
MANAGEMENT OF OBESITY AND BULIMIA NERVOSA: A COMPREHENSIVE AND PRACTICAL APPROACH

Amirhossein Ramezani Ahmadi

Assistant Professor of Nutrition,

Isfahan Endocrine & Metabolism Research Center

Isfahan University Of Medical Sciences

INTRODUCTION

Importance of Addressing Obesity and Bulimia Nervosa:

- Both conditions are prevalent and have serious health implications.
- Both are intricately linked to the way we think, feel, and behave around food.

Emotional Eating:

- Who here hasn't heard a client say they're 'stress eating' or reaching for comfort food after a tough day?
- Emotional eating is not just about hunger; it's a way of coping.
- An invisible trigger for both obesity and eating disorders

INTRODUCTION

How do we approach these complex issues as nutritionists?



OBJECTIVES OF THE SEMINAR:

- Understand the causes and consequences of obesity and bulimia nervosa.
- Explore effective nutritional interventions and treatment strategies.
- The practical strategies you can use in your practice to truly make a difference

OVERVIEW OF OBESITY

Health Risks:

- Cardiovascular diseases, type 2 diabetes, certain cancers, and more.

Definition:

- Epidemic condition (over 650 millions)
- Excessive fat accumulation that presents a risk to health.
- But is that so simple?
- Multifactorial condition

DIAGNOSING OBESITY

- BMI
- Waist circumference
- Body fat percentage
- Metabolic health (CVD, T2DM) and Mental health (Shame, Isolation, Stigma, and eventually lead to emotional eating)

CAUSES OF OBESITY

Genetic Factors:

- Family history and genetic predisposition.

Environmental Factors:

- Sedentary lifestyle, Access to unhealthy foods, Urbanization, Food availability.

Behavioral Factors:

- Eating habits, physical activity levels, psychological factors.

Hormonal and Metabolic Factors:

- Role of hormones (e.g., leptin, insulin)
- Metabolism

CAUSES OF OBESITY

Psychological Factors

- Emotional eating
- Stress and mental health

We should have a special look into the obesity psychology



OVERVIEW OF EMOTIONAL EATING

- **Definition:** Eating in response to emotions rather than hunger.
- **Importance:** Understanding emotional eating is crucial for effective weight management and mental health.

FACTORS CONTRIBUTING TO EMOTIONAL EATING

- **Stress:** High stress levels can lead to emotional eating as a coping mechanism.
- **Loneliness and Sadness:** Food may provide comfort and alleviate feelings of loneliness.
- **Boredom:** Eating can be a way to pass time and fill emotional voids.
- **Adverse Childhood Experiences:** Early life experiences can influence emotional eating patterns.
- **Mental Health Disorders:** Conditions like depression and anxiety can increase the likelihood of emotional eating.
- **Happiness**

Affective Eating

WHAT DO SCIENTIFIC STUDIES SAY?



Emotional eating is linked to poor weight management

HOW EMOTIONAL EATING AFFECTS WEIGHT?

Psychological Mechanisms:

- Food provides comfort and distraction from negative emotions.
- Eating triggers the release of feel-good neurotransmitters like dopamine.

Physiological Mechanisms:

- Stress increases cortisol levels, leading to cravings for high-fat, high-sugar foods.
- Eating can temporarily reduce stress and improve mood.



Four neurotransmitters that play a significant role in making you feel good when you eat:

- **Dopamine:** it's released when you eat something you enjoy, reinforcing the pleasure and reward feeling.
- **Serotonin:** certain foods, especially those rich in carbohydrates, can boost serotonin levels, which helps regulate mood and appetite.
- **Endorphins:** these can be released during the act of eating and can help relieve pain and induce feelings of pleasure.
- **Oxytocin:** sharing meals and eating with others can increase oxytocin, which enhances bonding and social interactions.

A VICIOUS CYCLE

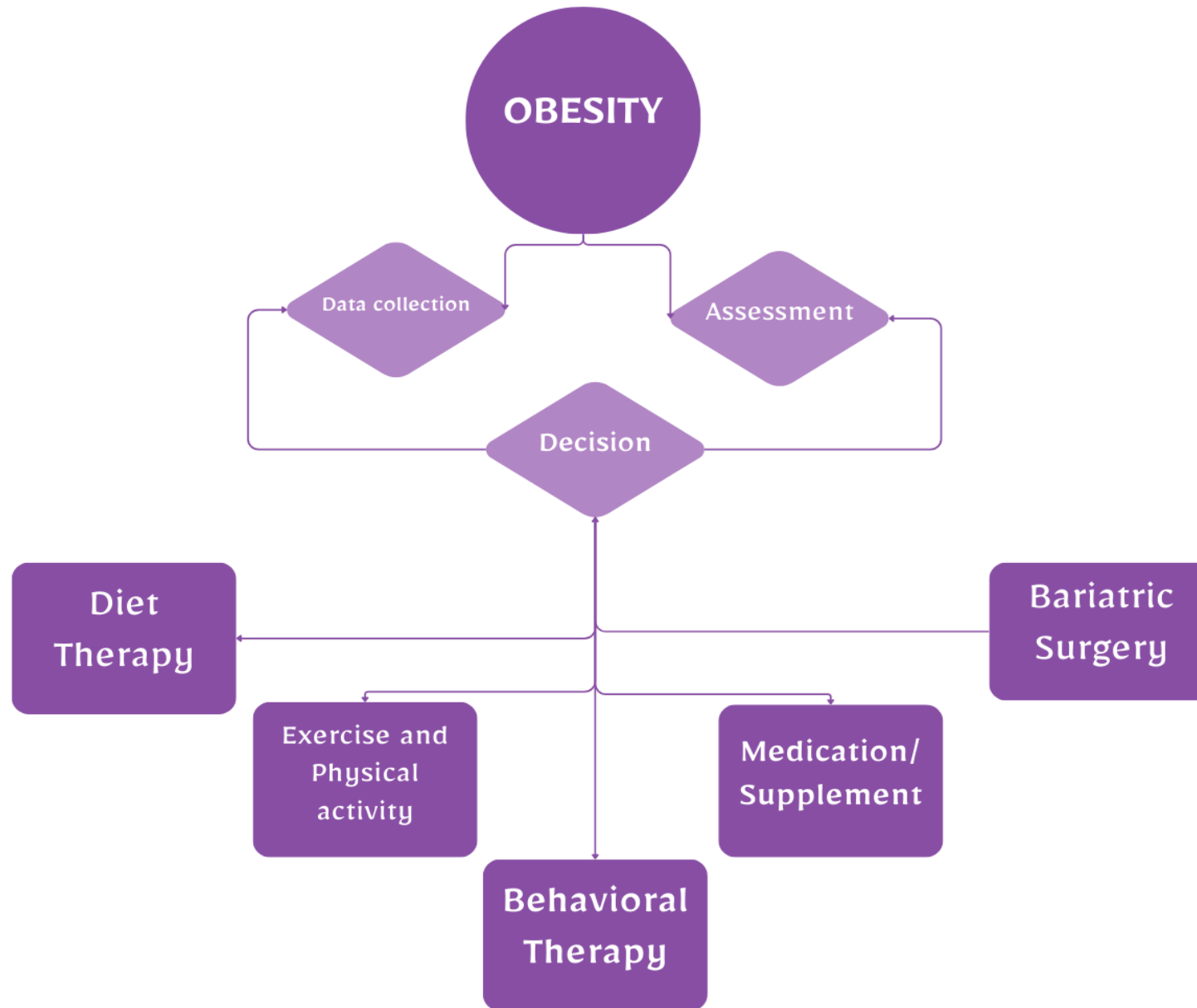
Negative Emotions drive eating, and weight gain exacerbates emotional distress

PRACTICAL GUIDE FOR TREATMENT OF

EMOTIONAL EATING
AND
OBESITY

OVERVIEW OF TREATMENT APPROACHES

- Obesity Medicine Association (OMA): Multidisciplinary approach
- Lifestyle Changes as the First Line of Treatment: Diet and exercise recommendations
 - One-size does not fits all → What does it mean?
 - Dietary pattern
 - Food Culture
 - Eating triggers: believes, emotions, ...



OVERVIEW OF TREATMENT APPROACHES

- Behavioral Therapy: cognitive-behavioral therapy (CBT), which can help to change maladaptive eating behaviors and develop a healthier relationship with food.
- Pharmacotherapy and supplements:
 - GLP-1 agonists (semaglutide, Liraglutide); Orlistat; Phentermine-Topiramate; Naltrexone-Bupropion)
 - Caffeine; Green Tea Extract; CLA
- Bariatric Surgery: effect on mood; Nutritional support

NUTRITIONAL INTERVENTIONS FOR OBESITY

Dietary Guidelines:

- Balanced diet rich in fruits, vegetables, whole grains, and lean proteins.

Individualized Meal Planning:

- Tailored to the patient's preferences, lifestyle, and metabolic needs.

Monitoring and Adjustments:

- Regular follow-ups to assess progress and make necessary changes.

OVERVIEW OF BULIMIA NERVOSA

Definition:

- Diagnostic criteria (DSM-5)
- Key characteristics: binge eating, purging
- An eating disorder characterized by binge eating followed by purging.

Prevalence:

- Affects a significant portion of the population, particularly young women.

Health Risks:

- Physical risks (e.g., dental erosion, electrolyte imbalance, gastrointestinal problems, etc.)
- Mental health risks (depression, anxiety)
- Usually invisible (due to normal or low weight)

DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, FIFTH EDITION (DSM-5)

A. Recurrent episodes of binge eating characterized by both of the following:

- Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than what most individuals would eat in a similar period of time under similar circumstances.
- A sense of lack of control over eating during the episode (e.g., feeling that one cannot stop eating or control what or how much one is eating)

B. Recurrent inappropriate compensatory behaviors to prevent weight gain: Self-induced vomiting, Misuse of laxatives, diuretics, or other medications, Fasting, Excessive exercise

DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, FIFTH EDITION (DSM-5)

- C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least once a week for 3 months.**
- D. Self-evaluation is unduly influenced by body shape and weight.**
- E. The disturbance does not occur exclusively during episodes of Anorexia Nervosa.**

IMPORTANCE OF EARLY DIAGNOSIS

- The binge-purge cycle is emotionally exhausting and physically harmful.
- Electrolyte imbalances; cardiac arrhythmias and even heart failure
- Constant acid exposure causes **dental erosion**
- Gastrointestinal issues
- Impact of early intervention on treatment success

CAUSES OF BULIMIA NERVOSA

Psychological Factors:

- Body image issues, low self-esteem, trauma.
- Perfectionism and control
- Often coexists with **depression**, **anxiety**, and **perfectionism**.

Sociocultural Factors:

- Media influence, societal pressure to be thin.

Biological Factors:

- Neurobiological changes, genetic predisposition.

CAUSES OF BULIMIA NERVOSA



Emotional eating is also at play, but in this case, it's coupled with feelings of guilt and shame after a binge episode, leading to compensatory purging behaviors.

TREATMENTS FOR BULIMIA NERVOSA

Psychological Therapies

- **My experience**
- CBT as the gold standard: reduce the frequency of binge-purge episodes by addressing the distorted thinking patterns and emotional triggers behind the behavior.

Nutritional Therapy

- Meal planning
- Establishing regular eating patterns

MEDICATION FOR BULIMIA

- Antidepressants (SSRIs)
- Role of medications in managing bulimia symptoms

MULTI-DISCIPLINARY APPROACH

- Collaboration between nutritionists, psychiatrists, and medical doctors
- Bulimia nervosa affects both mind and body, and it takes a coordinated effort to address all aspects.

ROLE OF NUTRITIONISTS

- More than just nutrition plans
- A **holistic approach** that considers
 - Emotional,
 - Psychological,
 - Environmental factors
 - Physiologic
- Empower yourself: Psychology, Training, Nutrition

ROLE OF NUTRITIONISTS

Nutritionists' Role in Obesity Management

- Diet plans, education (nutrition facts, food labels, real hunger vs. emotional hunger, recognizing triggers of emotional eating), and monitoring

Nutritionists' Role in Bulimia Nervosa

- Addressing nutritional deficiencies
- Supporting psychological treatment
- Practical tip: Focus on **structured, balanced meals** that reduce the temptation to binge.
- Establishing routine is key.

Educating Patients About Healthy Eating Habits

- How to promote sustainable changes in eating behavior

PROMOTE SUSTAINABLE CHANGES IN EATING BEHAVIOR



ROLE OF NUTRITIONISTS

Collaborating with Healthcare Professionals

- Working in a multidisciplinary team for holistic care

Follow-up and Monitoring

- Long-term management and support for patients

YOUR FINAL ROLE

Educate that food is not the enemy

For many people, food has become both a source of comfort and conflict, a solution and a problem.

Our job is to help our clients **rebuild their relationship with food**, to find **balance**, and to achieve both physical and mental well-being.

LETS THINK MORE PRACTICAL

- Review this in your mind:
 - How many of them exhibit signs of emotional eating, but don't even realize it?
 - Perhaps they come to you frustrated, saying they can't stick to a diet, or they keep gaining weight despite their efforts.
 - How often do we dig deeper into their **emotional triggers**?
 - Is it stress from work, family dynamics, or even loneliness that's driving them to the fridge at midnight?

LETS THINK MORE PRACTICAL

- Ask probing questions
- Understanding the ‘why’ behind someone’s eating behavior is critical for developing an effective intervention.
- If we don’t address the **psychological aspect of eating**, we risk offering only temporary solutions to a deeper problem.

PRACTICAL STRATEGIES FOR ADDRESSING EMOTIONAL EATING:

1) Hunger Cues vs. Emotional Cues:

- How to differentiate between **physical hunger** (gradually and can be satisfied with a variety of foods) and **emotional hunger** (strikes suddenly and is usually associated with cravings for specific comfort foods)
- Encourage them to pause before eating and ask themselves: 'Am I really hungry, or am I just stressed or upset?'

PRACTICAL STRATEGIES FOR ADDRESSING EMOTIONAL EATING:

2) Food Journaling with Emotions:

- Food diary
- Ask them to note not just what they eat, but how they feel when they eat it.
- Recognizing these triggers is the first step toward breaking the cycle.

PRACTICAL STRATEGIES FOR ADDRESSING EMOTIONAL EATING:

3) Mindful Eating Practices:

- Encourage them to focus on the food—its texture, flavor, and aroma—
- Helps them reconnect with their body's natural hunger and fullness cues.

PRACTICAL STRATEGIES FOR ADDRESSING EMOTIONAL EATING:

4) Healthy Coping Mechanisms

- Help your clients develop healthier ways to manage their emotions.
- work with them to identify non-food-related coping mechanisms like exercise, meditation, or even just taking a walk.
- Remind them that food is not the only way to soothe emotions.

IMPACT OF A GOOD SLEEPING

- People who are sleep-deprived tend to have higher levels of **ghrelin** and lower levels of **leptin**.
- When we're tired, our body craves quick sources of energy, leading to overeating, especially of sugary and fatty foods.

THE ROLE OF SUPPORT GROUPS

- Peer support for long-term lifestyle changes

CASE STUDIES 1

- Female
- 35 years old
- Came to me struggling with weight gain despite maintaining a seemingly healthy diet.
- Stressful job (teacher)
- Binge on snacks late at night (wasn't hungry—she was just emotionally drained).
- Anemia
- Irregular dietary pattern

TREATMENT PLANS

- **Scheduled meals**
- **Stress-relief activities** like **yoga**
- **Self-awareness** around her emotional triggers
- **Journaling her emotions**
- Replace snacking with a more balanced routine that included **evening walks** and **healthy evening snacks**
- **Monitoring and Adjusting Interventions:**
 - Regular assessment and modifications based on patient progress.

PRACTICAL TAKEAWAYS

- Emphasize structured eating
- Incorporate emotional wellness
- Individualize your interventions
- Collaborate with other health professionals



Q&A

Amirhossein Ramezani Ahmadi

PhD of Nutrition,

Assistant Professor,

Isfahan Endocrine & Metabolism Research Center,

Isfahan University Of Medical Sciences.

Tel: 09120745664

E-mail: Amir.h.r.Ahmadi@gmail.com

Insta: Dr.ramezaniiii

USING COGNITIVE BEHAVIORAL THERAPY (CBT) AS A NUTRITIONIST: A PRACTICAL GUIDE

Cognitive Behavioral Therapy (CBT) is a structured, goal-oriented approach that helps individuals identify and change dysfunctional thoughts and behaviors. As a nutritionist, you might not be trained to provide full-scale CBT therapy, but you can certainly incorporate elements of CBT into your practice to support clients in changing unhealthy eating behaviors, addressing emotional eating, and fostering a healthier relationship with food.

WHAT IS CBT?

CBT is based on the idea that our thoughts (cognitions), feelings (emotions), and behaviors are interconnected. By challenging negative thoughts and beliefs, we can influence behavior and achieve healthier outcomes. This approach is highly effective in addressing issues like emotional eating, binge eating, and food-related anxiety.

1. BUILD AWARENESS OF THOUGHTS, FEELINGS, AND BEHAVIORS

- The first step is to help your clients become more aware of their **automatic thoughts** and **emotions** related to food, eating habits, and body image. Use techniques like food and mood journaling to track what they eat, why they eat it, and how they feel before, during, and after eating.
- "Was I physically hungry?"
- "Was I stressed, bored, or upset?"
- **Mindful Eating:** Encourage clients to reflect on their hunger cues before eating and to focus fully on the eating experience without distractions.

1. BUILD AWARENESS OF THOUGHTS, FEELINGS, AND BEHAVIORS

Example in Practice:

- *A client eats a pint of ice cream after work. In their journal, they note they weren't physically hungry, but stressed after a hard day. The next time this happens, they are encouraged to pause and reflect: Is there another way to manage this stress?*

2. IDENTIFY COGNITIVE DISTORTIONS

- Irrational or exaggerated thought patterns that can negatively impact behavior.
- Examples include **all-or-nothing thinking** ("I ate one cookie, so the whole day is ruined") and **catastrophizing** ("If I don't lose 10 pounds, I'll never be healthy").
- Challenge these thoughts with questions like: *"Is this really true?" "What evidence do I have for or against this belief?"*
- Help them reframe negative thoughts into more balanced, realistic ones.

2. IDENTIFY COGNITIVE DISTORTIONS

Example in Practice:

- *A client says, "I'll never lose weight because I ate pizza last night." Help them reframe this: "One meal doesn't define my progress. I can make healthier choices at my next meal and still move toward my goals."*

3. REPLACE NEGATIVE THOUGHTS WITH POSITIVE ALTERNATIVES

- The goal is to shift their mindset from self-criticism to self-compassion, which can lead to healthier behaviors.
- **Positive Affirmations:** Encourage your client to replace negative self-talk with positive affirmations, such as *"I am working on improving my health one step at a time."*
- **Empowerment Statements:** Help them see their small victories. Instead of focusing on setbacks, guide them to acknowledge progress: *"I chose a healthier snack today, which is a step in the right direction."*

3. REPLACE NEGATIVE THOUGHTS WITH POSITIVE ALTERNATIVES

Example in Practice:

- A client feels guilty for overeating at a party. Help them replace the guilt with a positive reflection: "I enjoyed the party, and now I'll continue working on my healthy eating habits."

4. SET REALISTIC, ACTIONABLE GOALS

- Making small, realistic changes that build confidence and success over time.
- Encourage clients to set **SMART goals**—Specific, Measurable, Achievable, Relevant, and Time-bound—around their eating and lifestyle habits.
- For example, instead of saying, "I want to lose weight," reframe it as, "I will add an extra serving of vegetables to dinner three times this week."
- Focus on **process goals** (actions they control) rather than **outcome goals** (results that may take time).

4. SET REALISTIC, ACTIONABLE GOALS

Example in Practice:

- *Instead of "I want to lose 10 pounds," help the client create a goal like, "I will walk for 30 minutes on Monday, Wednesday, and Friday this week."*

5. CREATE COPING STRATEGIES FOR TRIGGER SITUATIONS

- **Trigger Identification:** Use food journals or counseling sessions to help clients identify situations or emotions that lead to overeating or unhealthy food choices.
- **Alternative Coping Strategies:** Work with clients to develop a list of non-food-related activities that they can engage in when emotions are high, such as taking a walk, practicing deep breathing, or calling a friend.

5. CREATE COPING STRATEGIES FOR TRIGGER SITUATIONS

Example in Practice:

- *A client tends to binge eat after a stressful day at work. Help them create a list of alternatives like going for a walk, listening to music, or practicing relaxation techniques before turning to food.*

6. BEHAVIORAL EXPERIMENTS

- Once clients have identified their triggers and developed coping mechanisms, encourage them to test these strategies in real-life situations. This helps build confidence in their ability to handle emotional eating without resorting to food.
- **Plan ahead:** Ask the client to predict situations where they might struggle and plan alternative actions.
- **Reflect on the experience:** After trying a new strategy, discuss what worked, what didn't, and how they felt. Adjust the approach as needed.

6. BEHAVIORAL EXPERIMENTS

Example in Practice:

- *A client feels anxious about an upcoming social event where they know unhealthy food will be present. They prepare by practicing mindful eating techniques and limiting their portion sizes. After the event, reflect on their experience and refine their strategy for the next situation.*

7. TRACK PROGRESS AND ADJUST AS NEEDED

- CBT is not a one-time solution—it requires regular reflection and adjustment.
- Celebrate successes, no matter how small
- **Regular Check-Ins:** Have periodic check-ins to see how well your client is applying CBT techniques. Are they recognizing negative thoughts and replacing them with positive ones? Are they managing their triggers effectively?
- **Continuous Learning:** Encourage clients to stay curious and open-minded, learning more about their emotional and psychological relationship with food as they go.

7. TRACK PROGRESS AND ADJUST AS NEEDED

Example in Practice:

- *A client notices that journaling their emotions has reduced emotional eating episodes. They decide to continue journaling but also add mindful meditation before meals to further reduce stress-related eating.*

WHEN TO COLLABORATE WITH A THERAPIST

- While you can use many CBT techniques as a nutritionist, some clients may need more in-depth therapy, especially if they struggle with serious emotional or mental health issues. If a client's eating behaviors are deeply tied to psychological issues such as anxiety, depression, or trauma, it's important to work alongside a psychologist or therapist trained in CBT.