Table 12.2. Template long-term maintenance plan (for editing to suit the individual patient)

How to minimize the risk of setbacks

- Maintain a pattern of regular eating
- Avoid dieting, especially rigid and extreme diets and ones that exclude lots of foods
- Maintain weight in goal weight range
- Beware of engaging in unhelpful body checking or body avoidance
- Maintain and develop other life interests
- Use problem-solving to tackle life problems

Circumstances that might increase the risk of a setback

- Life changes and difficulties; changes to usual routine (e.g. vacations, Thanksgiving)
- Weight loss or weight gain
- Pregnancy and after pregnancy
- Low mood and/or the development of a clinical depression
- Wedding day (being the focus of attention; pressure to look good)

“Early warning signs” of a lapse

Be on the look-out for your ‘eating disorder DVD’ coming back into place. The following early warning signs form part of the first ‘track’ of the DVD:

- Changes in eating, especially eating less, skipping meals or snacks, delaying eating, eating “diet foods”
- Restarting reading diet or fashion magazines and/or visiting respective websites
- Restarting or increasing body checking or avoidance
- Restarting or increasing making shape comparisons
- Weighing outside set time
- Increasing exercising
- Having urge to vomit or use laxatives
- Having urges to binge eat
- Increased preoccupation with food and eating
- Increased dissatisfaction with shape and weight, and a strong desire to change shape or weight
- Weight dropping below a body mass index of 19.0 (………pounds)

➢ If spot early warning signs, react quickly and positively by taking “time out” to think about what is happening and plan a course of action

Dealing with triggers and set-backs

- Identify trigger
- Deal with external triggers (life) by problem-solving (see Overcoming Binge Eating)
• Beware of labeling a set-back as a "relapse" (when one is back to square one)
• Nip set-backs in the bud by following guidelines from treatment (in *Overcoming Binge Eating*); e.g. restart monitoring; adopt pattern of regular eating; plan eating ahead and review eating pattern; weigh self each week and interpret carefully; avoid following rigid and extreme dietary rules; question “feeling fat”; analyze binges; use distraction activities and problem-solving; reduce problematic body checking or avoidance
• If pregnant/after pregnancy, then ask midwife to give information on what is usual re. weight and eating and the typical time taken to lose the weight gained in pregnancy
• As a general guideline, do the opposite of what the eating disorder mindset (or ‘DVD’) makes one want to do (i.e., “Do the right thing”). Get involved in other aspects of your life, such as socializing (thereby putting in other healthier DVDs).

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  ➢ If above has not worked within four weeks, consider seeking help
  ➢ If body mass index below 18.5 (………. pounds) for two consecutive weeks, seek help