

The Need to Integrate Treatment Programs for Patients with Concurrent Eating Disorders and Substance Use

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Abstract

Eating disorders and substance use in Vancouver are seen and treated independent of each other just like in other Canadian provinces.⁴ This is problematic because these issues occur concurrently and are therefore more effectively managed if treated jointly.¹ An analysis of the existing literature shows that there is a pressing need for more integrated treatment programs within Vancouver and other Canadian provinces to successfully deter the high rates of eating disorders and substance use.⁵

Introduction

Eating disorders (ED) are influenced by the intersection of complex social, political, cultural, and economic factors in life. Substance use disorders (SUD) may be entangled with experiences of eating disorders, yet available eating disorder treatment typically excludes patients who use substances.^{1,4} As such, patients with both ED and SUD have more severe ED symptomatology and outcomes compared to patients just suffering from disordered eating.³ A prominent example is using substances to aid in weight loss, such as caffeine, tobacco, and stimulants.³ This can develop into a pattern of impulsive behavior and ultimately, increase the susceptibility to addiction.³

To demonstrate the need for integrated treatment programs, this article begins by analyzing the shortfalls and failures of the existing individualistic approach to treating eating disorders and substance use despite being concurrent issues. We highlight the link between these two common disorders and the connectedness of their incidence.

The Current Issue

There exists a current shortage of accessible and available resources for individuals struggling with health concerns that are interconnected yet generally perceived as separate. For example, to access Vancouver Coastal Health's Eating Disorder Program, substance use cannot be the client's primary present-

ing concern.² For those who experience these issues concurrently, these requirements may present significant barriers to access treatment for populations that would benefit significantly from care.

The disorders are typically treated in an isolated manner that fails to effectively address the complexity and nuances of these concurrent disorders. For example, Vancouver's non-profit organization Looking Glass Foundation offers a number of free programs aimed at supporting young individuals struggling with an eating disorder, none of which accept clients "who are actively struggling with substance abuse" (personal communication, March 7, 2018). Likewise, the Discovery Vista House in collaboration with St. Paul's Hospital Eating Disorder program is typically unable to admit clients who struggle with both an eating disorder and a substance use disorder, "unless the client has already made significant steps" towards sobriety (personal communication, March 7, 2018).

In order to be eligible to access treatment programs for eating disorders, clients are often forced to first undergo isolated treatment for substance use. This approach is particularly problematic, as it is common for patients being treated for only their substance use disorder to experience an increase in the severity of eating disorder symptomatology.¹ By limiting access to eating disorder resources by excluding those struggling with substance use, those who need immediate help may feel discouraged, feel it is ineffective, or feel unwelcome when seeking treatment.

Therefore, the lack of available integrated treatment programs for patients experiencing disordered eating and substance use lead to severe ramifications, such as higher rates of relapse, worsening of the untreated illness, and sub-optimal patient outcomes.¹ There is evidence that when comorbid diagnoses are treated concurrently and integrated on-site, both treatment retention and patient outcomes improve significantly.⁵ Eating disorder programs, rather than viewing substance use as a barrier to ED treatment, should view it as a part of patients' complex and entangled lives.

Future Outlook

A comprehensive approach for patients with concurrent ED and SUD can improve treatment delivery, reduce time in treatment, lower treatment costs overall and improve patient outcomes.¹ Therefore, we propose the adoption of a complementary treatment program that integrates and holistically addresses multiple factors, such as substance use, with reciprocal benefits to patients and programs.

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Elements of a comprehensive treatment are as follows:¹

- Comprehensive screening for eating disorders and substance use
- Individualized treatment encompassing both disorders
- Individual therapists and treatment teams trained in evidence-based treatment for both disorders and services being in the same location and by the same providers

Some elements of effective treatment are as follows:¹

- Treatment should be readily available
- Treatment should address multiple needs of the individual
- Adequate treatment duration for the best outcomes
- Counseling and other behavioral therapies are available
- Treatment is continually assessed and improved individual treatment with changing needs

Conclusion

This commentary explores the current individualistic and isolated approach to treating patients with eating disorders and substance use by the treatment programs within Vancou-

ver, Canada. However, ED and SUD usually occur concurrently, in the form of using substances, such as caffeine, tobacco, and stimulants, to aid in weight loss. In order to effectively deal with the issues of eating disorders and substance use, there is a pressing need for more integrated treatment programs. We hope that patients with concurrent disordered eating and substance are able to gain access to comprehensive and effective treatment.

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