

PTSD Bytes – Transcript

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Topic:	PTSD and Eating Disorders
Guest:	Joanna Dognin, PsyD
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Dr. Colleen Becket-Davenport:

Welcome to the PTSD Bytes podcast, where we talk to experts about post-traumatic stress disorder and mental health, and how technology like mobile mental health apps can help. This is your host, Dr. Colleen Beckett, Davenport, clinical psychologist at the Veterans Affairs National Center for PTSD.

Dr. Colleen Becket-Davenport:

On today's episode, we'll be talking about PTSD and eating disorders. I'm joined by Dr. Joanna Dognin, a core faculty member of the National Eating Disorders Team for the VA's Office of Mental Health and a clinical associate professor in the Psychiatry Department at NYU Langone Medical Center. She's based at the VA, New York Harbor Healthcare System in Manhattan where she serves as a women's health psychologist and is the lead for the New York Harbor Eating Disorder Treatment Team. Welcome Dr. Dognin.

Dr. Joanna Dognin:

Thank you for having me.

Dr. Colleen Becket-Davenport:

When we think about eating disorders, the stereotype is that this is a women's issue. So would you say that's still the case?

Dr. Joanna Dognin:

So that's a great question and in general when we think about eating disorders and we envision who's most afflicted by them, we tend to think of slender young, often affluent white women who have these perfectionistic tendencies. Research has found that it's just not the case. And in fact, eating disorders can and do occur in all bodies regardless of gender identity, sexual orientation, race, ethnicity, age, and socioeconomic class. But unfortunately, that stereotype impacts who gets asked about their eating behaviors, which then impacts how they get asked about it and whether they're offered and can access treatment.

Dr. Colleen Becket-Davenport:

What do we know about eating disorders in the Veteran population? Are the rates higher among Veterans compared to civilians?

Dr. Joanna Dognin:

We know that eating disorders among both military and Veteran populations are at least equal to and likely even higher than among civilians. That said, it's important to keep in mind that the true numbers among Veterans is really unknown, and this is due to a number of reasons. First, there's so much cultural stigma related to having an eating disorder. So, people may not be upfront when they're asked about their eating disorder or their eating behaviors as part of a research study. Other studies are specifically

relying on medical records of eating disorder diagnoses to determine their rates. But as we discussed earlier, if healthcare providers are buying into stereotypes about who develops eating disorders, then that affects whether or not they actually ask about eating disorder symptoms, whether they make diagnoses and whether those diagnoses are then entered into the medical record. And finally, many military members and Veterans just don't report eating disorder symptoms due to shame or embarrassment and many fear consequences to their military career.

Dr. Colleen Becket-Davenport:

That's interesting. I'm sure it would surprise a lot of people to hear that having an eating disorder could impact someone's military career. So, I'm wondering are there other aspects of military life that may lead to Veterans or service members developing an eating disorder?

Dr. Joanna Dognin:

So, when we're thinking about eating disorder behaviors, we're mainly looking at three types of behaviors. We're looking at restricting, bingeing and purging. And military life can really worsen all three. For one, the military maintains these really strict weight and physical fitness standards. And when someone fails to meet their weight metric, they could be required to do extra physical fitness. They could be put on strict diet regimens and they could even be medically discharged if they don't lose enough weight. So as a result, many Veterans learn how to rigidly restrict food, and they also can start purging in attempts to rapidly lose weight. Secondly, military life often involves changes in food availability and eating routines when people are on active duty, either not having access to healthy food options or being in situations where they have to eat really fast before having to report somewhere else. And that food environment and these behaviors can easily lead to this behavioral pattern of bingeing, restricting, bingeing, which over time can become an eating disorder. Finally, we also know that exposure to stressful life events and trauma both among Veterans and among civilians in and of itself is a major risk factor for developing an eating disorder.

Dr. Colleen Becket-Davenport:

Are there any subgroups within the Veteran population that are more likely to be affected by eating disorders?

Dr. Joanna Dognin:

Well, there are a number of factors that disproportionately affect Veterans that are linked to the development of eating disorders, for one food insecurity, which basically is defined as not having enough to eat or knowing when you're going to eat next, has been linked to eating disorder behaviors, especially bingeing and purging such as we see in bulimia nervosa. When one binges in this situation, it could be caused by needing to eat as much food as possible while it's there and not waste it. And then after bingeing, people might purge in order to feel relief both physically and emotionally from the discomfort that was caused by the binge. And unfortunately, since about 25% of Veterans experience food insecurity, that increases their likelihood of developing an eating disorder. Additionally, homelessness or housing insecurities also linked with eating disorders. And again, having experienced any type of past trauma, especially past military sexual trauma or intimate partner violence is associated with higher levels of eating disorder symptoms.

Dr. Colleen Becket-Davenport:

I do think it would be helpful to mention that if there are any Veterans listening who are experiencing food insecurity, the VA does have resources that can help. And we will include link to the VHA Food Security Office in our show notes. But moving forward, can you say more about the relationship between trauma and eating disorders?

Dr. Joanna Dognin:

I think that's a great question, and this is definitely an area that's really clinically complex. So, eating disorder symptoms like bingeing, purging and even restriction can numb people from experiencing their feelings. And for people with PTSD, this can become one way to cope with some of the difficult feelings that come up when people are recalling past traumas. So, for example, when a person binges, they might go into this dissociative state where they feel cut off or numbed out.-At some point though, usually right after the binge, the person starts to feel uncomfortably full physically and then tends to be hit with this wave of guilt and shame. And when they follow that with a purge like self-induced vomiting, there can be the sense of relief. And for some people that sense of relief feels a little bit like redemption, like I just got all the badness out, and these experiences could just so easily tie into people's underlying traumas. Another characteristic of PTSD involves avoiding triggers that might remind someone of their past trauma. And for somebody with an eating disorder, the eating disorder can become so all consuming in their mind and some cases controlling one's food intake or how much they exercise becomes obsessive and this distracts them from dealing with the underlying trauma. Finally, eating disorders can lead to changes in body shape and size, and for people with PTSD, especially when it's related to past sexual violence, this can be also be an important factor.-Some people describe changing their body is a way to take back control and that can go in different directions. Some people describe feeling safer when they're bigger. Some people feel safer when they're smaller. But in in any of those cases, they often feel less sexualized as their shape changes. And this can reinforce both the eating disorder and PTSD.

Dr. Colleen Becket-Davenport:

If someone is struggling with PTSD and an eating disorder, how will that change their treatment?

Dr. Joanna Dognin:

The first thing I would recommend doing is talking to your providers. There's no one size fits all model for how to treat this, and your providers can discuss with you your own individual needs. And they might keep in mind a couple of points such as, were you having trouble with your eating before your trauma? Did it start after your trauma? And that if your eating disorder symptoms are very severe or they're causing you medical problems, then it might be helpful to treat that before addressing the underlying trauma. I would say a first step would be to have a comprehensive evaluation with your medical provider or your mental health provider who can help figure out how the eating disorder and PTSD symptoms connect in your particular case in terms of which treatment to start with. Either way, it's really important to look for providers who are trained in evidence-based PTSD treatment, as well as in evidence-based eating disorder treatment.

Dr. Colleen Becket-Davenport:

Do you have any tips for people who think that they may have PTSD and an eating disorder and are looking for treatment within or outside of VA?

Dr. Joanna Dognin:

If you use VA health services, your VA medical provider can help identify appropriate treatment options. For example, there's at least one VA outpatient eating disorder team that's located in every VA healthcare network. And in terms of PTSD treatment, of course, every VA has a PTSD team and connecting to those teams can be very helpful for Veterans to connect to PTSD treatment options. For people who are getting their care outside of VA, I always recommend just starting at your doctor's office and asking for recommendations there.

Dr. Colleen Becket-Davenport:

That's a very helpful, thank you. And are there any other resources you recommend for people with PTSD and eating disorders? Obviously, we are a technology podcast, so we are particularly interested in any digital mental health resources.

Dr. Joanna Dognin:

We're not aware of any digital mental health resources that specifically address eating disorders and PTSD, although developing something like that would be a great service. One non-VA digital self-management tool that we often recommend is called Recovery Record, and this app allows you to track your meals in a way that's therapeutic and helps you link eating behaviors with your feelings. It also includes a lot of coping skills and encouraging prompts. So that's one of the apps that I recommend to folks.

Dr. Colleen Becket-Davenport:

Wonderful. Well, unfortunately that's all the time we have for today. Thank you so much for joining us, Dr. Dognin. I learned a lot.

Dr. Joanna Dognin:

Thank you for having me. Appreciate it.

Dr. Colleen Becket-Davenport:

As a reminder to our listeners, you can learn more about eating disorder treatment at the VA by going to www.womenshealth.va.gov/topics/disordered-eating. You can also find this link in our show notes.

Dr. Andrea Jamison:

Hello, this is Andrea Jamison and I'm the executive producer of the PTSD Bytes podcast. Catch new episodes by following or subscribing to PTSD Bytes on your preferred podcast app. Show notes and more information are on our website, www.ptsd.va.gov/podcast. Thank you for joining us.