



Healthy Eating for Wellbeing

**A Nutrition Guide for Alcohol
& Other Drug Agency Workers**





Welcome

Through discussions with Alcohol and Other Drug (AOD) workers and consumers, it was found that nutrition information and education around AOD use was needed. There is a significant overlap between AOD use and physical and mental health and nutrition can play a major role in improving these. This guide aims to give AOD workers basic information about the overlap between nutrition and AOD use and rehabilitation to inform their work with consumers.

The information in this booklet should not be substituted for the advice of a General Practitioner or Accredited Practising Dietitian (APD).

Acknowledgements

Thank you to the Foundation for Alcohol Research & Education (FARE) for providing funding for this resource.

Thank you to those people in the AOD sector who contributed such useful information for this resource.

Thanks to all WANADA staff for their ongoing encouragement and support, as well as the university practicum students for their contribution.

Thanks must go to Bennett + Co for so kindly providing us with advice for this booklet.

Thank you to Averil Eade from Melon Design for creating the design for this resource.

Acknowledgement

WANADA staff acknowledge Aboriginal and Torres Strait Islander people as the Traditional Custodians of this country and its waters. WANADA staff wish to pay their respect to Elders past and present and extend this to all Aboriginal people reading this message.

Disclaimer:

The "Healthy Eating for Wellbeing: A nutrition guide for alcohol and other drug agency workers" is intended to provide information and examples for working with alcohol and other drug consumers around nutrition, health and wellbeing. This information and examples are offered as a guide only. The guide is designed to assist workforce development and is based on information available at the date of publication.

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Introduction

Nutrition and Alcohol or Other Drug Use

When using Alcohol or Other Drugs (AODs), appetite is often suppressed and eating can become a lower priority at the time of use. In addition, skipping meals and fasting may be used as a way of enhancing the effect of the AODs. Often food takes the form of quick, convenient snacks which are often high in fat and carbohydrates and low in protein.^{1,2}

In addition to changes in appetite and diet, AODs impact on the ingestion of nutrients. Alcohol is high in Kilojoules (Calories) yet has very low to non-existent nutrient content, and so can give the effect of feeling full without replenishing the body.^{1,3} This can lead to an unhealthy weight. AOD use also damages the digestive tract which can lead to constipation, diarrhoea, indigestion and poor appetite as well as -

- reducing the activity of vitamins;
- reducing the ability of the body to break down food for energy;
- damaging the liver and impairing its ability to store nutrients;
- damaging the intestine resulting in poor nutrient absorption and utilisation as well as increased losses of nutrients;
- causing lean tissue (muscle and organs) to begin to break down;
- causing the immune system to become suppressed.^{3,4}

Nutrition and AOD treatment

Nutrition is an important consideration during detoxification and rehabilitation. Among physical responses to detoxification are vomiting, nausea and diarrhoea which cause fluid and electrolyte loss as well as weight loss.⁴ Further, starvation due to avoidance of eating is often seen in initial stages of treatment, creating an undernourished state with significant weight loss which can lead to binge eating and fluctuations in weight later.⁴

In fact, weight gain is common following detoxification. It has been found that many factors influence eating patterns and behaviour in the early stages of rehabilitation. These include food being used as a drug substitute and mood regulator, to satisfy cravings, out of boredom and to provide structure to the day. Often high sugar and fat foods, caffeine and cigarettes are substituted for the AODs, perpetuating the behavioural cycle of dependence. Food has many roles in addition to satisfying hunger; it provides a basis for social interaction, comfort, identity and pleasure. In one study, some individuals undergoing AOD treatment believed that eating sweets would help them remain abstinent.^{4,5}

AOD workers can assist in preventing excessive weight gain by providing basic nutrition information to help individuals undergoing AOD treatment to make informed choices about their eating patterns. Excess weight gains may contribute to chronic diseases such as diabetes, cardiovascular diseases, joint and breathing problems as well as depression and relapse.⁵

Nutrition care planning

Nutrition care for this population includes an evaluation of nutrient status at detoxification, delivery of nutrient dense meals and encouraging normal eating patterns in conjunction with nutrition education. Nutrient rich foods are needed to repair damaged organs and tissues and enable them to function properly. Nutrition education is often received well in a group setting in

combination with other life skills. Educational content found to be most useful are:

- nutritional and health consequences of AOD use;
- food myths;
- food sources of nutrients;
- alternative ways to handle stress and cravings;
- integration of a healthy lifestyle into their recovery principles;
- weight management;
- signs of eating disorders; and
- consequences of substance substitution.⁴

These topics can be accessed using the website list at the back of this resource.

Ideally the aim of the nutrition care plan is to establish or re-establish normal eating patterns to nourish the body in the early stages of treatment. Encouraging the intake of complex carbohydrates, moderate amounts of protein and limited amounts of dietary fats combined with physical activity will assist with this. Food moderation, variety and energy balance is ideal. Food that is attractive and tasty will stimulate appetite and encourage regular meal consumption. Meal times in a group setting enable individuals to choose their foods while interacting socially.⁴

As well as a nutrition care plan for the treatment process, after care plans involving at least one dietitian consultation to monitor body weight, signs of eating disorders and progress towards eating a healthy diet are helpful.⁴

¹ Emerson, M. H., Glovsky, E., Amaro, H., & Nieves, R. (2009). Unhealthy weight gain during treatment for alcohol and drug use in four residential programs for latina and african american women. *Substance Use & Misuse*, 44(11), 1553-1565

² Anonymous. (2000). Nutrition & addictions. *Canadian Journal of Dietetic Practice and Research*, 61(2), 58. Grotzkyj-Giorgi, M. (2009). Nutrition and addiction - can dietary changes assist with recovery? *Drugs and Alcohol Today*, 9(2), 24-28.

³ Grotzkyj-Giorgi, M. (2009). Nutrition and addiction - can dietary changes assist with recovery? *Drugs and Alcohol Today*, 9(2), 24-28.

⁴ The American Dietetic Association. (1990). Position of the American Dietetic Association: nutrition intervention in treatment and recovery from chemical dependency *Journal of the American Dietetic Association*, 90(9), 1274-1278.

⁵ Hodgkins, C., Cahill, K., Seraphine, A., Frostpineda, K., & Gold, M. (2004). Adolescent drug addiction treatment and weight gain. *Journal of Addictive Diseases*, 23(3), 55-65.



Nutrients affected by AOD use

Nutrient Affected	Symptoms of Deficiency	Foods Containing Nutrient
Vitamin B1 (Thiamin)	<ul style="list-style-type: none"> • Mental confusion • Weight loss • Irritability • Breakdown of muscles • Mild confusion to coma⁶ 	<ul style="list-style-type: none"> • Vegemite • Wholegrain breads • Pork • Sunflower seeds • Breads and cereals with thiamin (will say on label)
Vitamin B2 (Riboflavin)	<ul style="list-style-type: none"> • Itching, burning, watering of eyes • Sore, burning lips • Skin lesions with greasy scales • Purple, swollen tongue⁶ 	<ul style="list-style-type: none"> • Milk • Yoghurt • Eggs • Cheese • Mushrooms • Organ meats (kidney, brain, liver etc)
Vitamin B3 (Niacin)	<ul style="list-style-type: none"> • Dermatitis • Dementia • Diarrhoea • Tremors • Sore tongue • Hair loss • Red scaly rash around eyes, nose and mouth⁶ 	<ul style="list-style-type: none"> • Rice bran & Wheat bran • Breads (with niacin added) • Meat (beef, lamb, pork, poultry, veal, fish) • Peanuts
Vitamin B6	<ul style="list-style-type: none"> • Weakness • Sleeplessness • Cracking at corners of mouth • Inflamed tongue • Inflammation of inside lining of mouth⁶ 	<ul style="list-style-type: none"> • Wheat germ/ wheat bran • Fish • Bananas • Beef, veal, mutton, fish, chicken breast • Legumes • Vegemite
Folate	<ul style="list-style-type: none"> • Large immature red blood cells • General weakness • Depression⁶ 	<ul style="list-style-type: none"> • Chinese cabbage • Wheat germ/wheat bran • Peanuts • Chickpea flour • Legumes • Asparagus • Raw strawberries • Seafood
Vitamin B12	<ul style="list-style-type: none"> • Yellow tinted skin • Smooth thick red tongue • Numbness • Tingling • Burning feet • Stiffness, weakness, fatigue⁶ 	<ul style="list-style-type: none"> • Meat (rabbit, veal, beef, pork, fish) • Milk and dairy products • Mussels & oysters • Sardines
Vitamin C	<ul style="list-style-type: none"> • Impaired wound healing • Swelling • Bleeding • Bone and teeth weakness • Swollen bleeding gums • Fatigue and lethargy⁶ 	<ul style="list-style-type: none"> • Red capsicum, onion, potato, brussels sprouts, watercress • Oranges, lemons, pawpaw, mandarin, guava, blackcurrant juice • Chicken & lamb liver

⁶ Stewart, R. (2009). Griffith Handbook of Clinical Nutrition and Dietetics (3rd ed.).

Side effects of undergoing AOD rehabilitation

Focus groups conducted with previous AOD users in a rehabilitation setting provided an insight into the physical and mental health side effects of undergoing rehabilitation. The most common positive and negative effects mentioned are shown below.

Positive Mental Health Effects	Positive Physical Health Effects
<ul style="list-style-type: none">• Increase in memory gain / clearer thinking / increased concentration• Increased motivation and will power• Increased confidence / increased self-esteem / increased self-awareness• Increased libido• More emotionally stable• Lower anxiety levels• More energy	<ul style="list-style-type: none">• Better sleeping patterns• Weight gain• Weight loss• More energy• Healthier skin• Regular bowel movements• Increased self-care• More physically fit• Return of appetite and increase in appetite• More hydrated• Better and normal liver function

Negative Mental Health Effects	Negative Physical Health Effects
<ul style="list-style-type: none">• Less motivation• Increased paranoia / increased anxiety / increased nervousness	<ul style="list-style-type: none">• Irregular and poor sleep• Weight gain

Many more positive effects were mentioned than negative ones and many negative aspects can be attributed to the change in environment. It was identified in consumer focus groups that this was an ideal time to introduce nutrition support. The majority of people stated that their food habits and physical health had begun to improve in the absence of AODs. Nutrition positively impacts on mental and physical health.



Side effects of psychotropic medication

Anxiety, depression and other mental health issues are prevalent in the AOD using population. Medication is often prescribed for these ailments. Current and previous AOD users mentioned positive and negative impacts of these medications on their mental and physical health.

Mental health side effects while using AODs	Physical health side effects while using AODs
<p>General side effects</p> <ul style="list-style-type: none"> • Over and under medicate as medication wasn't having desired effect • Stopped taking medication • Loss of memory • Blackouts • Sleeping problems or constantly sleeping • Increased concentration • Amnesia • Delusions • Increased or decreased libido <p>Specific medication side effects</p> <ul style="list-style-type: none"> • Tranquillisers mixed with Opiates – increased effect of opiate • Tranquillisers mixed with Amphetamines – insomnia; mental paralysis • Tranquillisers mixed with Alcohol – lack of co-ordination; incoherence; memory loss • Anxiolytics mixed with Methamphetamine – memory loss • Anxiolytics mixed with Alcohol – increased effect of alcohol • Antidepressants mixed with Amphetamines – decreased paranoia/mania depending on when used; less effect of antidepressant • Antidepressants mixed with Alcohol – hallucinations; absentmindedness; more depressed; drowsiness/tiredness 	<p>General side effects</p> <ul style="list-style-type: none"> • Sleeping problems or constantly sleeping • Sweating/Shaking • No appetite or taste • Dry mouth • Increased or decreased libido <p>Specific medication side effects</p> <ul style="list-style-type: none"> • Tranquillisers mixed with Opiates – increased effect of opiate • Tranquillisers mixed with Amphetamines – insomnia • Anxiolytics mixed with Alcohol – increased effect of alcohol

Mental health side effects in rehabilitation	Physical health side effects in rehabilitation
<ul style="list-style-type: none"> • Less depression • Stable mood • Tiredness • Mood swings • Disrupted sleep • Numb • Dissociated/Disoriented • Low libido • Unnatural highs and lows 	<ul style="list-style-type: none"> • Irregular and poor sleep • Weight gain

Positively, consumers said that the effect of their medication was more noticeable in rehabilitation and their condition was now being effectively managed by taking the correct dosage. They were also clear about where the symptoms of their condition were coming from, whereas they were masked when they were using AODs. Again, many of these side effects can be assisted with appropriate nutrition. Some suggestions for managing side effects can be found in the next section.

Tips to assist with side effects

Vomiting

Vomiting can cause dehydration because large amounts of water are lost from the body. Repeated vomiting can irritate the throat, oesophagus and salivary glands and cause infection. It can also erode the teeth and gums. Long term vomiting can cause less food intake and lead to malnutrition and nutrient deficiencies. Some things to try are:

- Small, frequent snacks, rather than main meals;
- Fluids like clear soups, jelly, lemonade, dry ginger ale, ice cubes and icy poles or fruit juice to help with hydration;
- Eating cold meals;
- Plain or bland foods like crackers and pretzels;
- Avoid fatty, spicy or very sweet foods;
- If medication is causing vomiting, try taking it with food if able to;
- Eat and drink slowly so the stomach doesn't expand too much.^{7,8}

Nausea

- Try clear fluids first like lemonade, soups or ice cubes.
- When clear fluids are tolerated, try a half and half mixture of milk and soda water, diluted fruit juices, or weak tea.
- When a variety of fluids are tolerated try small amounts of food like:
 - › plain dry biscuits;
 - › thin crisp toast with a spread;
 - › boiled rice;
 - › soft, stewed fruit like apples, pears and peaches.^{7,8}

Dry mouth

- Rinse mouth with warm saltwater or alcohol-free mouth wash regularly.
- Drink small amounts of fluid frequently between meals.
- Chew gum to stimulate saliva.
- Add sauces, gravy or margarine to dry foods.
- Brush and floss teeth regularly to help prevent tooth decay and infections.^{7,8}

Loss of appetite

- Try small serves on a small plate.
- Snack between meals to keep food intake up without stretching the stomach too much.
- Avoid very sweet foods and foods high in fat.
- Eat the main meal when feeling the best.
- Avoid drinking a lot of fluid before or during a meal to allow more room for food in the stomach.
- Listen to music while eating.
- Take a walk or do some exercise before eating.^{7,8}

Taste changes

- If drinks are too sweet, flavour with something unsweetened such as lime juice, pureed fresh banana or strawberries.
- Instead of meat dishes, try other protein foods like cheese, egg or white meats such as chicken and turkey.
- Experiment with adding herbs, spices, sauces and seasonings to meals.

- Brush teeth or use mouthwash before eating.
- Eat foods cold or at room temperature.
- Use plastic rather than metal eating utensils.^{7,8}

Chewing and swallowing food

- Try foods with different consistencies and see which one is easiest. Thin liquids, dry foods and sticky foods are often hard to swallow.
- Add sauces and gravy to dry foods.
- Drink fluid with meals.
- Try drinking through a straw.
- Reduce distractions to assist with concentrating on the actions of chewing and swallowing.
- Try different head positions like tilting forward or backward, to see if it makes swallowing easier.^{7,8}

Diarrhoea

- Have small meals instead of large ones.
- Rest and have clear fluids like juice or soup to help hydrate.
- Avoid caffeine as this may make diarrhoea worse.
- Lactose intolerance can be a cause of diarrhoea so avoid milk products if this is a problem. Lactase enzyme replacements (what is lacking in lactose intolerance) can be used. E.g. Lacteeze from chemists or choose lactose free products. See a GP or Dietitian before removing dairy foods from the diet.
- Avoid food and drinks that increase gas production like beans, onion, cabbage and carbonated drinks.^{7,8}

Constipation

- Go to the toilet when the urge is felt.
- Increase the amount of fibre in the diet (eat more fruit, vegetables, wholegrain breads and cereals and legumes) and increase water intake.
- Avoid refined products like white bread, white rice and pasta.
- Being more physically active helps the bowel muscles exercise and move food through the body.
- Try eating prunes.
- Try drinking a cup of warm fluids first thing in the morning.^{7,8}

Depression/anxiety/mood

Be aware that:

- caffeine negatively impacts on mood and increases anxiety levels;
- sugar and refined carbohydrates create highs and lows in mood. Intake late in the day can also contribute to sleep problems;
- energy drinks contain caffeine or caffeine like products that also increase anxiety as well as often containing high sugar levels that produce poor moods.

Instead encourage:

- wholegrain cereals, breads and pastas to help stabilise mood levels;
- small amounts of caffeine intake, if necessary, with only one teaspoon of coffee per cup to help reduce intake;
- oily fish intake 2-3 times a week, this includes canned tuna, herring, sardines and tuna (choose tuna in spring water for less fat intake);
- water intake throughout the day to keep hydrated. Even mild dehydration can affect mood and thinking.

⁷ Dietitians Association of Australia. (2009). Nutrition Manual (8th ed.). Deakin, ACT: Dietitians Association of Australia.

⁸ Rolfes, S.R., Pinna, K., & Whitney, E. (2009). Understanding normal and clinical nutrition (8th ed.). Belmont, CA : Wadsworth/Cengage Learning.

Healthy weight gain

When a person eats too much for what their body needs, no matter what the source, metabolism favours fat formation and enlargement of fat cells. Dietary fat is most easily converted to body fat. Too much protein in the diet does not necessarily result in increased muscle mass, but can lead to an increase in body fat. In contrast, some AOD users may be underweight and malnourished when detoxing or entering treatment. They may need to gain weight but require assistance in doing so because their body and mind may be affected by AOD use. Following are some tips to assist with a healthy weight gain.

- Eat foods packed full of nutrients like:
 - › fruits and vegetables
 - › wholegrain breads, pastas and cereals
 - › lean meat (e.g., beef, lamb, chicken, turkey, fish)
 - › alternatives to meat like eggs, legumes (e.g. kidney beans, baked beans, chickpeas) and soy products
 - › some healthy fats (e.g., avocado, olives, olive oil, margarine and nuts)
 - › reduced fat dairy products (e.g., milk, yoghurt, cheese).
- Limit foods like lollies, soft drinks and takeaway foods with lots of energy (Calories). Check out “What to look for on labels” when discussing food choices with individuals.
- Drink only small amounts of fluid before and during meals.
- Try eating 5 to 6 times a day to stimulate appetite.
- When travelling keep some healthy snacks in a cooler bag (celery and carrot sticks, crackers and cheese, chopped apples and sultanas).
- Add healthy toppings to meals. Try adding reduced fat cheese to spaghetti, peanut butter or jam to toast or yoghurt to muesli.
- Add milk instead of water when cooking. For example, add milk to oats and add margarine and milk to mashed potato.
- Add powdered milk (skim milk powder), margarine, honey or dried fruits to cooking.
- Eat a little bit more than usual at each meal, but don't force eating.
- Add healthy oils to the top of salads like olive oil, olive oil dressings, whole olives, avocado, nuts and sunflower seeds. These are sources of good fats as well as other nutrients.
- Make up a bulk amount of milk smoothie each morning using full cream milk. Keep it in the fridge to drink throughout the day between meals.⁹



Healthy weight loss

Weight and health are connected. Being at an increased weight may make it more likely that a health condition is present, compared to a person of a healthy weight. There are other factors involved with disease risk like family history, cigarette smoking, physical activity level and dietary intake. Weight loss should be about a healthy lifestyle, not 'dieting' so encourage small changes that can improve short and long term health and wellbeing. Below are some tips to get started.

- Be more physically active even if it's just taking the stairs instead of the lift, walking somewhere instead of driving or doing some housework.
- Reduce food portion size by using a smaller plate for meals. See "Guide of serve sizes each day".
- Try different varieties of foods with different tastes and textures because tastes may have changed.
- Use hunger as a guide for eating. Eat when hungry and stop when full. Extra attention may need to be paid to hunger signals if the person is not used to recognising these signals.
- Eat slowly and pause between each bite, eating too quickly can lead to eating too much and feeling uncomfortably full.
- Drink some water while eating.
- Leave food on the plate.
- Pour food that comes in packages into a bowl to see how much is eaten.⁹⁻¹¹

⁹ American Dietetic Association. (2011a). Healthy Weight Gain Retrieved 20th January 2011, from <http://www.eatright.org/Public/content.aspx?id=6852>

¹⁰ American Dietetic Association. (2011b). Ways to Shave Calories Retrieved 20th January 2011, from <http://www.eatright.org/Public/content.aspx?id=6849>

¹¹ Dietitians Association of Australia. (2008). Weight Management Retrieved 20th January 2010, from <http://daa.asn.au/for-the-public/smart-eatingfor-you/nutrition-a-z/weight-management/>



Guide for serve sizes each day

Food Type	Serves	Example Serve Sizes
Fruit (Fresh OR Canned OR Stewed)	3	1 medium piece (e.g. apple, pear, orange, small banana) or 5 small prunes 2 small pieces (e.g. apricots, kiwi fruit, plums) 4 dried apricot halves, 1½ Tb sultanas (about the size of a golf ball) 1 cup diced pieces or canned fruit (about a fist sized amount)
Fruit Juice	1	½ cup juice (about the size of a tennis ball)
Vegetables	5	90g of potato or 1 small potato (about the size of a household light bulb) 75g or ½ cup of cooked vegetables (about the size of a household light bulb) 1 cup of salad (about the size of a fist) 75g or ½ cup cooked dried beans, peas or lentils
Breads, Cereals, Rice, Pasta, Noodles	5	2 slices of bread 1 medium bread roll 1 cup cooked rice, pasta or noodles 1 cup porridge, 1 1/3 cup breakfast cereal flakes, ½ cup muesli
Meat, Poultry, Fish, Eggs, Legumes, Nuts, Seeds	1	65-100g cooked meat, chicken (e.g. ½ cup lean mince, 2 small chops, 2 slices roast meat) 80-120g cooked fish fillet (about the size of a man's palm) 2 small eggs 1/3 cup almonds or peanuts ¼ cup sunflower seeds or sesame seeds ½ cup cooked (dried) beans, lentils, chick peas, split peas
Milk, Cheese & Yoghurt	2	250mL or 1 cup of fresh, long-life or reconstituted dried milk ½ cup evaporated milk 40g or 2 slices of cheese (about the size of your 3 middle fingers together) 200g (1 small container) yoghurt
Fats & Spreads	Max 3	10g for 2 slices of bread (the size of a postage stamp and the thickness of your finger)

Agency for Clinical Innovation. (2010). Nutrition Standards for adult inpatients in NSW Hospitals. NSW: Greater Metropolitan Clinical Taskforce.

Kellet, E., Smith, A., & Schmerlaib, Y. (1998). The Australian Guide to Healthy Eating – background information for consumers. Canberra: Australian Government Department of Health and Ageing.

What to look for on labels

Energy	<ul style="list-style-type: none">• Less than 1000kJ (239Cal) of energy per 100g• Snack foods (lollies, chocolates, chips) - less than 600kJ per serve
Fat	<ul style="list-style-type: none">• Less than 5g of total fat per 100g
Saturated Fat	<ul style="list-style-type: none">• Less than 3g of saturated fat per 100g
Fibre	<ul style="list-style-type: none">• More than 3g of fibre per serve
Sugar	<ul style="list-style-type: none">• Less than 10g sugar per 100g
Salt (Sodium)	<ul style="list-style-type: none">• Less than 120mg of salt (sodium) per 100g• Less than 400mg of salt per 100g if not possible to choose below 120mg• Breakfast Cereals - Less than 350mg of salt (sodium) per 100g

Cancer Council Western Australia. (2009). Healthy eating to reduce your risk of cancer [Brochure].



Menu planning guide

Below is a checklist for use specifically in residential settings to use when reviewing the weekly menu plan. This checklist will assist with ensuring a variety of main meal bases throughout the week. This checklist can be adapted for individual use.

For the week commencing Monday **and ending Sunday**

Main Meal	Recommendations Per Week	Check
Beef/lamb/chicken/ pork/veal (aim for variety)	Maximum 4-5 times per week	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Fish (Grilled, steamed or canned)	Minimum 1 - 2 times per week (with chips maximum 1 per week)	<input type="checkbox"/> <input type="checkbox"/>
Vegetarian	Minimum once per week	<input type="checkbox"/>

Spending structure

It is recommended to allocate 60% of the food budget to foods from the 'eat most' group, 30% to the 'eat moderately' group, and 10% to foods from the 'eat least' section in accordance with the healthy eating pyramid. This idea is based on the 10-plan guide developed by the Department of Health under the Foodcents Program to help increase healthy dietary behaviours in the presence of a low income.

Category	Examples	Recommended Spending
Eat most	Bread, cereals, rice, pasta, flour, fruit, vegetables, baked beans, lentils	60% of budget
Eat moderately	Lean meat, chicken, fish, eggs, nuts, milk, cheese, yoghurt	30% of budget
Eat least	Butter, margarine, oil, sugar, biscuits, cake, chocolate, crisps, cool drink, coffee, salad dressings, sauce	10% of budget

Eating disorders

Introduction

The issue of eating disorders and disordered eating patterns is prevalent in the AOD using population. Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder are the three eating disorders recognised by the Diagnostic Statistical Manual however, many more individuals are likely to experience Eating Disorders Not Otherwise Specified (EDNOS). EDNOS involves the presentation of some eating disorder criteria but not all criteria needed to diagnose one of the three recognised disorders. EDNOS should be approached as a serious condition as it endangers a person's health and wellbeing and can lead to serious complications.

In a student research project conducted in two Western Australian AOD residential rehabilitation centres, it was found that 9% of the study population had a subclinical eating disorder and a further 25% indicated that they experienced EDNOS. In addition to this, 80% experienced repeated binge eating episodes. For more information on this research project, contact WANADA at drugpeak@wanada.org.au.

An overview of eating disorders follows. To find out more information visit the websites listed under 'Eating Disorders Information' in the Useful Websites section at the back of this resource. A list of Accredited Practising Dietitians can be found on the Dietitians Association of Australia website.

Anorexia Nervosa

Anorexia Nervosa (AN) is most common in females and central to this disorder is a distorted body image where the person sees themselves as being more fat than they are in reality. These people have a fear of gaining weight. Severe starvation and weight loss are characteristic of AN, resulting in malnutrition which can affect brain function and judgement, further impairing the individual's perception of themselves. Lethargy, confusion and delirium are also seen.⁸

Some consequences of Anorexia Nervosa

- Digestion of food slows and the body becomes unable to absorb or digest food properly.
- Diarrhoea.
- Metabolism slows down.
- Insomnia.
- Overall the body loses body fat and protein.
- Body temperature falls.
- Heart becomes weak and beats irregularly.
- Blood pressure falls.
- Immune system stops working properly.
- Heart, kidneys and lungs stop functioning.
- Skin becomes dry and thin and fine hair develops on the body to keep warm.
- Nerves start to function abnormally.
- Bone density reduces (increased risk of fractures and falls).
- Loss of sex drive.
- Loss of menstruation for women.⁸

Bulimia Nervosa

Bulimia Nervosa (BN) is more prevalent than AN and more men suffer from BN than AN. Typically people suffering from BN engage in repeated episodes of binge eating followed by compensatory behaviours like vomiting, fasting, excessively exercising and/or using laxatives. Characteristic of these binges is the sense of lack of control. Binges usually occur at night and last an hour or more, usually including foods with lots of Calories, which are easy to eat and have little nutritional value.⁸ Bulimics anticipate and plan the binge, become anxious and experience an urgency to begin, then rapidly and uncontrollably eat food which helps them feel relaxed and relieved. This is followed by feeling shame and disgust with themselves. Negative self-perception develops which perpetuates the bingeing cycle. A large proportion of people experiencing binge eating episodes accompanied by a lack of control were reported in the research project. Compensatory behaviours were also mentioned frequently.⁸

Some consequences of Bulimia Nervosa

- Weight fluctuations that can make weight loss and maintenance more difficult.
- Swollen hands and feet, bloating, fatigue, headache, nausea and pain.
- If laxatives are used, they can injure the lower intestinal tract.
- Negative self-perceptions are developed and reinforced.
- Compromised immune system.
- Abnormal heart rhythms and kidney injury caused by fluid and mineral imbalance from vomiting and/or diarrhoea.
- Urinary tract infections.
- Irritation and infection of the oesophagus, pharynx and salivary glands, and dental problems.⁸

Nutritional strategies for Bulimia Nervosa

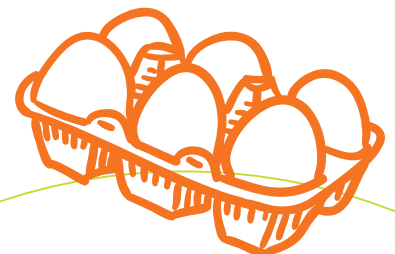
- Plan meals and snacks that require eating at the table and using utensils.
- Limit availability of finger foods.
- Encourage lifestyle changes rather than 'dieting' or skipping meals.
- Encourage people to eat a well-balanced diet and regularly timed meals with a variety of foods available.
- Include raw vegetables, salad or raw fruit at meals to extend eating times.
- Choose wholegrain, high-fibre breads, pasta, rice and cereals to increase fullness.
- Encourage people to drink water throughout the day.
- Soups and other water rich foods like fruit and vegetables can help people feel fuller.
- Include exercise into the daily regime, about 30 minutes each day.⁸

Binge Eating Disorder

Binge Eating Disorder (BED) is characterised by repeated episodes of binge eating without the compensatory measures mentioned in BN. Loss of control and guilt is often felt along with low self-esteem.⁸

Some Consequences of Binge Eating Disorder

- Depression.
- Anxiety.
- Obesity.
- Panic attacks.
- Joint and muscle pain.
- Type 2 diabetes.
- High blood pressure.
- Digestive system problems.⁸



Eating Disorders Not Otherwise Specified (EDNOS)

This describes an individual presenting with some, but not all, of the criteria necessary to diagnose one of the three recognisable eating disorders. For example, someone may present with all of the criteria for AN, but be within a healthy weight range; or for someone with normal body weight taking part in compensatory behaviours like vomiting, laxative use or excessive exercising. Similarities exist between EDNOS and recognisable eating disorders like loss of control over behaviour, depression, anxiety, guilt or negative self-perception.⁸

⁸ Rolfes, S. R., Pinna, K., & Whitney, E. (2009). Understanding normal and clinical nutrition (8th ed.). California, USA: Wadsworth.

Useful websites

Nutrition information and recipes

American Dietetic Association – www.eatright.org

Cancer Council of WA - www.cancerwa.asn.au

Diabetes WA – www.diabeteswa.com.au

Dietitians Association of Australia – www.daa.asn.au

Heart Foundation – www.heartfoundation.org.au

Nutrition Australia – www.nutritionaustralia.org.au

Eating disorders information

Practice guidelines and resources:

www.nedc.com.au/wp-content/uploads/downloads/2010/10/NEDC_Evidence-Review_Final.pdf

www.nedc.com.au/wp-content/uploads/downloads/2010/10/NEDC_Resources-Review_Final.pdf

www.ranzcp.org/resources/clinical-practice-guidelines.html

www.nice.org.uk/CG009

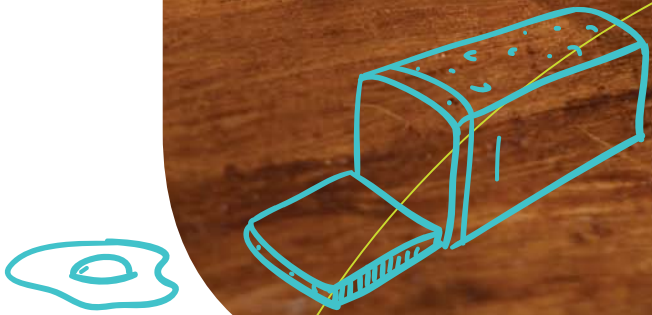
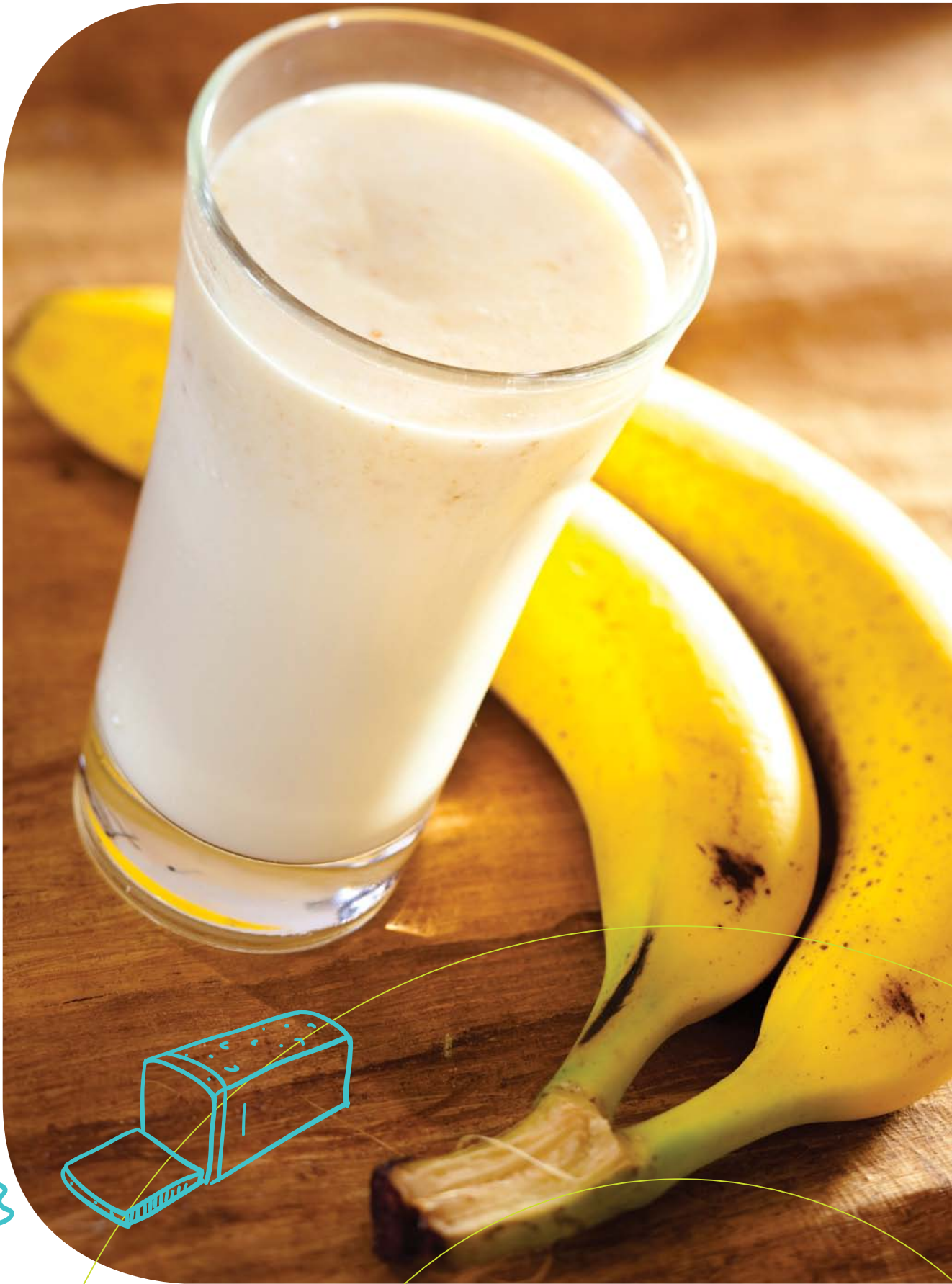
www.psych.org/psych_pract/treatg/pg/prac_guide.cfm

Fact sheets and workbooks:

www.cci.health.wa.gov.au/

www.thebutterflyfoundation.org.au/CMSPageDetails.aspx?CMS_Page_Id=66&Parent_CMS_Page_Id=4

www.ceed.org.au/clinical-resources/w1/i1001776/



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