
Excerpt from **Pieces of a Puzzle: The Link Between Eating Disorders and Attention Deficit Disorder**

by Carolyn Piver Dukarm, MD

© 2006 Advantage Books

Laura's Story

Laura*, a 20 year old college student, suspected that she had an eating disorder. She wasn't quite sure what to call it, but knew she had a problem. She would go all day without eating, then after classes would consume massive quantities of food, usually potato chips and ice cream. Laura would drive to different convenience stores to buy these items so no one would recognize her and then eat in her car, feeling ashamed. Afterwards, she would panic about gaining weight and either make herself throw up or run 3 to 4 miles believing she could burn off the calories from her binge. She felt she could not tell her family or friends about her bizarre eating habits, and secretly continued this pattern for several years.

Laura worked hard on her college courses, however, she struggled with standardized tests because she had always been a slow reader. Unfortunately, her grades didn't always reflect the amount of effort she had put into the work. Laura also had difficulty paying attention in classes (except her favorites) and was easily distracted by external noises, such as someone near her chewing gum or turning pages. She often doodled in her notebook instead of taking notes as the professor lectured. She also frequently misplaced important items, such as her dorm keys and her cell phone. She would write class assignments on scraps of paper and then have trouble finding them.

Laura became increasingly frustrated by her chaotic eating patterns and decided to tell her parents about her disordered eating. Although she had previously been reluctant to discuss her problems with anyone, she actually felt relieved to have things out in the open.

Having been referred by her primary care physician to an eating disorder specialist, Laura and her parents scheduled an appointment for an

evaluation of her eating disorder. Laura was diagnosed with bulimia nervosa and attention deficit disorder, inattentive type. She had always suspected that she had some type of an eating disorder but was unaware that she had ADD. She had a cousin with ADD, but he was a 9 year old boy with hyperactivity. She had never heard of inattentive ADD. When she heard the symptoms associated with inattentive ADD (such as procrastination, distractibility, poor time management and disorganization), she recognized herself. She had never previously understood these tendencies and felt she just didn't try hard enough. She told her parents "it's like the missing piece of a puzzle."

Laura: After Her Diagnosis

After her diagnosis, Laura entered into an outpatient treatment program. Although she was frustrated with her eating disorder, she was nervous about changing her way of eating. Even though she hated the binge eating and throwing up, she had previously convinced herself that eating very little during the day felt "safe" and kept her from gaining weight. She hadn't previously realized that her habit of hoarding food until late in the day was one of the triggers of her binge eating.

As part of the treatment program, Laura's physician advised her that the first step was for Laura to make a decision to recover from her eating disorder. She reviewed the "positive aspects" of her eating disorder (feeling "safe", enjoying compliments when she lost weight) and the "negative aspects" of her eating disorder (feeling ashamed, feeling tired and isolated, hating her body image as her weight frequently fluctuated) and realized that the "costs" of her eating disorder outweighed its "benefits." She was ready to change.

Laura's Plan

Laura's previous eating patterns left her feeling shaky, tired and out of control. After beginning her treatment program, she started eating breakfast every morning (she hadn't eaten breakfast in four or five years). Then, she started structuring her meals so she was eating every 3 to 4 hours. Most days her meals and snacks were the same size (approximately 400 calories each). Laura felt that having 5 "mini-meals" was a good plan for her; because she never felt overly full (the feeling of being "stuffed" made her feel instantly fat) She also never felt overly hungry, which was helpful for feeling in control and avoiding binge eating.

At first she was reluctant to count calories, because she thought it would make her more obsessive about food. However, she soon found that it was a valuable initial tool for getting started with a meal plan. In the past when she would just guess serving sizes, she would always over estimate her food intake, giving her the perception of overeating while in actuality her intake was inadequate to break the starvation/binge eating cycle. She developed a chart with numerous "mini-meals" of 400 calories. She would select five "mini-meals" per day. She had developed a schedule of eating at 8:00 am, noon, 3:00 pm, 6:30 pm and 9:30 pm. Her weight stabilized, while her energy and moods improved.

Laura had made progress with restructuring her eating patterns but felt frustrated when she would still impulsively binge eat, especially if someone offered her something sweet. She would follow her meal plan for several days and feel good, but when she became distracted and lost her chart with all her pre-planned mini-meals (it was written on a scrap of paper), she would become frustrated, skip meals and find herself binge eating in the afternoon.

Laura's Progress

During her first few weeks in the outpatient treatment program, Laura began to understand how her ADD symptoms (impulsivity, distractibility, etc.) triggered her eating disorder symptoms. While working with her physician, she also learned that treatment for coexisting ADD and an eating disorder would require a

combination of approaches including nutrition changes, medication and supplements, as well as changing the way she thought about food and her body. Laura decided to try medication in order to help control the symptoms of both ADD and bulimia. She was started on 5mg of dextroamphetamine sulfate (Dexedrine) three times a day and later increased to 10mg of Dexedrine three times a day. She quickly noticed a decreased desire to binge eat, decreased anxiety about food and body image, and improved attention. She no longer felt as impulsive. Within a short period of time, she also noticed substantial improvement in her academic performance, mood and self-confidence. As part of the treatment plan, Laura's nutritionist recommended adding a supplement regimen of vitamins and omega-3 essential fatty acids as part of her overall treatment plan.

Laura continued to make progress. After starting on the medication and supplements, she had no further episodes of impulsive binge eating or purging. In addition, as the ADD symptoms improved, she found it easier to follow the meal plan and no longer experienced low blood sugar as a trigger to binge eating. She was then able to keep track of her meal plan chart, as well as such items as her keys and cell phone. She realized that the "final piece of the puzzle" was to change her thinking. As part of her overall treatment, in the outpatient program, she began seeing a therapist who worked with her to overcome her negative thinking patterns. She also learned ways of structuring her time and began to rely on routines to feel less overwhelmed. She was then able to get to sleep by 11:00 pm.

Laura now feels in control of her eating and has not had any symptoms of her eating disorder in almost two years. She also feels able to manage her ADD symptoms and has achieved more balance in her life. Her improved focus, as well as confidence, allowed her to choose to major in psychology, a career that she would not have previously thought possible. At the same time she has developed new hobbies, interests, and relationships.

**Name fictionalized.*