Screening, Symptom Recognition and Referral to Treatment for Eating Disorders in Pediatric Primary Care Settings
Course Instructors

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• No one involved in creating this webinar has any financial disclosures or conflicts of interest to report
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Learning Goals

1. Describe eating disorders (EDs) and gaps in care among youth in the United States

2. Discuss potential signs of EDs in youth as well as options for ED screening within pediatric primary care

3. Describe treatment options for youth with EDs

4. Demonstrate a tool to help you refer patients to local specialists when screening indicates concern
Academy for Eating Disorders: “The Purple Brochure”

(Academy for Eating Disorders, 2016)
Question:

Who do you think of when you picture the **stereotype** of someone with an eating disorder?
Eating Disorders Overview

• Serious mental illnesses with a wide range of medical complications

• Common across gender, sex, age, race/ethnicity, socioeconomic status, and body shapes/sizes

• People of all weights can engage in unhealthy weight control behaviors

• Disparities in diagnosis, treatment, health outcomes

• In children: failure to gain expected weight or height or interruption of pubertal development should raise concern

(Academy for Eating Disorders, 2016)
Eating Disorders in Diagnostic and Statistical Manual-5 (DSM)

• **Anorexia nervosa (AN):** Restriction + disturbance of body image + fear of gaining weight

• **Bulimia nervosa (BN):** Binge eating + purging/compensatory behavior + self-evaluation unduly influenced by shape/weight

• **Binge eating disorder (BED):** Binge eating *without* purging

(American Psychiatric Association, 2013)
Eating Disorders in Diagnostic and Statistical Manual-5 (DSM)

• Avoidant/restrictive food intake disorder (ARFID): Weight loss, nutritional deficiency without weight or shape concerns; food consumption is limited based on the food's appearance, smell, taste, texture, or a past negative experience.

• Other specified feeding & eating disorder (OSFED): Does not meet full criteria for other eating disorders, but has specific disordered eating behaviors (e.g., restricting intake, purging, binge eating).

(American Psychiatric Association, 2016)
# Prevalence

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Lifetime Prevalence (13-18 year olds)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anorexia Nervosa</td>
<td>0.3%</td>
</tr>
<tr>
<td>Bulimia Nervosa</td>
<td>0.9%</td>
</tr>
<tr>
<td>Binge Eating Disorder</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

*(Swanson et al., 2017)*
Prevalence

Boys of color > White boys

Lesbian, gay, bisexual youth > Heterosexual youth

Transgender youth > Cisgender youth

(Swanson et al., 2017)
Mortality

• EDs have among the highest mortality rates of any psychiatric disorder

• Increased risk of suicide associated with all sub-types of EDs

• Standardized mortality ratios (SMRs):

<table>
<thead>
<tr>
<th></th>
<th>AN</th>
<th>BN</th>
<th>EDNOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5.86</td>
<td>1.93</td>
<td>1.92</td>
</tr>
</tbody>
</table>

(Swanson et al., 2017)
(Arcelus et al., 2011)
Stereotypes & Access to Treatment

• EDs are underdiagnosed and undertreated

• Misleading stereotypes that only thin, white, affluent females are affected by eating disorders can lead to under-recognition in other groups

(Merikangas et al., 2011)
(Sonneville et al., 2018)
## Disparities in Treatment

<table>
<thead>
<tr>
<th>Perceived need for ED treatment</th>
<th>ED diagnosis</th>
<th>Past year ED treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males &lt; Females</td>
<td>Males &lt; Females</td>
<td>Males &lt; Females</td>
</tr>
<tr>
<td>Non-affluent &lt; Affluent</td>
<td></td>
<td>Non-affluent &lt; Affluent</td>
</tr>
</tbody>
</table>

(Sonneville et al., 2018)
Eating Disorders in Your Office?
Importance of Early Detection & Intervention

• Early detection and intervention are critical to reversing medical complications and improving psychiatric outcomes

• Primary care providers can support patients in accessing treatment and achieving recovery
Consider Screening for EDs if You See Signs Including...

- Significant weight changes/fluctuations
- Sudden changes in eating behaviors
- Sudden changes in exercise patterns, excessive/compulsive exercise

(Academy for Eating Disorders, 2016)
Consider Screening for EDs if You See Signs Including...

- Body image disturbance, drive to lose weight despite low/normative weight
- Abdominal complaints in the context of weight loss behaviors
- Use of appetite suppressants, laxatives, diuretics, etc.

(Academy for Eating Disorders, 2016)
Russell’s Sign

Source: https://commons.wikimedia.org/wiki/File:Russell%27s_Sign.png
Via Creative Commons. Author: “User:Kyukyusha”
Changes in Expected Weight Trajectory
Impact of Weight Stigma

• Can increase the risk for all eating disorders and can deter individuals from seeking treatment

• Be aware of the unintended consequences of our conversations about weight

• Focus on health behaviors and well-being
How to Screen for Eating Disorders
Ways to Screen for EDs in Primary Care

• **Validated tools:** SCOFF, ESP, EDY-Q (recommended for ARFID)

• **As part of other health screening:** PHQ-9

• **Single questions** about dieting and/or weight or shape concerns

(Morgan et al., 2000) (Cotton et al., 2003) (Pfizer, 1999) (Hilbert et al., 2016)
Specific Screening Questions

• “Are you on a diet?”

• “Are you dieting?”

• “Do you have any concerns about your weight or body shape?”

(Gooding et al., 2016)
Video Vignette #1

Bulimia nervosa presenting in a young adult using a single question:

“Do you have any weight or shape concerns?”
<table>
<thead>
<tr>
<th>S</th>
<th>Do you make yourself <em>sick (vomit)</em> because you feel uncomfortably full?</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>Do you worry you have lost <em>control</em> over how much you eat?</td>
</tr>
<tr>
<td>O</td>
<td>Have you recently lost more than <em>one</em> stone (6.35 kg or 14 lbs) in a three-month period?</td>
</tr>
<tr>
<td>F</td>
<td>Do you believe yourself to be <em>fat</em> when others say you are too thin?</td>
</tr>
<tr>
<td>F</td>
<td>Would you say <em>food</em> dominates your life?</td>
</tr>
</tbody>
</table>

(Morgan et al., 2000)
SCOFF

Yes to 2+ questions ➔ need for a more comprehensive assessment

Additional questions with high sensitivity and specificity for bulimia nervosa:

1. Are you satisfied with your eating patterns?
2. Do you ever eat in secret?

(Morgan et al., 2000)
Eating Disorders Screen for Primary care (ESP)

- Are you satisfied with your eating patterns?
- Do you ever eat in secret?
- Does your weight affect the way you feel about yourself?
- Have any members of your family suffered with an eating disorder?
- Do you currently suffer with or have you ever suffered in the past with an eating disorder?

(Cotton et al., 2003)
PHQ-9

Over the last 2 weeks, how often have you been bothered by any of the following problems?
( *use “✓” to indicate your answer*)

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

*(Pfizer, 1999)*
Video Vignette #2:

Possible binge eating disorder identified via response to question 5 on the PHQ9. Clinician conducts further screening using the SCOFF.
When Screening Indicates Concern: *What Next?*
Next Steps May Include:

- Further evaluation, including lab tests
- Conversations with parents or guardians
- Follow-up appointments
- Referral to treatment

(Academy for Eating Disorders, 2016)
Key Factors to Keep in Mind:

• Patients may not acknowledge their illness

• Important to trust the concerns of parents or guardians

• Emphasize that no one chose or caused the eating disorder → reduce stigma and promote acceptance of treatment

(Academy for Eating Disorders, 2016)
The Basics of Treatment
Goals of Treatment

- Nutritional rehabilitation
- Weight restoration
- Medical stabilization
- Resumption of menses
- Cessation of disordered eating behaviors
- Restore regular meal patterns
- Manage co-morbid conditions
- Avoid potential complications

(Academy for Eating Disorders, 2016)
Outpatient Treatment: Multidisciplinary Approach

- **Nutritionist**
  Meal planning, caloric requirements, micronutrients

- **Psychotherapist**
  Individual and Family Based Treatment

- **Medical Provider**
  Vital signs, weight checks, and blood testing as needed

- **Psychopharmacologist**
  Medications

- **School Nurse/Counselor**
  Can add extra support
Levels of Care

- Outpatient
- Intensive outpatient
- Partial hospitalization
- Residential
- Inpatient
- Telehealth = promising new option to increase access to care
Indications for Immediate Hospitalization

- Severe dehydration or malnutrition
- Electrolyte disturbance
- Vital sign abnormality
- Serious comorbid diagnoses
- Acute refusal of food
- Suicidality
Video vignette #3

Anorexia nervosa presenting as a change in an adolescent’s growth chart.
Follow the steps to create a new account:

1. Click the "Register" button on the website.

2. I want to create an account.
Summary

• Eating disorders affect many people, including many who do not fit common stereotypes

• Screening in primary care can help patients get into appropriate treatment and increase chances of recovery

• There are accessible, free resources available to find appropriate specialists for your patients
Webinar Vignette Actors

❖

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Federal Supporters

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- Office on Women’s Health
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- Centers for Disease Control and Prevention
- Food and Drug Administration
- Health Resources and Services Administration
- Substance Abuse and Mental Health Services Administration
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References

References


Thank you!
Questions?
Thank you!

Please email erin.gibson@childrens.harvard.edu with any questions.