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Normalised Eating in the Treatment of Eating Disorders

A thesis presented in partial fulfillment of the requirements for the degree of
Master of Science
in
Human Nutrition
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New Zealand

Garalynne Stiles
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Abstract

Background: Normalising eating behaviour is one of the primary goals for recovery from eating disorders. There is a lack of consensus or working definition about what normalised eating is. Investigation of eating patterns in recovered eating disorder patients has been limited. The assumption appears to be that normalised eating will automatically follow weight restoration.

Aim: To describe normalised eating as a treatment goal for eating disorders among women aged 18 to 60 years using a sample of “expert opinions”.

Methods: Mixed methods design, including an online survey and in-depth interviews to expand on findings from the survey. Participants were recruited through online and print advertising. The online survey asked respondents to assess the “normality” of a range of eating practices and to give examples of eating in a “normal day”. Nutrient analysis was carried out using FoodWorks and SPSS was used for statistical tests. Content analysis was used for depth interviews and qualitative data from the online survey.

Results & Conclusion: Sixty-seven online surveys were completed by six women who had recovered from an eating disorder, 20 eating disorder dietitians, 15 other eating disorder clinicians and 26 healthy control women. A range of eating patterns and practices were described as normalised (e.g. 2-7 eating episodes in a day; cutting muffins in 1-4 pieces). While normalised eating is more likely to involve a specific set of actions (e.g. 3 meals and 2-3 snacks), reasons for eating seem to underpin normalised eating more than specific actions (e.g. “if hungry after dinner will have a piece of fruit”). Eating for a variety of reasons gives rise to flexibility. Flexibility within the confines of a nutritionally adequate diet was the central theme of normalised eating which emerged from this study.
Acknowledgements

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Survey respondents and interview participants contributed a significant amount of their time to complete this study. Their investment is appreciated.

This study received ethical approval from the Health and Disability Northern X Regional Ethics Committee, ethics reference number NTX/12/EXP/025 and from the Auckland District Health Board Research Review Committee, reference number A+5425.
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**Abbreviations**

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<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>EDNOS</td>
<td>Eating disorder not otherwise specified</td>
</tr>
<tr>
<td>DSM-IV</td>
<td>Diagnostic and Statistical Manual of Mental Disorders, 4th Edition</td>
</tr>
<tr>
<td>DAA</td>
<td>Dietitians Association of Australia</td>
</tr>
<tr>
<td>EDE-Q</td>
<td>Eating Disorder Examination Questionnaire</td>
</tr>
<tr>
<td>BMI</td>
<td>Body Mass Index (kilograms / meters squared)</td>
</tr>
<tr>
<td>SD</td>
<td>Standard Deviation</td>
</tr>
<tr>
<td>NES</td>
<td>Normal Eating Scale</td>
</tr>
<tr>
<td>AMDR</td>
<td>Acceptable macronutrient distribution ranges</td>
</tr>
<tr>
<td>FANG</td>
<td>New Zealand Food and Nutrition Guidelines</td>
</tr>
<tr>
<td>NNS97</td>
<td>National Nutrition Survey 1997</td>
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<tr>
<td>ANS08/09</td>
<td>New Zealand Adult Nutrition Survey 2008/2009</td>
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<tr>
<td>IBW</td>
<td>Ideal body weight</td>
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