PHOENIX AREA INDIAN HEALTH SERVICE
ALCOHOLISM/SUBSTANCE ABUSE PROGRAM
WHISPERING WIND

Volume 1, Issue 2 July 2000

Special points of interest:

- Thanks to the many suggestions received by the editor, the PHXAO-A/SAP Newsletter is now called the "Whispering Wind."
- Desert Visions, RTC has announced its admission of male adolescent treatment cycle beginning August 01, 2000. Following months of dedicated programming, Desert Visions offers Behavioral Health service, integrating substance abuse and mental health services to address the needs of the dually diagnosed clients. For Additional information please call the RTC in Sacaton, AZ at 520-562-3801

Inside this issue:

HEROIN USE

by: B. Nayeri, ND

This article examines the relationship of childhood sexual abuse to the later development of bulimia and substance abuse substrate. When the past invades the present with suspected history of childhood sexual abuse, and the developed pattern of substance abuse that accompanies Bulimia Nervosa (BN), the bulimic's wellness is dually compromised.

This article takes a deducing look at the relationship of childhood sexual abuse to the later development of Bulimia Nervosa (BN) and substance abuse substrate. Empirical data reveals that women experience alarming levels of physical and sexual abuse which may lead to escalation of substance use. Reciprocally, evidence from cross-sectional studies indicates that those in this group may be at a greater risk for bulimia nervosa.

Given the co-morbid physiologic and psychological concomitants of Bulimia Nervosa, it is obvious that the resurgence of this eating disorder is becoming a major public health problem. A growing number of male and female population is falling victim to the idealized body-image that our modern society allures.

The symptomatic person is dependent on others to achieve a lost closeness.

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Publication of Articles

Articles, comments, requests, and letters to B. Nayeri are welcomed. Articles submitted for publication should be no longer than 3000 words in length, typed, double-spaced, and conform to publication standards. Additional guidelines can be obtained from the publisher at office of A/SAP

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As we continue to learn more about the devastating impact of this disease on Mind-Body-Spirit, we realize that addiction to beauty has its ugly side. When the past invades the present with suspected history of childhood sexual abuse, and the developed pattern of substance abuse that accompanies Bulimia Nervosa (BN) the bulimic's wellness is dually compromised. For many years scientists have been conducting research on the link between childhood sexual abuse and the later development of bulimia. The epidemiologic knowledge of bulimia, though unclear on causation, does suggest a greater ratio of women to men. [1-8] The clinical experience indicates that the gap may not only be related to a lesser tendency by men to report bulimia due to contemporary sociocultural influences, but to assumptive dismissal of such possibility by clinicians. Contrary to historical belief, men and women with eating disorders display far more similarities than differences. [2]

In examining the recent literature, studies report variable intercorrelation outcomes, with a wide range of suggestions that bulimia nervosa patients have been sexually abused in childhood, to intra-familial discord and abuse toward another family member, to emotional abuse as the only form of childhood trauma that predicted unhealthy adult eating attitudes. Other findings referred to a secondary diagnosis of borderline personality disorder associated with a reported history of sexual abuse, first experienced at less than 14 years of age. Furthermore, studies of this population have found that bulimics usually report two or more types of childhood adversity. [3, 4, 5, 6, 7, 8, 9, 10, 11]

Symptoms of Bulimia involve a behavioral pattern that consists of rapid consumption of large amounts of food in less than two hours. [1] A person afflicted with BN can easily ingest high-caloric intake during a binge episode. A person with BN is usually secretive about such inappropriate behavior. The manner by which the binge eating is terminated includes stomachache, sleep, social binds, or self-induced vomiting. In attempting to loose weight, bulimics show a pattern of very restrictive, often detrimental diets, self-induced vomiting and even use of cathartics or diuretics. When assessing for this eating disorder, it is important to look for weight fluctuations of more than 10 pounds related to binges and fasting. The bulimic client is already aware that his/her eating pattern is abnormal. Subsequently there is fear of inability to stop this pattern without help. This usually results in self-deprecation , low self-esteem and depression involving helplessness and hopelessness, especially when there is a history of Childhood Sexual Abuse (CSA) and Substance Abuse (SA). It should be noted that women with a history of both CSA and SA are more likely to have attempted suicide than other women. Moreover, the suicide attempters were found to be older, had more often used alcohol and/or drugs, with more obsessive features. [12]

Mediating Factors:

1. Intra-familial discord and abuse toward another family member.
2. Family history.
3. Body dissatisfaction with history of CSA.
4. Longer illness with CSA.
5. Psychometric variables.
6. Timing of Substance Abuse.
7. Age of onset in CSA.
8. Dissociation.
9. Self-denigration.
10. Borderline personality disorder.
11. Disclosure experience.

Treatment Consideration:
Examination of the data with follow-up studies provide clear treatment guidelines as well as anecdotal dos and don'ts. In persons with bulimia nervosa, an eclectic approach applying both cognitive behavior therapy (CBT), with utilization of direction and assignments, and medication that addresses the di-

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eting-induced deficits in brain chemicals is considered the treatment of choice with best results. Although therapeutic strategies may indicate dealing with select interpersonal factors, it is strongly recommended to delay addressing wider interpersonal issues. It is noted that duration of follow-up increases recovery maintenance. [13, 14, 15]A word of caution, case studies suggest that insisting to patients that they have been abused when they do not think they have been may have deleterious consequences.

In summary, our current review of the literature underscores the complexity of a clear link between the childhood sexual abuse (CSA) and later development of Bulimia Nervosa (BN). The inclusion of clinical knowledge shows that substance abuse, emotional abuse, adverse family background, and sexual abuse predict the risk for unhealthy adult eating attitudes. Moreover, an encompassing range of other comorbid issues including anxiety, depression, dissociation and borderline personality should be considered as central factors to the abusive history. There is a need for further study of the causal relationship between BN and CSA in such dually affected individuals. Finally, this article provides important guidelines for assessment and selection of the most effective therapeutic modalities, with Cognitive Behavior Therapy and adjunct pharmacotherapy being the treatment of choice.

Sociocultural influences on eating behavior or concepts of an ideal body image is a factor.

DSM-IV Diagnostic Criteria Bulimia Nervosa (307.51)[16]

A. Recurrent episodes of binge eating characterized by both of the following:

(1) eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances with a sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).

(2) Compensatory behavior such as recurrent self-induced vomiting, misuse of laxatives, diuretics, enemas, or other medications, fasting, or excessive exercise in order to prevent weight gain.

(3) The binge eating and compensatory behavior occur an average of twice a week for 3 months.

(4) Self-evaluation is unduly influenced by body shape and weight. *Greater level of body overestimation .*

The disturbance does not occur exclusively during episodes of Anorexia Nervosa.

Mediating Factors:

- Timing of Sexual Abuse.
- Age of Onset.
- Adverse family background.

Type Specifiers:

Purging Type: during the current episode of Bulimia Nervosa, the person has regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas

Non purging Type: during the current episode of Bulimia Nervosa, the person has used other inappropriate compensatory behaviors; i.e., fasting or excessive exercise, but has not regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

Assessment protocol:

- Comprehensive Biopsychosocial History.
- Bulimia Investig. Test
- Eating Disorder Inventory (EDI).
- Eating Attitudes Test (EAT) .

Therapeutic Strategies:

- Cognitive Behavior Therapy (CBT).
- Delay addressing the wider interpersonal issues.
- Directive assignments.
- Algorithmic Medication Management.

Differential Diagnostic Evaluation is part of quality care.

PHOENIX AREA INDIAN HEALTH SERVICE

Alcoholism/Substance Abuse Program

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"Sharing Life by Caring For It."®
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We are on the web at:
<http://www.ihs.gov/MedicalPrograms/Alcohol/index.asp>

BULLETIN BOARD

PRIMARY CARE PROVIDER TRAINING IN CHEMICAL DEPENDENCY
San Francisco, CA August 14-18, 2000
Tacoma, WA August 21-25, 2000

NORTH AMERICAN CONGRESS-2000

Recently, information regarding the North American Congress-2000 conference was faxed to the Phoenix Area Alcoholism/ Substance Abuse Program (A/SAP) Directors/Counselors. We strongly recommend attendance of the North American Congress-2000 Conference. When registering for the conference, write in IHS group rate and the amount $300.00 to receive the discounted tuition rate. The conference will start at 1:00 PM on September 17, 2000. The conference will end on September 20, 2000 at 12:00 noon.

IHS BEHAVIORAL HEALTH CONFERENCE

The Indian Health Service is sponsoring a national behavioral health conference to be held in Bethesda, Maryland on September 12, 13 & 14, 2000. Breakout sessions will include updates on tribal and youth programs, grant proposal writing techniques, information on medicare/ medicaid, block grants, adults with disabilities, reporting systems, GPRA objectives and budget information. IHS and tribal Mental Health, Social Service and Substance Abuse Programs are encouraged to send representatives to this conference.

Mental Health: Dr. Al Hiat: 505-266-8902
Social Services: Lahoma Roebuck: 301-443-1068
Alcohol/SA: Dr. Marlene Échohawk: 301-443-2589

Eating Disorders and Other Resources

News & Notes...

House Bill Aims to Raise Eating Disorders Awareness H.R. 3928, "The Eating Disorders Awareness, Prevention, And Education Act of 2000," would provide states, local school districts, and parents with means and flexibility to improve awareness of, and to identify and help students with eating disorders.

International Association of Eating Disorders Professionals

(800) 800-8126

Sixth Annual Coordinators Training Conference September 14-16, 2000 Scottsdale, AZ **Contact:** Eating Disorders Awareness and Prevention (206) 382-3587.

Books...

Bulimia: A Guide to recovery by: Lindsey Hall & Leigh Cohn

Eating in the Light of the Moon by: Anita Johnston, Ph.D.

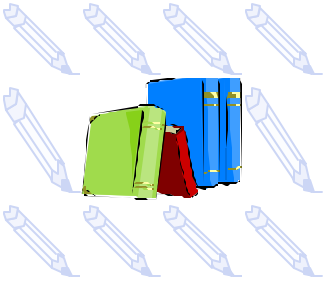
Self-Esteem Tools for Recovery by: Hall & Cohn

Body Wars by: Margo Maine, Ph.D.

Father Hunger by: Margo Maine, Ph.D.

Making Weight by: Thomas Holbrook, MD

The Body Betrayed: A Deeper Understanding of Women, Eating Disorders, and Treatment by: Kathryn J. Zerbe / Paperback / Gurze



RESOURCES

Treatment Resources

In our continued effort to improve access, the Phoenix Area Alcoholism/ Substance Abuse Program has negotiated with currently accredited programs to provide treatment for adolescents. The two recently approved programs are:

1. WESTCARE in Las Vegas, NV
2. PARC PLACE in Chandler, AZ

We are currently updating our list. For further information please call the A/ SAP.

SOUTHWEST CERTIFICATION BOARD TESTING SCHEDULE

SEPTEMBER 20, 2000 12:00 TO 4:00 PM IN NV

CDMIS TRAINING

OCTOBER 3, 2000 8:30-4:00

OCTOBER 4, 2000 8:30-12:00 at PHXAO