Eating Disorders

Motivating Change

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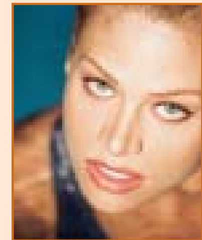
Eating disorders are debilitating, potentially life-threatening illnesses that affect millions of individuals each year. They are associated with a number of physical consequences, including cardiac abnormalities, osteoporosis, electrolyte imbalances and, in some cases, death.[1]

Despite these medical concerns, individuals with eating disorders are notoriously ambivalent about recovery. Recent research has shown that eating disorder patients' readiness for change is an important predictor of engagement in treatment, behavioural change, dropout and relapse.[2,3]

Motivational interviewing (MI) is an effective approach for populations described as treatment-resistant[4] and is increasingly being applied to the eating disorders.

Sarah's case



- Sarah, 21, tells you the only reason she came to her appointment today is because she is being pressured by her mother to do so.
- She says since she's gone on a diet and lost a little weight, her friends and family have been on her case about being too thin and are constantly trying to make her eat.
- Her body mass index is 17.

What would you say to Sarah? For the answer, go to page 83.

Determine whether the patient is ready for change

Eating disorder diagnoses include anorexia nervosa, bulimia nervosa and eating disorders not otherwise specified. Eating disorder patients are at heightened risk for co-morbid psychiatric diagnoses, such as depression, anxiety and substance abuse.[3]

In addition to establishing which eating disorder features make up a patient's symptom profile, a comprehensive assessment involves exploring whether patients experience their symptoms as a problem and to what extent (if any) they are interested in changing each symptom. A shared understanding of the patient's wishes regarding change is helpful in establishing a working alliance and, in turn, reducing treatment non-adherence.

Practical Pointers

What are some practical pointers I can use to help establish a productive relationship with an ambivalent patient?

1. **Be curious.**

Although it is easy to make assumptions, doing so may leave patients feeling misunderstood. Ask open-ended questions that show curiosity about the patient's experience of the problem, how the problem has been helpful and how the patient has coped with pressures to change.

2. **Validate patient reasons for not wanting to change.**

Ask questions about the role the eating disorder plays in the patient's life and acknowledge the eating disorder may be the patient's best method of coping.

For some patients, losing weight enhances self-esteem or provides a sense of self-control. For others, the eating disorder may help avoid difficult feelings or it may be an indirect means of communicating in relationships.

Recognizing ambivalence can increase the patient's self-acceptance and reduce feelings of shame and guilt.

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Use the TMC

The transtheoretical model of change (TMC)[5] describes stages of change patients move through in the course of their illness. They may be in:

1. precontemplation (not wanting to change),
2. contemplation (seriously thinking about change) or
3. action/maintenance (working to change or to maintain changes previously made).

The TMC provides a language that can help describe a patient's readiness for change.

It is important to reassure the patient that there are no negative consequences to being honest. Patients are more likely to be honest if they feel their responses will not be judged and will not hinder access to treatment.

Care provider stance

1. Communicate beliefs and values that foster patient self-acceptance

Many individuals with eating disorders come to treatment feeling shame and blaming themselves for their eating difficulties. Given that higher distress is associated with lower readiness, care providers can help patients prepare for change by letting them know eating disorders typically develop for a reason, that recovery is difficult and that change takes time.

2. Be on the same side

Discrepancies between patient wishes and the treatment plan can lead to conflicts or non-adherence. It is critical for care providers to take time to understand the patient's perspective. This can set the stage for a productive discussion that helps patients determine the best plan for them.

3. The patient is responsible for change

It is common for care providers to feel responsible for initiating change. Unfortunately, overly directive approaches may be detrimental to the therapeutic alliance and decrease the likelihood the patient will follow through with recommendations. In motivational approaches, responsibility for change is the patient's.

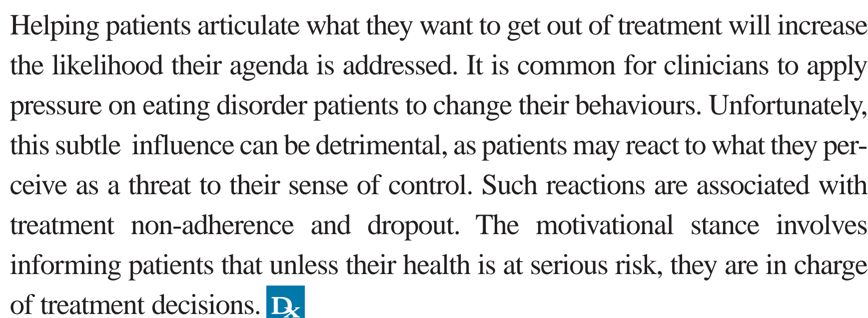
Treating eating disorders

Recovery from an eating disorder is a long and challenging process. Although close to 75% of patients eventually recover, the average duration of illness is 10 years for individuals with anorexia nervosa[6] and nine years for individuals with bulimia nervosa.[7] Ideally, treatment involves a multidisciplinary team and care providers from all disciplines can use motivational principles in their practice.

1. Determine treatment non-negotiables

As a result of the severe medical and psychiatric complications that often exist for individuals with eating disorders, it is necessary to implement treatment non-negotiables. Non-negotiables have been described as acceptable to patients when a reasonable rationale is provided prior to their implementation, surprises are eliminated and patient choices are maximized.

2. Maximize patient autonomy at all stages of treatment



Helping patients articulate what they want to get out of treatment will increase the likelihood their agenda is addressed. It is common for clinicians to apply pressure on eating disorder patients to change their behaviours. Unfortunately, this subtle influence can be detrimental, as patients may react to what they perceive as a threat to their sense of control. Such reactions are associated with treatment non-adherence and dropout. The motivational stance involves informing patients that unless their health is at serious risk, they are in charge of treatment decisions. Dx

How to approach Sarah

What NOT to say...

- Your friends and family have good reason to be concerned.
- You need to stop losing weight and increase your dietary intake as soon as possible.
- You need to see a therapist.

Better ideas...

- Why do you think your friends and family are so concerned?
- Are you experiencing any problems with your eating or exercise?
- Would it be helpful for you to talk to a therapist?

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