

- 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.

---

*“I have served in teaching, counseling, and nursing capacities in the health professions for more than forty years. I received a solution in Overeaters Anonymous, and I have had the opportunity to point others to the OA way.”*

—N. J., R.N., M.H.S

---

A publication of:  
Overeaters Anonymous, Inc.  
P.O. Box 44020  
Rio Rancho, NM 87174-4020 USA  
Phone: 1-505-891-2664  
Fax: 1-505-891-4320  
Email: info@oa.org  
Website: oa.org

# PROFESSIONAL COMMUNITY COURIER

OA News and Information for the Professional Community

## The Doctor as Patient

**H**ow did it come to this? I was 40 years old, sitting across from a leading weight-loss doctor. But I was the patient! After five years, I was returning to his practice. My weight had gone up and down 30 to 60 pounds (14 to 27 kg) every year.

There I sat, a well-respected physician, graduate of Johns Hopkins University, board certified in two specialties, noted lecturer home and abroad, and now I was a desperate patient. I weighed 290 pounds (132 kg), 50 to 60 pounds (23 to 27 kg) more than when I first left his practice. I had developed malignant hypertension with proteinuria, severe sleep apnea, and debilitating arthritis.

After reviewing my records, the doctor, knowing I had succeeded on his diet before, asked a question that cut through my fat and into my soul: “Are you stupid?” I turned red and could not answer. I had asked myself that question after each binge.

One year after that doctor’s visit, my father passed away. My depression and anxiety increased with the feelings of restlessness, irritability, and discontent described in the addiction-recovery book *Alcoholics Anonymous*. My eating increased, my binges got worse, and my weight went up to 330 pounds (150 kg).

In December 2001, I rediscovered OA. There I learned I was not stupid and had more than adequate willpower to succeed in my life, except when food, feelings, meals, relationships, discomfort, and snacks came together. I was a food addict. Like alcohol for an alcoholic, food was more powerful than I was with all my medical knowledge.

I surrendered to the program and began to work OA’s twelve steps and use OA’s tools for recovery, such as following a healthy food plan and becoming ac-

*Learning that I am a food addict and discovering the OA program has saved my life.*



countable to a peer sponsor, who was my recovery mentor and guide. One hundred thirty pounds (59 kg) came off in fifteen months, and I have maintained a 120- to 130-pound (54- to 59-kg) weight loss for more than ten years.

The miracle is that I don’t obsess over my binge foods. I have been sugar, flour, and fried food free for 99.9 percent of 4,350 days in program. OA has helped restore my mental, spiritual, and physical health. I continue to go to meetings, surrender, do service, work with a sponsor, and follow a plan of eating. All my medical numbers look good, and my compliance as a patient has improved.

I recommend OA to my obese patients; discuss my experience; encourage them to visit the OA website, oa.org; try six OA meetings within one month; and find a sponsor.

My medical knowledge now includes an acceptance that certain foods and eating habits can be addictive. The neurobehavioral, brain-scanning research continues to prove this, and hopefully, that information will reach more practitioners in the medical field.

Learning that I am a food addict and discovering the OA program has saved my life.

— Anonymous

# I Wholeheartedly Endorse OA

I am a family doctor practicing in Calgary, Canada. Like everyone else working in health care, I have a large proportion of overweight and obese patients. Most of them know they need to lose weight and maintain a healthy weight. In fact, they tend to be experts on matters of weight loss and nutrition. They aren't overweight because they don't know what to do with food. They are overweight because they cannot adhere to a healthy plan of eating for more than a finite period of time.

These patients struggle with a secret and powerful shame. They don't understand why knowledge isn't enough to help them combat the extra weight. Most of them have tried every commercial diet plan and have read all the diet books, only to have temporary success followed by relapse. These patients fail to realize

their struggle with food is only the tip of an iceberg. Their problems often are not only physical but also emotional and spiritual. I have learned that when they find healing on an emotional and spiritual level, they are more likely to find it on a physical level too.

One powerful resource that can help them make this connection is Overeaters Anonymous. OA is a twelve-step group that looks at compulsive eating as an addictive process and derives its tenets from the twelve-step program of Alcoholics Anonymous. It addresses the issue of why someone eats compulsively and offers a program of recovery that leads not only to physical recovery but also to spiritual and emotional recovery. It is self-supporting through member contributions and is available in most urban and many rural centers, and it is

*I have learned that when they find healing on an emotional and spiritual level, they are more likely to find it on a physical level too.*



completely inclusive.

I have been very happy with what OA has done for my patients. I wholeheartedly endorse OA to my overweight patients and to those patients struggling with binge eating and body image distortion, whatever their weight.

— *Monica Skrukwa, MD*

## A Powerful Component of Treatment

As I reflect on my career as a psychotherapist and psychoanalyst, I have fond memories of my first job working with recovering alcoholics, many of whom had cross-addictions.

Working with alcoholics and drug addicts and ensuring they attended detox and rehab programs and AA or NA meetings were no-brainers. If they were actively using alcohol or drugs to self-medicate, I would not work with them. They had to be sober and abstinent for one year and attending at least three to four AA or NA meetings per week.

But I could not tell people who suffer from compulsive overeating and bingeing to abstain from food. They need food to live! Talking with them about the addictive qualities of compulsive overeating was a challenge. Food sustains us, but for the compulsive overeater, it takes on a perverse quality quite different from sustenance. It destroys.

Once, rehab did not exist for the compulsive overeater. Now, such programs are called "fat farms" or "spas," where people must diet and



count calories. Compulsive eating is not about a diet. It is about a person's relationship to food. It has its origins very early in one's life and gets twisted up with all kinds of feelings, thoughts, and destructive behavior.

Overeaters Anonymous is a powerful component of treatment for the compulsive overeater. I have come to believe it is vital to an overeater's recovery and effectively complements psychotherapy. Adding the twelve-step component helps people break out of isolation, shame, guilt, loneliness, and the perception they are the only ones with such a problem.

Similar to other addictions, com-

pulsive overeating is about medicating feelings. Different from other addictions, it is about emotional hunger. It deadens feelings, swallowing them along with words and thoughts. Overeating weakens the capacity to think, breathe, digest, process, and feel alive. It makes you tired.

A compulsive overeater told me it feels shameful to feel so different and ugly. "People who drink or use drugs look normal, but I don't. For them it's much easier. You can see I'm different and don't fit in."

Reflecting on her words, I don't think it is easy for anyone battling an addiction, but it appears that way to some. We know staying out of OA "rooms" isolates people; they bathe in self-pity, self-hate, anger, and envy. By going to OA meetings, getting a sponsor, and working this program of recovery, one learns about their relationship to food, and that powerful awareness facilitates change.

— *Vivian Eskin, PhD*

# Dentist Recommends OA

**M**y involvement with Overeaters Anonymous started several years ago when a patient of mine asked if we had ever treated or recognized one of our dental patients as someone with an eating disorder. Following our discussion, she suggested we keep the OA Fifteen Questions profile (see [oaquiz.org](http://oaquiz.org)) on hand and presented us with several copies. Since then, we have kept these questions in our reception area for our patients, and the questions have been a great aid to our practice in many ways.

Having OA as an adjunct has been invaluable because it gives us an opportunity to present information to our patients in a nonthreatening, nonjudgmental fashion. It also opens discussion with our patients, if they so desire. It allows them to broach the subject of their eating disorders without confrontation.

While many physicians are able to raise the subject of eating disorders with their patients (because people feel their doctor treats the entire person), dentists can find it more difficult because many people are reluctant to have this door opened.

*Having OA as an adjunct has been invaluable because it gives us an opportunity to present information to our patients in a nonthreatening, nonjudgmental fashion.*

Over the years the practice of dentistry has changed drastically. Gone are the days of dentists being “mouth carpenters.” We are now trained to work in such diverse areas as private practice, public health, hospitals, and other treatment venues. We are also trained to treat the entire patient, not just the mouth; yet many people feel we are still limited to the oral cavity, making patients reluctant to discuss such private matters.

Some people exhibit definitive oral signs of eating disorders, such as bulimia. With them it is easy to open discussions about their condition. The OA Fifteen Questions

profile can open further discussion and provided more information to those patients not yet ready to confide this information to their dentist. We would like to make it easier for people to use dentists as a source of help, and Overeaters Anonymous has helped fill this important position in our practice.

— *Anonymous*



## OA Preamble

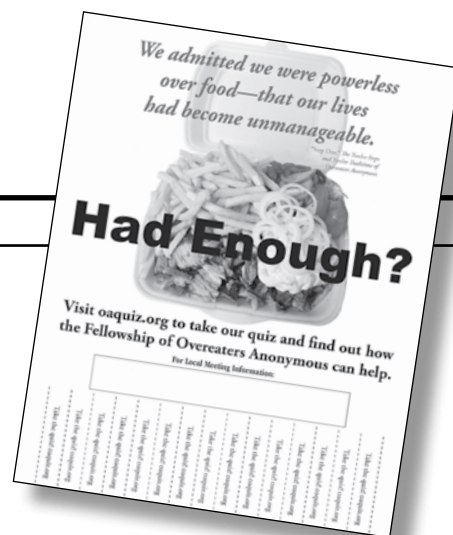
Overeaters Anonymous is a Fellowship of individuals who, through shared experience, strength, and hope, are recovering from compulsive overeating. We welcome everyone who wants to stop eating compulsively. There are no dues or fees for members; we are self-supporting through our own contributions, neither 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.

## Free OA Posters for Treatment and Waiting Areas

OA offers free, downloadable 8.5” x 11” posters that can help patients and clients recognize their compulsive eating and compulsive food behaviors and find a solution in the fellowship of Overeaters Anonymous.

To download a free poster, go to [oa.org/documents](http://oa.org/documents) and scroll to “Public Information Posters.” Some designs direct patients and clients to OA’s Fifteen Questions, a self-evaluation tool found via [oaquiz.org](http://oaquiz.org), and can be customized to include local OA contact information.

Professionally printed, full-color posters are also available for purchase. Search item number 759 at [bookstore.oa.org](http://bookstore.oa.org).





# Why Should You Refer a Patient to OA?

I am a doctor and a grateful, recovering compulsive overeater and anorexic bulimic.

I crawled in to Overeaters Anonymous five years ago. I had been bingeing and purging from five to fifteen times a day, every day, for several years. No amount of self-knowledge or willpower had arrested my eating disorders, nor had the knowledge acquired during my medical training.

At the suggestion of a loving therapist, and after much resistance on my part to “a place like that,” I made it to my first OA meeting. Though I had seen several therapists in the past, this one had been sober for many years through Alcoholics Anonymous, and he was the first to tell me about OA. Before his recommendation, I didn’t know anything like OA existed, even though I was a fourth-year medical student at the time.

For the past four years, one day at a time, I have not found it necessary to binge and purge or starve myself. This I attribute to discovering a loving Higher Power, an outcome of working the twelve steps of OA (based on AA’s twelve-step recovery program) to the best of my ability,



*Many doctors recommend Alcoholics Anonymous to their patients who are drinking themselves to death. Unfortunately, fewer doctors recommend OA to their patients who are eating themselves to death.*

in all my affairs.

I could not do this alone. I needed the unconditional love, acceptance, guidance and support of other compulsive overeaters working the same twelve steps in the OA fellowship.

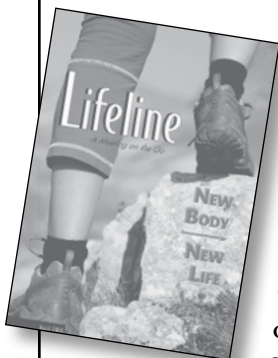
Here I found intelligent people who understood my shame and pride and my devastating powerlessness over food—people of all sorts of careers, colors, shapes, sizes, and other differences. Here I found people who understood my behavior because they lived it. They suffered physically, emotionally, and spiritually under the bondage of food, just as I did. They had been where I was, but some of them were now on a new and more satisfying plane of living and told me I was free to join them, provided I was willing to follow a few simple principles. In OA, I found a solution to the eating disorders I had been battling with little success for much of my life.

Many doctors recommend Alcoholics Anonymous to their patients who are drinking themselves to death. Unfortunately, fewer doctors recommend OA to their patients who are eating themselves to death. My hope is that this newsletter encourages health care professionals to recommend Overeaters Anonymous to their patients who suffer from the many-faced disease of compulsive overeating.

— K.D., MD

## Add Overeaters Anonymous to Your Waiting Room!

*Overeaters Anonymous publishes Lifeline, a full-color magazine produced ten times per year.*



In *Lifeline*, OA members share their experience, strength, and hope found in OA. Subscribers consider *Lifeline* “a meeting on the go.” Your patients or clients may benefit from reading *Lifeline* while in your waiting room. Receive ten issues a year for \$23. To subscribe, go to bookstore.oa.org and search “subscription” or call 1-505-891-2664 to order by phone.

## Find More OA Resources at OA.ORG

Go to [oa.org](http://oa.org) and click the “For the Professional” button at the bottom of the page to learn more and download these useful resources:

- *2017 Membership Survey*—Includes self-reported program efficacy and influence on members to seek professional treatment and counseling.
- *Is Food a Problem for You?*—Introduce OA to your patients with this pamphlet and help them self-evaluate with our Fifteen Questions.
- *Compulsive Overeating, An Inside View*—Read about the manifestations of compulsive overeating.
- *Introducing OA to Health Care Professionals*—Learn more about OA and how it can complement the care you provide.

You can also refer patients and clients to [oaquiz.org](http://oaquiz.org) for our Fifteen Questions and [oa.org/find-a-meeting](http://oa.org/find-a-meeting) for information about local, phone, and online meetings.