRITERIA INCLUDES:

- All gender expressions, 15+ years of age
- Severe medical complications associated with anorexia nervosa, atypical anorexia nervosa, bulimia nervosa, ARFID or as a comorbidity of an infection or from cancer
- In need of safe detoxification from laxatives, diuretics or self-induced vomiting, to treat/prevent severe edema formation, prior to inpatient or residential treatment
- At risk for refeeding syndrome Patients experiencing severe weight disruption, with any or all of the following medical issues:
  - Weight less than 70 percent of ideal body weight or BMI < 15;
  - Unstable vital signs such as low or irregular heart rates;
  - Cardiac disturbances such as abnormal heart rhythms or heart failure;
  - Loss of consciousness due to low blood pressure;
  - Patients with malnutrition caused by non-tuberculosis mycobacterium (NTM, aka MAI), cancer, HIV or other infections;
  - Atypical anorexia nervosa with rapid massive weight loss

Medical stabilization on the 30-bed telemetry unit is augmented with multidisciplinary care overseen by Philip S. Mehler, MD, FACP, FAED, CEDS, the world's foremost expert in effective medical treatment of severe eating disorders. ACUTE's admissions team facilitates all logistics for patient travel needs, including arranging air ambulance transport if needed.

For more information about the role of physical therapy in the treatment of severe eating disorders, **please contact the ACUTE Center for Eating Disorders & Severe Malnutrition at Denver Health.**

CALL 877-228-8348 TO SPEAK WITH A MEMBER OF THE ACUTE ADMISSIONS TEAM.

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