INTUITIVE EATING
HELPING PATIENTS MAKE PEACE WITH FOOD

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Objectives

• Define Intuitive Eating and its 10 Principles

• Discuss evidence-based research studies that support an Intuitive Eating approach in favor of restrictive eating plans.

• Describe three techniques to assist individuals in relying on internal cues of hunger and fullness instead of external eating cues.
And
Imagine, if you will

• YOUR favorite food

• What if, tomorrow….

• What would you eat tonight? How much would you eat?

• What would you be craving the next day, the day after that?
What if you have diabetes?

• Anxiety?

• Fear?

• Guilt?

• Grief?
“You can enjoy diabetes, high cholesterol and hypertension or you can suffer from good health.”
Intuitive Eating

• Evidence-based, Non-diet approach to manage eating behaviors

• Based on the concept that our bodies’ natural hunger and satiety signals are the best guide for each of us to determine what and how much to eat

• “Unconditional Permission to Eat”

• In short, retraining “normal eating”
Intuitive Eating

- Innate, instinctive
- Internal vs External control
- Relaxed, flexible
- Non-judgmental, without guilt or moral dilemmas
Internal Control

• Hunger and Fullness

• Satiety, taste preferences, variety

• Blood sugar levels

*Biologically, hormonally driven and controlled
Hormonal Control of Appetite *

- **Ghrelin**: secreted by the stomach as blood sugar drops; stimulates hunger

- **Peptides**: released by nerves in the stomach and small intestine; signal hypothalamus to reduce hunger and stomach to slow emptying

- **Leptin**: produced by fatty tissues; initiates feelings of satiety in hypothalamus

* The number of identified peripheral modulators of appetite is expanding rapidly and includes cholecystokinin, peptide YY, insulin, pancreatic polypeptide and GLP-1 (glucagon-like peptide 1)
External Control

• Emotions

• Overload of messages

• Confusion about nutrition and health

• “Should” and “Shouldn’t”
Confusion about Nutrition? Really?

What?
COFFEE IS GOOD FOR YOU?

SKIMBACOLIFESTYLE.COM

TIME
Eat Butter.
Scientists labeled fat the enemy. Why they were wrong
BY DIETAN WILSON
YOU SHOULD BE TAKING A MULTI-VITAMIN EVERY DAY

AND ON TOMORROWS SHOW I’LL TELL YOU HOW MULTI-VITAMINS ARE KILLING YOU
Perhaps the most powerful external control of eating.....
Dieting Statistics

• Nearly 60 billion dollars spent annually in US

• 33 to 50% of weight lost dieting is regained within one year of diet and nearly 100% within 5 years

• 1/3 to 2/3 of dieters regain more weight than was lost on the diet

• Dieting (restrictive eating) can cause physical and emotional damage to the dieter

Source: “Health at Every Size”
Physical Damage

- Muscle loss, nutrient deficiencies
- Decreased leptin levels, increased ghrelin secretion
- Hunger, cravings (esp. carbohydrates), overeating, binge-eating
- Food restriction increases the neurochemical reward from food

Source: “Health at Every Size”
And

- Slowed metabolism, decreased body temperature, decreased heart rate

- Increased fat storage

- Increased risk of eating disorders (BED, bulimia)

For an interesting look at the effects of restrictive eating….

*Minnesota Starvation Experiment*

[http://jn.nutrition.org/content/135/6/1347.full](http://jn.nutrition.org/content/135/6/1347.full)
And... Weight Cycling

- Weight cycling or ‘yo-yo dieting’: repeated periods of weight loss and weight gain

- Directly connected to compromised health
  - Results in increased inflammation
  - Strongly linked to overall mortality
  - Strongly linked to mortality and morbidity related to coronary artery disease
  - Higher risk of osteoporosis and fractures
  - Higher risk of gallstone attacks
  - Higher risk of hypertension
  - Some forms of cancer including renal cell carcinoma, endometrial cancer and non-Hodgkin’s lymphoma

Source: Health at Every Size
Set Point Theory

- Assertion that body weight is under homeostatic control (pre-determined and protected)
- Repeated dieting below set point can create a new, higher set point

- Dieting predicts weight gain

Source: “Weight Science: Evaluating the Evidence for a Paradigm Shift”
Emotional Damage

• Lowered self esteem

• Guilt, shame

• Hopelessness ~ “I can’t do this”

• Sense of failure, lack of will power ~ “I give up”
Keeps the Dieter Stuck

Guilt → Dieting → Overeating → Deprivation → Cravings → Guilt
Support for an Intuitive Eating Approach

• Considerable evidence that intuitive eating is associated with improved nutrient intake and reduced eating disorder symptoms and not with weight gain

• Intuitive eating associated with lower BMI, lower cholesterol and lower blood pressure and improved glucose control

• Self-regulation of eating (IE) and recognition of hunger before eating associated with significant decrease in energy intake and may improve insulin sensitivity

• Associated with loss of weight in overweight individuals and maintenance of weight in normal-weight individuals

Over 70 supportive articles on www.intuitiveeating.org
10 Principles

1. Reject the Diet Mentality
   • Acknowledge the ineffectiveness and danger of diets

2. Honor Your Hunger
   • Rebuilds trust with yourself and food
3. Make Peace With Food

4. Challenge the Food Police
   • Move away from ‘rules’ around eating

5. Feel Your Fullness

6. Discover the Satisfaction Factor
   • Practice eating what you truly want
7. Cope With Emotions Without Using Food
   • Explore other coping mechanisms

8. Respect Your Body
   • Accept your genetic blueprint

9. Exercise, Feel the Difference
   • Shift focus from calorie burning to how it feels when you move your body

10. Gentle Nutrition
    • Nutrition as a tool, not a weapon
“Honor Your Hunger”

• Trust your body and allow it to guide you

• Feed your body and allow it to trust you

• Begin to pay attention to physical cues
  • What does hunger feel like to me?
  • How hungry am I?
  • Can I correlate physical feelings with my blood sugar?
Hunger/Fullness Scale

Downloadable patient handout:
Putting it into practice

• Individual is in charge

• Incorporate use of Hunger/Fullness Scale in eating
  • Goal is 3-7 (not too hungry, not overly full)

• Focus on Satisfaction and Unconditional Permission to Eat

• Can be used in conjunction with carbohydrate counting and glucose monitoring

• If not physically hungry, what am I feeling and what do I need instead?
Identifying patients

- “I’m an emotional eater” or “I know what to do, I just can’t do it”
- **Black and white thinking** about eating and food
  - (I was ‘good’ or I was ‘bad’)
- **Late-day eating**
  - “I was good all day, but…”
- **Weight cycling** or continuous weight gain despite weight loss efforts
- Reluctance to provide blood sugar logs AND/OR elevated A1c in comparison to glucose checks
Intuitive Eating Assessment Scale

• 21 questions and scoring tool

• Developed and validated by Intuitive Eating researcher Dr. Tracy Tylka, The Ohio State University

• PDF available for download and use
  https://u.osu.edu/tracytltylka/scales-developed/
“Rose”

- 52 year old female
- Life-long dieter; BMI >40
- PMH included Type 2 DM, CHF, disability due to RA
- Metformin 1,000 mg BID
- Avoided checking blood sugars
- Discouraged about physical activity
- Fearful of carbohydrate foods
- Continued to start every day ‘on a diet’
A Typical Day

Breakfast: egg, ½ grapefruit

Lunch: lettuce, chicken breast, fat-free dressing, diet soda

3:00-4:00 pm: diet soda, cookie, another cookie, chips, candy

“It feels like the floodgates open up and I can’t stop”

Dinner: large quantities of pasta, bread, and other ‘forbidden foods’

“What the heck, I’ve ruined the day anyway. I’ll start tomorrow”
Begin With Curious Observation

• What does hunger feel like to you?
• How often are you feeling hunger?
• Are you eating beyond being full?
• Are emotions interfering with intuition?
• Are food choices based on preference or misinformation?
• Do any patterns emerge?
## Eating Awareness Journal

<table>
<thead>
<tr>
<th>TIME</th>
<th>What I ate</th>
<th>H/F Before</th>
<th>H/F After</th>
<th>Did I like this?</th>
<th>Any Additional Information or Feelings</th>
<th>Blood Glucose</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 am</td>
<td>Hardboiled egg ½ banana</td>
<td>3</td>
<td>5</td>
<td>It was okay</td>
<td>Really wanted to have toast with peanut butter instead but was afraid I’d overeat</td>
<td>175 mg/dl</td>
</tr>
<tr>
<td>10:30</td>
<td>2 peanut butter cups</td>
<td>1</td>
<td>6</td>
<td>YES!</td>
<td>Felt guilty</td>
<td>didn’t check</td>
</tr>
<tr>
<td>12:00</td>
<td>Salad with chicken and fat-free dressing Diet cola</td>
<td>5</td>
<td>6</td>
<td>Not really</td>
<td>Felt good that I didn’t eat any carbs but not satisfied</td>
<td>didn’t check</td>
</tr>
<tr>
<td>2:15</td>
<td>Microwave popcorn</td>
<td>1</td>
<td>7</td>
<td>No</td>
<td>Guilty, too many carbs, too much salt</td>
<td>didn’t check</td>
</tr>
</tbody>
</table>
Beginning Steps

1. Adding carbohydrates to breakfast and lunch

2. Choosing foods based on taste
   “Eat what you love!”

3. Approaching glucose monitoring with curiosity
Separating Emotions and Hunger

• “Am I hungry?”

• YES= “What do I want to eat?”

• NO= “What am I feeling instead? What do I need instead?”

• MAYBE= delay or Apple-Test

• List of alternatives to eating if necessary
Exercises

• “What if you tried an experiment?”

✓ Introduce former “binge-only” foods at meal time
✓ Order favorite in restaurant and focus on pleasure of the meal
✓ Stop half way through meal and check with self: Do I still enjoy this? Am I getting full?
✓ Timed-meal: Can a meal last 30 minutes?

• Observe, learn, try again without judgment
Rose’s Progress

• Was able to eliminate overeating by eating consistently
• Food choices improved over time
• HgA1c improved due to decreased overeating and consistent carbohydrate plan
• Weight loss as an outcome (not the goal)
• She began swimming at indoor pool because she enjoyed the way it made her feel
• Guilt about food was decreased
• She felt in control again
Guiding Patients

• Partner with patient—let them know they are not alone and food struggles are normal

• Empower with knowledge and awareness
  ✓ ‘Perfection is not necessary’
  ✓ “The secret of managing diabetes lies in learning to celebrate food and its amazing ability to nourish you”

• Assist in experimentation
  ✓ “I wonder if…..”
  ✓ “What would you think of…..”

• Health, not weight
  ✓ Focus on health markers (ie blood sugar) and gaining control of eating
Fears and Misconceptions

• **Patients:** What if I can’t stop eating?

• **Clinicians:** Promoting overeating, obesity; an anti-health message with all foods fit
Remember your favorite food?

What if you had permission to eat it every day?
Teaching Mindfulness and Awareness

Reclaiming the pleasure in eating!
Suggestions for Beginning Implementation with Patients

- Start with practice and confidence in your own ability to eat intuitively
- Resource list for more information
- Professional training
- Intuitive Eating Counselor database at intuitiveeating.org
- Weight-Neutral, Non-Diet practitioners
Resources for Patients and Practitioners

- Intuitive Eating by Evelyn Tribole and Elyse Resch
- Intuitive Eating Workbook by Evelyn Tribole and Elyse Resch
- Eat What You Love, Love What You Eat by Michelle May
- Eat What You Love with Diabetes by Michelle May
- Health At Every Size by Linda Bacon
- Body Respect by Linda Bacon and Lucy Aphramor
- Body Kindness by Rebecca Scritchfield
- Diet Survivor’s Handbook by Judith Matz
- 50 Ways to Soothe Yourself Without Food by Susan Albers
Websites

• intuitiveeating.org
• HAEScommunity.com
• lindabacon.org
• sizediversityandhealth.com
• amihungry.com

Podcasts

• Love, Food with Julie Duffy Dillon
• Food Psych with Christy Harrison
• Body Kindness with Rebecca Scritchfield
For Families and Children

• ellynsatterinstitute.org
• [Secrets of Feeding a Healthy Family](#) by Ellyn Satter
• [Your Child’s Weight: Helping Without Harming](#) by Ellyn Satter
• [Shapesville](#) by J. Andrew Mills and Rebecca Osborn (for ages 3-8)
• [Full Mouse, Empty Mouse](#) by Dina Zeckhaus (for ages 7-12)
References/Sources


Thank You!

If you want something you’ve never had before....

You must do something you’ve never done before

~Anonymous