

2010 Highlights:

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Why Should You Refer a Patient to OA?



— *Ronnye T. Halpern, LCSW, CEAP, BCD*

Despite much progress in making health professionals aware of Twelve-Step programs, many mental health professionals remain unfamiliar with them, may resist referring patients to them and may not understand

how to work with patients committed to a Twelve-Step recovery. In recent years, television, movies, plays and novels depicting characters attending Twelve-Step meetings and referring to specific Steps have somewhat broken the mystique of the Twelve Steps.

It is unfortunate that the uninformed public and even some health professionals may have misconceptions about Twelve-Step programs because of opinions about writers taking poetic license and celebrities breaking their anonymity in OA.

To best serve patients, medical and especially mental-health professionals must have more than a hearsay view of Twelve-Step

recovery programs. There is no substitute for attending open meetings to get first-hand experience.

While some increased awareness of eating disorders exists, I wonder how many health and mental-health professionals include questions about the use and abuse of food in their initial assessments. Not all eating disorders are visible, particularly various forms of bulimia in which the patient's weight is within normal range. Even if a patient is considerably overweight or underweight, mental-health providers might not feel comfortable addressing this, especially if it is not a presenting problem. The

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Learn more about OA.
Visit the OA Web site.
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To order from the OA online store, go to
bookstore.oa.org

More Than a Diet or Pills

— *Mary J., MD*

Today, while making hospital rounds, I heard the nurses discussing a new diet. And when I read the newspaper, a headline touted new diet pills coming soon to a pharmacy near you. As a physician in practice 25 years, I sometimes want to roll my eyes. Here we go again! People are looking for an easy, pain-free way to lose weight. "Why don't they just eat less and exercise more?" wonder many medical professionals. I'm sure my own

doctors wondered the same thing about me 15 years and 60 pounds (27 kg) ago.

I was a binge eater even before CPT or DSM had a code for my condition, and I had been that way since childhood. During stressful medical school and residency, I found comfort in the free food in the doctor's lounge. After starting practice, I still felt stressed. Maybe I was in the wrong career? I tried teaching, practicing *locum tenens* (substituting for another),



working part-time, serving the under-served, yet still food was my comfort when I felt stress.

If someone had compared my eating to addiction, I would have been furious. I ate for emotional reasons: to dull the pain, anger and sadness I felt about my patients.

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—Janet A., MD

I am a doctor of internal medicine. When taking my patient Susan's health history, I heard her remarkable story of recovery from the deadly disease of compulsive overeating.

When I had seen Susan earlier, she was angry that she weighed 264 pounds (120 kg) after yet another surgery. Very ill, she had returned home to continue the same self-destructive eating habits. She is a volume eater; white flour and sugar send her on eating binges normal eaters and many medical professionals cannot comprehend.

"Who wants a fatty girlfriend?" Susan strongly stated regarding how her obesity had affected her since her lonely childhood. She reported her family wasn't emotionally well balanced and her home environment had made her use food for comfort through four decades. For three decades she carried well over a hundred pounds (45 kg) of excess weight on

Patient's Progress in OA Impressive

her 5-foot frame. At age 55 she wanted more for herself than suffering from an eating disorder.

Morbid obesity is a troublesome issue with my patients who are not ready for change. Susan heard many times the lecture about losing weight. She tried diets, fads and prescription drugs, but all were only temporary fixes. She reported that through two pregnancies, hernias, gall bladder surgery, major life-threatening surgery, bowel obstructions and a diagnosis of multiple sclerosis, she ate and ate.

Patients like Susan frustrate many doctors. She made no changes despite being in and out of hospitals and doctors' offices. Her life was falling apart, and all she wanted was for the doctors to fix her.

A few years later she had another bowel obstruction. A doctor told her she was too fat; he could not operate on her. Even then her eating didn't stop.

Later she realized she was a food addict and needed help. She attended Overeaters Anonymous (OA), an outpatient, eating-disorders recovery program, and poured her heart and soul into her

recovery. She often shared her progress. She was able to eat a variety of foods she had avoided because of the bowel obstructions. Her volume decreased because she was weighing and measuring her portions. The group support made her less agitated with her life issues. In subsequent visits with me, she demonstrated a cheerful disposition and weight loss, visible signs of her accomplishments in OA.

As doctors, we are sometimes unaware of nonphar-

maceutical interventions to recommend to our patients. Susan has shown significant health improvements with her 108-pound (49-kg) weight loss. She is now a candidate for hernia-removal surgery. I support patients who follow a food plan free of white flour and sugar and attend the Twelve-Step program of Overeaters Anonymous. Based on my experiences with Susan, OA offers an effective support system for making and maintaining life changes. I wish all my patients could be success stories like Susan.

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Eventually, I buried my altruism and sense of humor in a wall of cynicism and self-pity.

Of course, my behavior impacted my family. Time I could have spent with them I used for grocery-store visits, quick errands to buy junk food, or hours spent baking some dessert I often ate large portions of before even heating it. My spouse finally confronted me on New Year's Eve, 1993. As a trained therapist, he has worked with alcoholics, and he recommended the Twelve-Step approach of Overeaters Anonymous (OA).

The next month I attended my first OA meeting. Two weeks later I stopped eating cakes, pies, cookies, brownies, fudge, ice cream and caffeine, and I have not eaten them since. I worked with a sponsor (a member with more recovery than I had) and began looking at how food was affecting my life. I started to understand how my bingeing covered up feelings of failure as a doctor, wife and mother. I worked the Twelve Steps, making amends to my family, and began finding new solutions to my career problems. I did change jobs one more

time, but I have been in the same position for 10 years.

I have regained my sense of humor and fascination with medicine, and I no longer expect patients to do everything I say. I can have sympathetic or at least open-minded discussions with them about why they behave the way they do. When I have problems with a patient or feel strong emotions about fatal illnesses, abuse cases or noncompliance, I can talk with my sponsor, write about it or go to an OA meeting. The Serenity Prayer reminds me I am not in charge of the world and helps me accept that this is the world in which I have to work.

It turns out that medicine wasn't the wrong career for me after all; I am passionate about it! Now, one day at a time, I am free of my dependence on food and enjoy my family and vocation. Please consider Overeaters Anonymous if you know patients, colleagues or family members who suffer with eating disorders. It took more than a diet or pill to solve my eating disorder, but the solution I was lucky enough to find has enriched my life on every level.

Complementing the Professional Community With Overeaters Anonymous

Many professional organizations and institutions work with OA members to inform other professionals and the public about compulsive eating and the resources available in OA to address this problem.

OA is not in competition with the professional community. On the contrary, many members consider OA to be a complement to the professional services they receive.

In part, OA works because it offers an ongoing support system for members and encourages them to help one another,

thereby weakening their isolation and loneliness. OA members provide this support through sharing their experience, strength and hope with one another. OA claims no medical, nutritional or psychological expertise. It suggests that interested members contact qualified professionals for help in these areas.

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patient might feel unsafe admitting to problems with food. If the patient feels he or she has a food problem, the professional must trust the patient's admission. The health-care professional can share that Overeaters Anonymous (OA) is a safe and successful approach.

The OA program is not a substitute for psychotherapy. It is an excellent adjunct to treatment. The list of psychodynamic, cognitive, behavioral, nutritional and medical approaches to eating disorders is growing, and OA membership can only enhance recovery from these compulsive disorders.

Socialization is possible in the OA Fellowship. Many eating-disordered individuals have delayed or few social skills. It is rare a compulsive eater will practice his or her addiction in public. Compulsive eating is an isolating disease. Participation in meetings might be the first time an OA member feels a sense of belonging. OA support is available 24/7 by telephone and Internet. OA meetings are free and unlimited, with an optional small donation, whereas managed care or financial considerations

Pamphlets for Professionals

The World Service Office (WSO) of Overeaters Anonymous carries pamphlets for health-care professionals. Call the WSO; you may also order them and find other pamphlet titles online at bookstore.aa.org.

Introducing OA to Health-Care Professionals— Explains how OA complements professional care. Includes a questionnaire for clients and patients about eating behaviors. (#753K/\$.15 each)

Is Food a Problem for You?—Includes 15 questions to determine if someone is a compulsive eater, a description of the OA program, member testimonials and the Twelve Steps. (#750/\$.20 each)

Treatment and Beyond—Explains OA's recovery program and eases the transition from treatment center to OA meeting. (#757/\$1.00 each)

Fifteen Questions—Helps your client decide if he or she is a compulsive overeater. (#755K/\$.10 each)

US Shipping: \$5 for orders up to \$24.99; 20% for orders \$25 to \$59.99;

17% for orders \$60 to \$99.99; 12% for orders above \$100.

Call the WSO for expedited orders and shipping outside the US.

might limit the amount of therapy provided. Although a psychotherapist is non-judgmental, an OA member might also need to share and learn from a peer who has similar issues.

OA works with therapy. While either approach might work well individually, a combination can best help the patient acquire the most effective tools to combat this disease. When therapy is over, OA continues its support indefinitely.

OA abstinence is just a beginning. Maintaining absti-

nence can be a bigger challenge for patients. Therapy deals with the underlying issues. Without addressing these issues, the patient risks switching addictions—what Twelve-Step people call “shuffling deck chairs on the Titanic.” Therapy is most helpful to the patient learning to cope with life without the addictive behavior. The OA program provides tools, not only to achieve abstinence, but also to live a happy, healthy life. Isn't this what we want for our patients? The goals are the

Preamble

Overeaters Anonymous is a Fellowship of individuals who, through shared experience, strength and hope, are recovering from compulsive overeating. We welcome everyone who wants to stop eating compulsively. There are no dues or fees for members; we are self-supporting through our own contributions, neither soliciting nor accepting outside donations. OA is not affiliated with any public or private organization, political movement, ideology or religious doctrine; we take no position on outside issues. Our primary purpose is to abstain from compulsive overeating and to carry this message of recovery to those who still suffer.

same, with a unique combination of approaches and solutions for each individual.

OA is a spiritual program; it is not a religious program. Each member finds his or her own definition of abstinence and a Higher Power. Addressing a patient's spiritual beliefs is no longer taboo in the field of psychotherapy and can be most helpful in understanding the patient's coping mechanisms. As a psychotherapist who believes the treatment process involves a Higher Power, it helps to know I can share this awesome responsibility for the patient's recovery.

We Want to Hear From You!

Please let us know how we can better inform you about OA's Twelve-Step program. Check any of the boxes below.

- Send me a Professional Kit with detailed information about your program.
- Send me two free issues of *Lifeline*, your recovery magazine.
- Let me know about OA members in my area who could speak to professional groups.

Name _____

Company/Organization _____

Address _____

City _____ State/Province _____ Zip _____

Telephone _____ Email _____

Have you ever referred a patient/client to OA? yes no

I would like to see articles on the following topics in future issues of the *Courier*:

"Hearing Is Believing: OA Members Speak" CD

Hear a five-minute excerpt from *Hearing Is Believing: OA Members Speak . . .*, a 20-minute CD that depicts the inspiring journeys of several OA members from despair to recovery and serenity:

www.aa.org

World Service Office • P.O. Box 44020 • Rio Rancho, NM 87174-4020
Phone: 1-505-891-2664; Fax: 1-505-891-4320; email: info@aa.org; Web site: www.aa.org

Overeaters Anonymous
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Rio Rancho, NM 87174-4020

Address Service Requested

12 STEPS

Twelve Steps

- to freedom from yo-yo dieting
- to peer understanding
- to renewed self-esteem
- to freedom from compulsion
- to a healthier body
- to a new attitude toward life



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Together We Can