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Eating disorders and culture: Providing culturally sensitive treatment for Latinxs



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Aims

- Discuss the prevalence of eating disorders in the Latino population
- Discuss cultural values and relevant factors for the Latino population
- Learn about the cultural adaptations suggested for the Latino population

Prevalence in Latinxs

Alegria et al.,
2007

- Lifetime AN- 0.03% M; 0.12% F
- Lifetime BN- **1.34% M; 1.91% F**
- Lifetime BED-1.55% M; 2.31% F

DSM-IV

Marques et al.,
2011

- Lifetime AN- 0.03% M; 0.12% F
- Lifetime BN- **1.73% M; 2.34% F**
- Lifetime BED-1.54% M; 2.71%F

DSM-5

Udo & Grilo,
2018

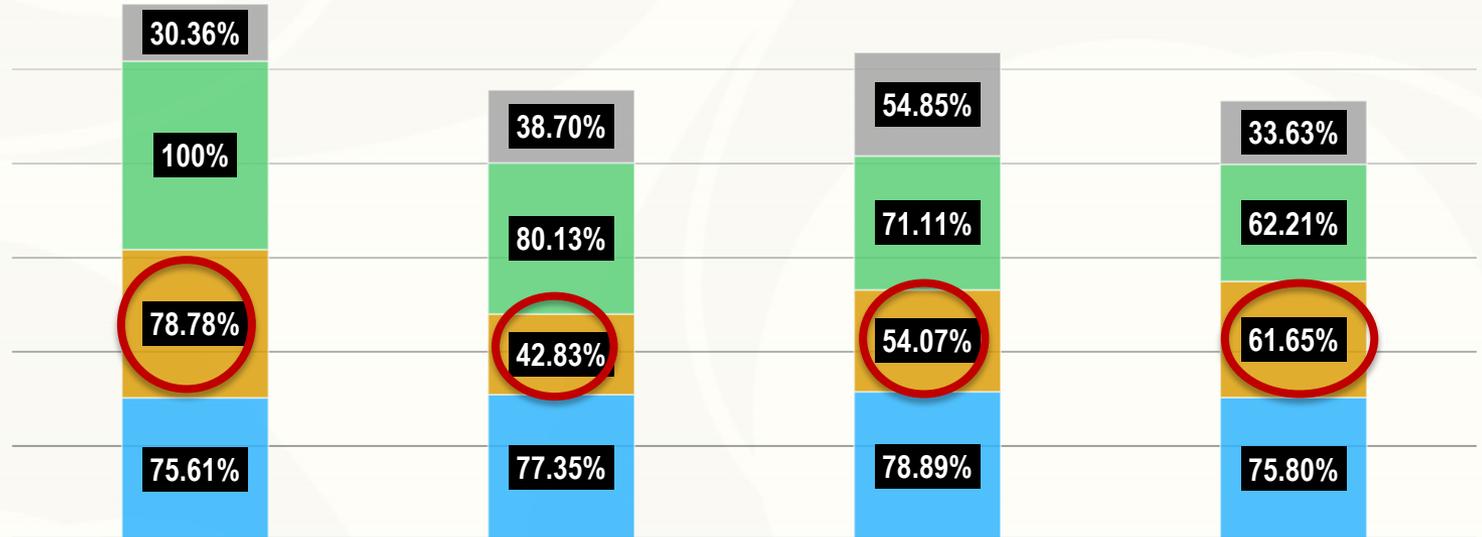
- Lifetime AN- 0.46%
- **Lifetime BN- 0.24%**
- Lifetime BED- 0.75%

Hudson et al., 2007

Female: Lifetime AN .9%; 1.5% BN; 3.5% BED

Male: Lifetime AN .3%; BN .5%; BED 2.0%

Lifetime service utilization in diverse population



	Life-time AN	Life-time BN	Life-time BED	Lifetime Any Disorder
■ Asian American	30.36%	38.70%	54.85%	33.63%
■ African Americans	100%	80.13%	71.11%	62.21%
■ Latinxs	78.78%	42.83%	54.07%	61.65%
■ Whites	75.61%	77.35%	78.89%	75.80%

Marques et al., (2011)

Mental Health and Latinxs

What we know?

- Engagement and retention
- Mental health stigma
- Mental health seeking help pattern
 - Wait until symptoms are very severe
 - Underutilize mental health services

Treatment barriers in Latinas with ED

System

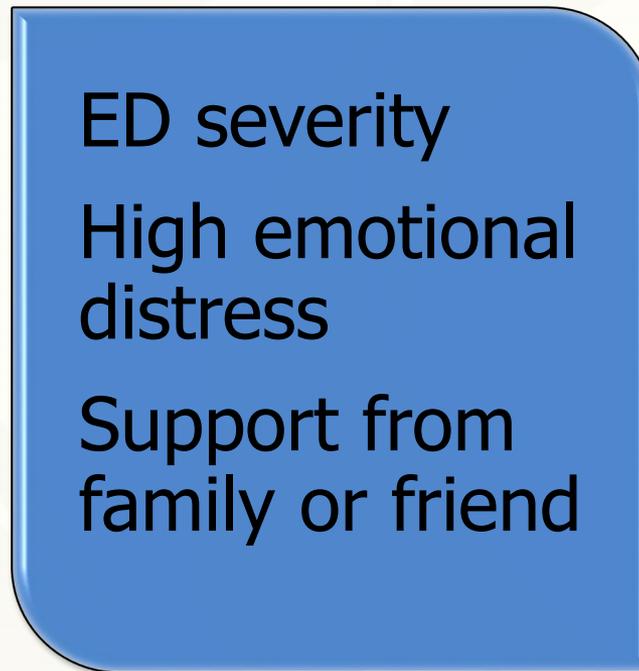
- Clinician bias
- Lack of bilingual services
- Lack of health insurance

Personal

- Motivation
- Stigma
- Family privacy
- Fear of not being understood
- Not ready to change
- Knowledge of resources

[Reyes-Rodriguez et al., 2013]

Treatment Facilitators



[Reyes-Rodriguez et al., 2013]

Evidence-based treatment and Latinxs

What we know?

- We can't assume that an EBT that has been developed and tested primarily with and for White European only works for that population but...
- We also can't assume that the EBT is appropriate for diverse populations.

Cultural adaptation: When?

- Ineffective patient engagement
- Unique risk or resilience factors
- Unique symptoms of a common disorder
- Poor intervention effectiveness

[Gonzalez Castro et al., 2010]

What is a cultural adaptation?

Systematic modification of an intervention to integrate clients' relevant cultural factors (e.g., language, values).

[Bernal, Jiménez-Chafey and Domenech-Rodríguez, 2009]

Culturally-adapted treatments appear to be valuable and acceptable to Latinxs in the U.S. with low levels of acculturation

[Griner & Smith, 2006].

Cultural values and Latinxs

- **Cultural values**
 - *Familismo*
 - *Personalismo*
- **Other cultural aspects**
 - Acculturation/acculturative stress
 - Migratory status
 - Language barrier

Cultural values and Latinxs

- **Other cultural aspects**
 - Food insecurity/border crossing
 - Nuances across Latinx sub-groups

Evidence-based treatments in Latinas

CBT-Self guided

Cachelin et al, 2014

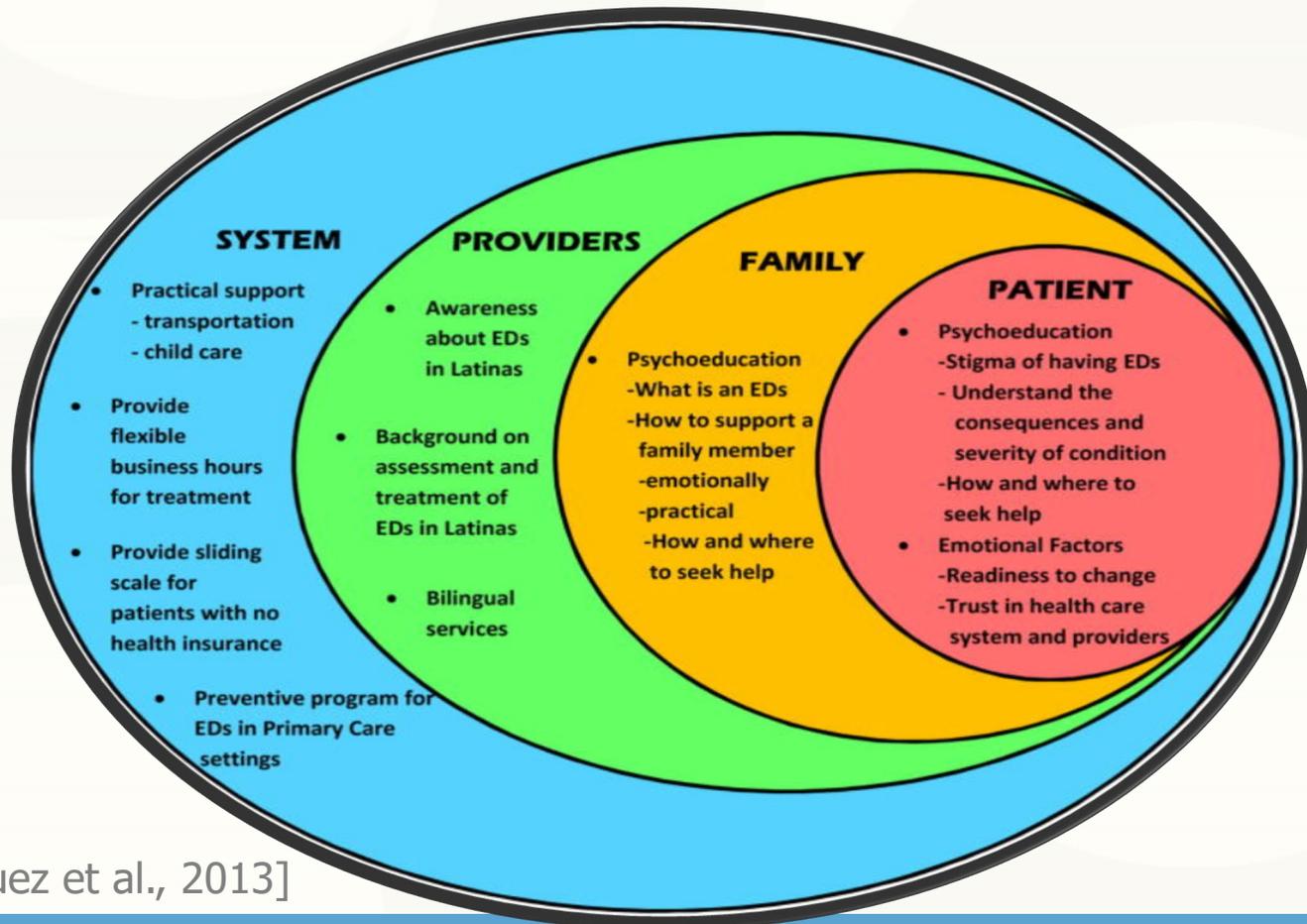
- Feasible
- Importance of addressing family issues

CBT-BN/BED

Reyes-Rodriguez et al., 2014

- Feasible
- Family sessions

Level of intervention model for Latinxs



[Reyes-Rodríguez et al., 2013]

Evidence-based treatment and diverse populations

What is the best approach?

- Search if there any cultural adaptation (clinical trial, case report) that could inform you about potential modifications on treatment.
- Use the current EBT but with an open mind and flexibility to incorporate modifications based on literature review, treatment progress and feedback from patient and/or relatives.

Case Report

Revista Mexicana de Trastornos Alimentarios/Mexican Journal of Eating Disorders 5 (2014) 135-146

ISSN: 2007 - 1523



Revista Mexicana de Trastornos Alimentarios

Mexican Journal of Eating Disorders

Journal homepage: <http://journals.iztacala.unam.mx/>

Culturally Sensitive Intervention for Latina Women with Eating Disorders: A Case Study

Intervención sensible culturalmente para mujeres latinas con Trastornos de la Conducta Alimentaria: Un estudio de caso

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Case Presentation

General background

- 31- year-old undocumented monolingual Latina
- Sought treatment for PPD but tx stopped when disclosed BN symptoms
- Living with a partner and two children under age of 5

Case Presentation

Symptoms background

- BN-Purging type, 1-3 binge & purge episodes per day
- BMI 29.1 kg/m²
- Onset age of 18, one year of treatment in her country of origin
- BDI=44 (severe depressed) SCL-36=119 (moderate symptoms)
- Trauma history

Treatment and culture considerations

- Treatment approach
 - CBT-BN
- Language-Spanish
 - Importance of acknowledges nuances of Latino subgroups
- Cultural values
 - Familism
 - Personalism

Treatment and culture considerations

- Immigration
 - Level of acculturation/acculturative stress
 - Trust issue
 - Safe place for treatment

Treatment Modifications

Phase 1 CBT-BN (sessions 1-8)

- Clinical conceptualization
- Inclusion of partner as part of treatment process
 - Enhancing engagement & retention
 - Couple-based sessions
- Adding community services for medication management
- Additional issues to address
 - Parenting skills & trauma history



Figure 1. Clinical conceptualization of single case Latina woman with bulimia nervosa

Treatment Modifications

Phase 2 CBT-BN (sessions 9-16)

- Regulating eating pattern
- Late response, 2-3 binge/purge per week
- Couple-based sessions
- Nutritional counseling

Treatment Modifications

Phase 3 (sessions 17-26)

- Relapse prevention
- Concrete plan with potential scenarios (relapse tool kit)

Inclusion family in treatment

- Address stigma and shame by sharing their eating disorder with family member.
- Boost treatment engagement/retention
- Facilitate positive changes related to eating pattern
- Identify specific triggers of their eating disorder behaviors in the family context

Psychoeducation



REVISTA MEXICANA DE TRASTORNOS ALIMENTARIOS MEXICAN JOURNAL OF EATING DISORDERS

<http://journals.iztacala.unam.mx/index.php/amt/>

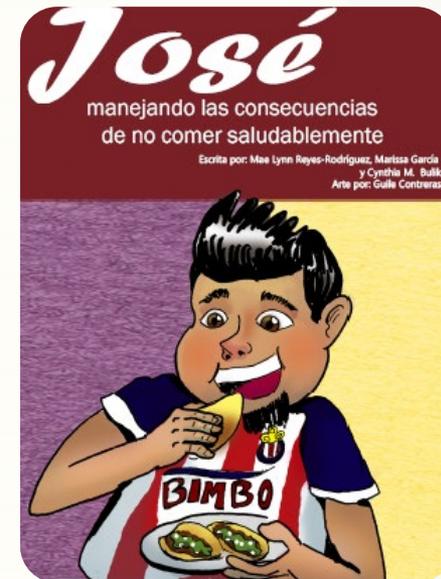
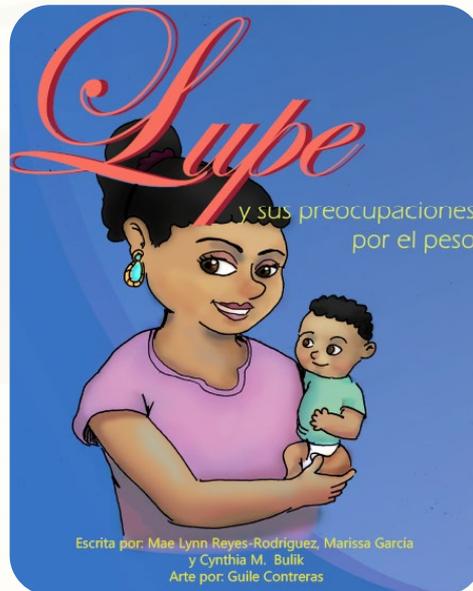
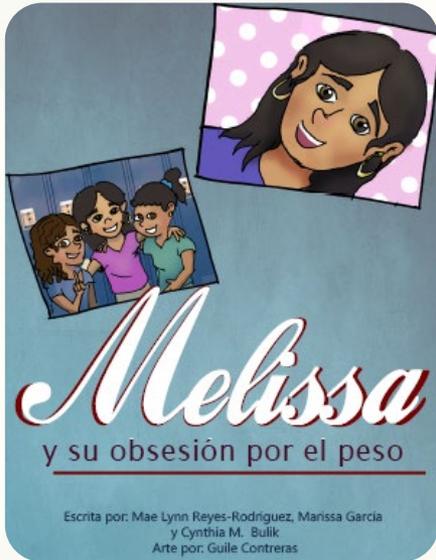


ARTICLE

Development of *fotonovelas* to raise awareness of eating disorders in Latinos in the United States

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Psychoeducation



Final remarks

- Eating disorders are prevalent in Latinxs
- Primary care settings could play an important role on early detection & treatment delivery
- Very limited evidence-based treatment for ED in Latinxs
- Well informed about cultural values
- Recognize our own biases

Final remarks

- Challenges with service utilization may require changes in:
 - Setting
 - Recruitment strategy
 - Incorporation of relevant sociocultural factors in treatment

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Questions

