

- Compulsive eating
  - Under-eating
- Food addiction
  - Anorexia
  - Bulimia
- Binge eating
- Overexercising

No matter what the problem with food, we can provide ongoing support to your patients or clients.

### Complement Your Care with Overeaters Anonymous

OA works, in part, because it offers an ongoing support system for members and encourages them to help one another, thereby weakening their isolation and loneliness.

Many members consider OA a complement to the professional services they receive. In fact, OA claims no medical, nutritional, or psychological expertise and suggests that interested members contact qualified professionals for help in these areas.

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*“As a group psychotherapist, I am particularly sensitive to the dynamics that allow a group to work well and those that tend to disrupt or destroy a group’s work. The wisdom of OA’s twelve traditions (adapted from the traditions of Alcoholics Anonymous), which govern OA meetings and the fellowship as a whole, has impressed me. These traditions safeguard the well-being of each individual member as well as the fellowship.”*

— J.D.R., MD, FASAM, FAGPA

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A publication of:  
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# PROFESSIONAL COMMUNITY COURIER

OA News and Information for the Professional Community

Issue III

## It Took More Than a Diet or Pill

— Mary J., MD

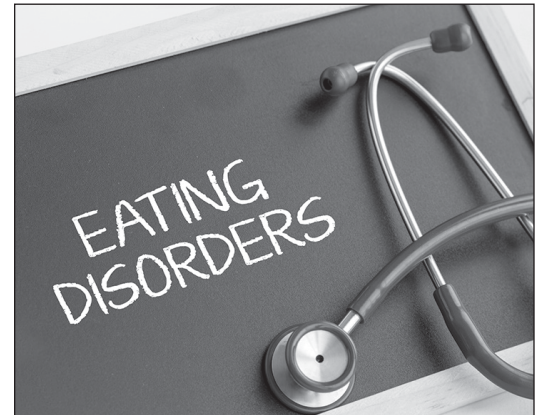
**T**oday, while making hospital rounds, I heard the nurses discussing a new diet. When I opened the newspaper, a headline touted new diet pills coming soon to a pharmacy near you. As a physician in practice for twenty-five years, I sometimes want to roll my eyes. Here we go again! People are still looking for an easy, pain-free way to lose weight. “Why don’t they just eat less and exercise more?” many medical professionals wonder. I’m sure my own doctors wondered the same thing about me fifteen 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 doctors’ lounge. After starting practice, I still felt stressed. Maybe I was in the wrong career? I tried teaching, practicing locum tenens, working part-time, serving the under-served, yet still food was my comfort when I felt stress.

Back then, 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. But over time, 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 desserts (from which I often ate large portions before they even went into the oven). My spouse, a trained therapist who has worked with alcoholics, finally confronted me seventeen years ago on New Year’s Eve. He recommended the twelve-step approach of Overeaters Anonymous.

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 had covered up feelings of failure as a doctor, wife, and mother. I worked the twelve steps, made 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 now for ten years.

I have also 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. Now, 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.

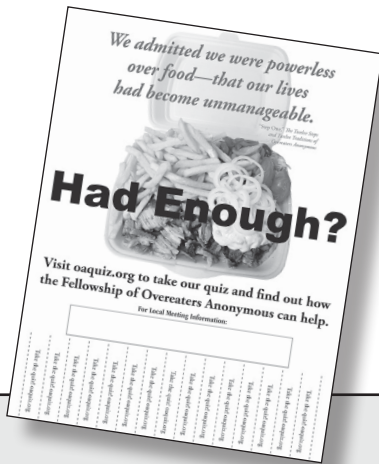
It turns out that medicine wasn’t the wrong career for me after all; I am passionate about it! One day at a time, I am free

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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.



### Free Awareness and Self-Evaluation Poster for Treatment and Waiting Areas

Help patients and clients recognize their compulsive eating and compulsive food behaviors and refer them to OA. Go to [oa.org/document-library](http://oa.org/document-library) under “Public Information Posters” and download free 8.5" x 11" posters. Each poster design directs patients and clients to OA's Fifteen Questions (a self-evaluation tool found at [oaquiz.org](http://oaquiz.org)) and can be customized to include local OA contact information.

Packs of twenty full-color posters (#759 at [bookstore.oa.org](http://bookstore.oa.org)) are available for purchase.

## Overcoming Fears of Seeking Preventive Care

— Beth T., Atlanta, Georgia USA

When I arrived at Overeaters Anonymous two years ago, I was at my highest weight and in constant pain. My joints ached, and a walk from my car to the OA office left me short of breath.

Another side effect of my disease was a fear of doctors. I was afraid of the doctor's scale and the ensuing lecture that would come from being so overweight. My last visit to the gynecologist brought a lecture that was especially demoralizing because I had been dieting and my weight was lower than it had been in a while. To avoid the lecture, I neglected my worsening health by not going to the doctor.

About a month ago, I decided it was time to go back to the doctor and get a better picture of my health. My first visit was to my primary care physician for a complete physical. A student doctor conducted the examination and asked questions about my weight loss.

A few minutes later, I heard my primary care physician pull the chart from the door and flip through the pages. He came blasting into the room. “What's going on with you?” he exclaimed, noting my weight loss (over 100 pounds [45 kg] since joining OA). My story came flooding out, including details about OA and examples of how the program was changing my life. For another twenty minutes, he and the student doctor asked questions about OA and my eating habits.

I asked what my weight was at my last visit, and after flipping through the chart, he said I had refused to get on the scale the last two times. I laughed and told him my highest weight just before joining OA. It



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*“What's going on with you?” he exclaimed, noting my weight loss (over 100 pounds [45 kg] since joining OA). My story came flooding out.*

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shocked him, and he insisted I could not have been that large. But it was true. I also told him I remembered a visit many years ago when he asked what was going on with my weight and I acted as if I had no clue; the truth embarrassed me.

He then requested more information about OA so he could pass it along to other patients, and I told him I would provide it.

A week later my blood tests came back. My cholesterol had dropped over 100 points into the “very good” range. All of my results came back in that range—much different from a year ago.

I'm grateful to OA for helping me get my life back: my friends, family, career, and health.

### OA 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 eating and compulsive food behaviors and to carry the message of recovery through the Twelve Steps of OA to those who still suffer.



# The OA Program is an Excellent Adjunct to Psychotherapy

— Ronnye T. Halpern, LCSW, CEAP, BCD

Despite much progress in making health care professionals aware of twelve-step programs, many mental health professionals remain unfamiliar with them, may resist referring patients to them, or may not understand how to work with patients committed to twelve-step recovery. To best serve these patients, we must have more than a hearsay view of twelve-step programs. There is no substitute for attending open meetings to get firsthand experience.

While some increased awareness of eating disorders exists, I wonder how many health care 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 when 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 patient might feel unsafe admitting to problems with food. If the patient feels that they have a food problem, the professional must trust the patient's admission. The health care professional can also share that Overeaters Anonymous 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. Compulsive eating is an isolating disease; many eating-disordered individuals have delayed or few social skills, and it is rare that a compulsive eater will practice their addiction in public. But socialization is possible in the OA fellowship, and participation in meetings might be the first time a compulsive eater feels a sense of belonging. OA support is available 24/7 by telephone and internet. OA meetings are free and unlimited (an optional small donation is suggested), whereas managed care or financial considerations might limit the amount of therapy provided. Although a psychotherapist is nonjudgmental, a compulsive eater might also need to

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*While either approach might work well individually, a combination can best help the patient acquire the most effective tools to combat this disease.*

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share and learn from a peer in OA 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.

“Abstinence” in OA, the action of refraining from compulsive eating and compulsive food behaviors, is just a beginning. Full physical, emotional, and spiritual recovery 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 addic-



tive behavior. The OA program also 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 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 their 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.

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## I've Seen OA Change Lives

— Jill Gernert, MSW

As a social worker and counselor, one of my goals for patient care is to promote change. Change is difficult, and educating clients to change is just the tip of the iceberg. I have found that patients also need a support system. Many support systems are within the health care system and the community.

OA is a community- and peer-based program that has changed the lives of its members, one person at a time. The support system found in OA includes group support with face-to-face, phone, and online meetings. Another strength of the program is the one-on-one support provided by a sponsor, an OA member who has benefited from the program and is willing to share their experience. Many sponsors are available twenty-four hours a day, seven days a week. These group meetings and one-on-one support transform lives.

I have participated in OA with many members, witnessed weight losses of over 100 pounds [45 kg], and seen the support system change lives and carry members to a safe place and a life beyond the trauma and obesity of compulsive eating. Peace, harmony, and freedom are rewards of the program.

I encourage professionals to refer to OA those patients who suffer from obesity, anorexia, or bulimia. Information about OA for patients and professionals is available at [oa.org](http://oa.org).



# Your Patients May Thank You

— L.T., MD

I am a general internist in practice for more than twenty-seven years.

I have had a compulsive eating disorder since I was 7, when I weighed 110 pounds (50 kg) and first put myself on a diet. I lost and regained weight many times. Nineteen years ago, I became a member of Overeaters Anonymous. My continuing recovery in that program has enabled me to maintain a healthy weight for the first time in my life.

In my medical practice, I see people with all types of compulsive eating disorders. Depending on their diagnosis and stage of recovery, many are overweight, some are normal weight, and others are malnourished. All suffer because of the disease of compulsive overeating or under-eating. I have found that a broad-based support team is necessary for lasting recovery. While many professionals may be helping a person suffering from compulsive eating, OA has been especially valuable to many of these patients.

Compulsive overeaters founded OA, but anorexics and bulimics find acceptance and recovery there too. Often, when all else has failed, sufferers will join OA, look at themselves with honesty for the first time, and rediscover a desire to get well. As their recovery progresses, their nutritional conditions improve. Solving nutritional problems goes a long way toward solving other medical problems, including type 2 diabetes, sleep apnea, osteoarthritis, electrolyte disturbances, and osteoporosis. The list goes on and on.

Why does OA work when nothing else does? I believe it is the power of shared experiences among peers, done in an honest, willing, and moving way. This can be far more convincing than diagnoses, which come from professionals and can feel judgmental. Often, suggestions for change received from fellow sufferers are easier taken than prescribed instructions.

In OA, a nutritional plan of eating is a “tool.” No one plan of eating fits all; each member adopts their own plan. Another tool is sponsorship. Connecting with an individual sponsor is as important as connecting with groups of fellow sufferers through

meetings. These tools and others lead to a comprehensive state of physical, emotional, and spiritual recovery the OA program calls “abstinence.”

OA frames food and eating in a spiritual manner, having adapted the twelve-step program of recovery used successfully over the past eighty years by Alcoholics Anonymous. However, unlike alcohol, food is a mandatory component of life and an important part of human society. In addition to its basic nutritional use, food has had many sociocultural and spiritual uses throughout history.

The difference between compulsive eaters and people who use food for simple nutrition is that compulsive eaters have distorted its use with destructive behavior patterns. Using the twelve-step program of recovery, abstinent members embark on a journey to achieve physical health while



learning how to balance their physical, emotional, and spiritual lives.

Based on my own experience, I believe that the group dynamic found in OA and its emotional and spiritual lessons are powerful, untapped resources in our professional battle against the many health problems caused by compulsive eating. I encourage every health care professional to consider referring to Overeaters Anonymous any patients who have issues with food, eating, and weight. They may thank you for the rest of their lives.

## Downloadable Pamphlets for Professionals

Read more about how OA supports patient recovery from compulsive eating and compulsive food behaviors. Visit [oa.org/professionals](http://oa.org/professionals) for these free downloadable materials:

- **2017 Membership Survey Report**—Aggregated self-reporting from a random sample of OA’s membership that summarizes the types of problems OA members have with food; weight-loss and healthy body weight outcomes in recovery; and overall experience finding physical, emotional, and spiritual recovery from compulsive eating and compulsive food behaviors. This pamphlet is also available for purchase at [bookstore.oa.org](http://bookstore.oa.org).

- **Compulsive Overeating: An Inside View**—Describes what compulsive eating behaviors a patient or client might be concealing as well as the problems and requests compulsive eaters are likely to present to providers. This pamphlet is also available for download in the Document Library at [oa.org](http://oa.org) under the “Professional Outreach” category.

*Additional OA literature is available for download in the Document Library at [oa.org](http://oa.org), and for purchase at [bookstore.oa.org](http://bookstore.oa.org).*

