



Transcript:

Season 4, Episode 6: Eating Disorders: Not Just About Food

Maayan Hoffman:

Welcome to this month's episode of Hadassah On Call: New Frontiers in Medicine. I'm your host, Maayan Hoffman. Today, we are going to speak about another pandemic, not COVID-19, not monkeypox, not the flu, but eating disorders. There are a growing number of eating disorders in Israel and around the world, especially post the coronavirus pandemic. And now, psychologists and doctors who deal with these issues are saying that it is yet another pandemic, a pandemic that, believe it or not, takes a number of lives. Women and men as well, but mostly women, die from eating disorders every year.

In discussions that you're about to hear, you'll learn how among older patients with eating disorders, meaning women over the age of 18, as many as 60% of women never recover and struggle with their eating disorders their entire lives. As the mother of a blended family of seven, including five daughters, the topic of eating disorders really hits home. I remember when I was raised, being always taught that it's important not to focus on food, to focus on weight. You want to not do that, but there's so many mornings you wake up and you put on your clothes for work, and you say, "Ugh, I'm having a fat day." And then you have to realize as a mother of daughters, what impact that could have on your children.

I watch as my kids are growing up and they're on the social networks and influenced by models and influencers who are beautiful and potentially fake, and they set those standards for themselves. One daughter has a lot of acne. She stops eating dairy. I have to worry, is that going to lead to something more? As you'll hear in these discussions today, these are very real concerns for parents all over the world. Without further ado, I want to move into the podcast and talk about a subject that is certainly important and not talked about enough.

I'd now like to introduce Efrat Dreizner, Coordinator of Social Work for the Department of Psychiatry at Hadassah. Thank you so much for being with us today, Efrat. I want to jump right

in by thinking about a scenario. You're a mother. You see that your daughter is sitting at the table, she's not finishing her dinner. It happens once. It happens twice. It happens a third time. It starts to become a habit. Maybe she's added an exercise class. How do you know if you should start to worry? What's the difference between an eating disorder and a diet?

Efrat Dreizner:

Okay. First of all, thank you for the opportunity to talk about this important area. First of all, I want to say that I don't think children should be dieting without any instruction. I think as well as we all agree that if we need to treat our children for any kind of disease, like the flu or something, and we consult a doctor. If you want to go off some kind of a medicine, we'll consult someone to direct on how to do it right. I think the same way when children want to diet, we need to consult someone to moderate it, because dieting is more than only adding or taking off some of the ingredients of food that we are eating. It's comprehending the influence that you have on the body when you don't eat one group of foods and other.

And also, we don't want to see our children doing it, like children is children, mostly today want to do things fast. When you're doing things too fastly and you're going down with your weight too fastly, it's a problem. I think this is the first things I choose to say.

Secondly, if you have any doubt, or you're feeling uncomfortable about your pattern that you see with your children, you should talk to her about it. We want as parents, I'm also a parent, create an environment that we can talk about everything. Ask her. Ask her. "What's going on? How are you doing? I see you're taking off and you're eating a little bit more."

Talk about the influences that it might have on your health. If you feel she's shutting you out, she's too strict about it, she doesn't want you to talk about it, I think this is a good place not to go against her and starting fighting it, but to say, "I see you're a little bit anxious and it's not comfortable for you that I, as your mom, will talk to you about it. So, let's go to some professional. She'll consult us."

Maayan Hoffman:

We used to think that eating disorders applied specifically to women or young girls with type A personalities, perfectionists, successful, very driven, generally from Western society. Are we still seeing that today? Is that your typical eating disorder patients? What other kinds of eating disorder patients might we see?

Efrat Dreizner:

Yeah. We do see it more, still. I work in the daycare, eating disorder in Hadassah, and most of the women that we treat, 18 and above, this is our group of age, are more patient that are very successful, very driven to do their things in the best way, usually the students that are the most excellent at school and everything. It makes you wonder. You're so pretty, most of them, looks very nice. And you're saying, it's difficult to realize how can it be that those women are looking at the mirror and doesn't see what all of us can see?

So, it's true. But then again today, we do see other types of eating disorder. Lately, I met some younger women around 17, 16 and you see because of the media now, everything is more available. You see posted about eating disorder and things. You might think it's good and okay, it's in the open. But I think when it's not going through the process that it should be, it might take the wrong turn. And we see young women that are taking strategy from this area, bad strategy, of, I don't know, coping with the difficulties and talking about it like it's normal or like it's not that big of a deal. If before there was tends to hide my eating disorder and the fact that I am coping with something.

Today, I see more and more situation where ... I have two in my clinic, they're talking about, "Yeah, of course, my friend has it, she's there. She told me she was hospitalized." And what I was bothered from is the fact that she didn't look at that as something that too big of a deal. I said, "What's going on? How come you are not stressed with that? How come it's not making you feel anxious?" Or asking the right question around this. One of them using vomiting as something to regulate her feeling. Of course, we're working on it and there is some changes. I think we are in a stage that we are seeing another type of eating disorder involving, so we need to be very alert and that's why I think it's very important to talk about that.

Maayan Hoffman:

Can you actually head off an eating disorder? Is there a way to ensure that you prevent it?

Efrat Drezner:

I think prevention, of course, is needed very much. There are a few programs that the healthcare started lately like instructing family doctors and working with other teams, just to give them the guidelines of eating disorder, because they want us to detect it as soon as possible and also to address it with the right attitude. Because I have few stories in my mind when some patient came and told us that one of the difficult experiences that they had was when a family doctor told him, "But you don't seem like you have an eating disorder and because your weight is not that low." This kind of statement might make a lot of harm and make the patient deteriorate more and more and more, and not go back to the family doctor, as happened before. And this is very worrying.

So, I think prevention is really necessary. If you're talking about prevention inside our houses as parents, I think again, we need to create an environment that we talk about things, that we give our children the feeling that we know that growing up is not an easy task and we know you're dealing with a lot. And maybe there are some issues we don't know about because you are not handling only your friend that you are in touch, in person. It's also involved many others area like TikTok and Facebook, and everything. And it's getting wider and wider, and it's a wide task.

And if we can approach it from this way, approach the difficulties, because eating disorder is not about eating at all, it's just the way to regulate something that I'm feeling, bad way to regulate it. So, we don't want to judge them for picking this kind of, I don't know, way or strategy. We want to encourage them to pick others. And the way to do it is to make them feel comfortable with their stress and tell them that we are here for them.

Even for those that are perfect in everything, that are straight A students, and they are socially looks that everything's fine and everything is good. This is the most difficult patient to detect. I have parents coming to me saying, "I can't believe, she always helped, and she always was sweet." I'm saying, for everybody it's difficult growing up. If you go back to your stage when you grew and everything and you realize it's difficult to grow up. Of course, it's more difficult for some people and for others, it's very logic that someone is so engaging, doing everything the best way that he will want also to be in his best also from inside. And nobody's perfect and you can't get perfect, and this is where things might go wrong. So, I think those messages must go into our house.

Maayan Hoffman:

Fascinating. I mean, you mentioned also TikTok, Facebook, all of the social networks. How much do you think that Western influences are impacting the level or the number of eating disorders today? And also, if you could talk a little bit specifically in Israel, in answering that question, about the challenge between tradition, the ultra-orthodox families, if we're seeing it there and/or the religious Arab families, and the Western influences and how those maybe collide, and does that ever impact eating disorders coming out?

Efrat Dreizner:

Of course, I think there is a big impact. As I said before, I think in a way even the good things that we look at, like you have more knowledge and you can ask Google everything, you get information. You can get some kind of information or, I don't know, a post, almost about everything if you want to and if you choose. So, in a way it's a good thing because you learn a lot.

But then again, when you don't have anybody to process it and you realize that this information meets a different personality, different, the place that the child is and what he's hearing when one says, "Don't diet." "Well, I diet, and I lost 30 pounds." "Wow. I'll do it." He hears the 30 pounds, he doesn't hear maybe the fact that don't do it. So, we need to be alert and of course, I think it influenced.

Secondly, as I see in my children and is trouble me more is the fact that social media is replacing in-person meetings. So, it's makes you more isolated and when you are more isolated so the eating disorder might be more engaged, because first, you can hide it more. Secondly, when you deal with anxiety as usually you see with eating disorder, your self-esteem is very low. So, it's provided a very good ground for the eating disorder to nurture. This is secondly.

Maayan Hoffman:

Do you think that's also maybe why we're seeing this increase in eating disorders following the pandemic, because of the isolation?

Efrat Dreizner:

No doubt. Yeah.

Maayan Hoffman:

And then with regards to what I asked you about the religious situation here in Israel with the ultra-orthodox or the Arab families, do you have any insight into that?

Efrat Dreizner:

Actually, it's a fascinating area, because even Hadassah, we deal with lots of religious or more religious patients, and it makes you wonder what's happening and how it's so that we see more and more patients that's coming also from orthodox communities, where the social media is less engaged? But I think today, you can't talk about ... The community are not closed as they were before, first of all.

Secondly, I think also in those society when we know that eating disorders, it's a way of regulate your difficulties. And so, we can't say that there are no difficulties in the religious or the more orthodox communities. And of course, I think we do know there are sometime eating disorder is the answer for some trauma that we've been through, sexually trauma mostly. I believe that the rates that maybe we see is because we have more people holding and also rabbis holding or understanding that there is a disease that we need to be approached professionally. And I think that's why there are more-

Maayan Hoffman:

Meaning that they were there before, we just didn't necessarily know about them or report them?

Efrat Dreizner:

Yeah. Yeah.

Maayan Hoffman:

Yeah. That makes a lot of sense, actually. And in terms of that, I mean, one of the things that I had also recently been reading about was that within the ultra-orthodox community where women maybe have more challenges having control over certain parts of their life, that the food is maybe one that they can control, does that resonate?

Efrat Dreizner:

Sounds very interesting. And of course, the food in a way, it's a way to control something that you feel you can control, so it sounds logical, where you have lots of things that you need to handle. Women are working and have big families and have lots of children to handle and it might be a way to express their need to feel in control.

We do treat also married women in our department. We did have few over the last year that comes from the orthodox family. And actually, it was exactly what they told us about trying to do everything the best they can and feeling that they can't hold it on. And of course, always there are stories in beneath, again, eating disorder is the way to express something that I suppressed for a long time. So, marriage might make it go on surface. And helping them getting the help that they need, it's strange to talk about the eating disorder as a help, but sometimes

it's a cry for help, and this is how they are getting their help and this is how we have approached this when they come to us.

Maayan Hoffman:

Let's talk about the dynamics at home. Somebody has an eating disorder, one of the teenage girls develops an eating disorder. How does that impact the family dynamics? What can that do to a house?

Efrat Dreizner:

Wow. I've met so many houses in my ... And I think first of all I want to say tension, lots of tension. I think this is the first word I'll choose to say. Parents are describing they need to walk on eggshells all the time, feeling helpless. So, the tense brings along with him some fighting in between, a lot of anger, a lot of guilt. Everything at home is changes. That's what they feel, you are more engaged with the child that you feel have the problem and the other children's feel they are left aside. And you know what? As parents, it's never that we have only one issues. Yeah? Usually, we have one issues but this have ADHD, and this have some problem with that. And you just feel, I think if I go into his shoes, like you're going to explode. You don't know what to do, where to put your shoes at.

And it's a very, very difficult time. I think the most important is to valid how difficult it is to you as a parent and to get help. First of all, to find a way to little bit to regulate what you feel and pull it outside and look at it and to figure what you need to do. Of course, if we're talking about eating disorder, it's very important to go to someone that knows this field and will give you some tools, how to address them, how to address that, the one that needs help with that and whether they need more professional work. I can say that usually with eating disorder, the best way to treat is with few professional engaging sides like dietician, psychiatry sometimes, psychotherapists or psychology. [inaudible 00:20:24]. All needs to works together. It's very important.

Maayan Hoffman:

If you are enjoying this episode, you'll want to check out our previous episode with Dr. David Planer, director of the department of Interventional Cardiology.

He talks about how his department's innovative techniques take patients from near death to full recovery.

Dr. David Planer:

Yeah, I can say without reservation that we are a unique department. I think our uniqueness is the team, first, that we are able to get people from different disciplines and work together and provide the best treatment for the patient. We're also very active in the structural heart interventions and peripheral, including complex aortic intervention. That gives us the multidisciplinary approach to every patient that needs not a straightforward treatment.

Another very important point is I can proudly say that our equipment in the cath lab and the infrastructure is the leading, cutting edge, what you see in the most advanced places in the world.

Maayan Hoffman:

You can find that episode of Hadassah On Call on Apple Podcast, Google Play or wherever you get your podcasts, or on the web at hadassah.org/HadassahOnCall. That's hadassah.org/HadassahOnCall.

And now we return to our conversation with Efrat Dreizner

Maayan Hoffman:

What about the siblings? Have you ever had a situation where one sibling develops an eating disorder and then another sibling copycats that and all of a sudden you have more than one in a family?

Efrat Dreizner:

Unfortunately, the answer is yes. We did see, so a pattern of places where one child is having difficulties controls his feeling, like he's tends more to explode and takes all the environment and shout. I don't want to tag him as a identity disorder, but still he is more present at home over the years. And then we see the other sibling evolving anorexia. A place like going inside, you don't hear him. So, we do see some homes that there are two.

And it's interesting to see because if we are talking about psychology theories, we all know that each of the sibling has his role. When one takes all the space, the other tends to go. So, sometime we see that and sometimes we see more than one of the sibling with an eating disorder, and then makes the question what's happening around, how the environment influence that? I want to say it, and then just to mark down and say again, I'm not saying the blame is on the parents. I think holding that blame is not a useful thing to do. I think we need to look at it and ask ourselves, "What we can do differently that helps my family?" And this is the question. We need to take the responsibility, not guilt, because eating disorder is more than just the environment and it's more than just the personality, and it combines many things. And if you look it from this perspective, I think you'll get the help that you need and you address it more correctly in that way.

Maayan Hoffman:

What about schools? I mean, can schools play a role in this too, meaning especially in terms of even the support network, if possible?

Efrat Dreizner:

I wish. Yeah. Actually, lately I joined the Prevent Committee here in Israel and my biggest dream is to do more and more programs in school. As I said before, now when I'm meeting some younger patients in the clinic, I think it's necessary to rethink the messages that we are bringing to school, how we talk about it, and what do we say to them. I've heard before parents say, "No, no, no, don't talk about it around school because they give them the idea." I think my answer to those parents is that the idea is already there because it's all over. Of course, on all the posters all over with the body image, that is still wrong in my eyes, even though we are trying to create something new. And of course, with other ways that our children getting their information.

So, I think it's very, very important to proceed programs that allow us as parents and the children talk about it more often. I want to say one more thing about that, because one thing I see with parents that dealing with eating disorder, I said before about the shame and the blame they feel, that they tend to keep it inside, not to tell anybody. Actually, also the patient. Many of the patients say, "Don't tell my aunt, don't tell anybody. I want you to keep it from them." I think we need, of course, we need to respect her wishes, but I do want to say to parents, it's very important for you to find a place to share, to talk about it.

You have nothing to be ashamed of, because if we stop blaming ourselves and address it as another problem that we need to deal with and understand it, even if, as parents, we want to do the best for our children and if we did something wrong, we're just human. And we need now to focus on how we are helping it, I think it will be more useful for us. It's very, very important message, because keep it inside, usually do the opposite.

Maayan Hoffman:

So, what is the best advice that you can give parents and grandparents? We have a lot of listeners all over the world, hearing this podcast from here, the Hadassah Medical organization, can you share with us the advice that you would offer them?

Efrat Dreizner:

I think the best advice, let's talk about it. Let's talk about it. Let's bring it in. When I'm saying talk about it, it's not only talking about eating disorder, it's not like I'm saying, "Come and sit around the table and talk about it." It's possible. Just try to find a way to mark, again and again to your child, that you are here for him. That you know he's dealing with lots of things, pressure. Not because something is wrong with him. This is one of the wrong ways we look at ourselves, "Something wrong with me." Actually, my daughter told me that a few days ago, "Something's wrong because I'm the only one who's dealing with this kind of issues with my friends." In her eyes, for the others it is, it's all easy. Yeah, of course.

And it's more difficult because again, remember, we do have the media that present a perfect picture. She's smiling every day, every day she's with all of her friends. So, it's our job as parents to provide them a better and a wider look about their task in this age, maybe to share a little bit, even if you add something just to make a message. Tell them, "I'm here, tell me. Okay?" And if you feel in your guts that she's saying something ... Because we feel it, we feel it in our gut. Don't keep it to yourself. Ask somebody, talk to someone that you know, you can start with

the family doctor, just asking him or her to tell her some things about that. Or, you can go to another professional just to get some guidance.

Maayan Hoffman:

Great. So, is there anything else that you want to add? Anything else that you think I should have asked you, that I didn't?

Efrat Dreizner:

I think you did ask but I didn't answer about boys.

Maayan Hoffman:

Yes.

Efrat Dreizner:

We need to remember that it's not a disease that it catches only women. There are also men who deal with eating disorder. There are different types of eating disorder. Sometimes it's comes as what we call body dysphoria. You are working out again and again and again, just trying to make your muscle bigger. Or what I saw before with the other gender is eating with obsessively a pattern, weighting their food and everything. If you see your child more occupied with those issues and going to gym more and telling you, "No, no, I just want to practice to the army." In Israel, we do have that. "And I just want to be more in shape."

I think as I said before, okay, it's okay. We don't want to fight them and say, "Don't do it." We don't want to address the things with hysteria or anxiety. We say, "Okay. I hear you. I hear you want. But let's do it right." And consult someone and let him get some instruction how to do it right. And of course, if there is issues with eating, so you do have dieticians who can direct you. It's very important to go to someone that have knowledge about eating disorder. Okay? So she can hear the subtext and help him realize how to approach it.

And one more thing we need to remember, and I think I said it, but I want to mark it again, is we all need to remember that eating disorder, the eating is not the biggest problem. It's not the main issue. The main issue is beneath that. We need to help our children to approach other strategies to cope with whatever, if it's self-esteem or something they dealt with, or trauma, we want to get them the help they need. And if we look at that like this, we won't go into fighting and making stressful environment. That's only making it worse.

Maayan Hoffman:

Thank you so much for your time today.

Efrat Dreizner:

Thank you.

Maayan Hoffman:

This was very interesting, I'm sure, for all of our listeners.

Efrat Dreizner:

Thank you.

Maayan Hoffman:

And I appreciate you being here.

Efrat Dreizner:

Thank you. Thank you very much.

Maayan Hoffman:

And now we're going to hear from Dr. Esti Galili-Weisstub, director of the Herman Dana Division of Child and Adolescent Psychiatry at the Hadassah.

Maayan Hoffman:

Welcome, Dr. Galili. So, I wanted to get started just by speaking to you about the situation here in Israel before we talk about some of the global issues. I understand that studies have shown that Israel has actually ranked second among 33 Western countries with over 20% of Israeli girls engaged in dieting behavior. So, do you see that? How common are eating disorders in Israel?

Dr. Esti Galili-Weisstub:

I think it's impossible to get the right numbers and we just can say that it's very, very prevalent. It's very, very common. Much more than we would've liked it to be. But exact numbers, we don't have. I would assume that it is leading, not lagging behind other countries, we'll probably touch on it again, with a rise in recent years. I think we thought that it plateaued for a while, but it didn't. Actual numbers, probably eating disorders among adolescents are around roughly 10% in Israel, mainly, mainly girls. But the numbers are not certain.

Maayan Hoffman:

And they're not certain because people don't report them or they're not certain because we don't survey?

Dr. Esti Galili-Weisstub:

First of all, it's hard to hide an eating disorder if it's not severe.

Maayan Hoffman:

It's not hard to hide it, in other words.

Dr. Esti Galili-Weisstub:

It's not difficult to hide an eating disorder. It can go under the radar. Only when it's extreme, it comes to medical attention. So, the numbers in the medical sphere, which are I would say, hard evidence numbers, are very low and they don't reflect the reality.

Maayan Hoffman:

Interesting. So now, also, I'm a health reporter and was covering the pandemic and recently I was speaking to Professor Salman Zarka, who's rolling off as the corona commissioner. And he said that at his hospital, at Ziv, that he actually noticed that there was a very big spike in eating disorders as a result of the pandemic. Do you see that here at Hadassah as well?

Dr. Esti Galili-Weisstub:

I think the only thing I would question, it's difficult for me scientifically to say, "As a result of the pandemic." We do not know as a result of what. It could be a result of the living situation. It could be the result of not going to school. So, we don't know what is the result.

It could be also the result that parents saw their children more intensively than they would under normal circumstances. But all in all, certainly in Israel, but in all the Western world, there are clear and positive reports of a spike in depression, suicide behavior, and eating disorders among the young population.

Maayan Hoffman:

And what is the young population? What age range are we talking about?

Dr. Esti Galili-Weisstub:

I would say, easily 12 to 20, 21/2. And in Israel, child and adolescent psychiatry basically covers until the age of 18, 19. So, there's a very significant surge. We have never had to deal with numbers as we are dealing with them now. I would say it doubled, but the survey that was done by Maccabi Health Services said that there's a rise about 60% in eating disorders. I would say it's much more than that, but again, don't have the hard numbers. We have just clinical impression.

Maayan Hoffman:

Interesting. Now, I mean, when we think of eating disorders, I think obviously we start by thinking anorexia, bulimia. Are there other eating disorders or are those still the main two?

Dr. Esti Galili-Weisstub:

First of all, they are the main two, but there's also binge-eating disorder and there's restrictive eating disorder.

Maayan Hoffman:

What's the difference between restrictive and anorexia?

Dr. Esti Galili-Weisstub:

It doesn't have the whole spectrum of the anorexia disorder. And also, it can be just eating certain kind of foods and not this kind of food. It could be a certain kind of sensitivity. But I would put that aside and I would really think that it is important to focus on anorexia, and secondarily on bulimia. And the binge-eating is important to realize, because a lot of young people suffer from it, and they don't really come to psychiatric or medical attention.

Maayan Hoffman:

And binge-eating, I'm assuming is more than just overeating, it's eating to emotionally feed yourself. How would you know that somebody is binge-eating in a day and age where everybody I think eats a supersize?

Dr. Esti Galili-Weisstub:

No. Binge-eating, you would know if you're bingeing. It's unbelievable quantities in a very short time and you have a horrible feeling about it after. It's not just having too many cookies when you are watching Netflix.

Maayan Hoffman:

Got it. So, let's talk a little bit about cause. I mean, you mentioned that we don't know the exact reason or the results of the rise after the pandemic. Do we have any idea, in general, of the causes of eating disorder? I mean, is it genetic, familial? What causes it?

Dr. Esti Galili-Weisstub:

I think what's fascinating and frustrating at the same time is that even though we have been dealing with eating disorders in modern psychiatry, I would say in the last 50, 60 years, it has been there, anorexia, throughout history. And we have more experience, but we don't have much clear knowledge. So, everything plays a part. Genetics play a part, social pressure and social ideals, beauty ideals play a central part. Being a part of a group and having that kind of copying somebody else's behavior. Family dynamic has a part. Other mental illnesses have a part. And actually, with the very severe eating disorders we see an upsetting correlation with early child abuse.

Maayan Hoffman:

Wow.

Dr. Esti Galili-Weisstub:

So, the truth is, it's not a one-way thing. I think in medicine you have something that is causing the disease and a treatment and it's easy. Psychiatry is more complicated, very complicated, fascinating. And that's why we have several causes, a disorder, and several therapeutic

approaches. Now, it doesn't mean that we're not studying, it doesn't mean that we're not gaining knowledge, but it's not, "This is the cause."

Maayan Hoffman:

All right. Do you know in terms of biological factors, could that play a role at all, as well?

Dr. Esti Galili-Weisstub:

So, first of all, everybody is looking into it and biology we are hoping will be the answer in the long run. No simple answer. No. But we have contributing factors. We know that genetic plays a role. We know that there's a lot of studies about hormonal changes before or after. We know there's effects on messenger RNA, on molecular level. But again, it's not a one thing.

I can tell you that's extensive study going on now with our population of following up and trying to see if biologically we can detect the girls that are under higher risk to develop a chronic malignant path. Now, when we treat eating disorders, mainly anorexia, in the young population, around 40% will recover, but then we are stuck with 60%. Most of them will stay on a chronic track, which is quite horrific to live your life as an anorectic or a-

Maayan Hoffman:

What does that mean for a chronic track though?

Dr. Esti Galili-Weisstub:

There's still a small number that will end up dying, mostly by suicide. And actually, it's the worse or the highest rate of death in psychiatry. So, it's a very difficult illness. What we would like to know is if we were to detect when it starts, who is at higher risk? So, I'll just say that, and we'll go on, that we have a study following up the population, a molecular study.

We will not know the results in the next year or two, but one of the recent findings that we did not look for it, were elevated levels of uric acid, was extensively published including a chapter in a new eating disorder book. The study is done by Ruth Giesser, who is in charge of eating disorder in our unit, and Professor Segman in the molecular biology lab. But what I want to say is that finding, we're still trying to understand and people that are duplicating it, what it means. So yes, it has biological component and unfortunately, we don't fully understand them.

Maayan Hoffman:

On behalf of the whole team here at "Hadassah On Call," we just wanted to take a moment and personally thank you for being a fan of our show. When we put together each episode and then hit that publish button, we hope, of course, that you, our listeners, will enjoy it! And if you find hearing from Hadassah doctors educational or inspiring, please show your support for the Hadassah Medical Organization by going to hadassah.org/hadassahoncall and clicking on the blue donate button at the top of the screen. And while you're there, you can also let me know your suggestions for what you'd like to hear on an upcoming show. Just click the box that

says Suggest a new episode idea to Maayan. Thanks so much for your support. I hope to hear from you soon!

Maayan Hoffman:

And now we return to our conversation with Dr. Esti Galili-Weisstub.

Maayan Hoffman:

So, I want to continue actually to hear more about the research that Hadassah is doing. I do want to take a moment just to go back to cause though. You mentioned many, many potential causes from the biology to the psychology, but I would be interested to know specifically, I saw a statistic that in a survey done of the US military, that 60% of the women had some kind of eating disorder. Number one, does that strike you as a logical and why would it be? And number two, do we see something like that here in the Israeli military as well?

Dr. Esti Galili-Weisstub:

One, I have no idea, for the second question, I really don't know. No, it doesn't come as a surprise. Eating disorder has a lot to do psychologically with issues of control. So, it wouldn't surprise me. It has correlation with OCD and depression. It doesn't surprise me. It has to do with body image and working out, and all that is very, very accentuated in the army. And also, you live in a tight group. So, all in all, it wouldn't surprise me at all.

And I do believe that even though it's an alarming number and we're probably not talking about severe eating disorders, we're probably talking about binge-eating. We're probably talking about bulimia with vomiting and using laxative. I think only a few, very few are anorectics, but it doesn't surprise me at all with young women-

Maayan Hoffman:

Interesting. And you mentioned-

Dr. Esti Galili-Weisstub:

... under pressure.

Maayan Hoffman:

Right. And you mentioned bulimia and binge-eating as if they're less severe than anorexia. Is that the case?

Dr. Esti Galili-Weisstub:

I would say, binge-eating is obviously less severe. Bulimia is quite severe because of the vomiting and the damage that it can cause, not only to the oral cavity but also to the

esophagus, and so on. It's also using laxative with all the electrolyte imbalance, and it is quite worrisome.

The problem is that anorexia from the whole myriad of eating disorder, is the leading one in causing long-term damage and the risk of suicide and death. Anorexia, if you are young, it affects building bones in the adolescent phase and then you could have shorter stature. And it can also affect the reproductive system with difficulty of getting pregnant, miscarriages, and so on and so forth. And so, it is the worst, I would say, of the eating disorders.

Maayan Hoffman:

What kind of cases are you seeing here at Hadassah? Is it more or less of one kind or the other?

Dr. Esti Galili-Weisstub:

I would say first of all, it's important to know that we have services that are starting from outpatient services. We have a service for day treatment for the lessons, that it starts at lunchtime. So, they come back from school and eat lunch together and then do homework and recreational stuff and art therapy and group therapy, then eat dinner and go home. So, we would exclude two meals on the week, from struggling at home.

And then we have full inpatients. I think what we see mainly is anorexia because anorexia needs hospitalization more than the others. But we see quite a lot of bulimia. And the other ones, as I said, are not so severe that they would come. I think what you have to realize, that you need a team to deal with anorexia. Which means a psychologist, a dietician, a psychiatrist, and anything else, could be art therapist, could be a nurse, and so on. Also, we do family therapy. The other thing that we are quite unique in, and this method is not accepted everywhere, we hospitalize both in day treatment and in the inpatient, eating disorders with other psychiatric disorders.

Maayan Hoffman:

So, they're mixed with everybody else?

Dr. Esti Galili-Weisstub:

They're mixed with everybody else. There's a reason.

Maayan Hoffman:

So, what is the reason that you do that?

Dr. Esti Galili-Weisstub:

I think it's a professional ideology reason. When they're young and starting with eating disorders, we basically aim to cure. We're not dealing with someone in their late 20s or 30s that have been struggling with an eating disorder for 10 years and by now we know it's in a chronic phase. We think that they are having a fair chance of recovering and getting their life on track. So, we want them not to relate to themselves as having an eating disorder, as if their identity is, "I'm an eating disorder person or patient." Yes, you are a young person struggling with

emotional, psychological, even psychiatric problems. There are other ones that are struggling, there are children that suffering from depression, there are other ones that are having obsessive compulsive disorder, anxiety, different things.

So, you can sit together in a group and relate. It does mean that there is specialized focus on the eating disorder therapy. And when all the children eat together at the table, there's a nurse that supervises what the eating disorder girl, how she's eating, the pace and whether she's really finishing her food. But at the same time, at the same table or next table, there's another girl that's eating normally. And it's very important, we feel, that integration.

Maayan Hoffman:

Interesting. And how do you monitor, is it too slow, is it enough food? Does that not make them fixate on what they're eating and then make it maybe worse at some capacity?

Dr. Esti Galili-Weisstub:

First of all, it's hard to make it worse by the time they come to our attention, but it is a lot of, I would say, a pathological need to control. So, we actually have to control their deviant control. So, there's a protocol of how many calories you have to take in. You sit with a girl, and you build up the menu, what she feels comfortable with ... What she's willing to accept, not feel comfortable, that wouldn't be the right word, but what she's willing to accept in her food.

And then there's, I think, 20 minutes, 25 minutes that a meal should take. And yes, we rush them. It's not the three-hour restaurant, first course, and so on. It's just one course and they have to eat it at a normal pace. They tend to extend chewing for mostly irrational reasons, but it could come to the point that somebody would think that they're burning more calories if they eat slower. So, I mean, I don't want to go into all the ideas. It's basically, it's total, total obsession with intake, food calorie, body proportions. I mean, and yes, you have to control their pathological control.

Maayan Hoffman:

Fascinating. Now, I understand there's something else fascinating about your department, which is that you also treat babies for eating disorders.

Dr. Esti Galili-Weisstub:

No-

Maayan Hoffman:

Is that the case? What's going on?

Dr. Esti Galili-Weisstub:

No, no, no. No, with babies, it's more feeding disorders.

Maayan Hoffman:

Okay.

Dr. Esti Galili-Weisstub:

And actually, we have a unit that's infant psychiatry, zero to six.

Maayan Hoffman:

Okay.

Dr. Esti Galili-Weisstub:

And I think all of us know that the main things, when a mother gives birth, they teach her, I think before they release the child and mother and father home, how to wash the child and how to change a nappy, how to burp them even, to breastfeed. They don't talk about the challenges of a crying baby. And some babies cry. My second one didn't stop for three months. And about feeding problems.

And it actually builds the basis of the relationship, of the mother-child relationship, and actually the feeling of competence. If your child eats well, you really feel you're a good mother. It's very archetypal and all of us fall into that. So, we do offer services in infant psychiatry for mothers that have issues around that. In Mount Scopus, there's services that actually focus on just eating disorder with the developmental psychologist. But it is very common that young children have, at a very early age. Then when you develop a bit into two years old, three years old, you have other issues. Children on the autistic spectrum or children with anxiety can have feeding problems. So actually, food is a central part of our life and it's also a sign of difficulty, of emotional difficulty. A sign of emotional difficulty.

Maayan Hoffman:

Okay. Now, what kinds of treatments are available, and you mentioned some of the protocols you're using, but art therapy for example, you said, or meeting with the therapist. But what are some of the ways that you ... I know you said we can't necessarily cure most people, but that you can get people back on track to live healthy lives.

Dr. Esti Galili-Weisstub:

So, I want to say no, when we're talking with adolescents, we aim to cure.

Maayan Hoffman:

Okay.

Dr. Esti Galili-Weisstub:

And we do believe we have a decent rate, and we know that girls that were with us are doing well, because we hold on to following them in the long run, but-

Maayan Hoffman:

So, the 40/60 number is what?

Dr. Esti Galili-Weisstub:

Is a general number in the literature.

Maayan Hoffman:

Is a general [inaudible 00:50:04]. Oh, okay.

Dr. Esti Galili-Weisstub:

Okay. But, as I said, as the causes are unclear, the therapeutic tools should also be very, very varied, and very tailor-made. So, they all need a dietician, and they all need a very clear intake protocol. And when it's very, very severe, there's intra-nasal tube force-feeding. I mean, it depends. Some of them will need medication, whether because they have other things like depression or OCD or whether just because they've got severe anxiety about eating.

Then we always do family therapy, certainly parent guidance. We always do some level of a group therapy. And then, there's individual therapy that could have cognitive behavioral elements in it, and then it could have some more dynamic introspective elements. If we find, and we have found, unfortunately, severe history of abuse, it usually surfaces after a while. It's not the presenting complaint, but it can come up only when there's a lot of trust. And then we do trauma-related therapy, and we also do a lot of dialectical behavioral therapy, which has to do with being able to balance impulses. So, art therapy, for sure, music therapy. I would say, anything that would work.

Maayan Hoffman:

Amazing. So, you have to have a very varied program, I would think, here, in order to meet all the needs of these-

Dr. Esti Galili-Weisstub:

We do take tremendous pride in the fact that we train our therapists in many therapeutic techniques, and we don't limit the time that we are working with a certain patient, because we know they need extensive and long-term therapy.

Maayan Hoffman:

I hear what you're saying. So, just two more questions. How long on average is somebody hospitalized for this? You said, not everybody comes to the hospital, but when they do, how long do they have to stay?

Dr. Esti Galili-Weisstub:

Close to half a year, three months to half a year.

Maayan Hoffman:

And what do the adolescents do who are in school and then have to come here for three months to half a year?

Dr. Esti Galili-Weisstub:

There is a school that's connected to the department, fully functioning school. And actually, we make sure they're on track with their academic requirements and kids finish even their Bagrut, if needed, in hospital. And if anything, they do better, because it's individual learning. And sometimes we diagnose some things that were overlooked at school, so that usually, they don't suffer from that.

Maayan Hoffman:

Interesting. So, just going back quickly for the last question to your research, you mentioned that this is something that you're just starting to roll out results and they won't be ready for a while. Can you explain what the long-term trajectory is and what kind of results you're hoping to see?

Dr. Esti Galili-Weisstub:

We don't know what we are hoping to see. What we set out to do is when we see for the first time, a girl that comes either to our outpatient day treatment or inpatient, we ask for their permission to follow them up.

Maayan Hoffman:

Okay.

Dr. Esti Galili-Weisstub:

And if we have that, we do two things. We do questionnaires, parents, and child, and we do saliva collection for molecular studies about messenger RNA, and for biological, levels of cortisol, level of uric acid, level of whatever it would be. We also take blood samples. We're trying to do long-term follow up on many girls that come to our eating disorder services, whether it's outpatient, day treatment, or inpatient, and we try to cover up both psychological and biological elements in trying to predict the ones that will do better and the ones that will do worse.

I think what it will give us is an understanding of the illness as well as realizing where we have to invest more effort. And basically, we get the permission, obviously from the parents. We collect, as I said, questionnaires, but we also collect saliva samples and blood samples. Then we follow them up after three months, after six months, half a year after their release. And we're trying to follow up a year and two after. So, that's why we don't yet have the results. I think, as I said, a side finding at this point was high level of uric acid. Other findings are not yet publishable, but I hope maybe we'll talk in a year or so, and then we'll have more news.

Maayan Hoffman:

Wow. I hope so too. Wonderful. Well, thank you so much. Is there anything I should have asked you, that I didn't?

Dr. Esti Galili-Weisstub:

It's not whether you should have asked. I think I just want to say that I would hope that we will be able to share with the next and now generation, our love of food, without a fear of having a body image that's not ideal, meaning, overly thin.

Maayan Hoffman:

Okay. Thank you so much.

Dr. Esti Galili-Weisstub:

Okay. Thank you.

Maayan Hoffman:

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