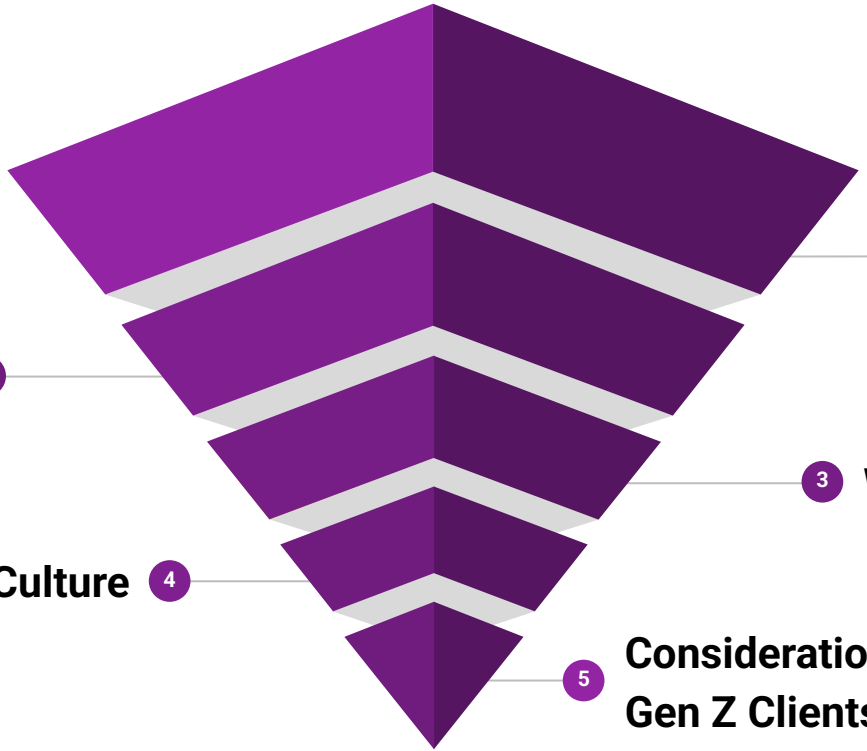
# How Being an Eating Disorder-Informed Dietitian Optimizes Affirming, Holistic Care for Adolescents and Young Adults

ANCE 2025

Jay Patruno, MS, RDN, LDN, CPT, CNC
*He/Him/His*

# Agenda



1. What does “eating disorder-informed” mean?
2. How does this apply to practice?
3. Weight Stigma
4. Diet Culture
5. Considerations for Gen Z Clients

***Case Studies***

# Objectives

1. List at least two risk factors for disordered eating and weight control behaviors.
2. Walk away with at least one weight inclusive nutrition application that can apply to any demographic or disease state.
3. Begin to understand the concept of “Spheres of Wellness” as it relates to how younger generations think about their health.

No Disclosures.

# Eating Disorder-Informed

*According to one scoping review...*

- 89% of dietetic students meet criteria for orthorexia
- Up to 26% of dietetic students present with high risk eating disorder behaviors

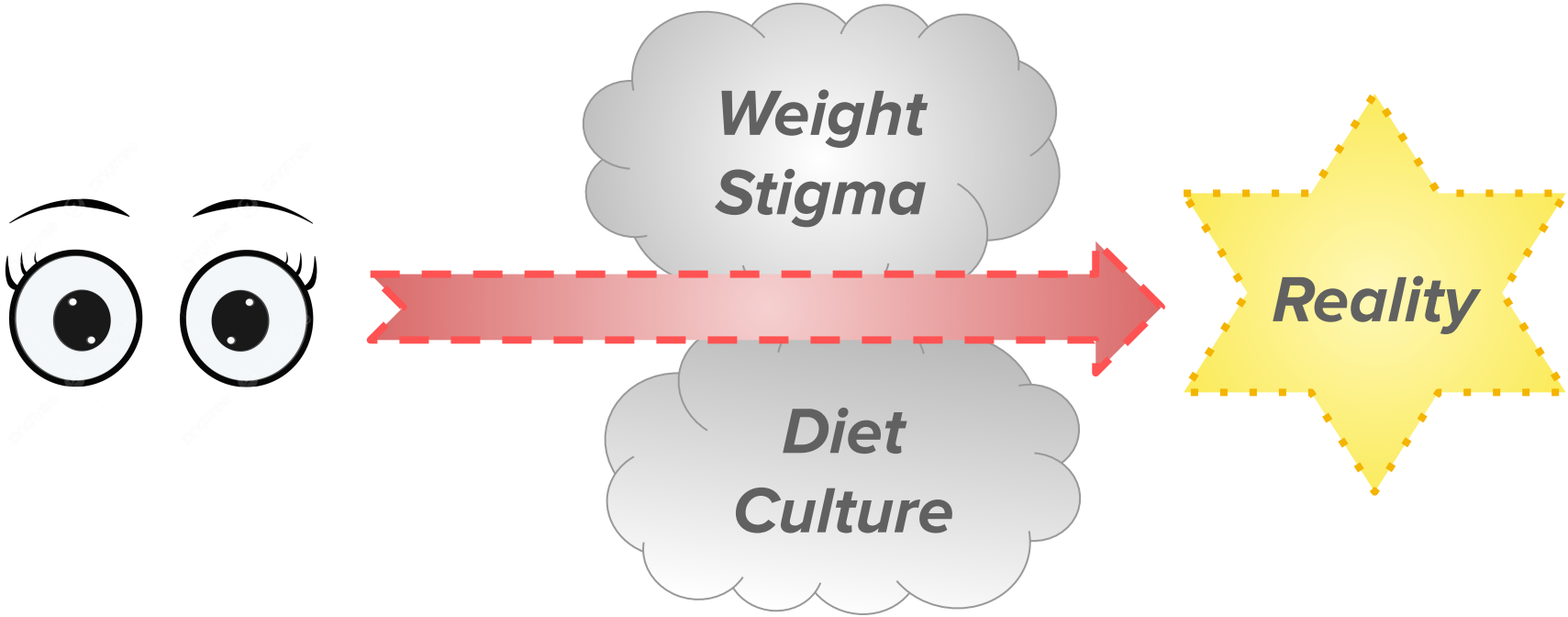
(Budhiwianto et al., 2023)

# Eating Disorder-Informed

- Can apply to any healthcare provider
- Awareness of how language and culture trigger disordered habits
- Ability to identify and appreciate the impact of disordered behaviors:
  - GI disturbances
  - Cardiovascular changes
  - Bone loss
  - Comorbid mental health conditions
  - Mortality risk
  - Social deficits

(Eating Recovery Center, n.d.)

# Eating Disorder-Informed



# Eating Disorder-Informed

- Risk factors:
  - Family history
  - Comorbid mental health disorders (e.g., anxiety, depression, OCD)
  - Poor stress management skills
  - Poor body image
  - Low self-esteem
  - Stigma and discrimination (e.g., bullying, neglect, abuse)
  - Substance use
  - Cyclic dieting or starvation (includes food insecurity)
  - LGBTQIA+
  - Perfectionistic tendencies
  - Athletics
  - Type 1 Diabetes Mellitus
  - Social pressures for thinness
    - Social media
    - Home environment
    - Romantic relationships

(Kelty Mental Health, n.d.; Mayo Clinic, 2018)

# Eating Disorder-Informed

- Physical Warning Signs:
  - Noticeable weight fluctuations
  - Gastrointestinal complaints
  - Dizziness upon standing
  - Difficulty concentrating or sleeping
  - Issues with/changes in:
    - Dentition
    - Hair
    - Skin
- Non-Physical Warning Signs:
  - Hyper-focus on weight or body shape
  - Food rituals
  - Abnormal meal time behaviors
  - Changes in affect
  - Social withdrawal
  - Extreme mood swings

(ANAD, n.d.)

# Eating Disorder-Informed

- Approaching the conversation if you're suspicious:
  - Gather the facts first
    - Let the client inform the decisions made
    - Realize no action or steps might be taken after the first conversation
  - Stay calm and express concern with "I" statements
    - Avoid shame or blame
    - Lead with support and compassion, this can be difficult and uncomfortable
      - *"I am noticing you aren't eating a lot of..."*
      - *"I am concerned you're so hard on yourself when you eat a dessert."*

(ANAD, n.d.)

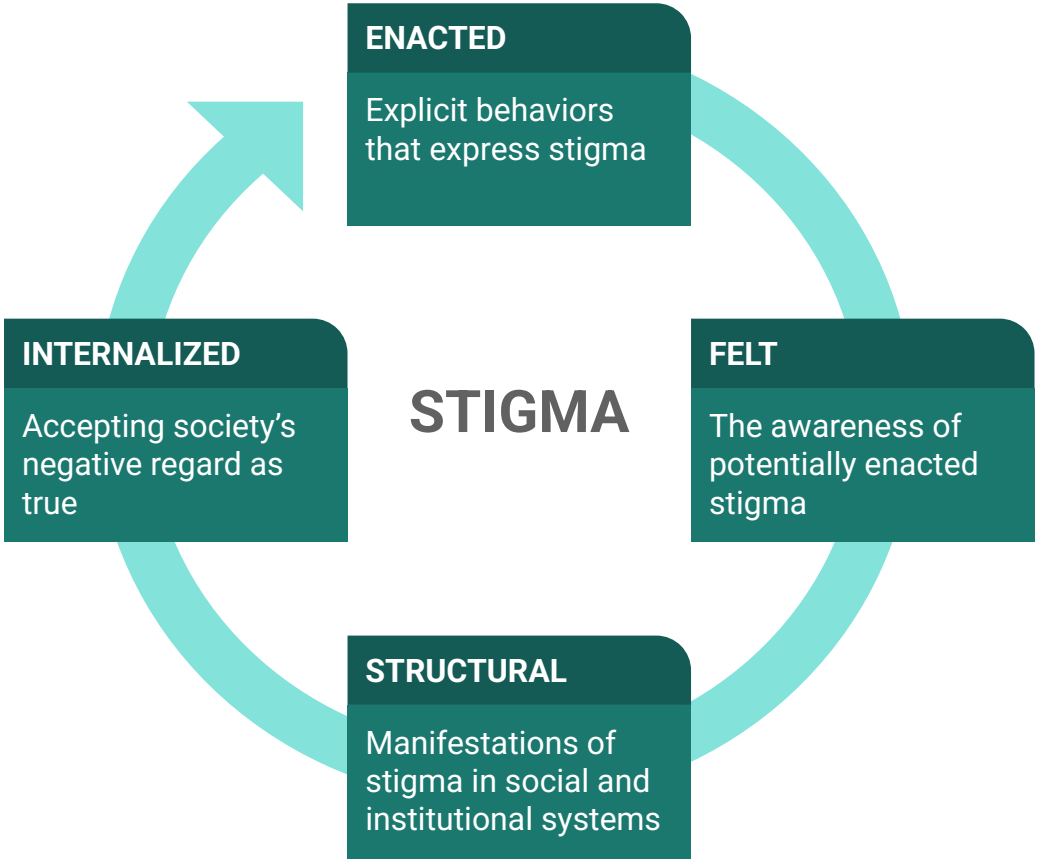
# Eating Disorder-Informed

- Approaching the conversation if your suspicious:
  - Find the middle ground between ignoring the issue and forcing change
    - Ignoring ➔ more feelings of isolation or unimportance
    - Coercing ➔ withdrawal, loss to follow-up, lack of receptiveness to your concerns
  - Create connections between your concerns and the client's habits
    - *"What I am noticing is that since you started to lose weight you're expressing more dizziness upon standing."*
  - Suggest seeking help for concerning behaviors your notice

(ANAD, n.d.)

# Weight Stigma

# Weight Stigma



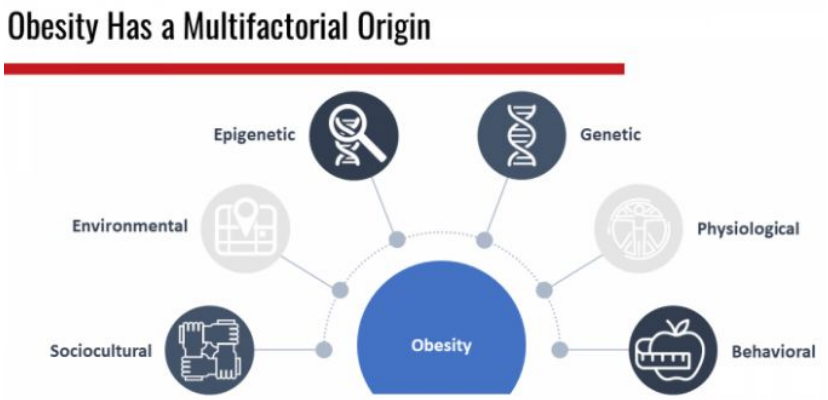
# Weight Stigma

- Etiology = global obesity strategy ➜ *“eat less, move more”*
  - Fosters belief that obesity is a personal choice someone has control over
  - Assumes people are aware of their weight status but just don’t know how to manage it
  - Underappreciates the multifactorial nature of body weight and composition
    - Inheritability of body weight is estimated at 40-77%

(Brown et al., 2022; UConn, n.d.)

# Weight Stigma

- *“Somewhere between 200 and 500 specific genes have been linked to the disease” (Obesity Medicine Association, 2023)*
- Strong impact of epigenetics on gene expression for obesity:
  - Increased hunger
  - Reduced satiety
  - Reduced control over eating
  - Increased tendency to be sedentary
  - Increased tendency to store adipose tissue



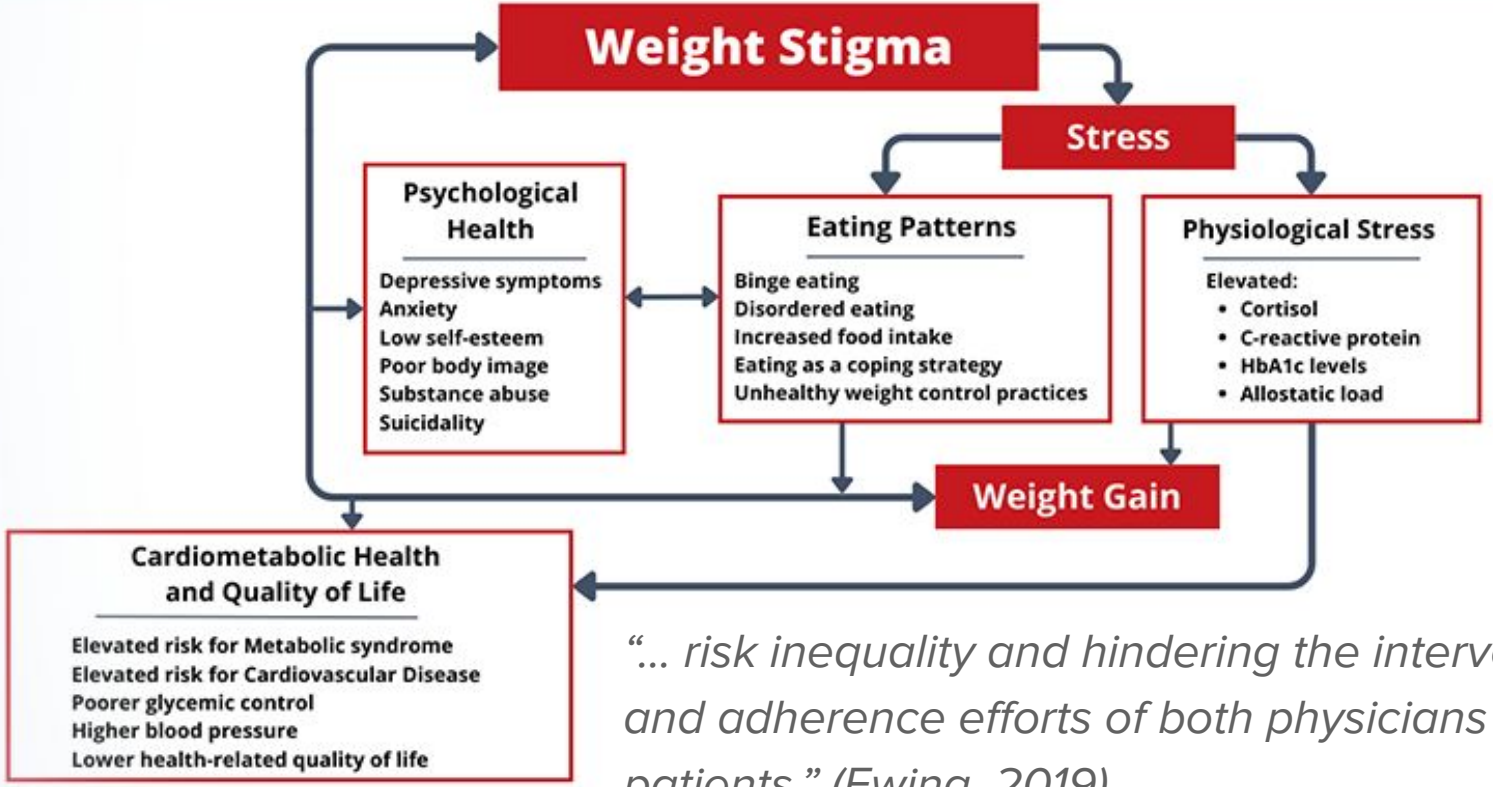

(Obesity Medicine Association, 2023; UConn, n.d.)

# Weight Stigma

- Leads to public health efforts enhancing weight stigma unintentionally
  - Media enhances formation and maintenance of stigmatizing attitudes
  - Promotes internalization of weight stigma ➜ decrease mood and self-esteem
    - 40-50% of adults living with obesity have internalized stigma
    - 20% endorse high levels

(Brown et al., 2022)

# How does weight stigma impact health?




*"... risk inequality and hindering the intervention and adherence efforts of both physicians and patients." (Ewing, 2019)*

(UConn, n.d.)

# Weight Stigma

- Puhl & Brownell (2006) - qualitative study of women recruited from a national non-profit, non-commercial weight loss support group (*N = 2,499*)
  - Sources of weight stigma - provided list of 22 sources with a 4-point Likert scale
  - Coping responses to weight stigma via Meyers and Rosen's Coping Responses Inventory
  - Beliefs about Obese People Scale (BAOP Scale)
  - Attitudes towards obese people (ATOP Scale)
  - Rosenberg Self-Esteem Questionnaire
  - Beck Depression Inventory
  - Questionnaire on Eating and Weight Patterns-Revised

(Puhl & Brownell, 2006)

# Weight Stigma

- Coping strategies:
  - Eating - 79%
  - Isolating - 74%
  - Negative self-talk - 73%
  - Refusing to diet - 75%

- Sources of stigma:
  - Family members:
    - Once - 72%
    - Multiple times - 62%
  - Coworkers/colleagues:
    - Once - 54%
    - Multiple times - 38%
  - Doctors:
    - Once - 69%
    - Multiple times - 52%

(Puhl & Brownell, 206)

# Weight Stigma

- Review of studies on of fat phobia in dietetics finds that:
  - Overweight/obese people are lazy, inactive, overeat, lack self-control, have low self-esteem, and are unattractive (N = 76)
  - Get frustrated with overweight/obese clients' lack of commitment and motivation (N = 400)
    - Believe overweight/obese clients will be less likely to comply with recommendations
  - Express moderate amounts of fat phobia (N = 182)
    - 16% of dietetic students expressed high levels of fat phobia

(Puhl & Heuer, 2009)

# Diet Culture

# Diet Culture

- **Diet culture**: societal beliefs that overly value physical appearance, typically putting thinness and masculinity as hallmark signs of health and moral virtue
  - Deams those in larger bodies as unhealthy, lacking dignity, and deserving of shame
  - Being in a thinner body provides unspoken privileges

(Kelvas, 2023; UC Boulder, 2024)

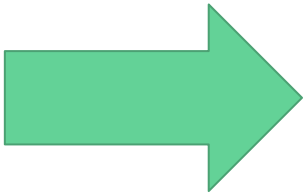
# Diet Culture

- Common messaging:
  - Pro-skinny
  - Guilt-free
  - Weight loss
  - Food restriction
  - Food categorizations
  - Clean eating
- Promotes:
  - Body idealization
  - Filtered imaging ➔ distortions of reality
  - Unqualified advice
  - Moral value of food
    - Ignores neutral morality of food
  - Activity = earn food
  - Subconscious awareness
    - Harmful topics exist in everyday conversation

(Kelvas, 2023; UC Boulder, 2024)

# Diet Culture

- Potential harm:
  - Body dissatisfaction
  - Food restriction
  - Excess stress
  - Social isolation
  - Weight cycling
  - Ignores:
    - Culture
    - Age or life stage
    - Medical history
    - Socioeconomic status



- Promotes disordered thinking and behaviors:
  - Idealizes certain body types
    - Lose weight, gain muscle
    - Lowers self-esteem if you don't "fit in"
  - Imposes food restrictions
    - Orthorexia
    - Fad dieting
  - Disrupts relationship with hunger and fullness cues
  - Taints food enjoyment
  - Risk of malnutrition

(Kelvas, 2023; UC Boulder, 2024)

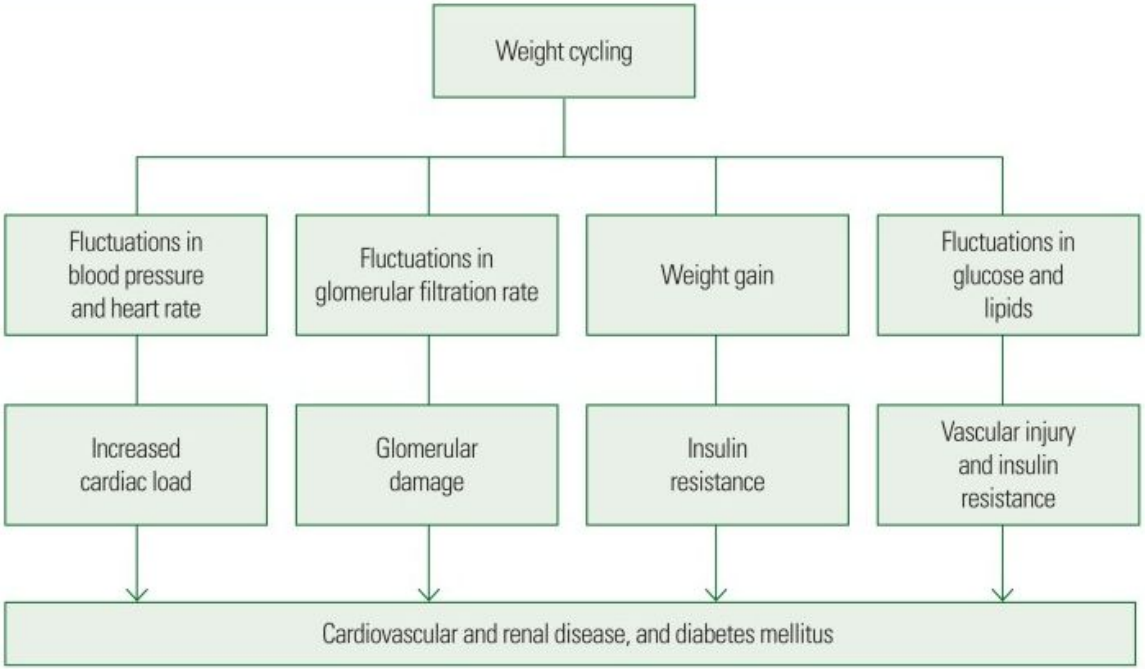
# Diet Culture

- **Fad diets**: unsustainable methods of eating that cut out large amounts of nutrients with the typical goal to manage weight
  - Mental health risks:
    - Increased anxiety and depression
    - Disordered eating
    - Decreased quality of life
  - Physical health risks:
    - Weight cycling
    - Nutrient deficiencies
    - Malnutrition

(Fitzpatrick, 2022)

# Diet Culture

- Weight cycling can cause:
  - Increased heart rate ➔ blood pressure
  - Increased adipose storage
  - Increased insulin resistance ➔ circulating glucose and lipids




(Rhee, 2017)

# Considerations for Working with Gen Z Clients

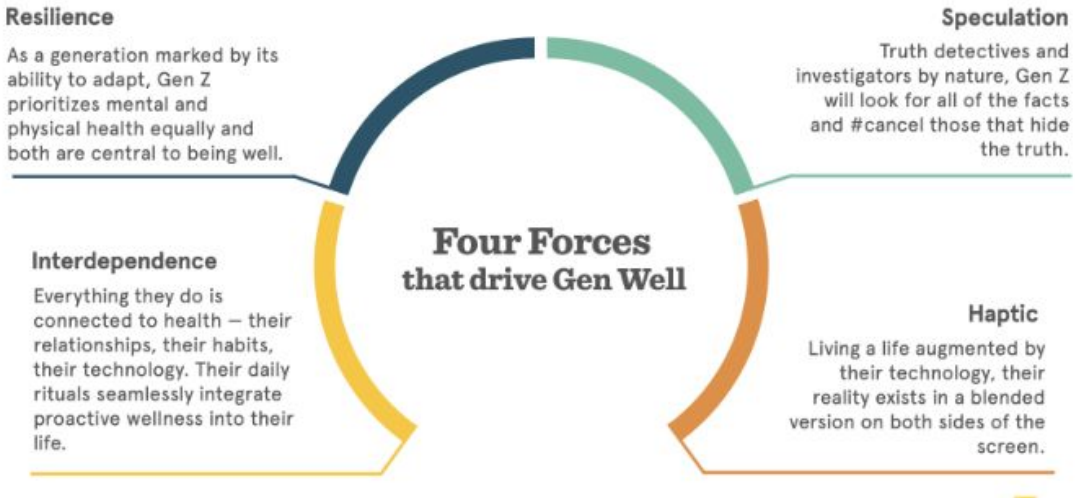
# Working with Gen Z

- Globally connected
  - Never lived without the internet
  - Nothing is seen as unrelatable
- Higher reliance on social media and digital tools for help
  - More likely to investigate on their own before seeking professional help
- Passion for social justice
  - Truth seekers
  - More likely to engage in things that support equality and diversity

(Gerenko, 2023; Linus Group, 2021; Johns Hopkins, 2022)

# Working with Gen Z

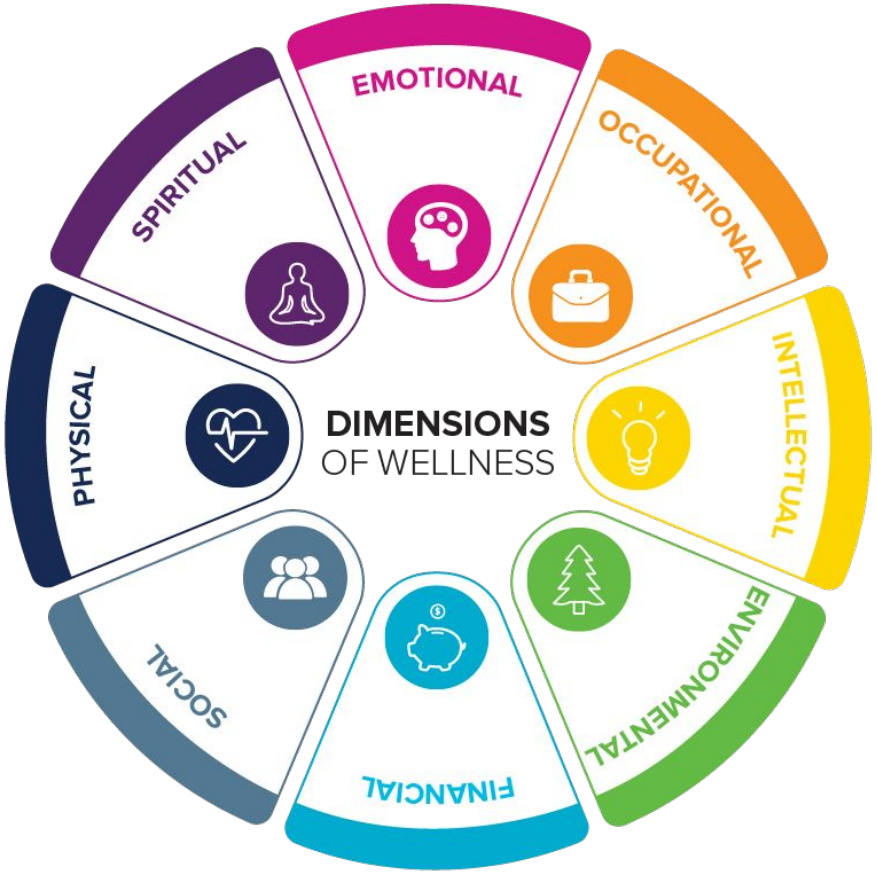
- “Gen Well”
  - Prioritization of connected health ➜ mental + physical
  - 54% report their top concern is mental well-being
  - Emotional health is core of identity
  - Deem quality care based on nurturing relationships




(Linus Group, 2021)

# Dimensions of Wellness

- Wellness is...
  - Caring for your mind, body, and soul
  - Usually affected by your culture and life experiences
  - Self-defined and dynamic
  - Not only the absence of illness or stress




(UC Davis Student Health & Counseling, n.d.)

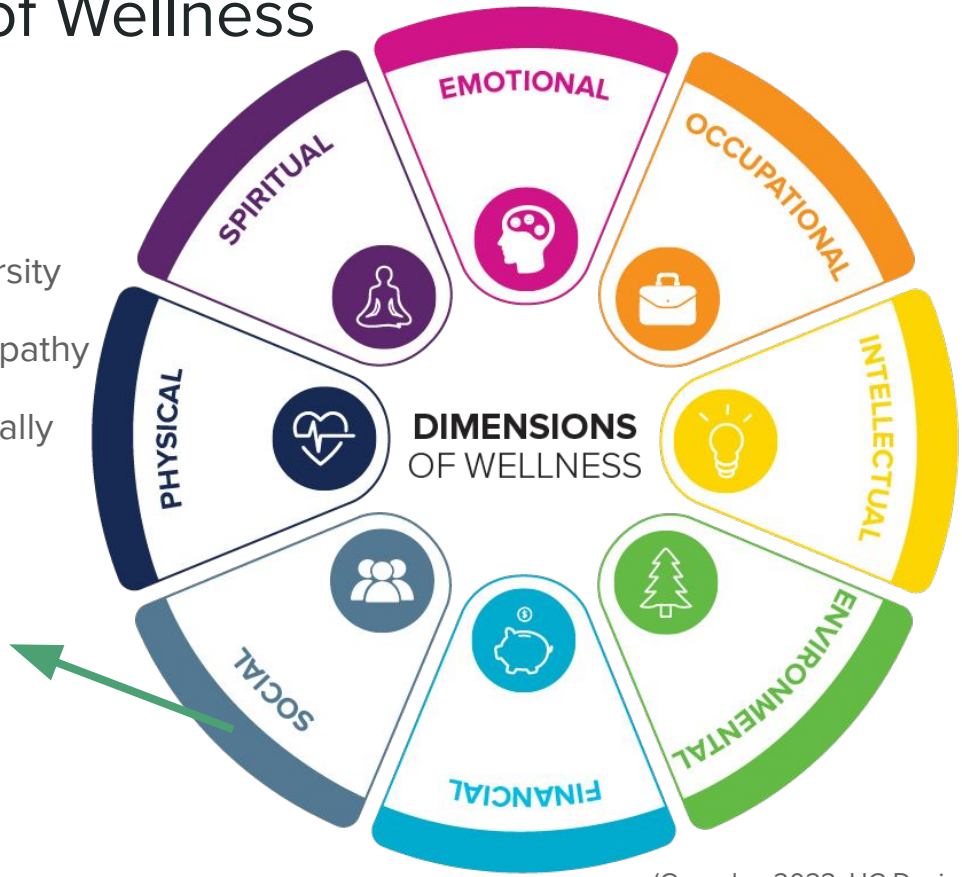
# Dimensions of Wellness


- ***Emotional Wellness***
  - Core of their health is emotional
  - 54% report their top concern is emotional and mental well-being
    - Chronic illness was only 27%

(Linus Group, 2021; UC Davis Student Health & Counseling, n.d.)

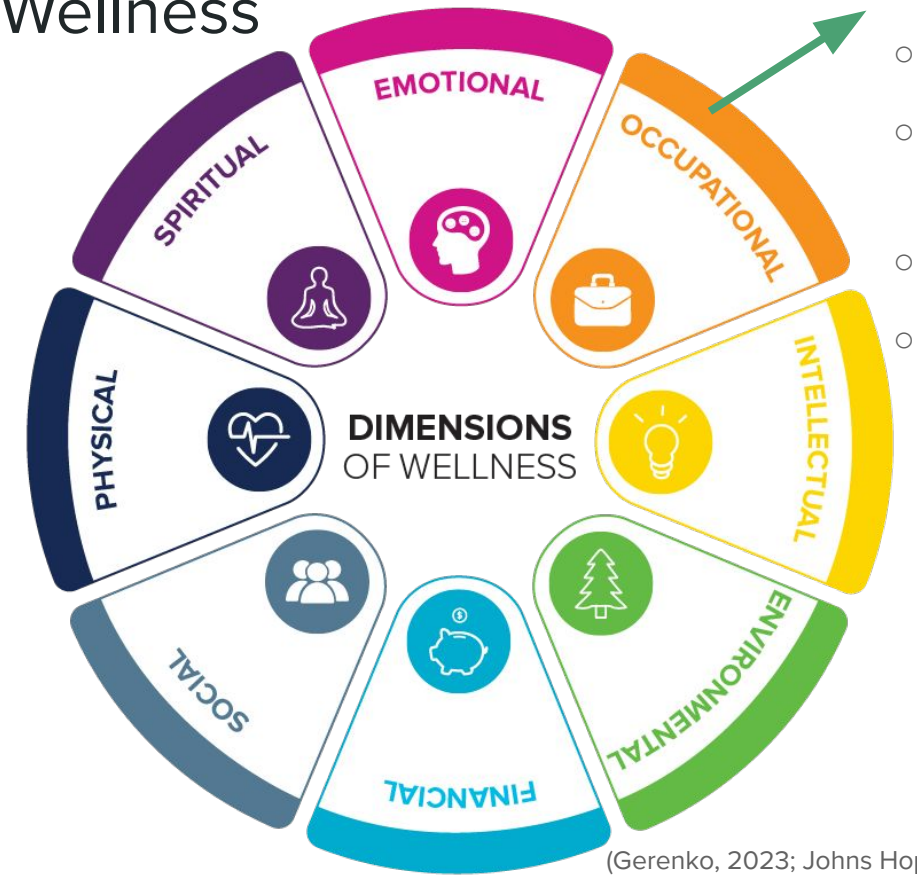
# Dimensions of Wellness

- ***Social Wellness***
  - Passionate about equality and diversity
  - High levels of empathy
  - Think less centrically about “home”
  - Motivated by the greater good




(Gerenko, 2023; UC Davis Student Health & Counseling, n.d.)

# Dimensions of Wellness




- ***Occupational Wellness***
  - Entrepreneurial
  - More likely to carve their own path
  - Identity > work ethic
  - Focus on personal expression

(Gerenko, 2023; Johns Hopkins, 2022; UC Davis Student Health & Counseling, n.d.)

# Dimensions of Wellness


- ***Intellectual Wellness***
  - More likely to prioritize education
  - Desire to understand the truth/facts
  - Faster learners and embrace “newness”

(Gerenko, 2023; UC Davis Student Health & Counseling, n.d.)

# Case Studies

# Case Study #1 - Ima

# Patient Ima - Background

- 19 YO Black female referred to Adolescent Medicine for irregular menses (2023)
  - Other PMH: IBS-D
  - Family Hx: T2DM
  - Endocrinological w/u for PCOS has always been normal
  - Growth charts always trended above the 95th%ile BMI-for-age
    - Highest weight at 140% of the 95th%ile

# Patient Ima - Background

- In 2024:
  - Started on metformin 8/2024 by PCP ➔ persistent nausea, anorexia, weight loss
  - Menses was improving with weight loss
  - Began undergraduate program on pre-med track, responsible for babysitting her niece and nephew overnight, ability to east ≥2 times/day decreased
  - Additional Sx: headaches, dizziness, blurry vision, and worsening IBS symptoms

# Patient Ima - Nutrition Assessment (12/5/2024)

- Body dissatisfaction, now is choosing to lose weight
  - Goal weight = 140 lbs (lose >100 lbs)
  - Not exercising
- Presyncope with mild orthostatic postural vital signs
- Mid-session she verbalizes vision issues and fatigue

**<u>24-Hour Recall:</u>**

**BF**: skipped

**L**: skipped

**Dinner:** Top Ramen + 2 eggs (~520 kcal)

**Sn**: mango (~200 kcal)

**Fluids**: ~32 ounce of water

***Total Kcal Intake = ~720 kcal***

*Any Disordered Red Flags?*

# Patient Ima - Eating Disordered-Informed Red Flags

- No reported h/o desire to lose weight before initial evaluation (2024)
- Always presented in a larger body
- Eating an average of 1 meal/day
- Physical symptoms worsening over time
- Busy schedule with conflicting interests
- Weight loss trend prior to nutrition evaluation = ~6% x3 months

# Patient Ima - Nutrition Assessment (12/2024)

- Energy Needs: MSJ x 1.4-1.59 low active, -250 for gradual weight loss = 2339-2691 kcal/day *(RDA = 2000 kcal/day +/- 20% variance)*
    - Current intake = 31% of estimated needs
- Weight loss history:
    - 11% x9 months
    - 11% x5 months
    - 6% x3 months
    - 3% x1 month

**Table.** Academy of Nutrition and Dietetics (Academy)/American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) clinical characteristics that the clinician can obtain and document to support a diagnosis of malnutrition[ab]

| | Malnutrition in the Context of Acute Illness or Injury | | | | Malnutrition in the Context of Chronic Illness | | | | Malnutrition in the Context of Social or Environmental Circumstances | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clinical characteristic | Non-severe (moderate) malnutrition | | Severe malnutrition | | Non-severe (moderate) malnutrition | | Severe malnutrition | | Non-severe (moderate) malnutrition | | Severe malnutrition | |
| (1) Energy intake (reference 30) | < 75% of estimated energy requirement for > 7 days | | ⩽ 50% of estimated energy requirement for ⩾ 5 days | | < 75% of estimated energy requirement for ⩾ 1 month | | < 75% of estimated energy requirement for ⩾ 1 month | | < 75% of estimated energy requirement for ⩾ 3 months | | ⩽50% of estimated energy requirement for ⩾ 1 month | |
| (2) Interpretation of weight loss (references 33-36) The clinician may evaluate weight in light of other clinical findings including the presence of under- or over- hydration. The clinician may assess weight change over time reported as a percentage of weight lost from baseline. | % | Time | % | Time | % | Time | % | Time | % | Time | % | Time |
| | 1-2 | 1 wk | >2 | 1 wk | 5 | 1 mo | >5 | 1 mo | 5 | 1 mo | >5 | 1 mo |
| | 5 | 1 mo | >5 | 1 mo | 7.5 | 3 mo | >7.5 | 3 mo | 7.5 | 3 mo | >7.5 | 3 mo |
| | 7.5 | 3 mos | >7.5 | 3 mos | 10 | 6 mo | >10 | 6 mo | 10 | 6 mo | >10 | 6 mo |
| | | | | | 20 | 1y | >20 | 1y | 20 | 1y | >20 | 1 y |

(White et al., 2012)

Table 3

Proposed classification of the degree of malnutrition for adolescents and young adults with eating disorders

| | Mild | Moderate | Severe |
|---|---|---|---|
| % mBMI [a] | 80%–90% | 70%–79% | <70% |
| BMI Z-score [b] | −1 to −1.9 | −2 to −2.9 | −3 or greater |
| Magnitude of weight loss [c] | 5% | 7.5% | 10% |
| Rapidity of weight loss [d] | | 5% in 1 month | >5% in 1 month |
| | | 7.5% in 3 months | >7.5% in 3 months |
| | | 10% in 6 months | >10% in 6 months |
| | | 20% in 1 year | >20% in 1 year |

One or more of the following would suggest mild, moderate, or severe malnutrition. (SAHM, 2022)

# Patient Ima - Nutrition Follow-up (12/26/2024)

- Trying to do 2 “meals” and 1 snack per day
- Stopped metformin after MD recommendation, but unclear if she will want to restart it
- +3 lbs x3 weeks

**<u>24-Hour Recall:</u>**

**BF**: skipped

**L**: Sombe + rice (~2 cups)

**Sn**: 2x Dunkin’ chocolate sprinkle donuts

**Dinner:** Fish soup with peanut powder + rice (~3 cups)

**Fluids**: ~50 ounce of water

***Total Kcal Intake = ~1,540 kcal***

# Patient Ima - Nutrition Follow-up (12/26/2024)

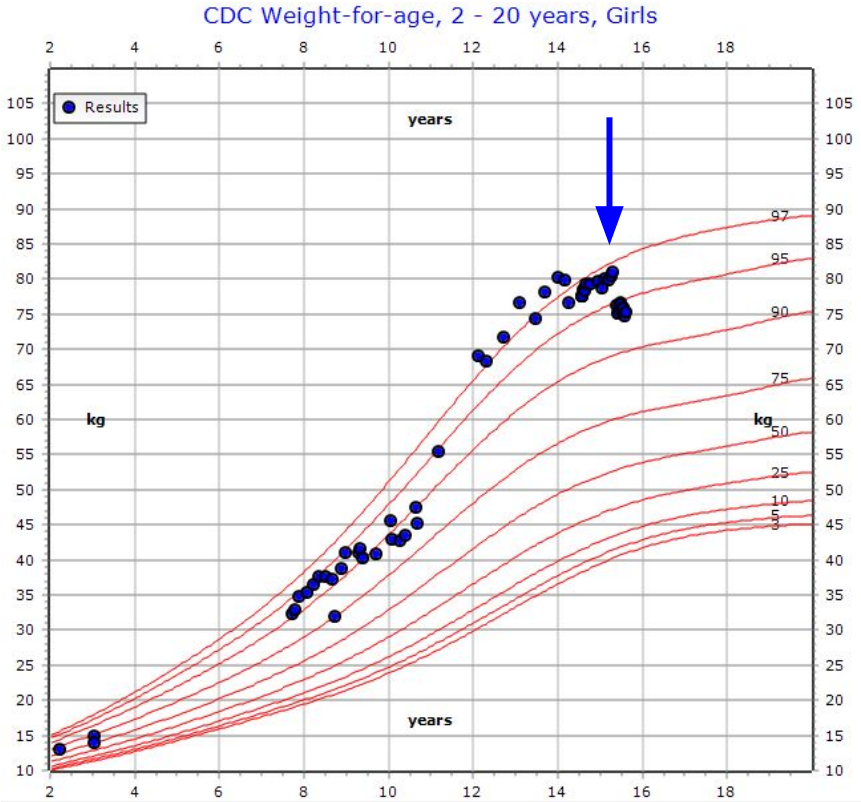
*“RDN complimented pt about eating more recently, and taking care of her body despite a hectic schedule. However, her response was ‘just trying to survive’. When RDN asked about therapeutic support or outlets for talking about all the things she is responsible for (work, school, caring for her sister’s kids, medical care, etc.) she began to cry. She shut down afterward, and didn’t want to engage further on the matter. In discussion with MD who saw her before RDN did, pt’s PHQ-9 was concerning but she is not interested in potential therapeutic support. MD is c/f DVT so pt is being sent to the ER after lab work. Please refer to MD note for more on the aforementioned topics.”*

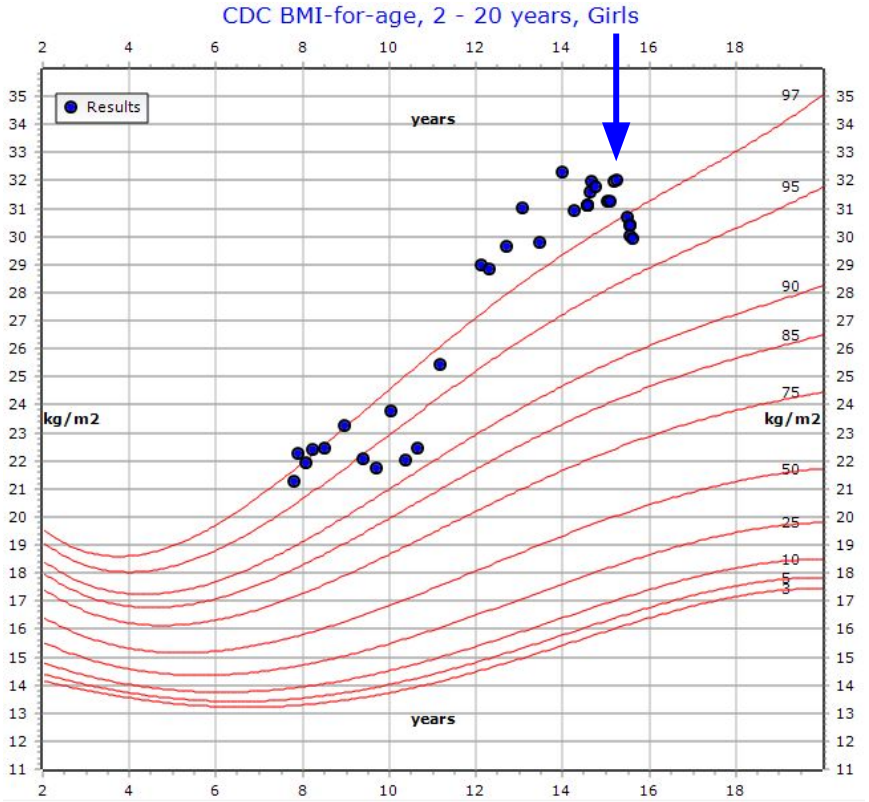
# Case Study #2 - Ela

# Patient Ela - Background

- 15 YO White female referred to Adolescent Medicine iso c/f eating disorder (12/2024)
  - PMH: secondary amenorrhea 2/2 PCOS and obesity, fatty liver, IBS, MDD, GAD, SI with SIB (i.e., cutting)
  - Family Hx: PCOS, HTN, T2DM, Substance Use Disorder, Depression
  - Followed by endocrinology for PCOS and was started on GLP-1 (Wegovy) for weight loss 9/2024 but self-d/c after 2 doses iso eating disorder thoughts
    - “Drastically connected with starving myself”
  - Child Psych NP dx eating disorder, unspecified (12/2024)

# Patient Ela - Background



# Patient Ela - Nutrition Assessment (1/8/2025)

- Lactose intolerant and gluten-free (i.e., IBS)
- Poor body image x2 years
- Doesn’t eat at school 2/2 enacted stigma
    - “A friend called me Eric Cartman” ➔ now has internalized stigma
- Binge/emotional eating ongoing for years but 1 year ago increased in frequency to more than half of the days
    - Binge foods = dairy and carb-heavy foods

# Patient Ela - Nutrition Assessment (1/8/2025)

- Denies compensatory behaviors after binge episodes
- Denies hunger cues, full after small portions
- Was losing “a lot of hair at the crux of the weight loss”

**<u>24-Hour Recall:</u>**

**BF**: skipped

**Sn**: 3 handfuls of M&Ms (~200 kcal)

**L**: skipped

**Dinner:** skipped

**Fluids**: water

***Total Kcal Intake = ~200 kcal***

*Any Disordered Red Flags?*

# Patient Ela - Eating Disordered-Informed Red Flags

- Weight loss recommendation given amidst complex psychological hx and sx
- Always presented in a larger body
- Eating <1 meal/day with stable wt x4 months and previous 5% weight loss x2 months while on Wegovy
- No natural hunger cues and early fullness

# Patient Ela - Nutrition Assessment (1/8/2025)

- Energy Needs: RDA for age = 40 kcal/kg = ~3000 kcal/day
  - Current intake = 7% of estimated needs
- In discussion with MD and Child Psych NP set the following treatment plan:
  - No target body weight set until intake is stabilized and behaviors are interrupted
  - Monitor for refeeding
  - Start with a mood and symptom log x1 month with trying to implement 3 meals/day
    - Plate x Plate vs Balanced Plate
    - Modified Family-based Treatment approach

# Thank You!

Jay Patruno *(he/him/his)*
*Email*: jpatruno14@gmail.com

*Linkedin*:

Questions?

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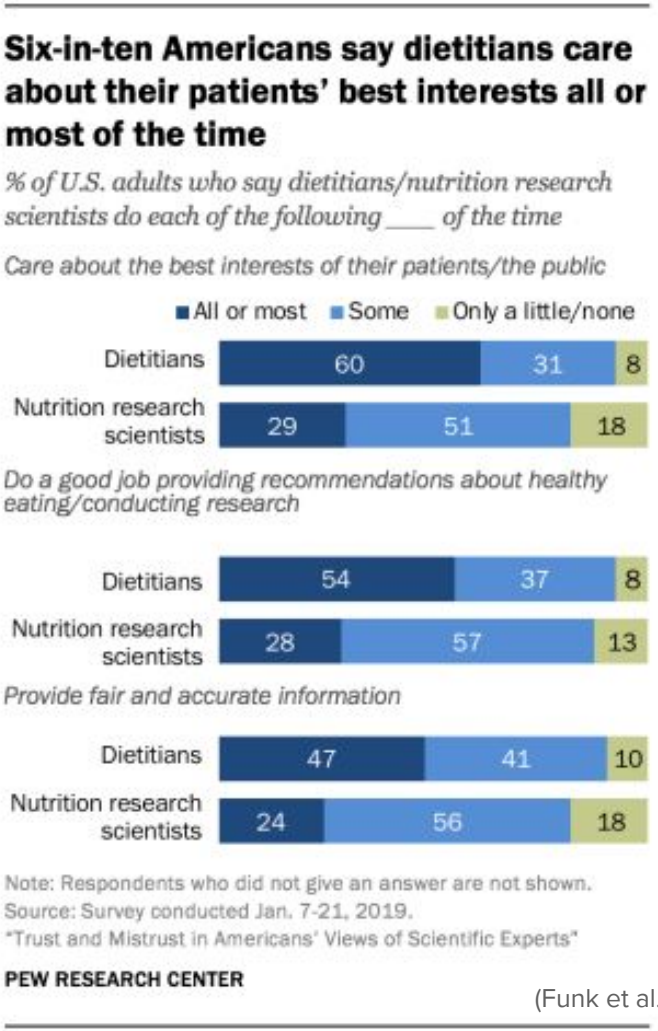
# Appendix

# Public's View of Dietitians

- 60% of Americans have a positive view of dietitians
  - 32% neutral opinion
  - 7% negative regard
  - Ages 50+ tend to have a more positive view of RDNs than younger adults




(Funk et al., 2019)

# Public’s View of Dietitians

- Porter & Collins (2021) = cross-sectional observational study:
  - Search term “dietitian” + coding framework
  - Goal to identify characteristics presented in images of dietitians
  - Findings:
    - 88% of imaging is female
    - 72% of imaging is White
    - 78% of imagining includes food
    - Lack images of dietitians in “authentic work roles”

(Porter & Collins, 2021)

# Public’s View of Dietitians

- Conclusion = there are better opportunities to represent the profession to fully illustrate the breadth of work we do and the diversity of age, gender, size, and cultural background

(Porter & Collins, 2021)

# Case Study #3 - Wrestlers Ama & Tor

# Wrestlers - Patients Ama and Tor

**Ama**: 17 YO White female

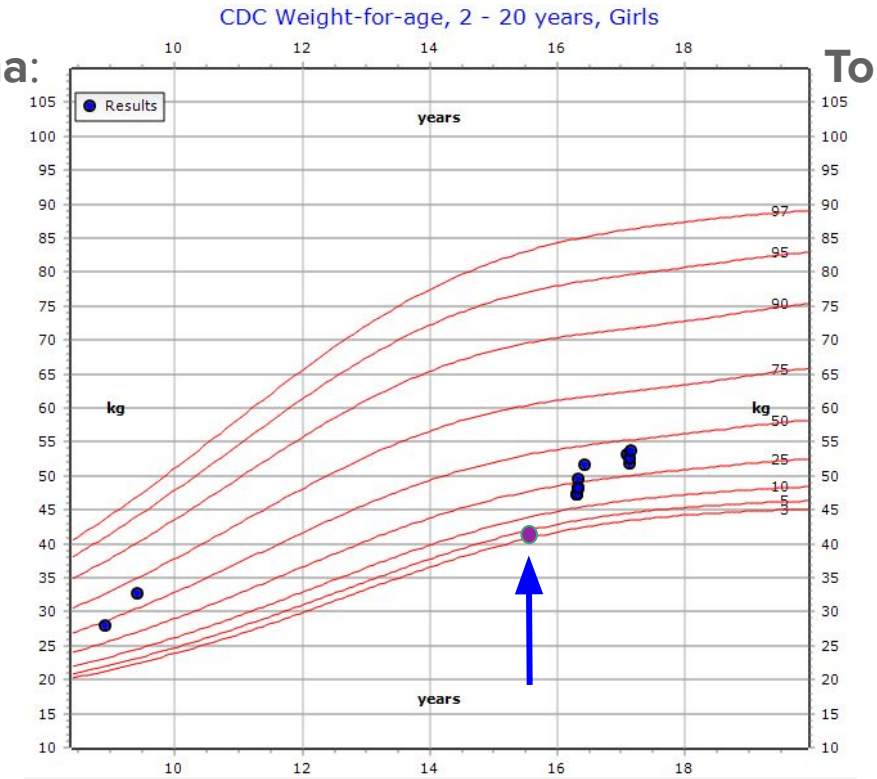
- Wrestling since age 7
- Cuts = <1,400 kcal/day
  - Low carb
  - Goal weight = 106 lbs, lowest weight = 95 lbs the previous summer
- Drink only water the day before a meet
- H/o purging and hiding it under her bed
  - Triggers = weight cuts, stress, anxiety

**Tor**: 17 YO Latinx male

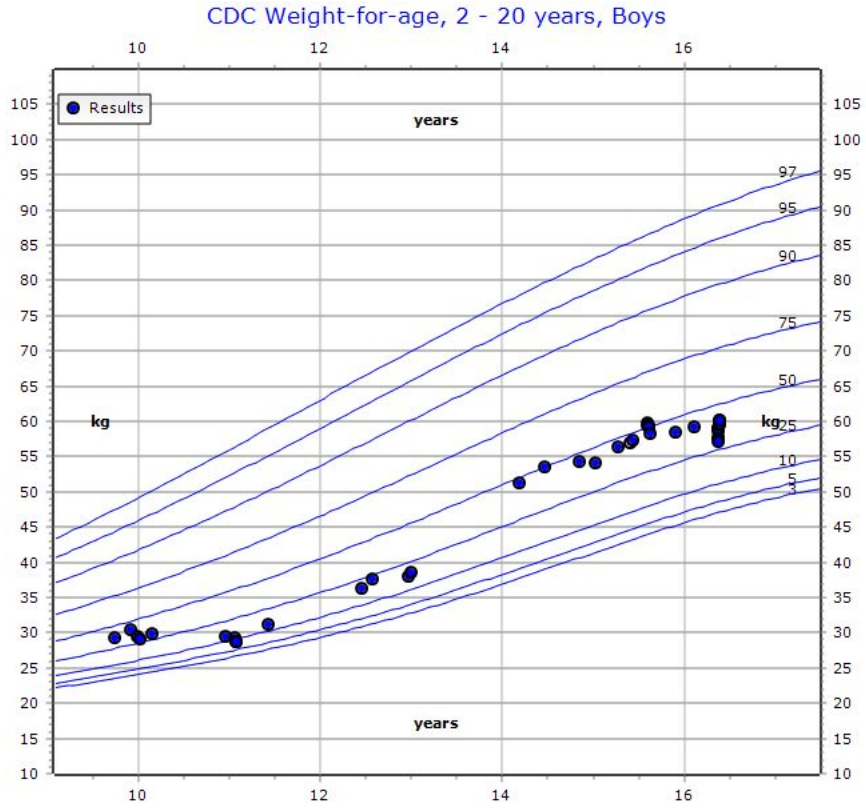
- Wrestling since age 12
- Cuts = ? kcal/day
  - Low carb, cut portions but not tracking
  - Goal weight = 120 lbs
- Admitted to the hospital with bradycardia and c/f refeeding after MD evaluation
- No h/o compensatory behaviors

# Wrestlers - Patients Ama and Tor

**Ama:**




**Tor:**



# Wrestlers - Patients Ama and Tor

**Ama**: 17 YO White female

- Red flags:
  - Binge-purge behavior
  - Family dynamic that refused eating disorder intervention
    - Ama was receptive to treatment
  - Social triggers at home for binge-purge cycles
    - Binge-purge behaviors 2/2 stress not to manage weight

**Tor**: 17 YO Latinx male

- Weight restored while inpatient
- Referred to RDN for sports nutrition evaluation for weight class maintenance

# Patient Ama - Child Psych NP Evaluation

*“[Pt] … with a history of large weight swings related to goals of making certain weight class in wrestling and disordered eating behaviors of binging after meets and purging related to overeating and feeling bloated … Etiology is complex and she has been engaging in extreme dieting bxs in order to make weight for wrestling for years… Also meets criteria for GAD [with] excessive worry, difficulty controlling said worries, feels very tense and on edge, decreased appetite, sleep disturbance … Shared recommendation that [pt] remain out of wrestling for at least two weeks to allow further stabilization of HR and malnutrition … Stepfather shared he disagreed with this recommendation and that mother would seek a second opinion from someone specialized in sports medicine. Again provided psychoeducation about malnutrition facts on HR, explained concern for risk of worsening malnutrition should [pt] return to full activity level without appropriate nutrition, explained risks of hypermetabolism and advised significant increase in caloric intake and not cutting weight… [pt] voiced understanding.”*