Co-Occurring Illnesses

What are Co-occurring illnesses?
Co-occurring illnesses can be difficult to diagnose due to the complexity of symptoms, as both may vary in severity. In many cases, people receive treatment for one disorder while the other disorder remains untreated. This may occur because both disorders can have biological, psychological, and social components. Other reasons may be inadequate provider training or screening, an overlap of symptoms, or that other health issues need to be addressed first. In any case, the consequences of undiagnosed or undertreated co-occurring disorders can lead to a higher likelihood of experiencing homelessness, incarceration, medical illnesses, suicide, or even early death. 1

Patients suffering from substance use disorder and eating disorders may benefit from completing treatment for each condition in immediate succession or simultaneously. A comprehensive treatment plan that encompasses both conditions helps patients achieve greater long-term recovery. If the patient is diagnosed with an eating disorder and is medically stable, the patient should ideally undergo a full detox and complete his or her substance use disorder program before entering eating disorder treatment. If the patient is not currently medically stable, consult with an eating disorder treatment professional to determine the best course of action that complements the patient’s substance use disorder treatment plan.

Addiction Recovery Track (ART)
Substance use often impairs an individual’s ability to fully recover from their primary mental illness. The specialized track offers evidence-based treatment and supports the skills and education patients have gained prior to entering eating disorder treatment. This track addresses the relationship between substance use disorder and eating disorder and how to sustain long-term recovery from both.

Research demonstrates that substance use disorder treatment is beneficial for clients with co-occurring behavioral health disorders, including eating, mood and anxiety disorders. Eating Recovery Center is dedicated to recovery in an environment that provides structure and support utilizing evidence-based treatments. Patients within the ART six-week module will complete a comprehensive substance use disorder assessment and complete relapse prevention planning, mindfulness practices, Acceptance Commitment Therapy (ACT) and Dialectical Behavior Therapy (DBT) skills. ART strengthens and supports the patient’s recovery by providing specialized individual therapy, addiction groups, access to Twelve Step meetings, and more.

1 https://www.samhsa.gov/disorders/co-occurring

WHO IS AFFECTED BY EATING DISORDERS?

- Lifetime rates of substance use disorder in the various eating disorder subgroups are as follows:
  - AN 27.0%
  - BN 36.8%
  - BED 35%

- Otherwise specified feeding and eating disorders (OSFED) (but not AN or BN) are significantly more common in people with Substance Use Disorder (SUD) than without SUD.

- People who suffer from SUD are 10 times more likely to have an eating disorder than the general population.

- Eating disorders have the highest mortality rate out of any mental illness.

- SUD increases the suicide rate in AN and BN.

We’re here to start the conversation with you
Recovery can begin with a single conversation. If you are feeling isolated and suffering – or you suspect someone else is – we urge you to reach out to us.
Please call our Master’s-level clinicians today at 877-700-1925.

For a free assessment by a Master’s-level clinician, call 1-877-700-1925 or visit www.eatingrecovery.com.
Who is the ideal candidate for this program?

Assessing for both eating disorder and substance use disorder at the same time is a good start. The questions below are a combination of the SCOFF Questionnaire\(^1\) and the Cage Assessment\(^2\) and are effective in identifying co-occurring ED and SUD.

- Do you make yourself sick because you feel uncomfortably full?  
- Do you worry that you have lost control over how much you eat?  
- Have you recently lost more than one stone (14 lb) in a 3-month period?  
- Do you believe yourself to be fat when others say you are too thin?  
- Would you say that food dominates your life?  
- Have you ever felt you should cut down on your substance use?  
- Have people annoyed you by criticizing your substance use?  
- Have you ever felt bad or guilty about your substance use?  
- Do you believe you spend a lot more time than you would like trying to obtain drugs or alcohol?  
- Do you ever feel you need a drink or drug first thing in the morning to steady your nerves or to get rid of a hangover?


<table>
<thead>
<tr>
<th>INPATIENT*</th>
<th>RESIDENTIAL*</th>
<th>PARTIAL HOSPITALIZATION*</th>
<th>INTENSIVE OUTPATIENT*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description:</strong></td>
<td>• 24/7 Supervision and medical support to provide medical, psychiatric and nutritional stability</td>
<td>• 24/7 supervision and medical support to prevent harmful behaviors in a total containment environment</td>
<td>• Up to 11 hours of daily treatment, including weekends, after which patients return home or to supported apartment</td>
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| **Patient Status:** | Medical issues, psychiatric instability, detox, malnutrition | Inability to contain self, inability to refrain from behaviors | Possess ability to practice recovery skills independently | Does not require medical support at this level of care |

| **Program Goals:** | Medical, psychiatric and nutritional stabilization  
Interrupt behaviors | To interrupt behaviors, improve co-morbidities, stabilize weight and begin learning recovery skills | To improve medical co-morbidities, stabilize weight plus learn and apply life skills in a home environment | To integrate recovery skills into everyday life and maintain treatment gains from higher levels of care |

| **Treatment Team:** | Psychiatrist, therapist, RD, internal medicine doctor, nurse and often family therapist | Psychiatrist, therapist, family therapist, dietician, internal medicine physician and nurse | Psychiatrist, therapist, family therapist, dietician, internal medicine physician, nurse | Family or Individual Therapist and Dietitian |

| **Medical Care:** | 24/7 nursing, daily MD visit, complete physical by internal medicine, Labs/EKG as needed, daily vitals and weights | 24/7 nursing care  
Complete physical by internal medicine physician  
Internal medicine physician visits  
Labs, EKG, vitals as needed | Complete weight physical by internal medicine physician  
Internal medicine physician visits  
Labs, EKG, vitals as needed | Internal medicine as needed |

| **Psychiatric Care:** | Daily psychiatric appointment, medication management, team rounds | Individual psychiatry  
Full treatment team rounds with patient present | Individual psychiatry  
Full treatment team rounds with patient present | Individual psychiatry |

| **Behavioral Care:** | Trauma-informed care and intensive therapy, including:  
- Acceptance & Commitment Therapy (ACT)  
- Dialectical Behavior Therapy (DBT)  
- Exposure & Response Prevention Therapy (ERP)  
- Weekly individual psychotherapy  
- Daily group therapy and skills-based education groups  
- Weekly family therapy | Trauma-informed care and intensive therapy, including:  
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- Dialectical Behavior Therapy (DBT)  
- Exposure & Response Prevention Therapy (ERP)  
- Individual psychotherapy  
- Group therapy |

| **Nutritional Care:** | Individualized meal planning based on patient’s status  
Daily supervised and supported meals and snacks  
Individual nutrition counseling  
Daily group activities to learn various nutrition skills | Individualized meal planning based on patient’s status  
Daily supervised and supported meals and snacks  
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Daily group activities to learn various nutrition skills | Individualized meal planning based on patient’s status  
Daily supervised and supported meals and snacks  
Individual nutrition counseling  
Daily group activities to learn various nutrition skills | Individualized meal planning  
Individual nutrition therapy  
Nutrition groups (skills, education, exposure)  
Supervised meals |

* Treatment is individualized to optimize patient recovery. This information is a general guide to the services provided and should not be interpreted as a contract for services.

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