

Lived experiences of eating
disorders treatment:

What the professionals need to know

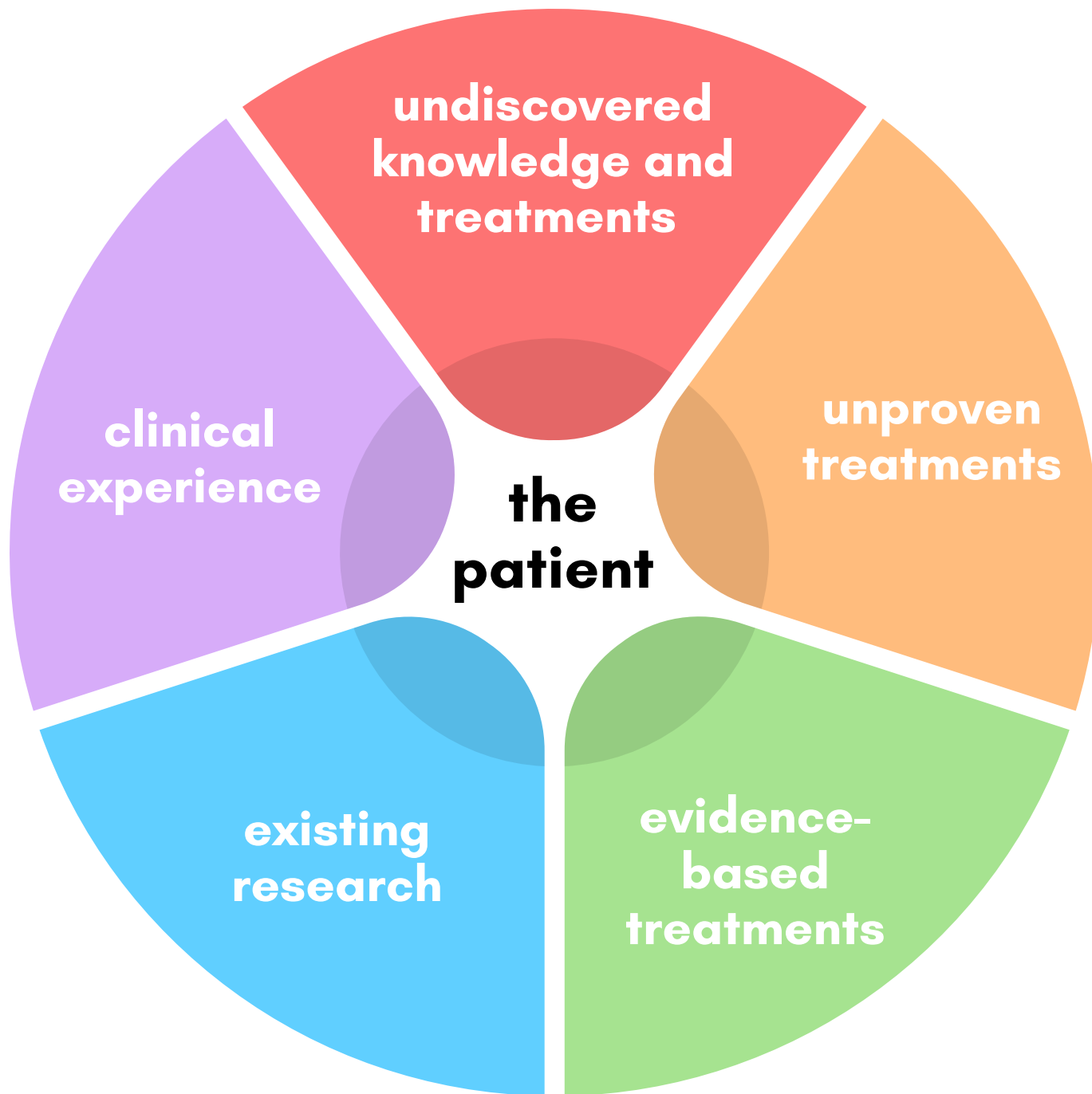
James Downs

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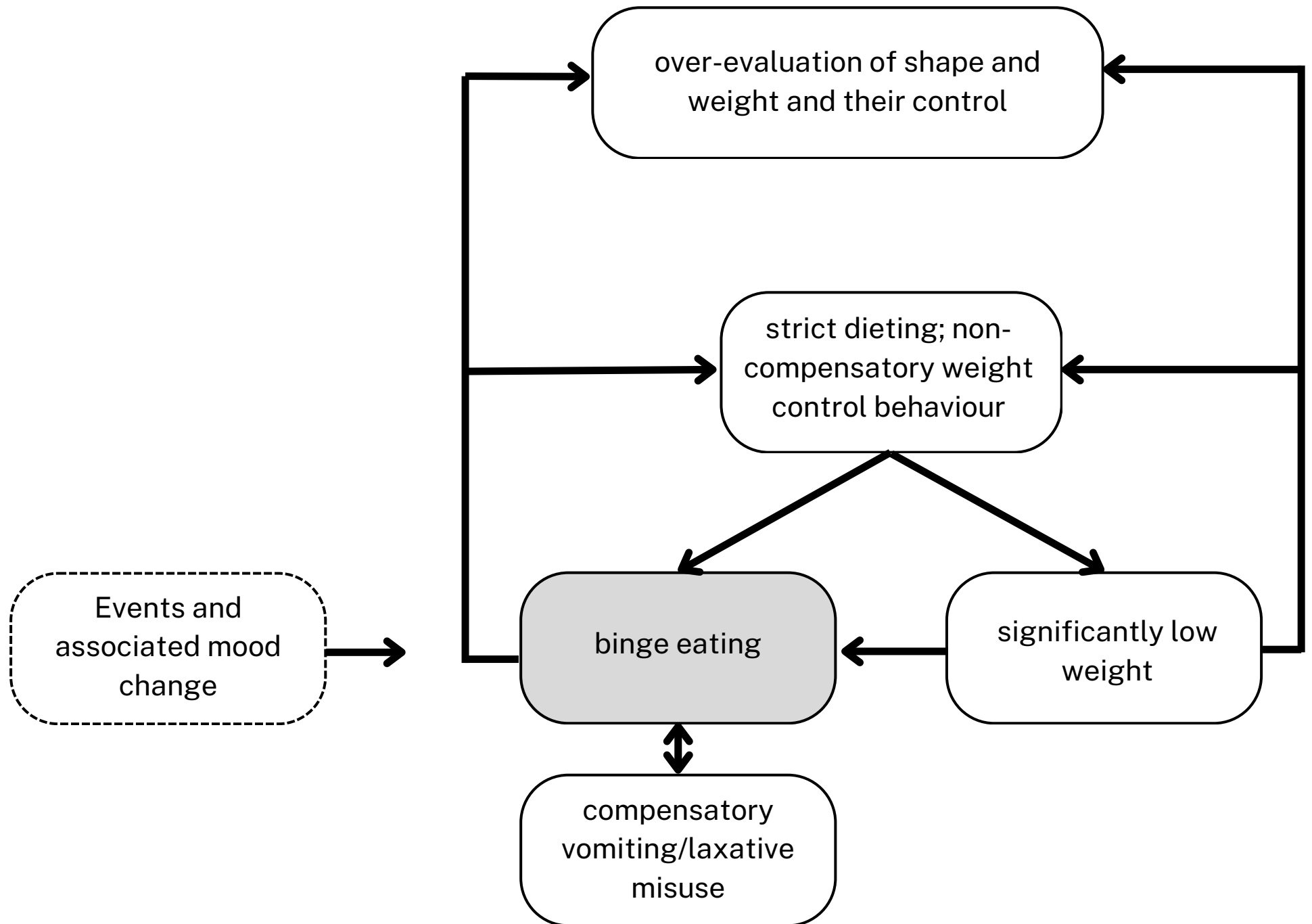
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We don't know



2

**Eating disorders are
embodied experiences**



Transdiagnostic formulation of eating disorders, CBT-E (Fairburn, 2005)

neurodiversity

- **autism without intellectual disability**
- **attention deficit hyperactivity disorder**

hyperactivity
stimulus-seeking
sensory differences
sensory self-soothing
food aversions and preferences
desire for sameness / dislike of change
social and communication differences

genetics

- **ehlers danlos syndrome**

motility problems
gastroparesis (delayed gastric emptying)
constipation and diarrhoea
acid reflux / GERD
abdominal discomfort / IBS
interoception difficulties
autonomic differences and cardiac abnormalities
chronic pain

disordered eating behaviours

psychosocial factors

untreated family mental illness
unmet special educational needs, "giftedness"
loneliness and isolation
sex and intimacy
body image
bullying
difficulty fitting in
financial stress
employment difficulties
individual values, preferences and goals
relationships
discrimination

healthcare provision

iatrogenic harm
experiences of invalidation causing emotional dysregulation
lack of awareness and training
inaccessible services
lack of understanding about minority groups & diverse experiences e.g. male, LGBTQ+
diagnostic overshadowing
stigma and blame

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Language matters

Recovery options



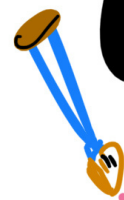
① going back to a state before you were unwell



② regaining things you lost



③ reconnecting with your values and creating something new



④ or something else?

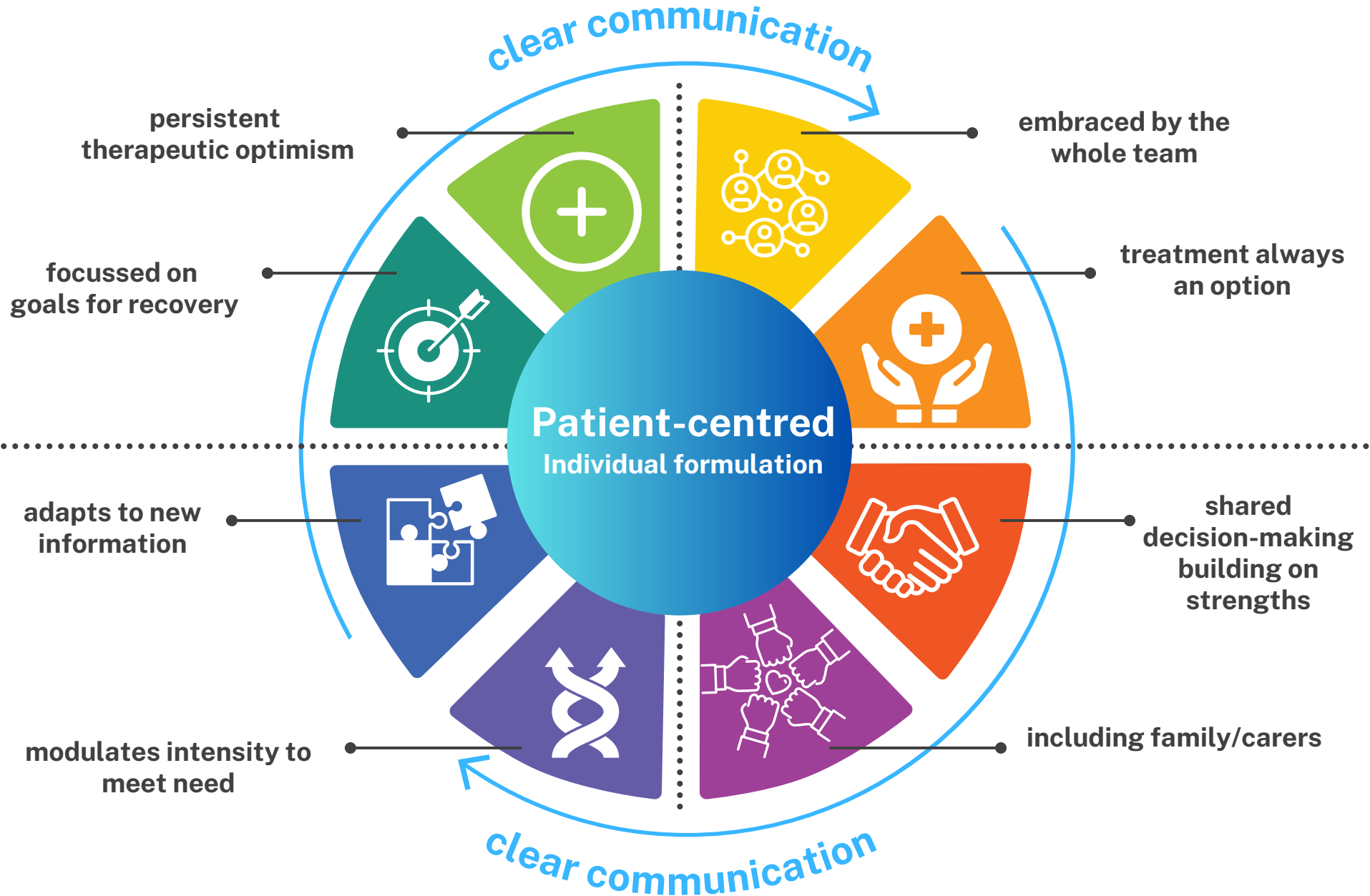
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Different groups, universal principles

Hopeful

Consistent




Flexible

Collaborative

PREVENTION DOMAIN

SUGGESTED INTERVENTION TARGETS FOR EATING DISORDERS

PRIMORDIAL PREVENTION




actions that impact the systems and environments in which risk factors for illness arise

food environment
economic conditions

social and
cultural factors

educational settings
public awareness

PRIMARY PREVENTION




detecting and responding to risk factors for future illness that may develop

food policy e.g. UPFs
poverty and inequality

stigma around illness
marginalised groups

psycho-education
food-related
knowledge
and skills

SECONDARY PREVENTION




screening for early illness, initiating treatment

predicting risk
targeted screening
outreach

equitable access
shared decision-making
pathways into treatment

psychoeducation
dietetic support
occupational therapy
staff training

TERTIARY PREVENTION



treating patients with established illness, prevention of illness progression via treatment

integration across
healthcare, treatment
& prevention of multi-
system medical
features

appropriate and high
quality treatment
irrespective of illness
duration, presentation
and individual
characteristics

outcome monitoring
research
treatment efficacy
quality improvement

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**We all want the
same thing(s)**



What else?

Recovery options

① Going back to a state before you were unwell



② Regaining things you lost



③ reconnecting with your values and creating something new

④ or something else?

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THANK YOU!

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