



oa.org
No dues | No fees

- 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.

"In OA I found the support of fellows who had the same disease: compulsive overeating. I worked OA's twelve steps, found a healthy food plan, not a diet, and stuck to it with the support of OA. I lost all the weight I needed to and reached a healthy BMI, which I have maintained for four and a half years." — A.C., MSW, LCSW

A publication of:
Overeaters Anonymous, Inc.
P.O. Box 44727
Rio Rancho, NM 87174-4727 USA
Phone: 1-505-891-2664
Email: info@oa.org
Website: oa.org

PROFESSIONAL COMMUNITY COURIER

OA News and Information for the Professional Community

Issue II

Why Should You Refer a Patient to OA?

— Marty Lerner, PhD

Over the past two decades, I have been a clinical director privileged to be involved with people who suffer from eating disorders: compulsive overeating, bulimia, binge eating and some forms of anorexia. Often, I am asked whether joining OA and “working the steps” holds the same beneficial promise for patients who suffer from eating disorders as it does for people who suffer from other addictions, such as those in Alcoholics Anonymous. My consistent response has been a resounding “Yes.”

Most “flavors” of eating disorders have in common a sense of powerlessness that is central to all addictions. A lesson from our alcoholic cousins in AA notes that it’s not how often or how much someone drinks but what happens to them when they pick up a drink. For a food addict, it’s not a matter of how often or how much food he or she eats, or how overweight or underweight the person may be, but how unmanageable life has become because of an addictive relationship with food.

One of the most prevalent misconceptions about OA is that the goal of recovery is to change one’s size, assuming weight is the sole symptom of addictive-eating diseases. To be sure, most members experience a significant change in weight as a result of ending their addictive relationship with food. But not all compulsive overeaters are overweight, and many people who purge after binge eating or who alternate between restrictive diets and overeating do not suffer with the symptom of obesity. In my experience, the poorest way to define an eating disorder is to base the diagnosis upon what someone weighs. Add to this the tendency for many to measure



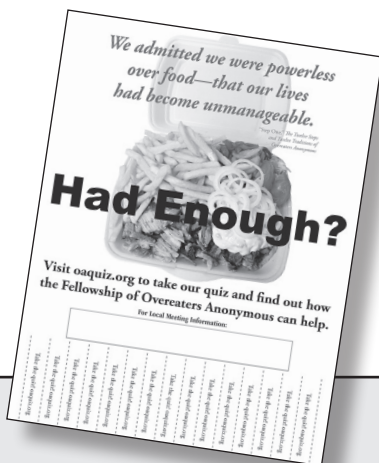
recovery only in terms of weight change rather than the improved quality of life that comes from working a recovery program, and you begin to understand the difference between a diet club and a way of life often referred to as recovery. As a professional working in the field of eating disorders, I find that OA offers more than a support group for people who want to look better. It offers an opportunity for members to achieve monumental changes in their lives that would not be possible by traditional means of treatment alone.

What separates OA from being just another diet or weight-loss group is rooted in OA’s twelve steps. Inherent in these principles are the primary elements needed to recover from an addiction. OA, like its cousin AA, seeks to remedy the three cornerstones of addiction: the physical, emotional and spiritual damages resulting from addictive disease. Overeaters Anonymous offers an opportunity for people of all sizes and shapes to meet on the common ground of searching for a way out of the abyss of food addiction. I have found that having our patients participate in OA meetings and encouraging them to continue with meetings when they return home make

continued on page 2

the difference between helping them find a brief reprieve from their disease and offering them a long-term solution.

Many professionals and treatment programs do good work. They offer patients an opportunity to regain their footing in order to begin their recovery journey. However, much like professionals who work with alcoholics and addicts, those of us familiar with eating disorders know that OA and the twelve steps offer something no single professional or treatment program can provide: long-term recovery from a “seemingly hopeless state of mind and body” (*Alcoholics Anonymous*, 4th ed., p. xiii).



Awareness and Self-Evaluation Poster for Treatment and Waiting Areas

Help patients and clients recognize their compulsive overeating and compulsive food behaviors and refer them to OA. Go to oa.org/document-library and look under category “PI Posters” to download any of our free 8.5” x 11” (A4) posters. Each poster design directs patients and clients to OA’s website at oa.org and can be customized to include local OA contact information.

Packs of twenty pre-printed, full-color public information posters are available for purchase at bookstore.oa.org under inventory #759.

Listening to My Own Advice

— Larry S., MD

I have been out of residency for nine years, but until three years ago, I did not listen to my advice to patients about their weight problems. I failed to address my own weight problem.

Throughout medical school and residency, I learned about the harmful health consequences of obesity. But by the time I was out of residency, I was 318 pounds (144 kg) with a BMI of 49.8. At 5’7” (170 cm), I should be 157 pounds (71 kg). I knew I was overweight, but thought nothing of it as I told patients the best way to get their chronic medical conditions under control was to lose weight. I lost weight with diet plans, weighing 260 pounds (118 kg) before my wedding, but within three years, I was back to 315 pounds (143 kg).

Three years ago, I discovered a program that made me think about my weight in a different way, and it provides a resource for my patients who struggle with weight: Overeaters Anonymous, a twelve-step program patterned after Alcoholics Anonymous. It focuses on problems with food and on recovery from eating disorders. Success in OA allows a person to lose weight and maintain that weight loss over time.

In OA, I learned that maintaining one’s weight requires recovery on three levels: spiritual, emotional, and physical. I discovered how spirituality is different from religion, how I can deal with feelings without eating to get rid of them, and what it is like to do physical activities that had tired me in the past.

It began for me by attending a local meeting. The OA website offers a database of face-to-face, telephone, and online meetings worldwide at oa.org/find-a-meeting. Meetings are open to anyone who wants to discover if OA is right for them. I met people from all backgrounds and of all sizes, people who, like me, have struggled with weight issues most of their lives and have a desire to get help.

I attended OA conferences, where I met people who had lost 20 to 140 pounds (9 to 64 kg) and kept



Is it time to listen to our own advice? I did, and as a result I am living a life beyond my wildest dreams!

it off for many years. Additionally, OA members could control many chronic medical conditions with proper eating and exercise! Their experience, strength and hope have helped me continue my OA program.

Since becoming an OA member, I have lost more than 100 pounds (45 kg). With a BMI of 32.7, I am still obese, but I continue to lose weight, and I feel more comfortable recommending to patients that they lose weight. When a patient brings up these issues, I feel more empathy because I have confronted my own weight problems and my OA experience has given me one more resource for these patients. I seldom tell them I am in OA, but I do tell them that a twelve-step program exists for people who struggle with issues around food and weight and that many of its members have lost weight and kept it off for years. I give them information about OA and tell them to explore it and see if it is for them. Most people have not heard of OA and welcome information about it.

OA is 60 years old and available worldwide. It works for all types of eating disorders, but if our patients do not know about it, they cannot discover the miracles it has to offer.

Is it time to listen to our own advice? I did, and as a result I am living a life beyond my wildest dreams!

Answering Medical Students' Questions About OA

As part of the fifth-year training of medical students in New Zealand, speakers from OA and other twelve-step programs share their personal experiences with addiction, talk about their fellowships, and answer questions.

Kay, an OA member abstinent from compulsive eating for 24 years, is a seven-year participant on the panel. The following interview reflects Kay's experience with five of the most common questions medical students ask:

Question: What is OA recovery?

Kay: In panel discussions, I outline the twelve-step program of recovery and mention the concept of a "Higher Power," saying, "I am beyond human aid, and many of us have tried all kinds of human aid that hasn't worked for us." I mention OA's twelve steps, which involve clearing away the wreckage of our pasts and living a different way. I admit I can't carry on the lying and stealing and stay abstinent from compulsive eating. I mention the importance of giving away what I've been given, which is one of the reasons why I speak to the medical students.

Question: "How is it possible to give up an eating addiction as people do with other addictions?"

Kay: I explain how I must put down all troublesome food just as an alcoholic has to stop drinking. I live on a weighed-and-measured food plan, and my Higher Power gives me the strength to stick to it. Eating anything else would be like taking the first drink or drug. Students may say, "Do you ever eat ice cream?" and I answer, "No, never! Just like an alcoholic can never have another beer, I cannot eat my problem foods."

Alcoholics often come to OA once they've stopped drinking because their eating can escalate as the addiction swaps from one substance to another. I often mention the problems I've had with gambling and painkillers.

Question: How will I know if a patient is a compulsive overeater?

Kay: We are hard to spot. We're usually lying. Denial



is the main symptom of our disease, and you may hear a huge patient say, "I just look at food and put on weight." We can also present with many other problems, and we are probably depressed. The weight can be a red herring because at different times people can be anorexic, bulimic, normal weight, medicated, and/or overweight. Some people are overweight but not compulsive overeaters.

I try to include the experiences of different OA members because many members have been to a range of doctors, counselors, and other treatment professionals. OA is a last resort for them. I suggest to seeming compulsive eaters that they ask themselves, "Is food a problem for me?" Regardless of what they say, I plant a seed by mentioning OA. Your patients may not be ready to look at the problem, but they may come to OA months or years later.

Question: How much should we (doctors) tell our patients?

Kay: Just saying the name Overeaters Anonymous puts OA into your patients' consciousness as a treatment option. You can give a brief outline of OA and suggest they call the OA phone number to talk with an OA member. If the patients seem open to this, you can suggest they attend a few meetings before deciding if OA is for them. If they deny they have a problem or are not interested, at least you are sowing a seed.

Question: If students want to find out more about OA, can they attend meetings?

Kay: All the OA groups in New Zealand are keen for the new generation of medical professionals to have a greater awareness of the help available from our fellowship. Medical students are usually interested in our stories and surprised by the hard times we've had. We also share our experiences dealing with the medical profession, and the students find this helpful. I always encourage students to attend an OA meeting to hear the experiences of a room full of compulsive eaters.

OA is open to everyone, and we charge no fees, although meetings are self-supporting for things like the meeting-room rent and literature. The other twelve-step fellowships do the same. In recent years, we've had at least two students from the panel discussion come to a meeting, and they've found it beneficial.

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.

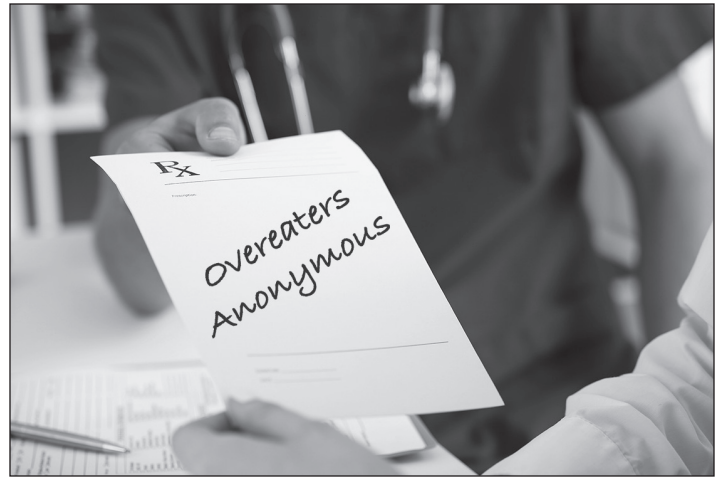
I, Too, Recommend OA

— D.S., RN, PhD

As a nurse, I have observed my colleague and friend, “Vanessa,” maintain an 80-pound weight loss and a permanent lifestyle change for 23 years as a result of her membership in Overeaters Anonymous. Vanessa struggled with obesity, yo-yo dieting, health concerns and low self-image for years. Often I heard her say, “I don’t know what’s wrong with me. Once I start eating, I just can’t stop.” Since she joined OA twenty-four years ago, she has never had to say that again.

With no personal experience in a twelve-step program, I maintained a certain disdain and professional aloofness regarding the ability of such a program to help people with such devastating issues as alcoholism, compulsive eating, or drug addiction. After years of discussing twelve-step programs with Vanessa, I have concluded this type of program can and does effect permanent, life-changing results and can be used as an adjunct to professional care.

I saw Vanessa go from being a buffet-line repeat to a person who eats three moderate meals a day, with nothing in between and no personal binge foods. For more than twenty years, I saw her say, “No, thank you,” to every offer of delicious desserts made by our bridge-club members. I saw her shrink from a size 22W to a size 8 and, astonishingly, maintain that size for more than twenty years. I saw her commit to exercising, never skipping her daily routine—not when we went



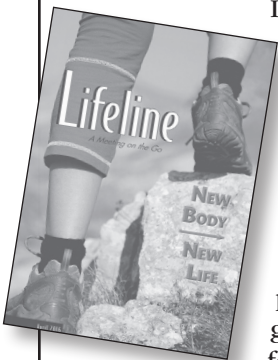
to strange cities for meetings, not on cruises, and not when she felt just so-so.

Most importantly, when her students, patients and other healthcare professionals at the university where we teach have sought counsel about weight issues, Vanessa has shared her experience, strength, and hope. It is impossible to know how many lives have benefited from her concerned counseling, but I am certain there are many.

I, too, suggest Overeaters Anonymous to my patients when obesity is a health issue. Based on my personal experience with my friend and other OA members, I recommend Overeaters Anonymous for people who need a proven, successful way to attain and maintain a healthy body weight.

Add Overeaters Anonymous to Your Waiting Room!

Overeaters Anonymous sells back issues of *Lifeline*, a full-color magazine produced ten times per year.



In *Lifeline*, OA members for many years shared their experience, strength, and hope found in OA. Members considered *Lifeline* “a meeting on the go,” a testament to its timeless wisdom, portability, and versatility. Your patients or clients may benefit from reading *Lifeline* while in your waiting room. To purchase back issues at \$4 an issue, go to bookstore.oa.org and search for “Lifeline.” Want more? Check out our blog at lifeline.oa.org for current stories and art pieces by OA members.

Find More FREE Resources at OA.org

Visit oa.org and click “Professionals” at the bottom right of the page to learn more and download these useful resources:

- **Compulsive Overeating: An Inside View**—“Our true insanity could be seen in the fact that we kept right on trying to find comfort in excess food, long after it began to cause us misery.” This pamphlet details the behaviors our members have reported using to both conceal and cope with their compulsive eating.
- **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; and overall experience finding physical, emotional, and spiritual recovery from compulsive eating and compulsive food behaviors.

You can also refer patients and clients to oaquiz.org for our Fifteen Questions and oa.org/find-a-meeting for information about local, phone, online, and non-real-time meetings.

More materials for professionals are available for purchase at bookstore.oa.org.