

Addressing Disordered Eating Patterns in Women with ADHD

John Fleming, Ph.D. and Lance Levy, M.B.

The cognitive and behavioral symptoms of ADHD can exert a significant and negative effect in the area of food regulation. But treatment of ADHD with stimulant medication is unlikely to effectively address patterns of disordered eating. Bulimia, Binge Eating Disorder, as well as significant Obesity are complex disorders that typically require psychological and medical intervention for resolution.

Many individuals with ADHD and eating disorders feel a great deal of shame over their eating patterns. Binge eating often occurs when an individual with ADHD feels bored or under-stimulated. Understanding how ADHD impacts eating patterns can help reduce self-blame and begin the process of regaining control.

Medical problems causing poor weight control

When an individual is unable to deal effectively with making diet and lifestyle changes, there may be underlying medical and psychological problems including: Mood Disorders (depression/anxiety), Chronic Tiredness, Chronic Pain, Chronic Gastrointestinal Disorders like Irritable Bowel Syndrome, Disorders of Impulse Regulation (Binge Eating Disorder, Night time Eating Syndrome, and ADHD). These medical/psychological problems should be assessed since a number of them, especially Chronic Fatigue, Mood Disorders, and Chronic Pain, can mimic some of the symptoms of ADHD, resulting in misdiagnosis and ineffective treatment.

Identifying problems with meal planning. One of the initial requirements for correcting a disordered pattern of eating is to identify those situations, times of day, interpersonal pressures, and thought patterns that are associated with loss of control over food intake and poor meal planning. This is especially important because many people with ADHD seem to forget about eating when they are fully engaged in an activity. They tend to eat during lulls in the action, by

which time they may have gone many hours without adequate food intake (and are likely ravenous). This tendency is due to an under-awareness of hunger signals, and is a major problem when a person with ADHD is trying to gain control over their eating. By under-eating, hunger builds up over the day so that control over intake is overwhelmed by the urgent need to eat. Individuals with ADHD may need assistance in planning regular food breaks and learning to read internal signals regarding hunger and early satiety. Establishing appropriate portion size also appears to be more difficult when ADHD is present. Many clients find it useful to have visual cues to improve their judgment about appropriate portion size such as using smaller plates, or using their palm or fingers as measurement guides.

Emphasize the basics. Contrary to what we are constantly being told by the multi-billion-dollar diet industry, the basics of good nutrition are fairly simple and straightforward. People become preoccupied with cutting calories and place an unfortunate emphasis on the value of **not** eating. Instead, the focus needs to be placed on taking in adequate nutrition by deliberate planning so that one does not become excessively hungry, which tends to cause overeating. Generally, people should not go more than 4 hours without either a meal or snack if they have difficulty regulating their eating. Their intake should never drop below a level that is adequate to maintain a reasonable body weight (which can often be defined as the lowest adult weight that they had **maintained** for at least a year without dieting). That is, they should go directly to what the diet industry calls the “maintenance” part of the diet. To the surprise of many, this requires an intake of somewhere between 1800 to 2500 calories for a normally active adult woman. Because people with ADHD are not known for their patience, they often need to be convinced that slow is the only way to go. Emphasizing realistic goals is also important. All people are not meant to be thin and it has been well established that as little as a ten percent reduction in weight can substantially reduce many of the health risk factors associated with obesity.

Discourage dieting. Research has consistently demonstrated that a majority of individuals who lose weight through low calorie dieting not only regain the weight, but end up at an even higher

weight than where they started. Repeated failures to control weight through dieting causes people to see themselves as ineffectual, stupid, out-of-control, and helpless. They blame themselves rather than see that diets simply do not work. Long term adherence to low calorie diets can increase the chance of developing either bulimia or binge eating disorder and creates a tremendous disruption in one's ability to accurately read physical cues for hunger and fullness. On the basis of what we know about clients with ADHD, it would seem likely that they are even more adversely affected by dieting because of their high level of impulsivity and limited abilities for self-awareness. Coaching is needed to devise a deliberate and reasonable plan for eating to replace the bad habits that arose out of ADHD inspired disorganization, impulsiveness, and disturbance in self-awareness.

Medication. Stimulant medication alone does not effectively alter the disordered eating habits of individuals with ADHD. While good results are sometimes seen initially because stimulant medication temporarily causes appetite suppression, this side effect is typically short-lived. For most adults, the appetite suppressing effect of these medications is temporary and disappears unless the dose is repeatedly increased. This is entirely contrary to the way stimulant medications are used in the treatment of ADHD, where there is no evidence of a tolerance effect. Appropriate use of stimulant medication can set the stage for change, but does not by itself alter strongly ingrained patterns of abnormal eating behavior. It is critical to separate this clinical practice from the debacle which occurred during the '50s and '60s, where stimulants were commonly used in treatment of obesity. Amphetamines were liberally prescribed to diminish interest in food by using the side effect of appetite suppression.

Before any trial of stimulant medication is begun with someone with a history of disordered eating, it is critical to carefully and thoroughly examine the possible contribution of ADHD. It is irresponsible to continue prescribing stimulant medication in relation to disordered eating without ongoing supervision and monitoring of dietary compliance, since the potential for abuse is probably higher than in the general ADHD population. While medication can be an effective adjunct to treatment of patterns of disordered eating in someone with ADHD, it should never be

used in the absence of ongoing behavioral treatment. In this context, medication is used to improve executive functioning that, in turn, impacts on the ability to control eating behavior. It is critical to be alert to the client's possible abuse of the medication as an appetite suppressant, rather than as a means of helping to control symptoms of ADHD.

Adequate medication coverage is also a critical issue when it comes to helping someone manage their eating more effectively. The most difficult time for most individuals is in the evening. Here, it becomes a somewhat tricky business of balancing the need to maintain adequate levels of medication, while still ensuring that these medications do not interfere with sleep. We often have to work hard with clients to establish external structures and routines to ensure consistent dosing schedules.

Importance of stimulating daily activities. Perhaps because of our cultural biases and prejudices concerning overweight individuals, we have failed to fully appreciate the importance of adequate stimulation in dietary control. Individuals with ADHD typically require higher levels of stimulation in order to feel focused and emotionally balanced. For many, being under-stimulated creates an uncomfortable feeling of irritability, boredom, or fatigue that is temporarily remedied by turning to food. Since food is so readily available, it can be very difficult for many individuals to resist the urge to eat if they find themselves frequently under-stimulated. Many females do not appreciate their needs for stimulation or how to best fulfill them. It is critical to plan leisure time so that it provides adequate challenge and a sense of accomplishment. People seldom treat their own time as something of real value, and instead spend it engaged in activities (such as TV watching) that they are not even likely to remember the following day.

When it comes to satisfying a high need for stimulation, boys and men with ADHD tend to have a real advantage. There are more socially approved outlets for boys who have an inherent need for stimulation. Boys have easier access to sports, more activity oriented socializing, and it is generally more socially acceptable for males to do such things as start a rock band, ride a

motorcycle, or go on an “adventure”. The double standard is most apparent when it comes to sexual stimulation, where “boys will be boys”, but girls who are more sexually adventurous are considered “out of control”.

Our culture has maintained the fairy tale idea that women should be happy and satisfied by maintaining the nest (while working full time and remaining forever young, of course). This expectation just doesn’t work for many women, and especially those with ADHD. Food and eating provide a private and readily available solution to high stimulation needs. By eating alone, women with a high need for stimulation can use food to help hide who they really are. It helps them swallow the arbitrary expectation that they should not crave excitement or new stimulation. Females with ADHD may need encouragement to fulfill their need for adventure and novel experience.

There are few people with expertise in both ADHD and disordered eating. As a result, an adult with ADHD and disordered eating patterns may need to seek out two different professionals, a psychotherapist expert in ADHD issues and an eating disorders specialist, who are willing and interested in working in consultation with one another. A collaborative process of problem solving can produce positive results.

Eating disorder specialists need to become better educated about the need to screen for the possibility of ADHD in clients who demonstrate particular difficulty in sticking with recommended changes in diet and exercise, and ADHD specialists need to routinely explore the possibility of disordered eating patterns in their adult ADHD clients. A combined treatment approach using stimulant medication, ADHD-focused cognitive-behavioral therapy, and a structured ADD-friendly approach to improving daily eating patterns can greatly increase the chances for successful change.

This article is adapted from a chapter by the same authors in ***Gender Issues and ADHD*** edited by Patricia Quinn, M.D. and Kathleen Nadeau, Ph.D. This title and other ADHD-related titles can be purchased at www.addvance.com.