Eating Disorder Meal Planning Guide

Created by: Allison Bone, MS, RD, CEDS-C with Untamed Nutrition Therapy

Step One:
Determine client's daily nutrition needs, including additional calories if weight restoration is needed.

- Gather appropriate information from client: height, weight, activity level, current intake, gender identity, hormone therapy use, etc.
- Assess for re-feeding syndrome (*refer to higher level of care if at risk).
- Calculate basal metabolic rate (BMR), considering the above factors, using Mifflin-St Jeor or Harris-Benedict equations.
    - Mifflin-St Jeor equations:
        - Women: BMR = (10 x weight in kg) + (6.25 x height in cm) - (5 x age in years) - 161
        - Men: BMR = (10 x weight in kg) + (6.25 x height in cm) - (5 x age in years) + 5
    - Harris-Benedict equations:
        - Women: BMR = 655.1 + (9.563 x weight in kg) + (1.850 x height in cm) - (4.676 x age)
        - Men: BMR = 66.5 + (13.75 x weight in kg) + (5.003 x height in cm) - (6.75 x age)
- Multiply BMR by activity factor to determine daily calorie needs.
    - Activity factors:
        - Sedentary = 1.2
        - Lightly active = 1.375
        - Moderately active = 1.55
        - Active = 1.725
        - Very active = 1.9
- For clients needing to weight restore, add in an additional 300-500 kcal per day, considering risk for refeeding syndrome and indivudal nutrition status.

Step Two:
Together, with your client, determine the best meal plan approach to implement. Some factors to consider include:

- What meal plans (if any) they have used in the past
- The level of structure they need to get their nutrition needs met
- Their level of nourishment/malnourishment
- What meal plan style makes the most sense to them
- Their willingness & motivation for change

There are several meal plan types available for providers & clients to consider, including:

- Plate-by-Plate method
- Fuel Groups method
- Exchange-Based method
- Calories/Macros

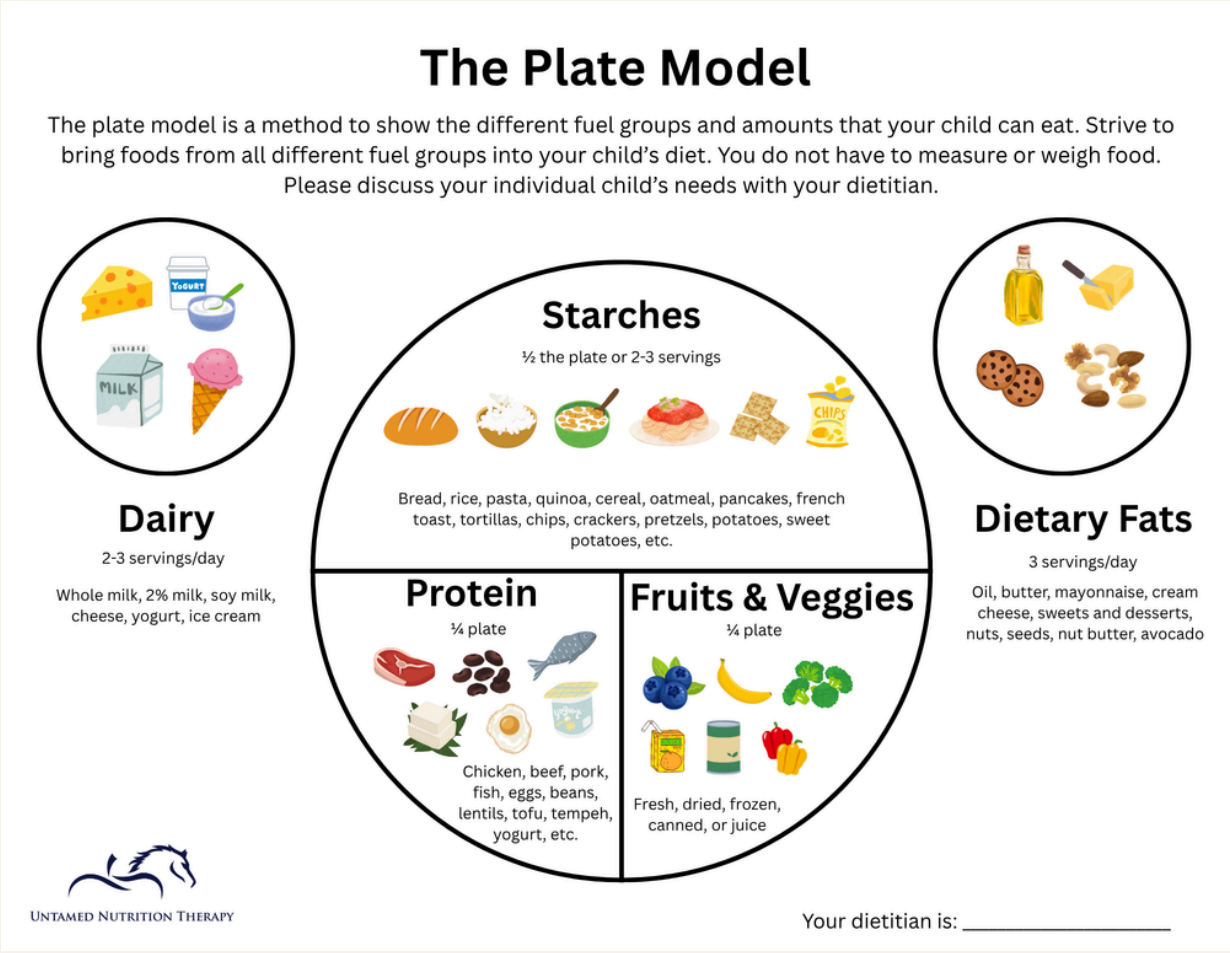
*There are pros and cons to each. Take each individual client's needs into consideration when working together to make a decision.

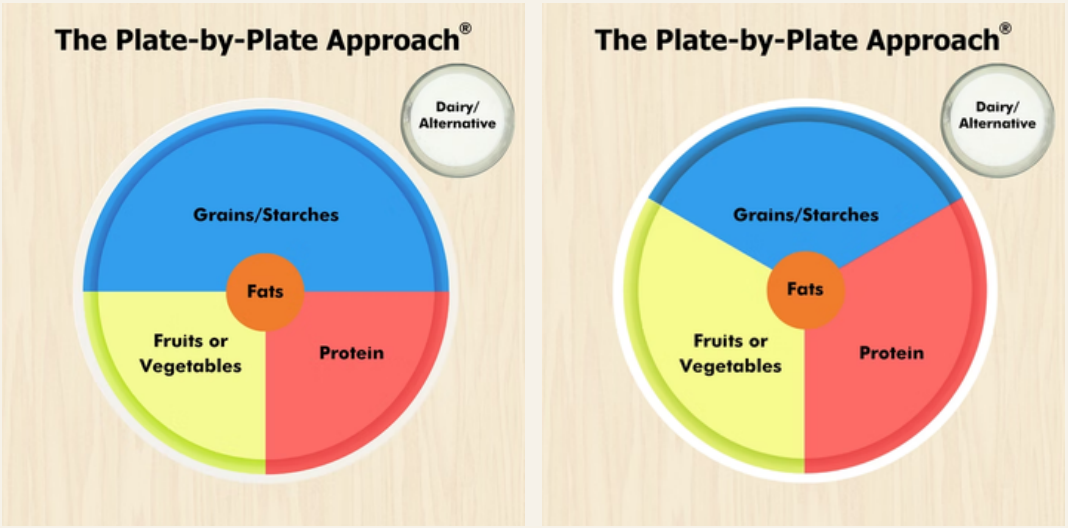
Step Three:
After determing which meal plan to use for your client, work together to put it into practice.

- Review the meal plan concepts in session with the client.
- Go slowly, as this information can cause anxiety for many clients.
- Allow them to ask questions and remind them that the goal is not perfection.
- Start working with the client on building their individual meal plan and develop a plan for implementation.
- Make sure to include the meal plan information, including calories, into your documentation.
- Each session, assess meal plan acceptance and make adjustments as needed.

Plate-By-Plate Method

This method is used mostly with adolescents, teens, and families, especially when implementing Family-Based Treatment (FBT). However, it can also be successfully utilized with adults!





Source: https://www.platebyplateapproach.com/

Key aspects of the Plate-By-Plate method include:

- Used during FBT, primary caregivers are in charge of food
- The plate is used to determine how much to feed/eat
- There is an emphasis on variety and exposure to all foods
- The dietitian customizes amounts for each client
- Make adjustments as needed!

Fuel Groups Method

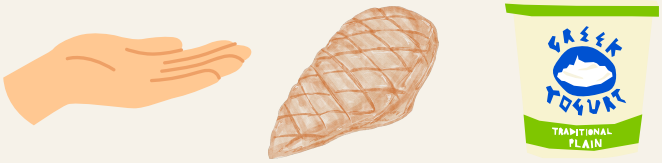
This method breaks food into different fuel groups and provides recommended portion sizes for each, which are customized based on individual clients' needs.

Starches/Grains

1 fist/1 baseball

Protein

1 palm

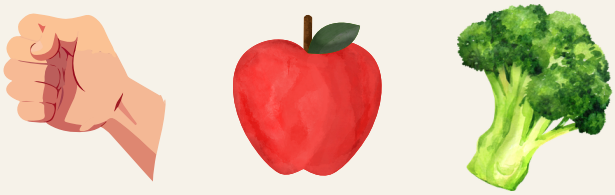


Dietary Fats

1 thumb/1 ping pong ball

Fruits/Vegetables

1 fist/1 baseball



Key aspects of the Fuel Groups method include:

- Each meal is typically at least one of each fuel group
- Each snack is a number of fuel groups with the same minumum portion size
- Portion sizes are minimums and can be adjusted for each client's needs (i.e. 2 fists starch at each meal)
- Below are the estimated calories for each meal/snack when using this method:
  - Meals:
    - 1 fist starch, 1 palm protein, 1 thumb fat, 1 fist fruit/veg = 500 kcal
    - 2 fists starch, 1.5 palms protein, 1 thumb fat, 1 fist fruit/veg = 750 kcal
    - 2 fists starch, 2 palms protein, 2 thumbs fat, 1 fist fruit/veg = 1,000 kcal
  - Snacks:
    - 1 fuel group = 150 kcal
    - 2 fuel groups = 300 kcal
    - 3 fuel groups = 450 kcal
    - 4 fuel groups = 600 kcal

Exchange-Based Method

This method is based on the diabetic exchange system. With this method clients are given a certain numbers of exchange servings of starches, proteins, fats, fruits, vegetables, and dairy products. The exchanges are connected to a certain number of calories.

Starch/Carbohydrates:
1 Exchange = 15 grams CHO and 80 kcal

Protein:
1 Exchange = 7 grams PRO and 35-100 kcal, depending on fat content

Fat:
1 Exchange = 5 grams FAT and 45 kcal

Veggies:
1 Exchange = 5 grams CHO, 2 grams PRO, and 25 kcal

Fruit:
1 Exchange = 15 grams CHO and 60 kcal

Dairy:
1 Exchange = 12 grams CHO, 8 grams PRO, 0-8 grams fat, and 90-150 kcal, depending on fat content

* Use the Diabetic Exchange List as a reference for providing portion size guidance for clients (i.e. ½ cup pasta, cooked = 1 exchange).

Sample Exchange-Based Meal Plans:

1,800 kcal meal plan:
Breakfast: 2 starch, 2 protein, 1 fat, 1 dairy, 1 fruit
AM Snack: 1 starch, 1 fruit
Lunch: 2 starch, 2 protein, 2 fat, 1 dairy, 1 veg
PM Snack: 2 fat, 1 fruit
Dinner: 3 starch, 2 protein, 2 fat, 2 veg
HS Snack: 1 dairy, 1 fruit

2,100 kcal meal plan:
Breakfast: 2 starch, 2 protein, 2 fat, 1 dairy, 2 fruit
AM Snack: 2 starch, 1 fruit
Lunch: 2 starch, 2 protein, 2 fat, 1 dairy, 2 veg
PM Snack: 2 fat, 2 fruit
Dinner: 3 starch, 2 protein, 2 fat, 2 veg
HS Snack: 1 starch, 1 dairy, 1 fruit

2,400 kcal meal plan:
Breakfast: 2 starch, 2 protein, 2 fat, 1 dairy, 2 fruit
AM Snack: 2 starch, 1 fat, 1 fruit
Lunch: 3 starch, 2 protein, 2 fat, 1 dairy, 2 veg
PM Snack: 2 fat, 2 fruit, 1 protein
Dinner: 3 starch, 3 protein, 2 fat, 2 veg
HS Snack: 1 starch, 1 dairy, 1 fruit

2,800 kcal meal plan:
Breakfast: 3 starch, 3 protein, 2 fat, 1 dairy, 2 fruit
AM Snack: 2 starch, 2 fat, 2 fruit
Lunch: 3 starch, 3 protein, 2 fat, 1 dairy, 2 veg
PM Snack: 2 fat, 2 fruit, 1 protein
Dinner: 3 starch, 3 protein, 3 fat, 2 veg
HS Snack: 2 starch, 1 dairy, 1 fruit

Key aspects of the Exchange-Based method include:

- Customize the exchanges based on each individual client
- These meal plans can cause rigidity in clients; only use in specific cases!

Calories/Macros Method

Calorie or macronutrient-prescribed meal plans are not usually advised for eating disorder patients. However, if the patient is already counting calories or macros and there is inflexibility in moving away from this behavior, this "skill" can sometimes be used to ensure the individual is getting enough nourishment. The goal is always to create more neutrality around food and calories and move away from calorie or macro counting at some point in their journey. This is another great reminder that meal plans must be individualized for each client's unique situation and presentation.

Key aspects of the Calories/Macros method include:

- Provide estimated calories for the client's meal plan and make adjustments as necessary.
- Break down the meal plan into calories at each meal and snack
- Over time, work on moving away from this meal plan and promote food and calorie neutrality!

General Reminders About Meal Planning

- Choose the meal plan that makes the most sense for the client and their unique situation.
- Ensure you provide information about the pros and cons of each method and work with the client to make the best decision for their well-being and recovery.
- Be cautious of refeeding syndrome and refer to a higher level of care if you assess a client to be at risk.
- You can also implement supplementation, especially for adolescents and teens whose parents are using the Plate-by-Plate method. Supplement protocols vary depending on institution, treatment center, and caregiver preference; however, two common and simple protocols are depicted below. Common supplement options include: Ensure Plus, Boost Plus, and Kate Farms.

Meals:

Snacks:

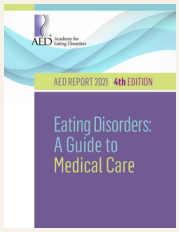
Less than or equal to 50% eaten = 8 oz. supplement (12 oz. if using Kate Farms

More than 50% eaten, but not finished = 4 oz. supplement (6 oz. if using Kate Farms)

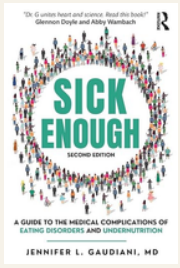
Additional Resources

Books

Academy for Eating Disorders
Eating Disorders: A Guide to Medical Care

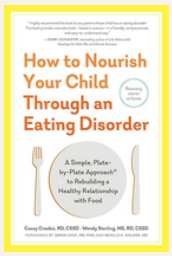


Dr. Jennifer Gaudiani's
Sick Enough

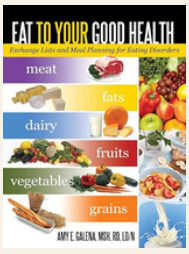


Jessica Setnick's
Eating Disorder Pocket Guice, 3rd Edition

How to Nourish Your Child
Through an Eating Disorder



Eat To Your Good Health



Additional Trainings

Jessica Setnick's
Eating Disorders Bootcamp:
https://www.eatingdisordersbootcamp.com

Eating Disorder Registered Dietitians and Professionals:
https://edrdpro.com/

American Psychiatric Association (APA)
Eating Disorder Practice Guidelines:
https://eguideline.guidelinecentral.com/i/1492606-eating-disorders/0?

The Mindful Dietitian Courses and Webinars:
https://www.themindfuldietitian.com.au/online-learning

Marci RD Nutrition
Online Training for Dietitians and Clinicians:
https://marcird.com/online-training-for-dietitians-and-clinicians/

Center for Body Trust
Body Trust Professional Training:
https://centerforbodytrust.com/body-trust-professional-training/

Mindful Eating Training Institute:
https://www.mindfuleatingtraining.com/?fbclid=IwAR2OgQUC0WtHxxFITnDD1rwzmOEKBQ-JJ8igRgI23NAqHhsXj_5o3WiwAnE

For addition help contact us at:
www.untamednutrition.com
hello@untamednutrition.com

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