

# Integrated Care for Substance Use and Eating Disorders



## 4 Critical Topics for SUBSTANCE USE PROVIDERS

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### THE ISSUE

Did you know? Substance use (SU) and eating disorders (ED) frequently occur together and can affect all ages, genders, and body shapes.

- 35% of individuals with SU disorders have problems with disordered eating and body image, compared to 7% of the general population
- ED and SU disorders have two of the highest mortality rates among all mental health conditions
- Co-occurring ED & SU disorders can increase early mortality in ED by more than 10-20 times

If supporting patients with ED is unfamiliar and challenging, **you are not alone!**

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### PROVIDE PERSON-CENTRED CARE



#### CULTURAL SAFETY

- **Stay curious** and provide care with humility, kindness, and an open mind
- **Recognize cultural beliefs** play a role in ED, without making assumptions
- **Acknowledge the individual** in their unique intersectionality and support systems



- [Culturally-Sensitive Eating Disorder Care](#)
- [Disordered Eating and Eating Disorders in the Indigenous Communities](#)



#### WEIGHT INCLUSIVE CARE

- **Understand the harms of weight stigma** on mental health and self-esteem for those living with SU and ED
- **Be mindful of negative body image**, which can be linked to increased SU
- **Avoid comments about appearance, weight or body shape**, and approach with care when discussing dieting, food, or exercise



- [Balanced View BC](#)
- [Heartwood - Approach to Client Weights](#)



#### THERAPEUTIC ENVIRONMENT

- **Build trust** and reduce shame through active listening and deep validation
- **Ask open, non-judgmental questions** to normalize experiences of ED
- **Focus on the person**, their treatment goals, their motivators, and how ED has impacted their life



- [RNAO - Therapeutic Relationships](#)
- [Therapeutic Alliance - The Key to Improving Outcomes](#)

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### SCREENING & ASSESSMENT



#### SCREENING FOR CONCURRENCY

- **Screen for ED** as a standard intake practice to enable timely, effective intervention
- **Use motivational interviewing (MI)** to address stigma and build confidence in managing ED behaviours
- **Determine treatment steps** and connect with ED programs or provider support hotlines (e.g. [R.A.C.E Line](#), [Compass BC](#))



- [NEDC Screening Tool](#)
- [Eating Disorders & Substance Use: 4 Best Practices for Treating Both Together](#)



#### TRANSFERABLE SKILLS

- **MI, rapport-building, CBT, DBT, mindfulness, distress tolerance, and family therapy** can support those living with ED
- **Your skills are transferable** and can foster safety, predictability, and trust



- [MI Techniques for Eating Disorders](#)
- [MI Skills & Techniques - The New Maudsley Approach](#)
- [CAMH - What is Dialectical Behaviour Therapy \(DBT\)?](#)

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### TREATMENT FACTORS



#### APPLYING HARM REDUCTION

- **Meet patients where they are at**, assess readiness, and plan manageable next steps
- **Focus on safety** and monitor for increased ED symptoms during SU treatment
- **Address symptoms promptly**, such as restrictive eating, bingeing, purging, or excessive exercise
- **Provide holistic care** for physical, mental, emotional, and spiritual health



- [ED Harm Reduction Handout](#)



#### MEDICAL CARE

- **Monitor for ED-related complications**, such as refeeding syndrome, dehydration, electrolyte imbalances, hypoglycemia, and arrhythmia
- **Ensure timely medical care** and be aware of hospital admission criteria



- [Primary Care ED Toolkit](#)
- [BC Comprehensive Clinical Care Pathway for CY ED](#)
- [GP Medical Monitoring Guidelines](#)