

Break Free from ED

An Active Guide to Recovering from Your Eating Disorder

Module 5

Food and Energy

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If you are restricting your food intake, using self-induced vomiting, over-exercising, laxatives or diuretics for weight-control, or have lost weight recently, it is important that you talk to your medical practitioner and get a full medical check-up, as there are many physical complications that can arise as a result.

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Introduction

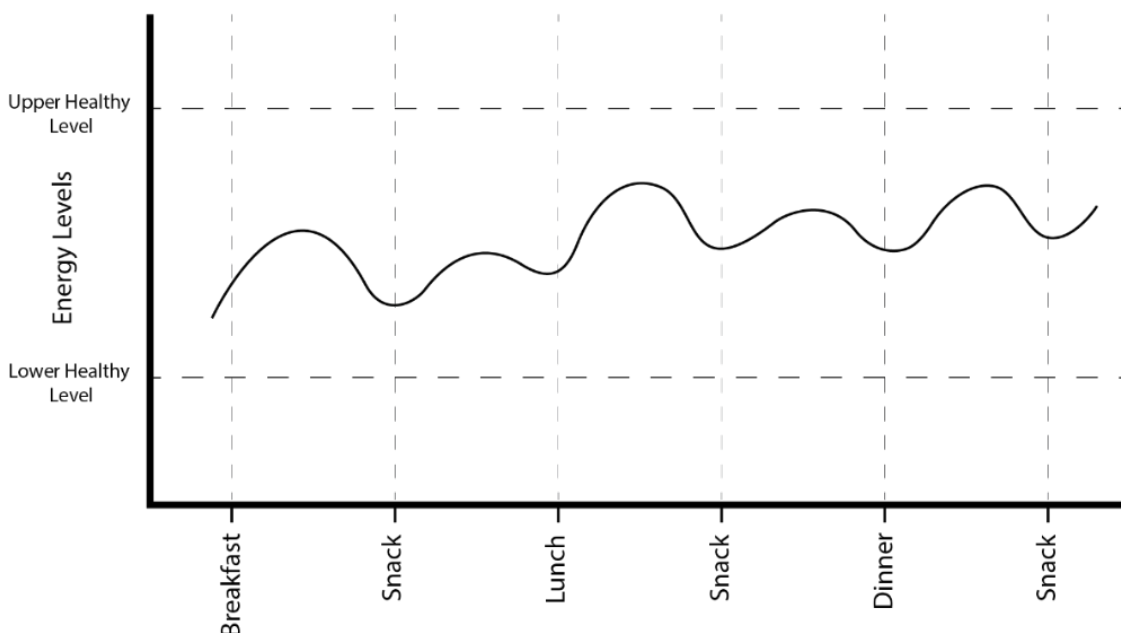
In Module 4 we introduced self-monitoring, a key strategy to understand your attempts to control your eating, weight, and shape and start to make changes. In this module we will be helping you understand the relationship between what you are eating and your energy levels. We will be thinking about the impact of energy levels on your health and encourage you to experiment with changing your eating.

Optimal Energy

Maintaining a regular supply of energy throughout the day is crucial to normal functioning. In order to maintain a healthy energy supply, it is recommended that a person eat regular meals and snacks throughout the day. In a typical day, this would usually include:

- 3 meals and 2-3 snacks about every 3 hours,
- No more than a 4-hour gap between eating meals and snacks
- A balance of protein, carbohydrates and fats, ensuring that at least 4 out of your 6 meals/snacks include carbohydrates. Carbohydrates (i.e., breads, pasta, potato, couscous, rice and cereals) are our body's primary source of energy. Other food groups are also important, but you will not be able to achieve optimal energy without sufficient carbohydrates.

In the energy graph below, you can see that when a person eats regular meals and snacks (being sure to include carbohydrates) throughout the day, their energy levels remain in the average or 'optimal' range. Maintaining reasonable energy levels will protect a person from entering a state of semi-starvation and, alongside a balanced and adequate diet, will reduce a person's risk of binge eating. It will also improve their overall functioning and wellbeing!



Low Energy and Semi-Starvation

When we haven't eaten for a long period or have not included enough carbohydrates in our meals/snacks, our energy levels are low. When energy levels are low, we may feel tired, lethargic, irritable, and a bit "out of it". Sound familiar?

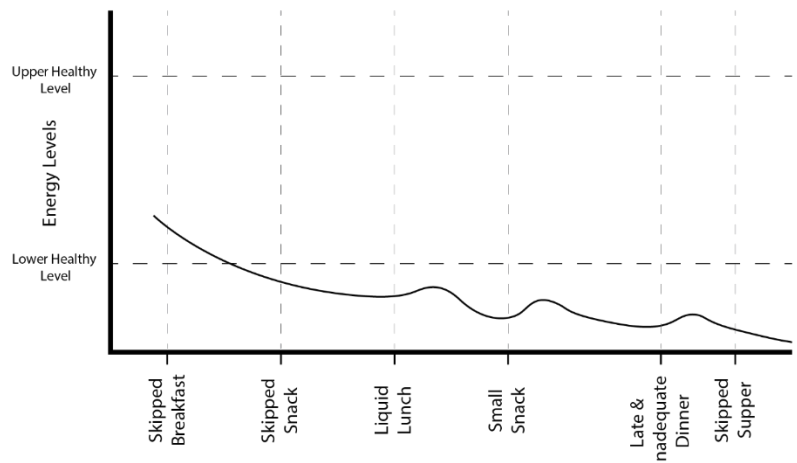


Remember, these are symptoms of **semi-starvation** and occur when food intake is irregular or is inadequate in amount and variety. Symptoms of semi-starvation can begin to occur just 3-4 hours after your last meal. This isn't unique to eating disorders, this is just how the human body works. No matter how much we eat in one sitting, we can only get 3-4 hours of energy out of that meal. As time goes on, there is often a fight between your head telling you not to eat and your body, which is working hard to communicate that you really need food. As your blood sugar levels drop, a powerful message is sent to your brain to increase hunger. It also gets harder to concentrate; we think a lot about food and tend to crave more energy-dense foods. This is your body cleverly working to try to get you to eat and fulfil its energy requirements so that it doesn't starve. Eventually, your body will win this battle.

Fact: It is common for hunger cues to be disrupted after prolonged periods of restriction. Lack of hunger is not a reliable indicator of what your body needs when you have an eating disorder. We are first going to need to teach your body when to expect food and when it has reached satiety. Later you will be able to tune into your body cues regarding hunger and fullness.


Using Luna's self-monitoring example below, let's graph her energy levels. Upon waking, her energy levels are low and continue to drop as she consumes nothing before 1pm. When Luna does eat, she opts for liquids or low energy foods (instead of carbohydrates), which are insufficient to re-balance her body's energy requirements. Consequently, she continues to feel tired throughout the day. You may have noticed that Luna says she doesn't feel hungry in her self-monitoring, despite going for long periods of time without eating.

Time	Food & liquid intake	Location	(Binge)	V/L	Situation/thoughts/feelings
1pm	Iced coffee with almond milk	Couch			Not even hungry. Tired.
4pm	Handful of sultanas	Kitchen			Guilty about the sugar!! Don't want to eat again.
8pm	A few olives and 6 crackers	Restaurant			Out to dinner and looked at the menu before and they had nothing I wanted to eat. Feeling anxious and I want to go home. Wondering what I should eat tomorrow.

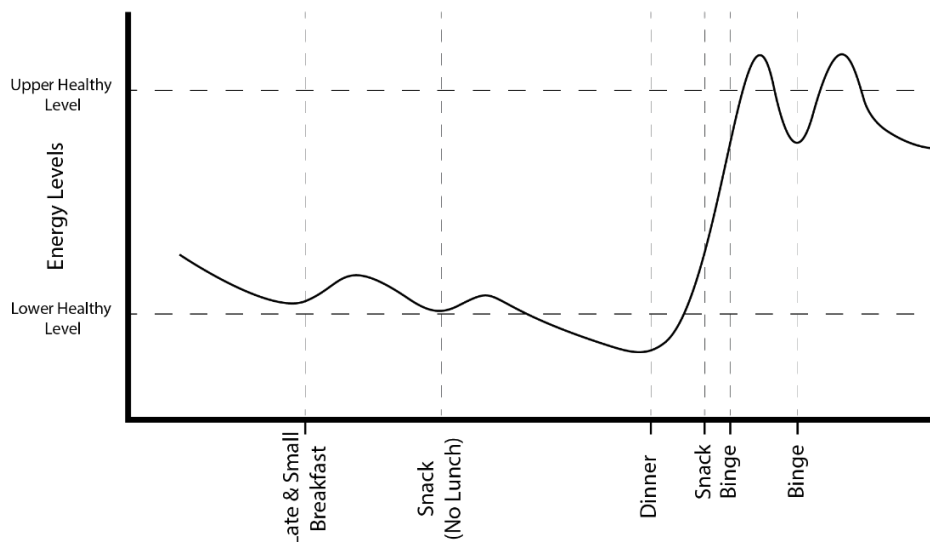


Low Energy and Binge Eating

Without a regular and adequate supply of food throughout the day, there is a high risk of over-eating or binge eating. With increasing hunger and symptoms of semi-starvation, the body craves more energy-dense foods (i.e., carbohydrates) and the urge to eat is very strong, usually leading to consuming high energy foods, often in large amounts and accompanied by feelings of loss of control. This is known as binge eating. Take Dax's self-monitoring example below. Their breakfast was late and very small, so it didn't do much to re-balance their body's energy requirements. Dax therefore became hungry shortly afterward and ate more than planned. After 7-hours without eating anything, Dax's blood sugar levels continued to drop, and they developed strong cravings to eat. As a result, Dax lost control over their eating at dinner and continued to eat when they got home. Dax tried to get rid of the food eaten by vomiting. You can see this happened to Dax at 9.30pm, causing them to consume more toast and ice cream despite eating a snack at 9.10pm.

FACT:  Vomiting does not get rid of all the energy you have consumed. Vomiting also causes blood sugar levels to lower, resulting in hunger and increased risk of binge eating again in a short space of time (even though we might not *feel* hungry and the body doesn't actually require more energy).

Time	Food & liquid intake	Location	* (Binge)	V/L	Situation/thoughts/feelings
11am	Low fat yoghurt and fruit	Kitchen			Feel good about this meal. Healthy.
1pm	Cup of tea, fruit and 4 biscuits	Mum's house			Didn't want to have the biscuits because I'm going out later but Mum brought them out so I had some. Only planned to have two but ended up having four.
8pm	Garlic bread (3 slices) Pasta (mine and half of my friend Sharni's) Sticky date pudding and ice cream	Restaurant	Kind of?		So much food! I couldn't stop eating until the waiter took everyone's plates. How do people just leave it? Feel guilty about all of the carbs...
9pm	2 rows of chocolate	In bed, watching TV			Not even hungry? Why am I such a pig?
9.10pm	More chocolate, ice-cream, 2x pce toast	In bed	*	V	WHYYYY?
9.30pm	2 more pce toast More ice cream	In bed	*	V	Stuff it, today is a write off. I'll get back on track tomorrow.

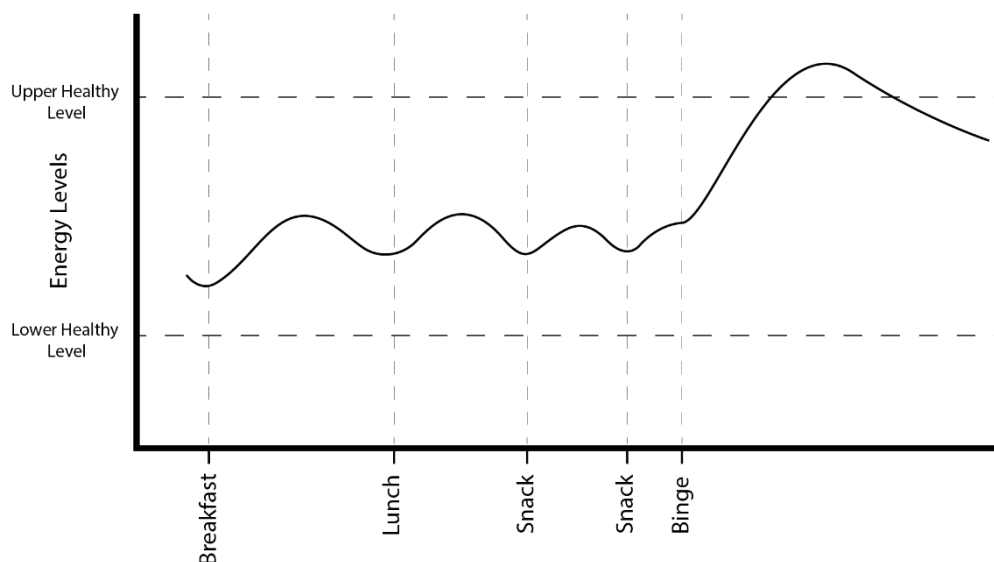


The Physical Impact of Very High Energy

A person may also lose control over their eating for other reasons, for example during times of stress, anger, boredom, loneliness or distress. The types of foods eaten during a binge episode are typically easily accessible and very palatable, resulting in an immediate increase to a person's blood sugars and energy levels. These changes can cause feelings of fatigue, dizziness, brain fog and a range of gastrointestinal changes, like discomfort and nausea, as the body works to digest the food consumed.

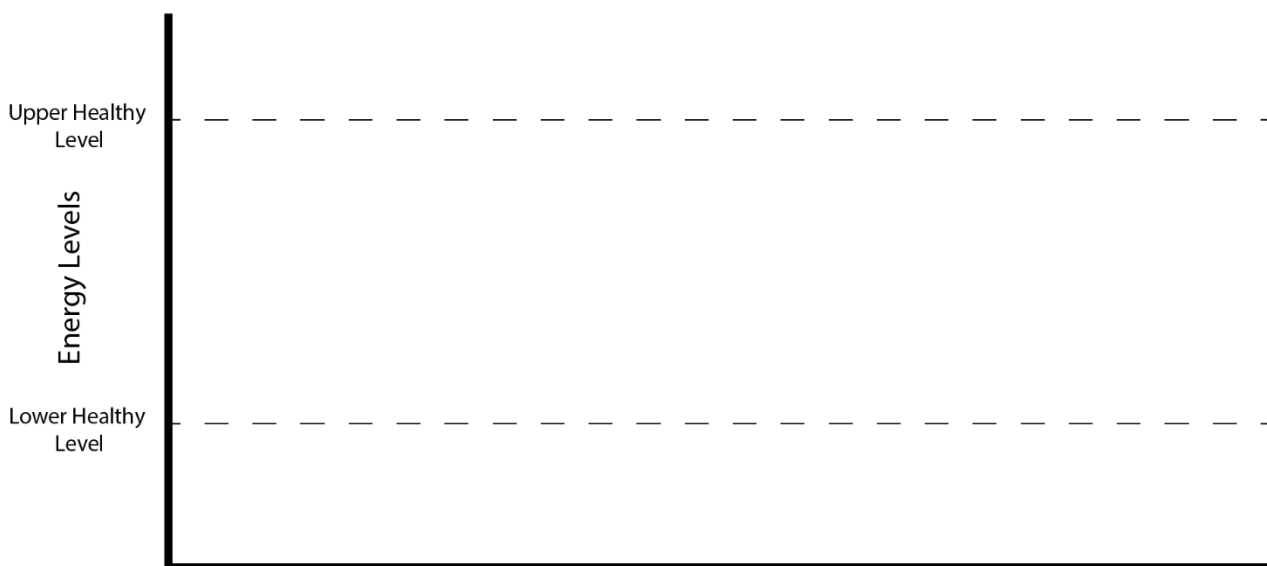
Let's look at Taylor's self-monitoring example below. Despite eating regularly and adequately across the day, Taylor felt driven to eat in the context of feeling upset following a challenging day at work. As you can see, Taylor felt bloated and sick following the binge and any temporary distraction from Taylor's difficult day was replaced by feeling upset and hopeless about binge eating.

Time	Food & liquid intake	Location	* (Binge)	V/L	Situation/thoughts/feelings
9am	2x eggs on toast	Dining table			Normal breakfast, feel fine
12.30 pm	Burrito with meat, cheese and salad Coke	Work			Hard day so far. Don't want to be at work.
3.30 pm	Chips (medium bag)	Work			At my desk, things feel really tense with my team.
6pm	Chips, cheese, olives and cracker	Home, in front of TV			Feeling really upset, started snacking, meant to cook but can't be bothered.
6.30 pm	6 pieces of bread Frozen meal (carbonara) Cherry ripe x3	Kitchen	*		So out of control, can't stop eating, my stomach is so full. Still upset, don't want to go to work tomorrow. Can't be bothered seeing my friend tonight - feel sick.



My Energy Graph

Now it's your turn. Take a look at your self-monitoring forms and select a typical day of eating. Have a go at drawing your own energy levels on the graph below based on your intake for that day. Remember, our energy levels always start low when we first wake up.



What do you notice about your energy levels? Are you including enough carbohydrates throughout the day to maintain energy? Are your eating patterns setting you up to experience symptoms of semi-starvation or binge eat? Do you notice any physical impacts of high energy from regular binge eating episodes across the day?

Now that you've identified the ways in which your eating patterns are contributing to fluctuations in your energy levels, you can do something about it! The next two modules will introduce strategies to help you normalise your energy levels throughout the day. Before moving on, check in on your progress and goals on the next page.

My Weekly Progress Tracker

First, complete your symptom tracker:

Eating Disorder Behaviour	Frequency (# days per week)	
Restrict or dieting		
Exercise (including time spent)		
Binge eating	# days	# episodes
Vomiting to control my weight/shape		
Laxative misuse		

Second, reflect on your self-monitoring:

What did I learn from my self-monitoring this week? e.g., “when I don’t eat enough during the day, I tend to binge in the evening”; “cutting out carbs makes me more irritable”; “I’m really struggling to focus with the amount I am eating”; “work stressors always seem to trigger a binge”

Third, review your homework from last week:

Task	Completed? Y/N
Weekly weighing	
Self-monitoring daily and in real-time	

Finally, set some goals! What do you want to work on this week?

(e.g., weekly weighing, complete self-monitoring every day- paying attention to my energy levels)

Module Summary

- Maintaining a regular supply of energy throughout the day is crucial to maintain normal functioning.
- When the body's energy supplies are low, a person becomes vulnerable to experiencing symptoms of semi-starvation.
- Without a regular and adequate supply of food throughout the day, there is a high risk of over-eating or binge eating.
- A person may also lose control over their eating for other reasons, for example during times of stress, anger, boredom, loneliness or distress.
- In order to maintain a healthy energy supply, it is recommended that a person eat regular meals and snacks throughout the day.

Coming up...Eating For Recovery Part I

About the Modules

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REFERENCES

These are some of the professional references used to create the modules in this information package.

Fairburn, C. G., Cooper, Z., Shafran, R., Murphy, R., & Hawker, D. M. (2008). *Cognitive Behaviour Therapy and Eating Disorders*. Guilford Press.

Waller, G., Corderly, H., Corstorphine, E., Hinrichsen, H., & Lawson, R., (2007). *Cognitive Behavioural Therapy for Eating Disorders*. Cambridge University Press.

Waller, G., Turner, H.M., Tatham, M., Mountford, V.A., & Wade, T.A. (2019). *Brief Cognitive Behavioural Therapy for Non- Underweight Patients: CBT-T for Eating Disorders*. Routledge.

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IMAGES

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