

Eating Disorders: Diagnosis, Interventions, and Screening

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April 26, 2023



Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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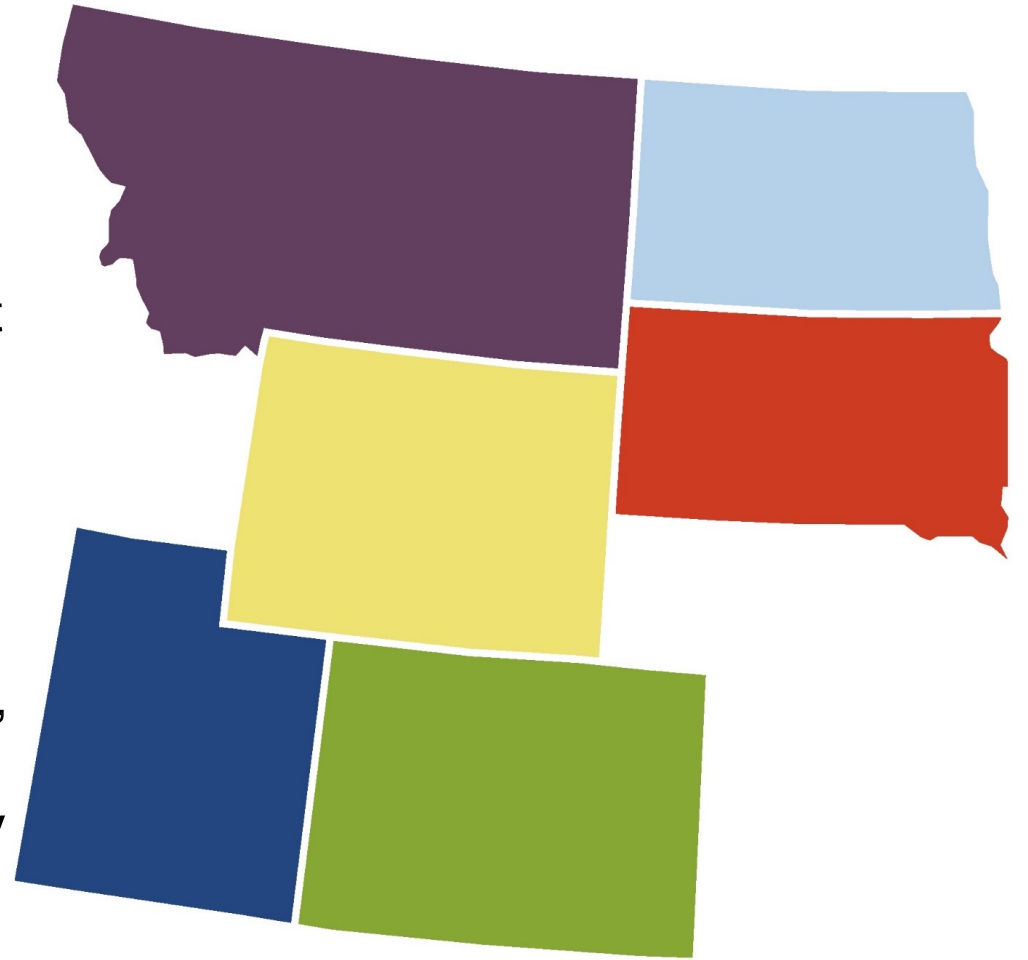
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The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

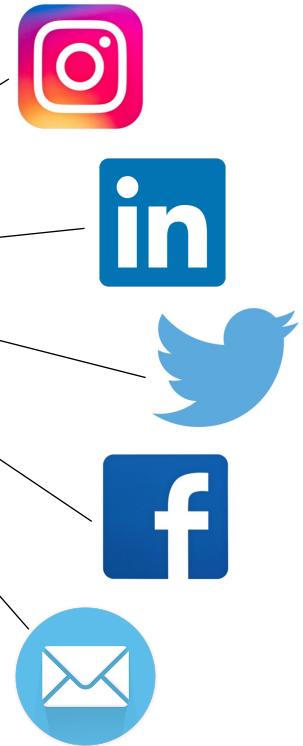
NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

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for Eating Disorders

Eating Disorders: Diagnosis, Interventions, and Screening

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Deputy Director, National Center of Excellence for Eating Disorders

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Objectives

- Review eating disorder diagnoses/signs and symptoms
- Describe evidenced-based treatments and best practices for non-specialist management of eating disorders
- List screening tools used to identify eating disorders
- Provide resources to share with patients and families



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SOCIAL & ECONOMIC COST OF EATING DISORDERS IN THE UNITED STATES



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Report by the Strategic Training Initiative for the Prevention of Eating Disorders,
Academy for Eating Disorders, and Deloitte Access Economics

STRIPED

Strategic Training Initiative for the Prevention of Eating Disorders

A PUBLIC HEALTH
INCUBATOR

[LINK TO REPORT](#)



PREVALENCE & MORTALITY



Percent of the U.S. population,
or **28.8 million Americans**,
that will **have an eating
disorder in their lifetime**

10,200 deaths per year as a
direct result of an eating disorder,
equating to **1 death every 52 minutes**



EATING DISORDERS AFFECT EVERYONE:



- All ages, starting as young as 5 years old to over 80 years old
- All races, however, people of color with eating disorders are **half as likely to be diagnosed or to receive treatment**
- All genders, with females being **2x more likely to have an eating disorder**
- All sexual orientations



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Teens Visiting ER for Eating Disorders Doubled During Pandemic



Rawpixel/Getty Images

Eating disorders in teens skyrocketing during pandemic

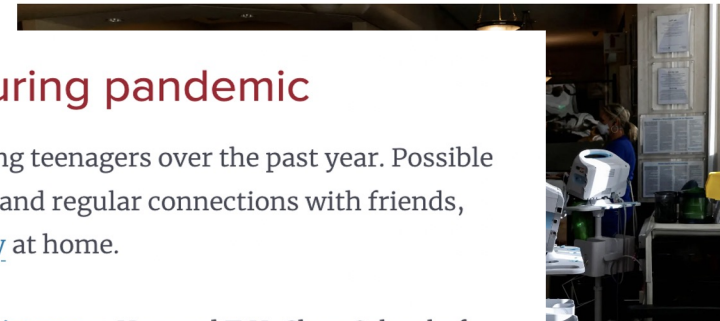
Experts are concerned about a dramatic rise in [eating disorders](#) among teenagers over the past year. Possible explanations for the increase include teens' loss of familiar routines and regular connections with friends, anxiety about the [COVID-19](#) pandemic, boredom, and [food insecurity](#) at home.

[Bryn Austin](#), professor in the [Department of Social and Behavioral Sciences](#) at Harvard T.H. Chan School of Public Health and director of the [Strategic Training Initiative for the Prevention of Eating Disorders](#), said in an April 28, 2021, New York Times article that the demand for eating disorder treatment “is way outstretching the capacity to address it.”

More Teenage Girls With Eating Disorders Wound Up in the E.R. During the Pandemic

A new C.D.C. study underscored the mental health issues facing teenagers in the past few years.

Give this article



WARNING SIGNS

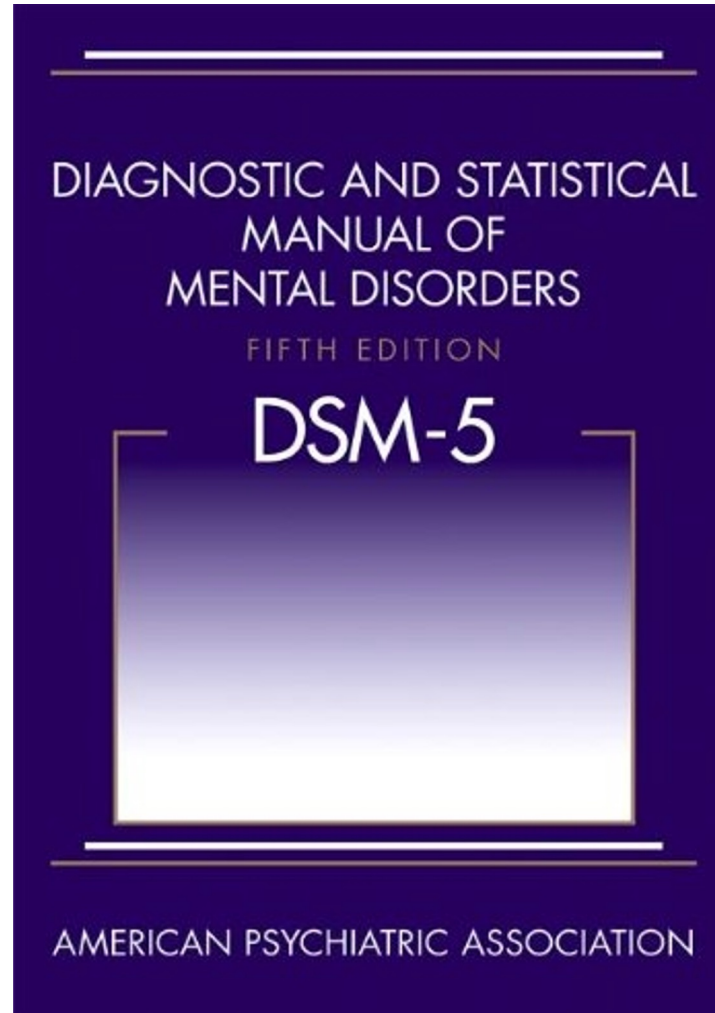
- Dramatic weight gain or loss
- Frequently talking about food, weight, and shape
- Rapid or persistent decline or increase in food intake
- Excessive or compulsive exercise patterns
- Purging, restricting, binge eating, or compulsive eating
- Abuse of diet pills, laxatives, diuretics, or emetics
- Denial of food and eating problems, despite the concerns of others
- Eating in secret, hiding food, disrupting meals, feeling out of control with food
- Medical complications: dizziness, fainting, bruising, hair loss, brittle hair, osteoporosis, diarrhea, constipation, dental problems



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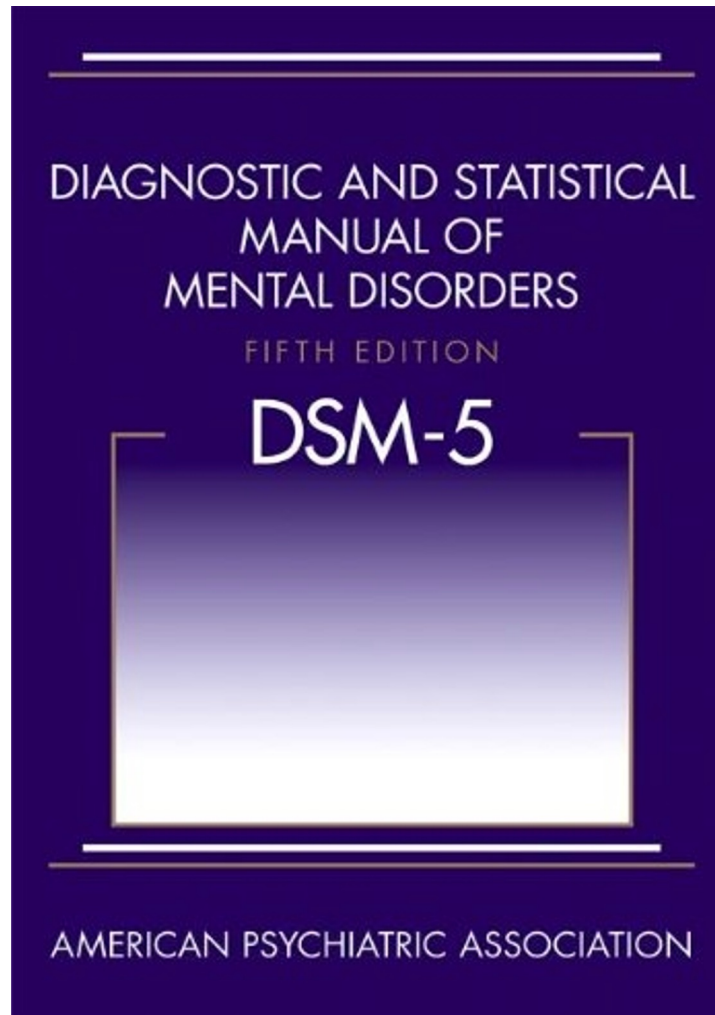
EATING DISORDERS REVIEW

Who meets DSM-5
criteria for an eating
disorder?



ANOREXIA NERVOSA

- Defining feature:
intense fear of
gaining weight and
restriction of energy
intake leading to
significantly low
body weight
- 2 subtypes
 - Restricting
subtype or
binge/purge
subtype



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BINGE EATING

Episodes:

- Eating an unusually large amount of food in ~2 hours while experiencing:
- A sense of **loss of control** over what/how much is eaten

Objective vs. subjective binge episodes

BINGE EATING FEATURES

Endorse (3+) eating:

- more rapidly than usual
- until uncomfortably full
- when not physically hungry
- alone due to embarrassment
- feeling disgusted, depressed, or guilty after a binge

BULIMIA NERVOSA

- Binge eating and compensatory behavior to prevent weight gain:
 - self-induced vomiting, misuse of laxatives, diuretics, or other medications, fasting, or excessive exercise
- Both occur, on average, at least once a week for three months
- Self-evaluation is unduly influenced by body shape and weight
- Bingeing or purging does not occur exclusively during episodes of anorexia nervosa

BINGE EATING DISORDER

- Recurrent binge-eating episodes without regular ICB
- DSM-5 severity ratings
 - Mild: 1-3 binges/week
 - Moderate: 4-7 binges/week
 - Severe: 8-13 binges/week
 - Extreme: 14+ binges/week

ARFID (AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER)

- **Persistent failure to meet appropriate nutritional and/or energy needs**
- Common subtypes:
 - Lack of interest in food
 - Avoidance of food due to sensory characteristics
 - Avoidance of food due to aversive experiences
- Common features:
 - Significant weight loss
 - Nutritional deficiencies
 - Dependence on enteral feeding or nutritional supplements

OSFED (OTHER SPECIFIED FEEDING OR EATING DISORDER)

- Atypical anorexia nervosa
- Bulimia nervosa or binge-eating disorder of limited frequency or duration
- Purging disorder
- Night eating syndrome



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FACTS ABOUT EATING DISORDERS



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- Many people with eating disorders can look healthy
- Families are not to blame
- It is a health crisis that can disrupt functioning
- They are not choices
- Can affect all people of all ages, body sizes, genders, sexual orientations, race, socioeconomic status
- Among the highest risk for death and suicide
- Genetic factors increase the risk of developing an eating disorder
- But genes alone do not predict who will develop an eating disorder

Full recovery is possible!!

TREATMENT PRINCIPLES

- Food has no moral value (good vs bad)
- All bodies are good bodies
 - Value and worth are not dependent on body shape and size
- Restrictive dieting can be dangerous and increase the risk of eating disorders
- Exercise is used to improve mood. Find ways to focus on function rather than form
- Appearance-based comments can be harmful. Even “positive” ones

TREATMENT VS DIET CULTURE

Our goals in eating disorder treatment are never to help the client:

- Be a better or more successful dieter
- Make sure they do the perfect exercise to “burn off” calories
- Get to the “perfect” weight, shape, size in order to be content
- Be able to be the “best” eater in order defend choices to family and peers

DIET CULTURE AND FEAR OF FAT

- Patients often report a fear of fat
- In studies, fear of fat is often at the center of eating disorder symptom networks. Driving other symptoms. PMID: 29451959
- But not truly fear of fat, but fear negative evaluation, mockery, criticism by others. PMID: 32828001

WEIGHT STIGMA

- Internalized weight stigma can make it less likely that eating disorders are detected or treated
- Weight stigma can exacerbate and/or trigger eating disorders (particularly in BED)
- Negative effect of weight stigma on health, education, occupation, and quality of life
- PMID: 26829371, 26627213

TARGETS OF TREATMENT



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MEDICAL STABILIZATION

Management of acute and chronic medical comorbidities and complications

Includes resumption of menses (where appropriate)

NUTRITIONAL REHABILITATION

Weight restoration

Restore meal patterns that promote health and social connections

NORMALIZATION OF EATING BEHAVIOR

Cessation of restrictive or binge eating and/or purging behaviors

Elimination of disordered or ritualistic eating behaviors

PSYCHOSOCIAL STABILIZATION

Evaluation and treatment of any comorbid psychological diagnoses

Re-establishment of appropriate social engagement

Improvement in psychological symptoms associated with ED

Improved body image

**AED (2016). Eating Disorders: A Guide to Medical Care, 3rd Ed.*

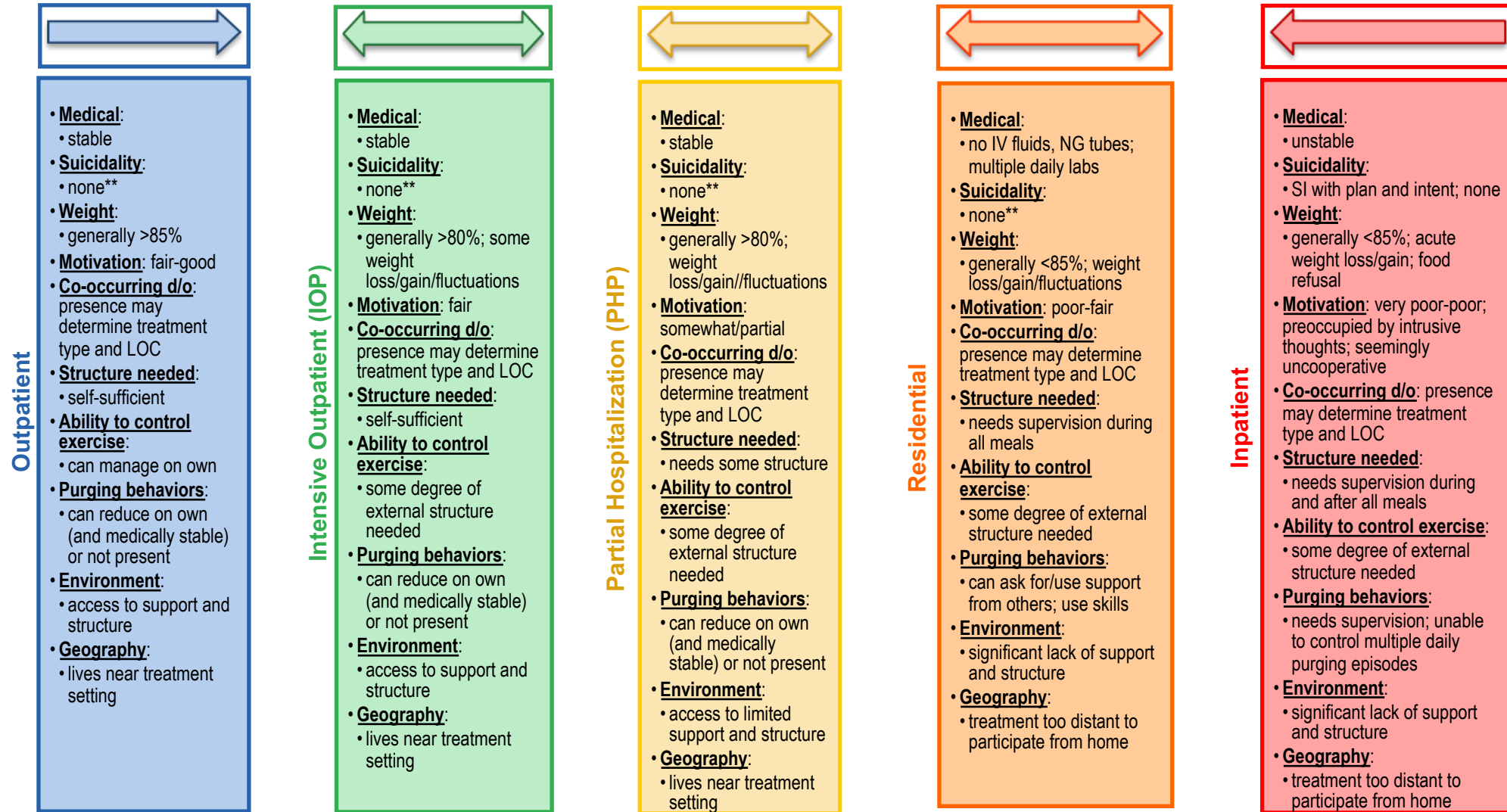
TREATMENT CONSIDERATIONS

- Medical stability
- Need for/amount of weight restoration
- Need for symptom interruption
- Age
- Family involvement
- Level of care
- Insurance



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Types of Treatment / Levels of Care



*Adapted from American Psychiatric Association (2006). *Practice Guideline for the Treatment of Eating Disorders, 3rd Ed*

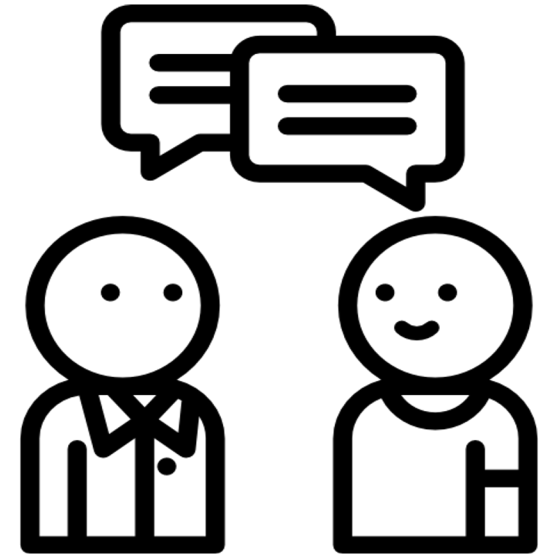
**Ongoing assessment

CHALLENGES: HIGHER LEVELS OF CARE

- Parental resistance to higher levels of care
- Student schedules
- Potential need for out-of-state-care
- Bed availability
- Insurance coverage
- Providers not utilizing evidence-based practice

OUTPATIENT TREATMENT OPTIONS

- **FBT:** Family-based treatment
 - for adolescents
- **CBT-E:** “enhanced cognitive behaviour therapy”
 - “transdiagnostic” treatment for all eating disorders including anorexia nervosa, bulimia nervosa, binge-eating disorder, and other similar states



WHY FBT?

- Outpatient intervention
- Appropriate for children and adolescents living at home who are “medically stable”
- **Primary goals:**
 - **Weight restoration/symptom reduction**
 - **Restore adolescent’s developmental status**
- May involve brief hospitalizations to resolve medical concerns
- Manualized, 20-session treatment



FBT TREATMENT STYLE

- Parents lead the team
 - Appropriate control or “leadership position”
 - Parental control/leadership ultimately relinquished
 - **Parent empowerment critical to treatment**
- Therapist stance
 - Active but not authoritative
 - Collaborative
 - Trust for caregivers is conveyed through therapeutic stance Externalizing the eating disorder from the child
- Eating Disorder Conceptualization
 - Agnostic view of cause of illness
 - The child is not the same as his/her eating disorder
 - Behavioral change must occur first
 - Food is medicine

FBT VS TRADITIONAL FAMILY THERAPY

- ED ≠ expression of family dysfunction
 - ED = illness
 - Family = solution
- Limited addressing of problematic family patterns
- Consultation with interdisciplinary team
- “Family” = anyone involved with caring for/feeding the patient

PHASES OF FBT



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Phase I

- Parents in charge of weight restoration

Phase II

- Parents hand control over eating back to the adolescent

Phase III

- Discuss adolescent development issues

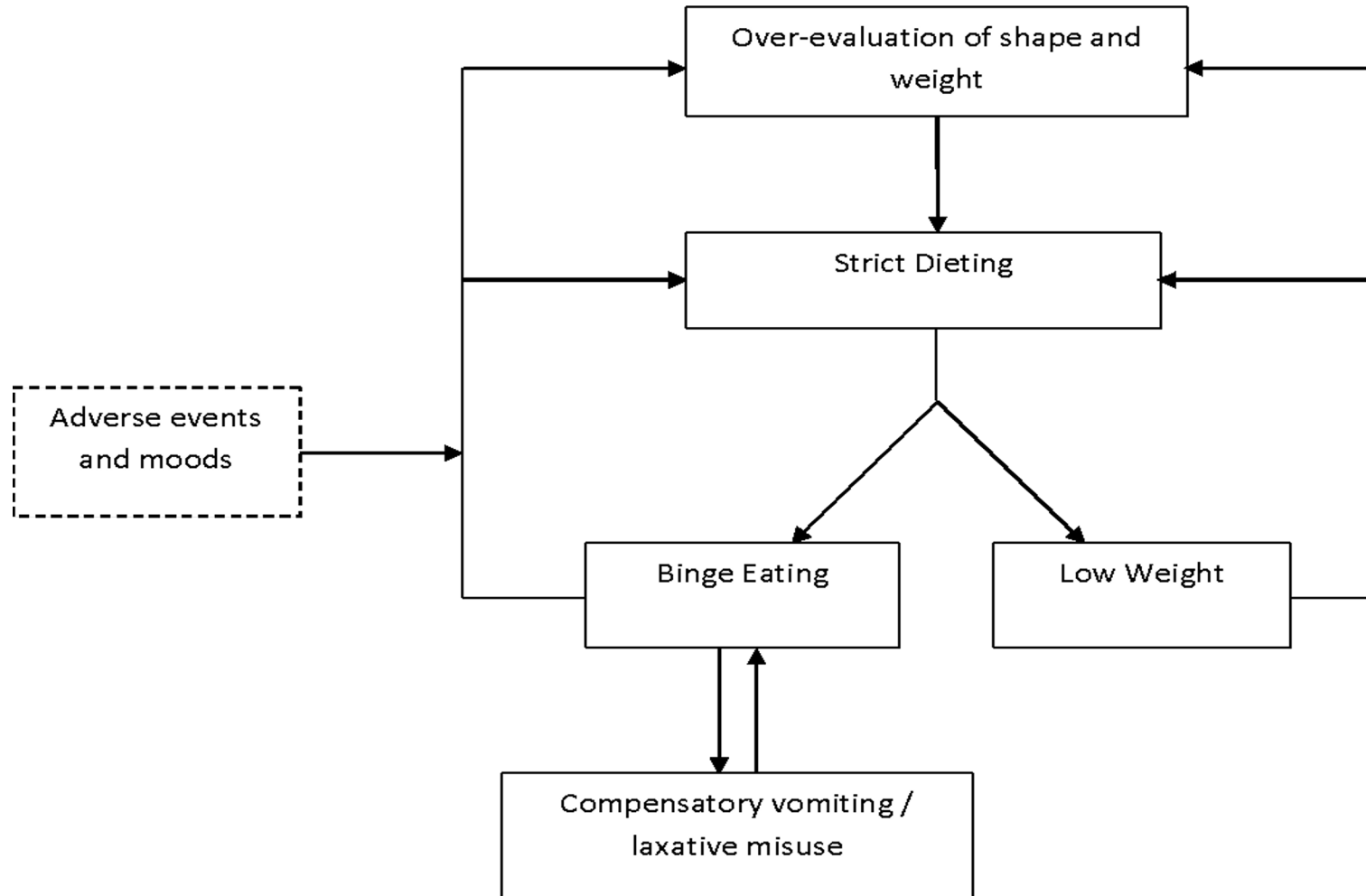
WHY CBT-E?

- Theory-driven and evidence-based
- Suitable for a wide range of adult patients
 - “Transdiagnostic” in its scope
 - Designed for “complex patients”
- Experienced as acceptable to patients
- Tailored to specific eating problem and needs
- Scalability of treatment duration
- Manualized, 20-session treatment



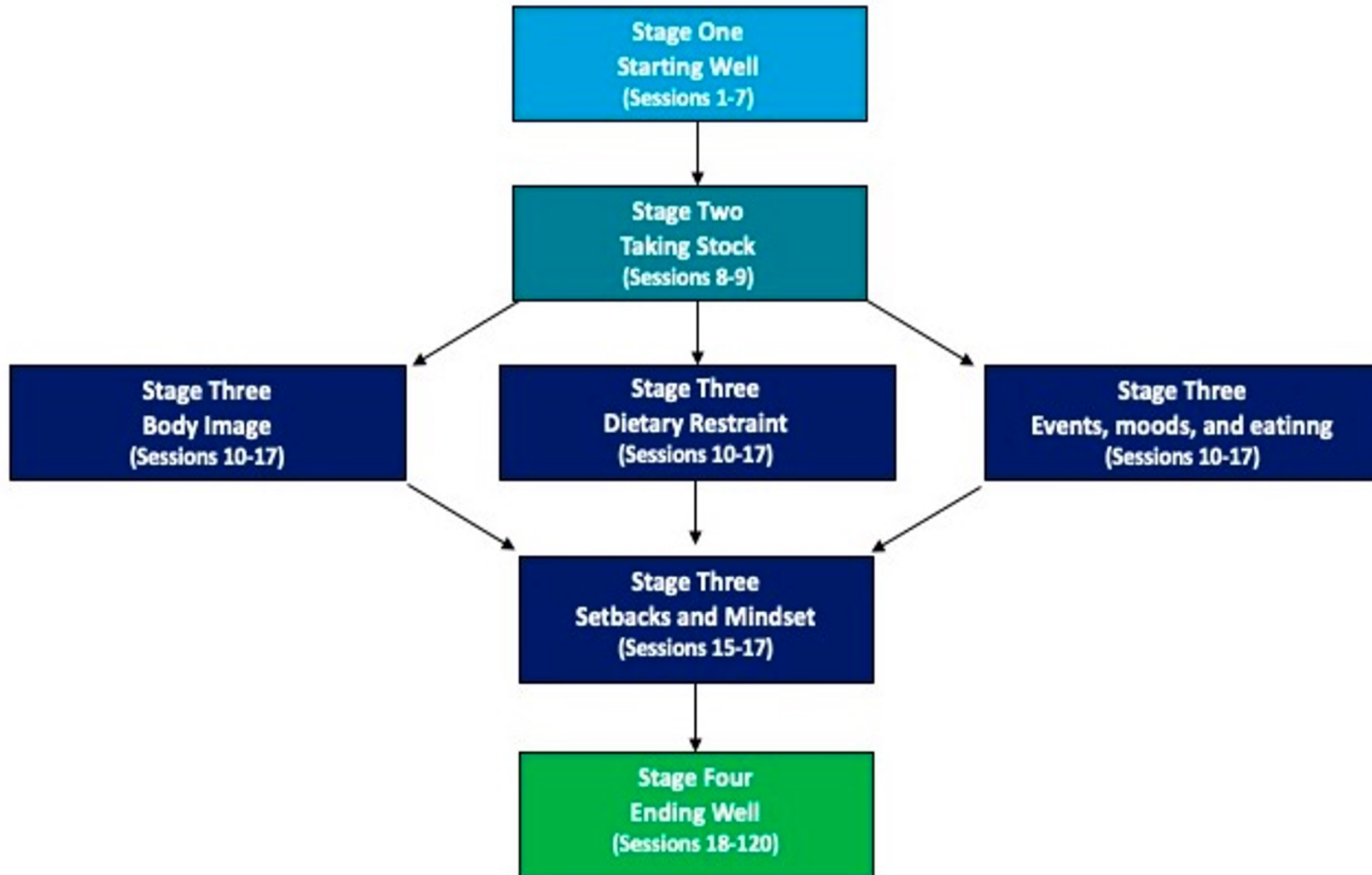
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TRANSDIAGNOSTIC FORMULATION





STAGES OF TREATMENT



USING A SHORT-TERM MODEL

- Manualized CBT-E and FBT can be done in ~20 sessions
- Collaborative work with psychotherapy, nutrition, and medical monitoring to ready patient for treatment
 - Labs
 - Ongoing education and support
- Introducing key concepts for evidence-based treatments

KICKSTARTING TREATMENT

- Identification of symptoms
- Knowledge of referrals
- Enhancing motivation
 - Challenging myths/stereotypes
 - Improving awareness and insight
 - College contracts
 - Involving the family



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STEPPED CARE APPROACHES

- Start with lowest level of intensity based on symptom severity
 - If symptoms improve/resolve, discharge from care
 - If symptoms do not improve or worsen, step to next level of care
- Common interventions/levels
 - Self help (books, mobile apps)
 - Brief intervention
 - Full course of treatment

PHARMACOLOGICAL INTERVENTIONS



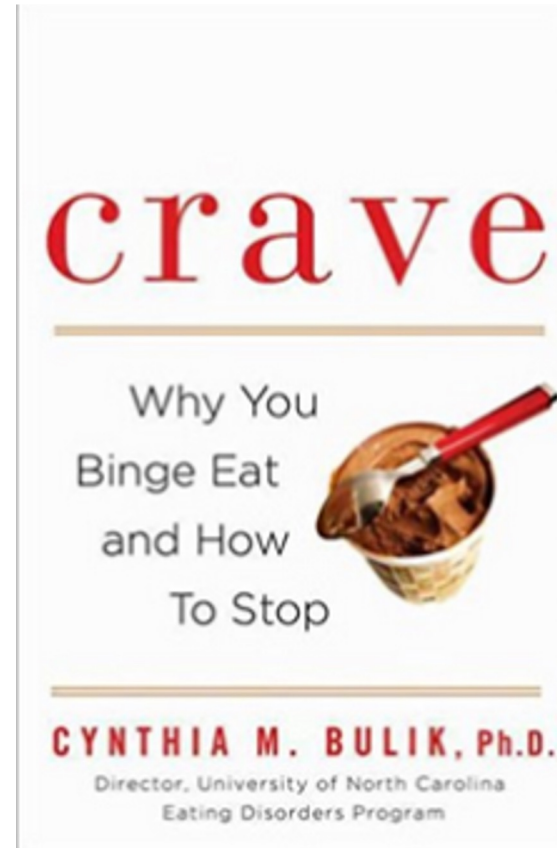
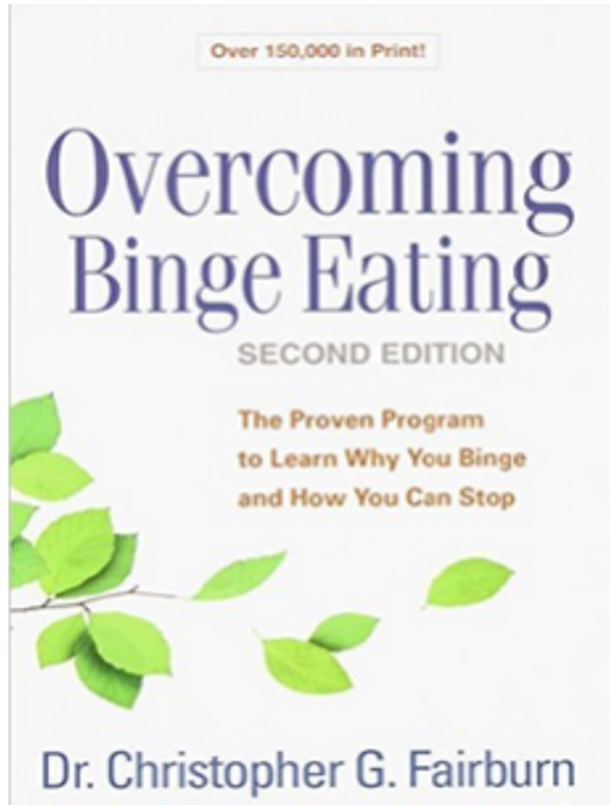
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- Lisdexamphetamine (Vyvanse) = first and only medication FDA-approved for the treatment of BED
- Other medications are used off-label
 - Second generation antidepressants
 - Fluoxetine, citalopram, bupropion etc.
 - Topiramate

SELF-HELP RESOURCES



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PHONE APPS



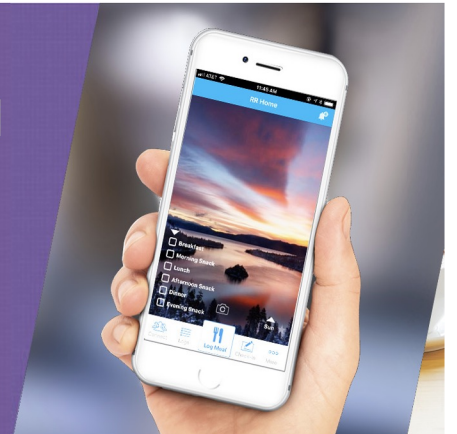
www.itakecontrolbinge.com

iTakeControl puts YOU in Control

iTakeControl is a tool that empowers users to manage their binge eating. It is a tool that provides a self-guided program based on proven principles of therapy.



Technology enabled
best practice for
eating disorder
treatment



FOR PATIENTS
Over 1 Million Users. 5 Star Rated

iPhone

Android

VIRTUAL TREATMENT AND SUPPORT



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- Pandemic increased access to virtual care
- Several eating disorder groups now provide eating disorder treatment entirely virtually
 - [Equip Health](#), [Arise](#), [Within Health](#), [National Alliance for Eating Disorders](#)

WORKING WITH A SPECIALTY TEAM

- Good communication is key!
- Determining discharge plan (if HLoC is needed)
- Referring for evaluation vs. treatment
- Potential ongoing therapy for other psychiatric issues

Accessibility and Efficacy of Treatment

- Protective Factors / Improved Prognosis
 - Early identification
 - Early treatment
 - Full course of treatment
 - Access to and engagement in multi-disciplinary, evidence-based treatment
 - Insurance coverage
 - Support network (family, social, recovery)

- But...only 20–57% of individuals with an eating disorder ever receive treatment

Accessibility and Efficacy of Treatment

- Barriers / Poorer Prognosis
 - Missed opportunities or delayed screening
 - Missed opportunities or delayed referrals to treatment
 - Individuals who are perceived as not the stereotype (BIPOC, males, LGBTQ+, older adults, individuals with higher weight bodies, athletes, individuals with food insecurity)
 - Lack of access to all levels of care
 - Lack of evidence-based treatment accessibility
 - Underinsured / lack of insurance coverage
 - Premature discharge from treatment
 - Stigma or misinformation about eating disorders
 - Impact of diet culture and weight bias

EARLY DETECTION IS KEY!

- Patients rarely present directly for eating disorder treatment
- Mental health providers play an important role by
 - Leveraging existing relationship
 - Providing a correction to diet culture beliefs
- Early diagnosis and treatment = much better prognosis
- Families can be a great source of support

SCREENING TOOLS

- Binge-Eating Disorder-7 (PMC4956427)
- Eating Disorders Inventory-2 (PMC3044826)
- [NEDA](#) Assessment Tool
- SCOFF - now used in [SBIRT-ED](#)



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SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT)-ED



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How does SBIRT-ED work?

The SBIRT-ED tool is easy to use. It helps you quickly screen patients for eating disorders. There is no need to log in or download software. The tool is one click away anytime you need it.

It contains five concise questions (based on the SCOFF questionnaire) to ask any patient. Then it gives you a clear risk rating on the likelihood of whether the individual has an eating disorder.

[GET STARTED](#)

SBIRT SCREENING TOOL



Screeener Tool

Patient Resources

Feedback

About Us

Do you make yourself throw up because you feel uncomfortably full?

Yes No

Do you worry you have lost control over how much you eat?

Yes No

Have you recently lost more than 15 pounds in a 3-month period?

Yes No

Do you think you are fat even though others say you are too thin?

Yes No

Would you say that food dominates your life?

Yes No

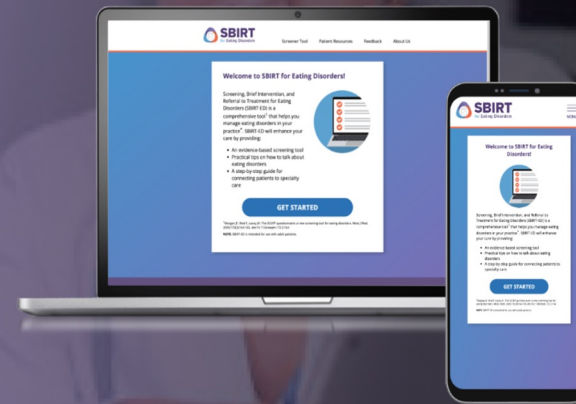
Yes, I accept the [Terms of Use](#) for the Eating Disorder Screener Tool.

SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT)-ED

Free Screening Tool for Eating Disorders

Make Decisions that Make a
Difference for Your Patients

GET STARTED



www.eatingdisorderscreener.org

DIAGNOSTIC TOOLS

- Eating Disorder Assessment for DSM-5
- Eating Disorders Examination (EDE)
 - Adult
 - Child
- EDE Questionnaire

RESOURCES



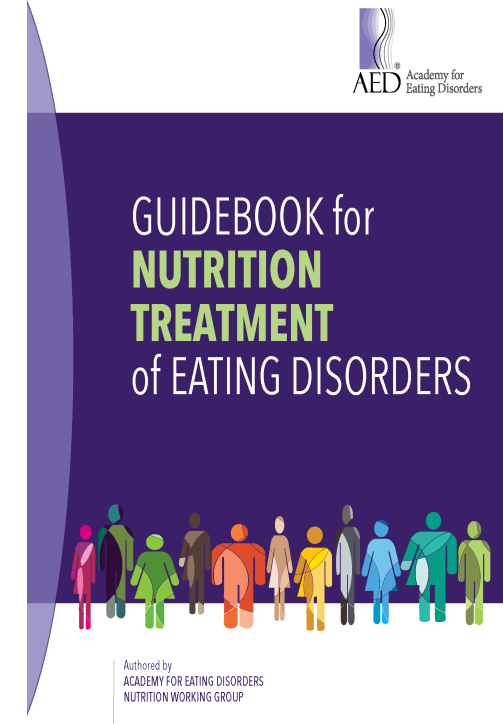
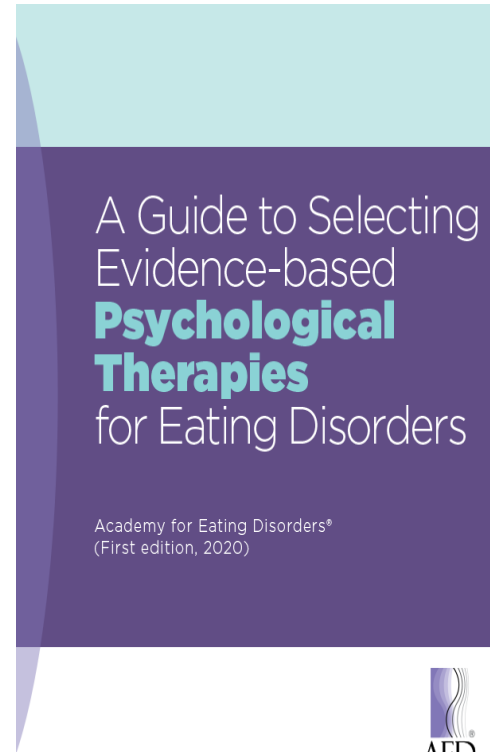
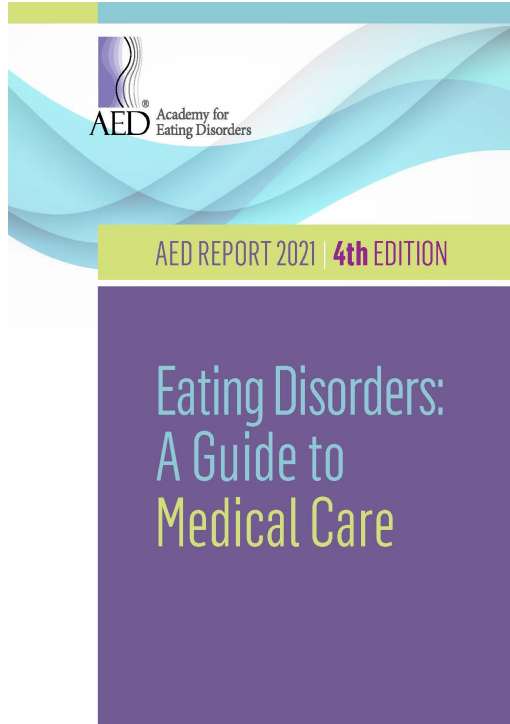
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- National Center of Excellence for Eating Disorders (NCEED)
 - [NCEED - National Center of Excellence for Eating Disorders \(nceedus.org\)](https://nceedus.org)
 - Includes webinars (live and on-demand, with CE) and evidence-based resources
 - Resource information for clinicians, family members/caregivers, patients
- Academy for Eating Disorders (AED)
 - [Home - Academy for Eating Disorders \(aedweb.org\)](https://aedweb.org)
 - Includes webinars and resources
 - "Publications" tab includes practice guidelines for medical care, psychological therapies, and nutrition therapy
- F.E.A.S.T.
 - [FEAST: Support and resources for families affected by eating disorders \(feast-ed.org\)](https://feast-ed.org)
 - Includes information for parents and Family Guides
 - Also includes webinars and videos
- Society of Adolescent Health and Medicine (SAHM)
 - [Home – SAHM \(adolescenthealth.org\)](https://adolescenthealth.org)
 - Position papers listed under “Advocacy”
- National Eating Disorder Association (NEDA)
 - [National Eating Disorders Association](https://nationaleatingdisorders.org)
- National Alliance for Eating Disorders
 - [Get Eating Disorder Help Today | Alliance for Eating Disorders](https://www.naead.org)

RESOURCES



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References/Resources



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- [National Alliance for Eating Disorders | Find Eating Disorder Treatment](#)
- [National Center of Excellence for Eating Disorders \(NCEED\)](#)



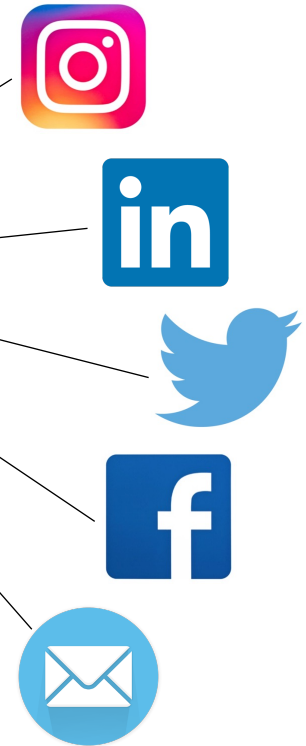
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