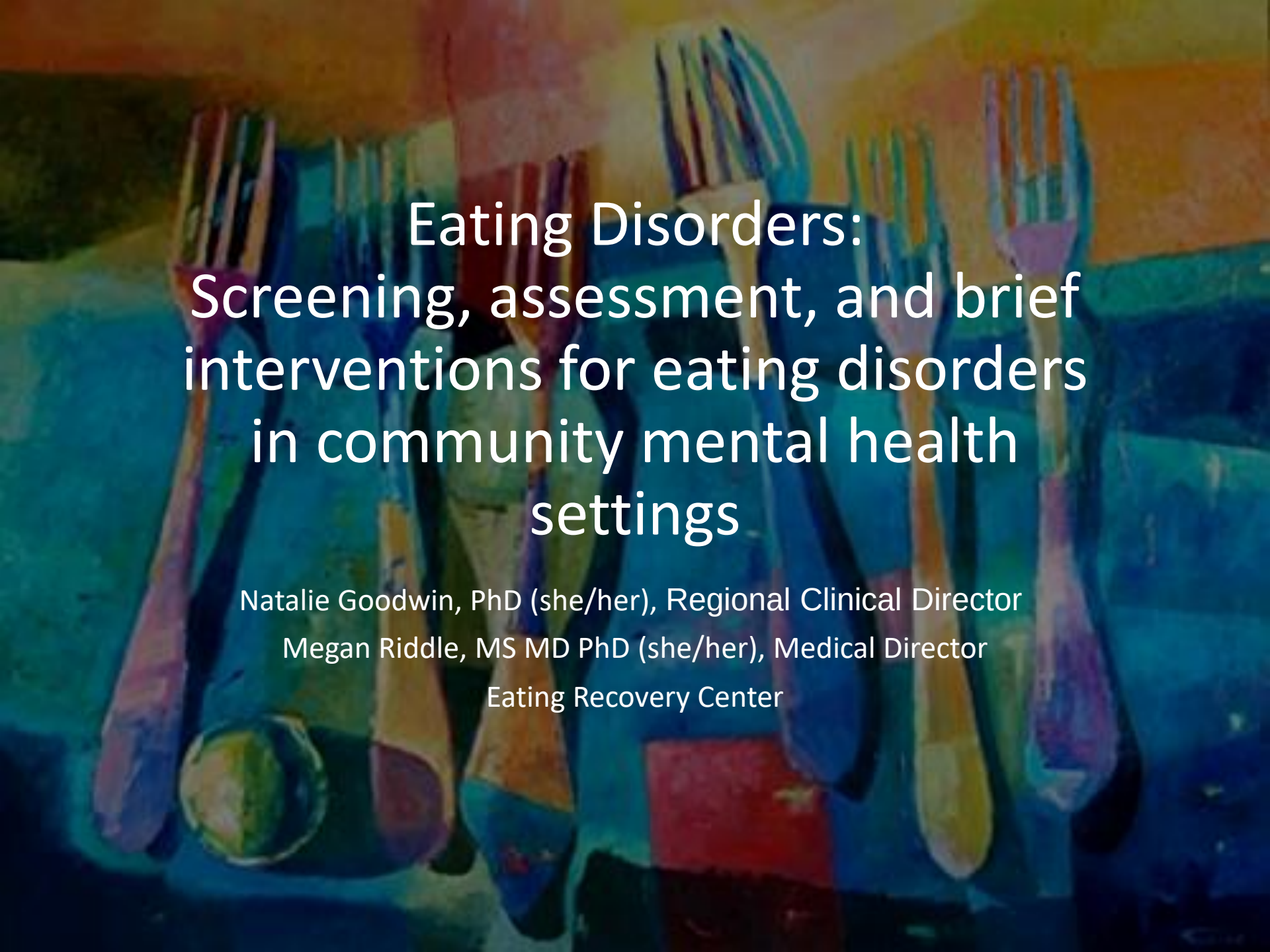


Eating Disorders: Screening, assessment, and brief interventions for eating disorders in community mental health settings

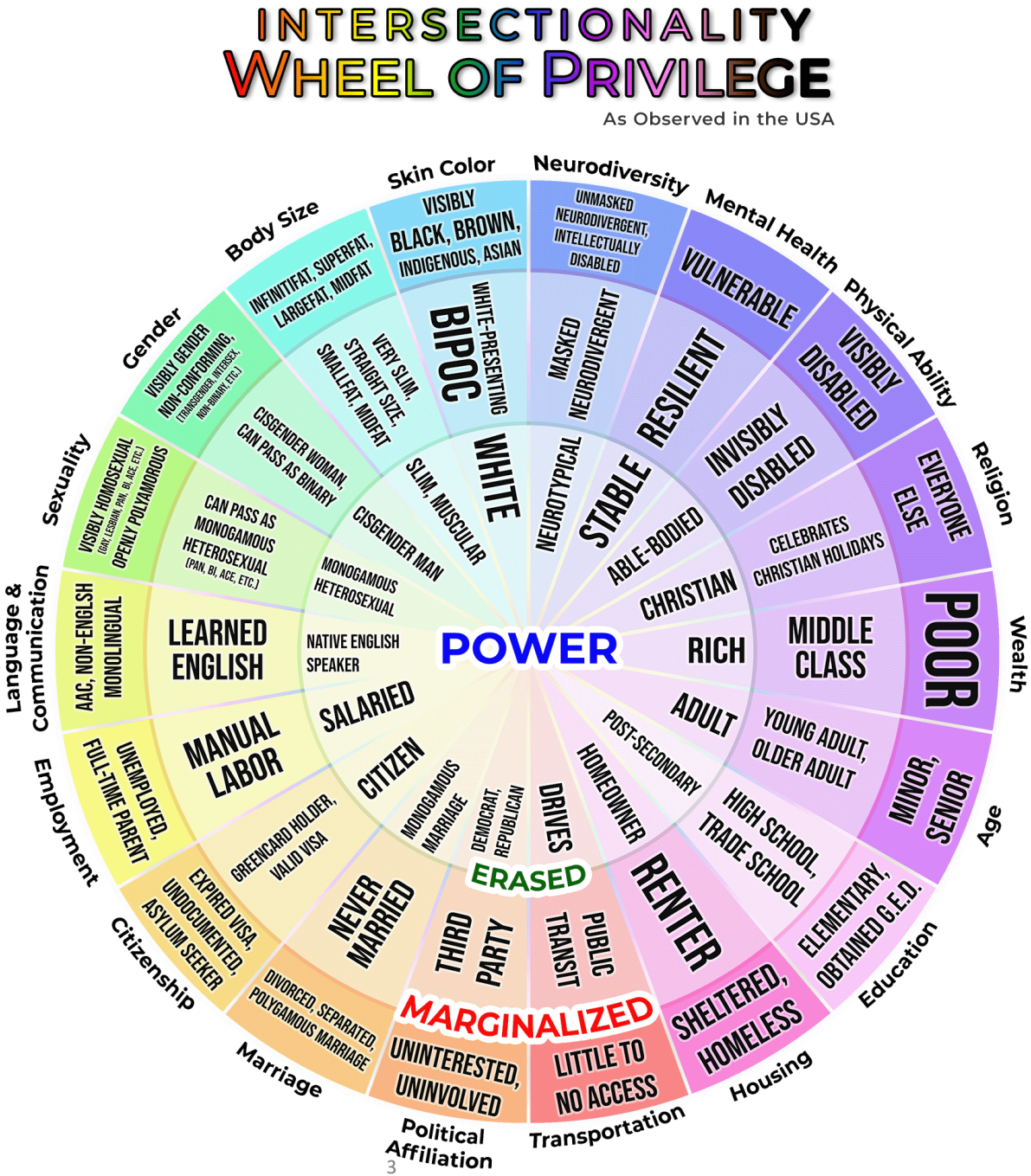
Natalie Goodwin, PhD (she/her), Regional Clinical Director
Megan Riddle, MS MD PhD (she/her), Medical Director
Eating Recovery Center

Disclosures

- Dr. Goodwin and Dr. Riddle both work at The Eating Recovery Center and Pathlight Mood & Anxiety Center
- We offer IOP (virtual and in person), PHP and residential care for ages 8 and up of all genders
- We do take several forms of medicaid

Privilege and Eating Disorder Treatment

- We're speaking from a place of privilege
- It's important to consider ED treatment in the context of our own intersectional identities and those of our patients
- ED research and treatment has historically been formulated through a white, able-bodied, neurotypical, financially secure lens



MR

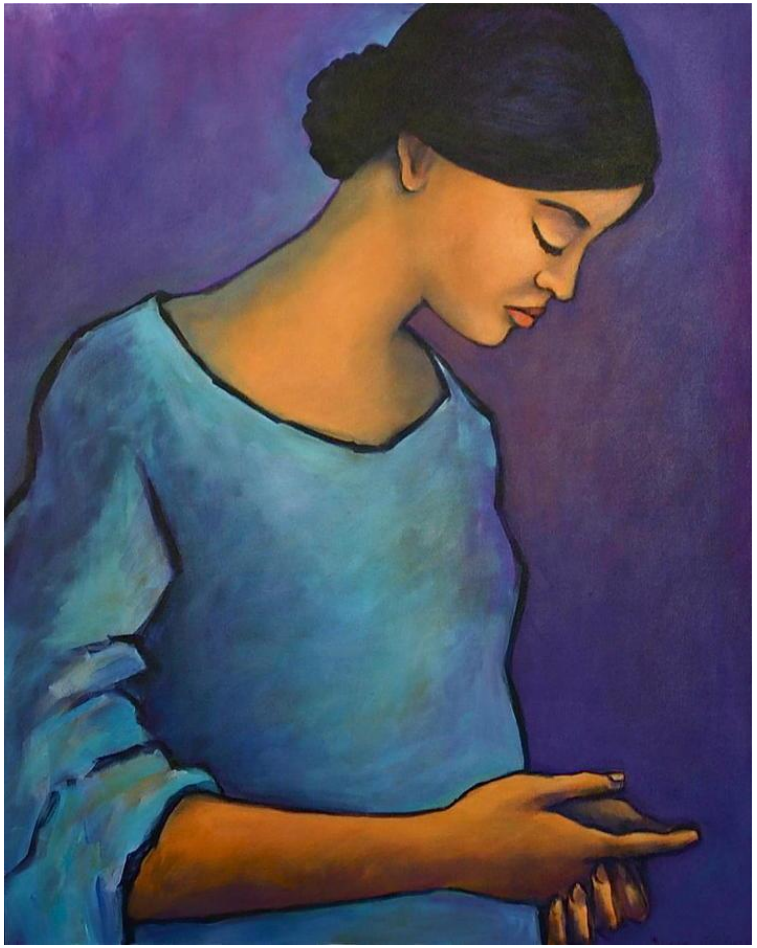
Objectives

- Identify who is at risk for eating disorders
- Describe how to screen for eating disorders
- Discuss interventions for eating disorders and when to refer for specialized treatment
- Explore how to support caregivers to help someone who has an eating disorder, especially if they need treatment

MR

Case: Alice

- You're a school counselor at a high school
- Alice is a sophomore in high school. She does well in school is generally a very engaged student, with lots of friends
- She joined the track and field team as a freshman to help improve her college application
- Teachers begin to notice Alice seems a bit more withdrawn in class and often looks tired; she's also dressing in baggy clothes
- Alice's mom reaches out to you because she's concerned Alice is spending the entire evening in her room at night doing homework and not spending time with the family or doing things she enjoys. "She doesn't even have time to eat dinner with us," Alice's mom reports.



MR

Why talk about eating disorders?

- Eating disorders have a high morbidity and mortality
  - All eating disorders carry increased risk of death, both as a result of suicide and medical complications
  - Anorexia has one of the highest fatality rates of all mental illnesses

MR

Why talk about eating disorders?

- With 30 million people in the US with eating disorders, you are already seeing these individuals and may not even realize it
  - In adolescents, eating disorders are the third most common chronic condition, after obesity and asthma
- Recognizing an eating disorder can be an important piece of the puzzle to understand the overall clinical picture

MR



Why talk about eating disorders?

- These patients fall through the cracks
  - We hold certain assumptions about who has eating disorders

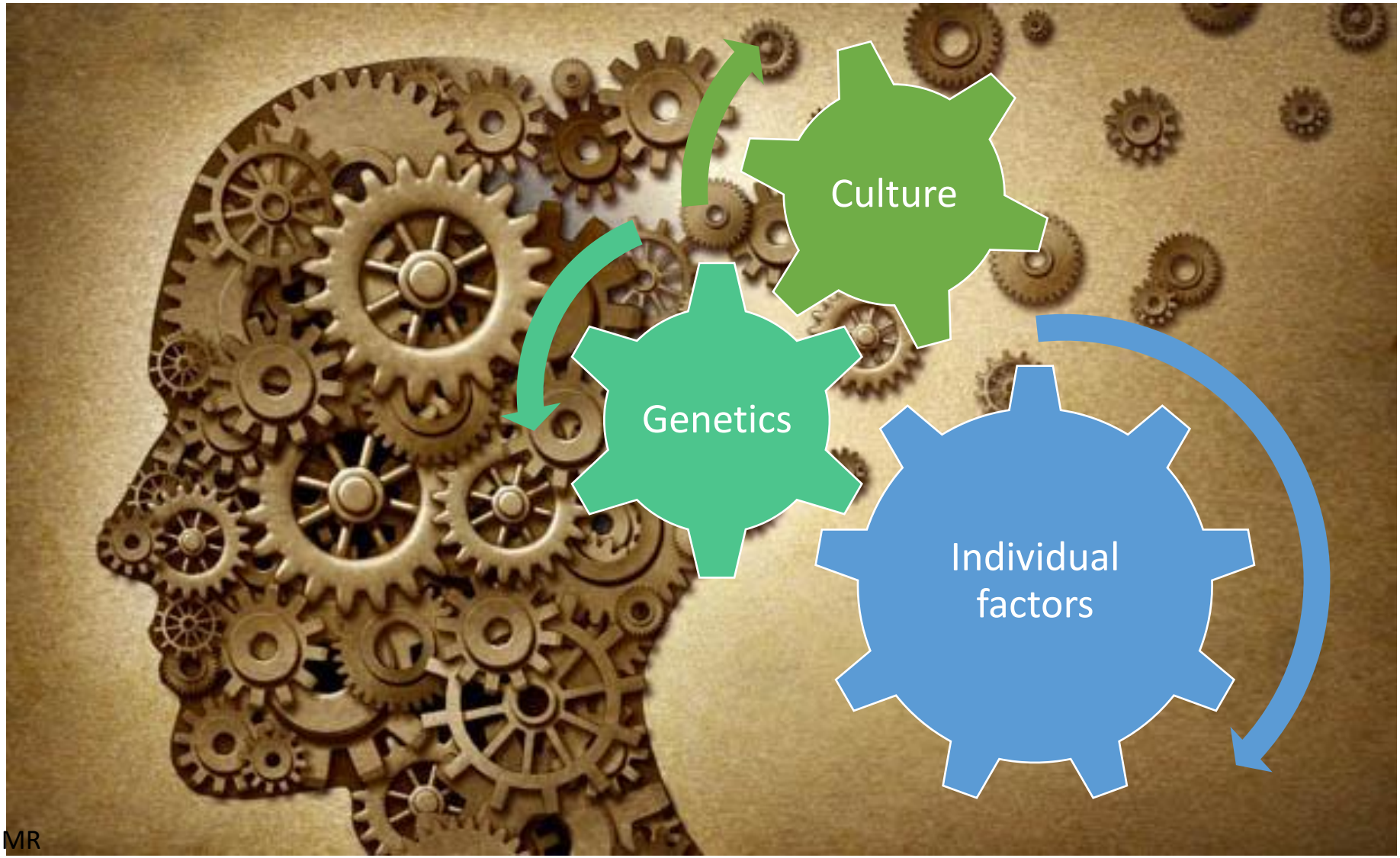
MR

Why talk about eating disorders?

- We all bring our own cultural beliefs about food, weight, shape and health
  - The idea that thinness is so closely tied with wellness is a deeply held “truth” that is less evidence based than we are led to believe
  - We need to consider our own biases, particularly antifat bias

MR

Development of eating disorders

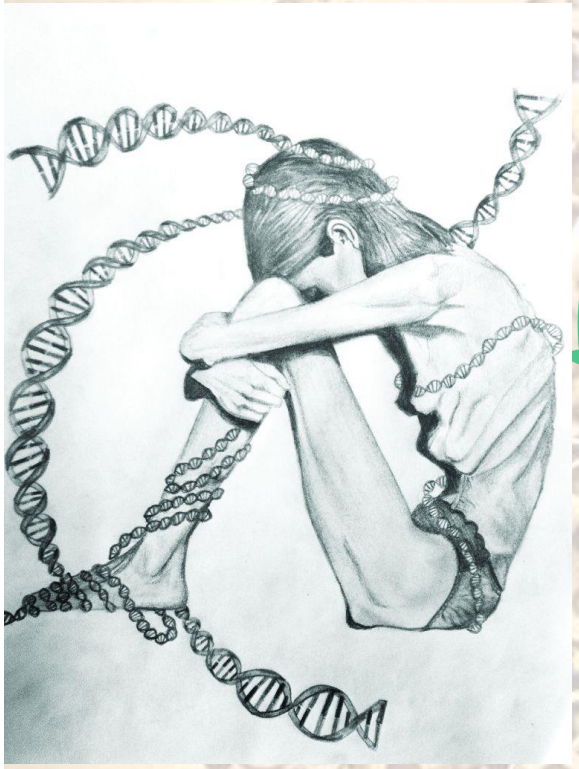


MR

Development of eating disorders

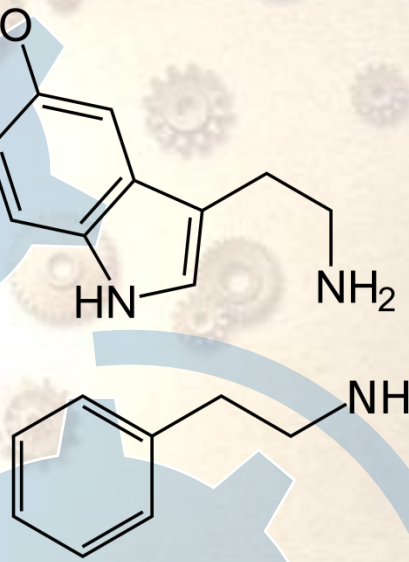
MR

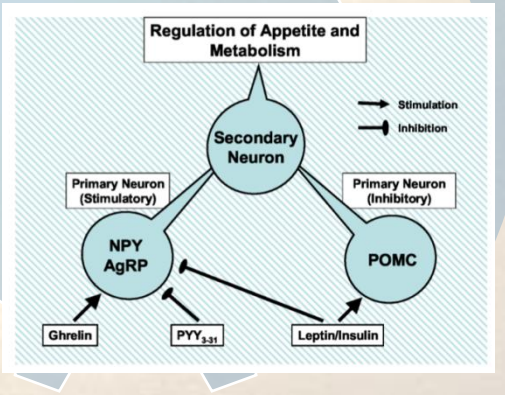
Development of eating disorders



Culture

Genetics





MR

Development of eating disorders

Culture

Individual factors

MR

Eating disorders

Anorexia nervosa

- Restriction of energy intake leading to low body weight based on context
- Intense fear of weight gain or behaviors that interfere with weight gain
- Excess concerns about weight and shape

Bulimia nervosa

- Recurrent binge episodes associated with eating an excess amount in a discrete period and lack of control
- Compensatory behaviors to prevent weight gain
- Binge eating and purging occur on average at least weekly for 3mo
- Excess concerns about shape and weight

MR

Eating disorders

Binge Eating Disorder

- Recurrent binge episodes associated with eating an excess amount in a discrete period and lack of control
- **No** compensatory behaviors to prevent weight gain
- Binge eating occurs on average at least weekly for 3mo

Avoidant/Restrictive Food Intake Disorder

- Eating disturbance (i.e. concern about eating certain food types/textures) that prevents patient form meeting nutritional needs leading to:
  - Weight loss
  - Nutrient deficiency
  - Dependence on supplements/feeding tube
  - Interference with psychosocial
- Not in the setting of AN or BN or explained by other medical condition

MR

Eating disorders

Other Specified Feeding & Eating Disorder

- Symptoms of an eating disorder that cause clinically significant distress or impairment but do not meet the full criteria for any of the other disorders
- i.e. Atypical anorexia, purging disorder, BN or BED of short duration/ low intensity

Unspecified Eating Disorder

- Symptoms of an eating disorder that cause clinically significant distress are present but diagnosis is unclear

MR

Who to screen?

- We have to ask our patients, because they are unlikely to volunteer this information
  - Shame
  - Aspects of the eating disorder may be aligned with their goals and values
  - On some level, the eating disorder is working

This means you need to ask!

MR

Who to screen?

- American Academy of Pediatrics advocates the routine use of screening questions for all preteen and adolescent patients

MR

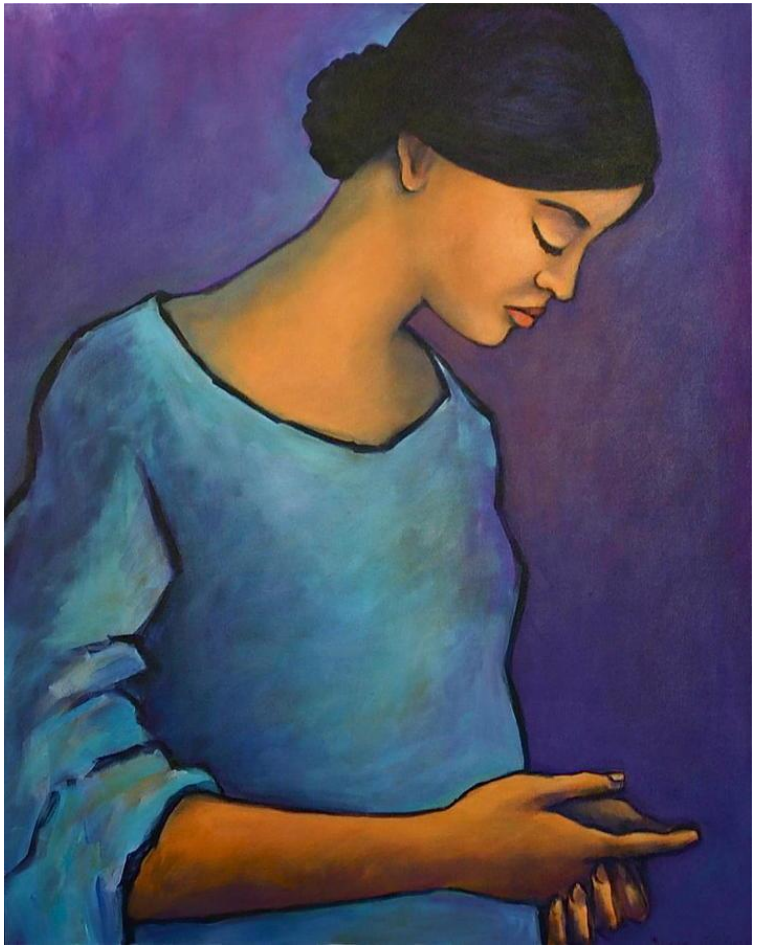
Who to screen?

- In adults, there aren't specific guidelines
- Screen high risk groups
  - Young adults
  - LGBTQ individuals, particularly genderqueer
  - Individuals under stress, with anxiety
  - Everyone with a family history of eating disorders
  - Everyone with rapid changes in weight or those seeking help with weight loss
  - Athletes

MR

Case: Alice

- You're a school counselor at a high school
- Alice is a sophomore in high school. She does well in school is generally a very engaged student, with lots of friends
- She joined the track and field team as a freshman to help improve her college application
- Teachers begin to notice Alice seems a bit more withdrawn in class and often looks tired; she's also dressing in baggy clothes
- Alice's mom reaches out to you because she's concerned Alice is spending the entire evening in her room at night doing homework and not spending time with the family or doing things she enjoys. "She doesn't even have time to eat dinner with us," Alice's mom reports.



Would you screen Alice?

MR

Eating disorders: Quick Screen

- Start with normalizing:

"Often, when people are under a lot of stress, they will eat more or less than they would otherwise. Does this happen to you?"

MR

Assessment tools for eating disorders

- Eating Disorder Examination Questionnaire (EDE-Q)
  - 28 questions
  - Available in regular (ages 14+), adolescent (ages 12+), short version (QS)
- Questionnaire on Eating and Weight Patterns-5
  - 26 question
  - Available as adolescent version (QWEP-A ages 12-18yo), parent
- Nine Item ARFID Screen (NIAS)
  - 9 questions specifically focused on ARFID
- Pica, Arfid, Rumination, Disorder Interview (PARDI)
  - PARDI-AR-Q longer assessment to fully assess ARFID symptoms and subtype
- SCOFF
  - 5 questions screening for eating disorder
- Eating Attitudes Test-26 (EAT-26)
  - 26 questions screening for eating disorder

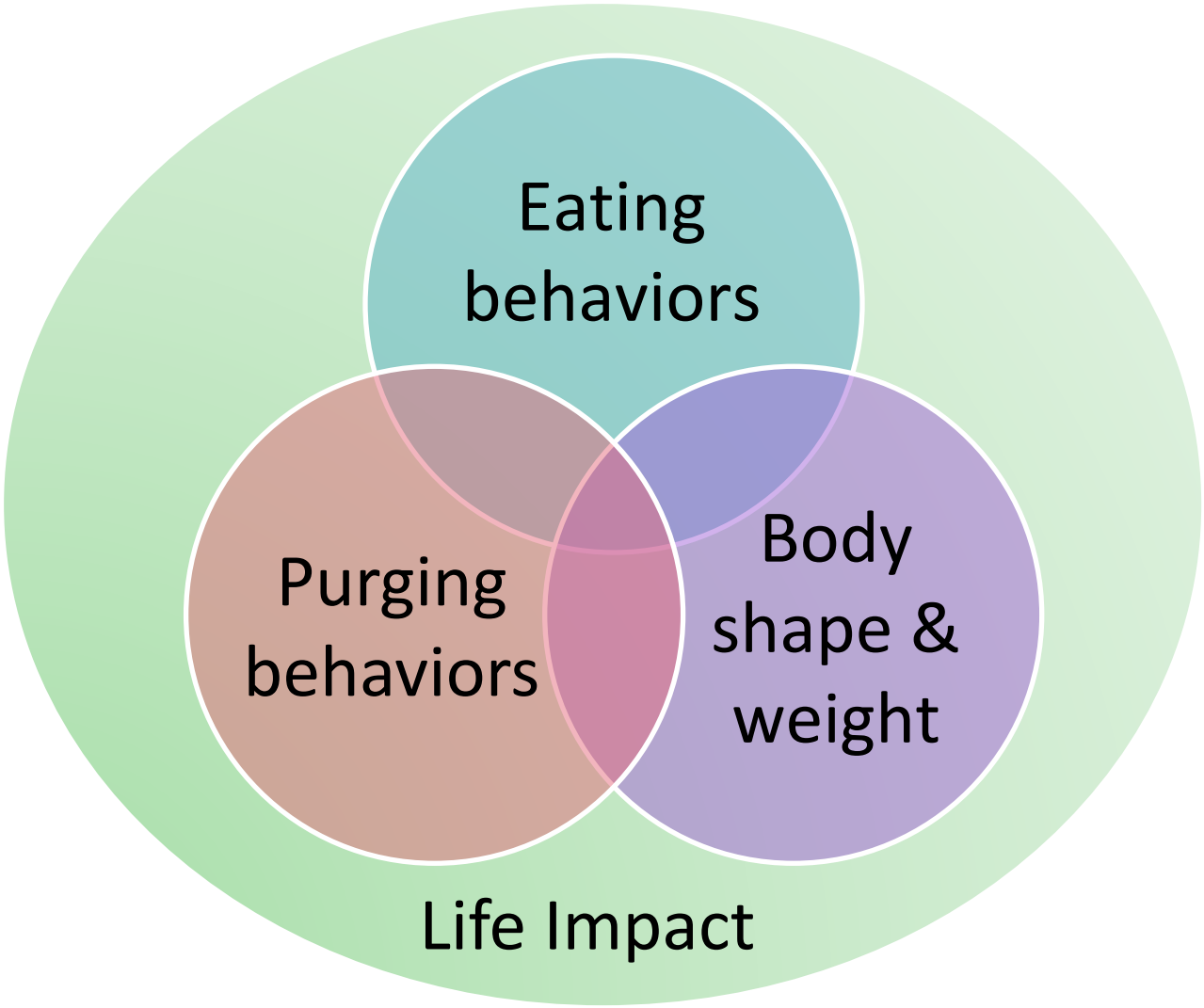
Eating disorders: Quick Screen

- Eating disorder screen for primary care
  - 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?

2 “abnormal” answers considered a positive screen

MR

Symptom assessment

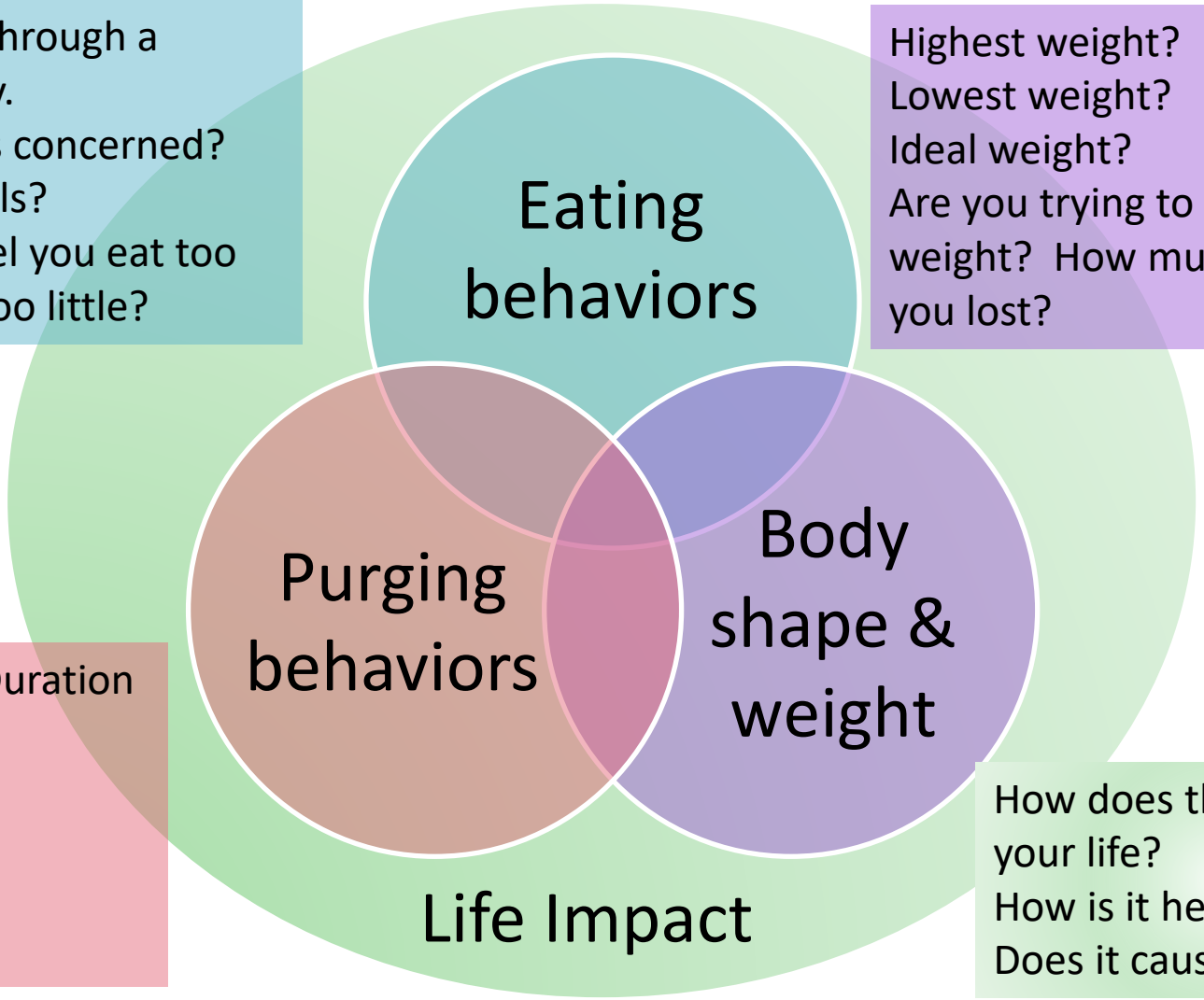


MR

Symptom assessment

Walk me through a typical day.
Are others concerned?
Food rituals?
Do you feel you eat too much or too little?

Highest weight?
Lowest weight?
Ideal weight?
Are you trying to lose weight? How much have you lost?



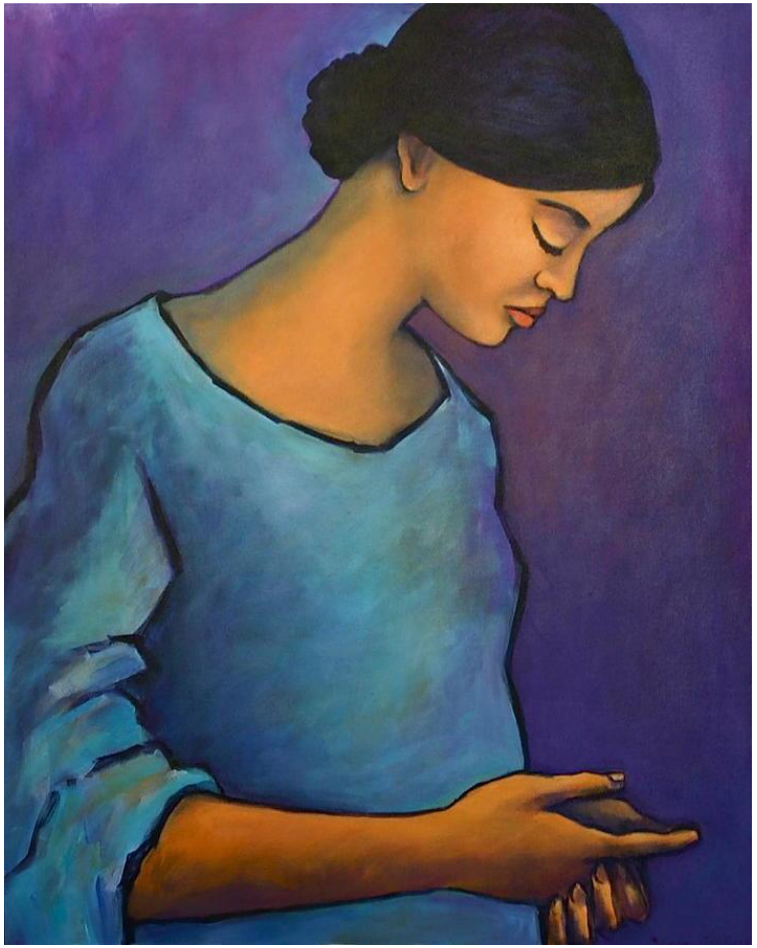
Frequency/Duration
Vomiting?
Diet pills?
Diuretics?
Laxatives?
Exercise?

How does this affect your life?
How is it helpful?
Does it cause problems?

MR

Case: Alice

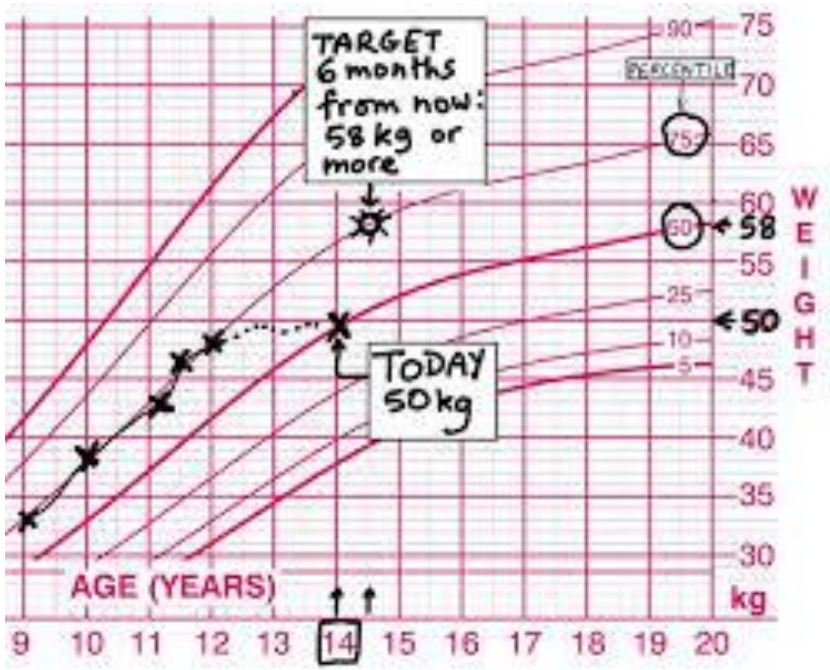
- When you offer to check in with Alice, she at first declines, saying, “things are fine.”
- Later you try again, and she agrees to chat.
- She shares that she has been feeling very stressed about school and wants to make the varsity track team
- “I’m trying to eat healthy and exercise”
- She says she’s doing intermittent fasting and running 5 miles a day
- You’re concerned and suggest to her mom that she go see her pediatrician



MR

Case: Alice

- At the pediatrician's office, Alice's vitals are notable for a low heart rate of 45 bpm (bradycardia); her blood pressure also drops when she goes from sitting to standing (orthostatic)
- She at first asks not to be weighed but then agrees. While most of her life she has been at the 75th percentile for weight, she dropped to the 50th percentile
- BMI is "normal"

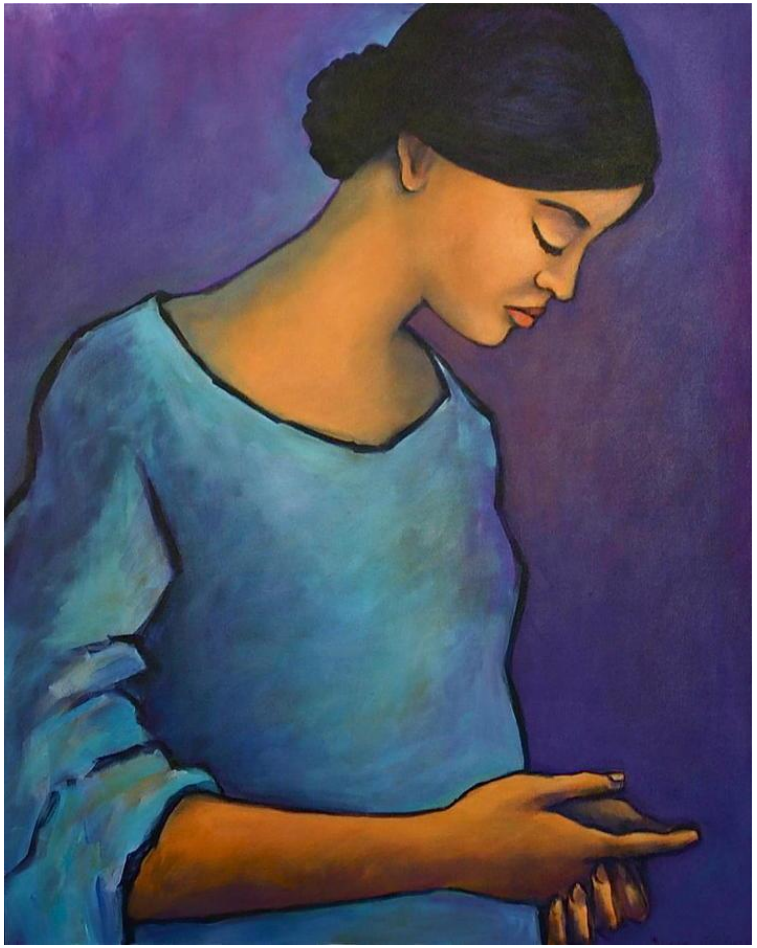


Sample growth chart

MR

Case: Alice

- Alice denies vomiting or using diet pills, diuretics or laxatives
- She reports she would like to lose about 20lbs
- She shares she is feeling tired every day and struggles to concentrate



Diagnosis?

Other specified feeding and eating disorder (OSFED) – atypical anorexia

MR

A note on rapport

- It can be difficult to start the conversation, particularly when the patient is in denial about the severity of the illness
- Convey genuine empathy and curiosity while avoiding judgement
- Check your own emotions
  - We all have preconceived notions about patients with eating disorders
  - We all have our own relationship with food, weight and our body

NG

How to approach a discussion about concerns

Learn

Set aside a private time to connect with the person

Share concerns

Express Care

Ask about willingness to get help

Reach out to PCP, other care providers, create a team

If the child needs emergency medical care, go to the ER or call 911

Collaborate with co-parents/parents

Seek help

NG

Eating disorder do's and don'ts

- **Do**:
  - Share your concern with the individual
  - Acknowledge the emotional distress gaining weight and not bingeing and purging brings

- **Don't**:
  - Reduce this to "you just need to eat more" or "you just need to stop binging" or "put down the food"
  - Make weight and shape comments as the patient begins to recover
    - **"You look good"** or **"You look so much healthier"** will be heard by the patient as **"You've gained so much weight"** and **"You're fat"**

NG

Eating disorder do's and don'ts

- **Do**:
  - Share your concern with the individual
  - Acknowledge the emotional distress gaining weight and not bingeing and purging brings
- **Don't**:
  - Reduce this to "you just need to eat more" or "you just need to stop binging" or "put down the food"
  - Make weight and shape comments as the patient begins to recover
    - **"You look good"** or **"You look so much healthier"** will be heard by the patient as **"You've gained so much weight"** and **"You're fat"**

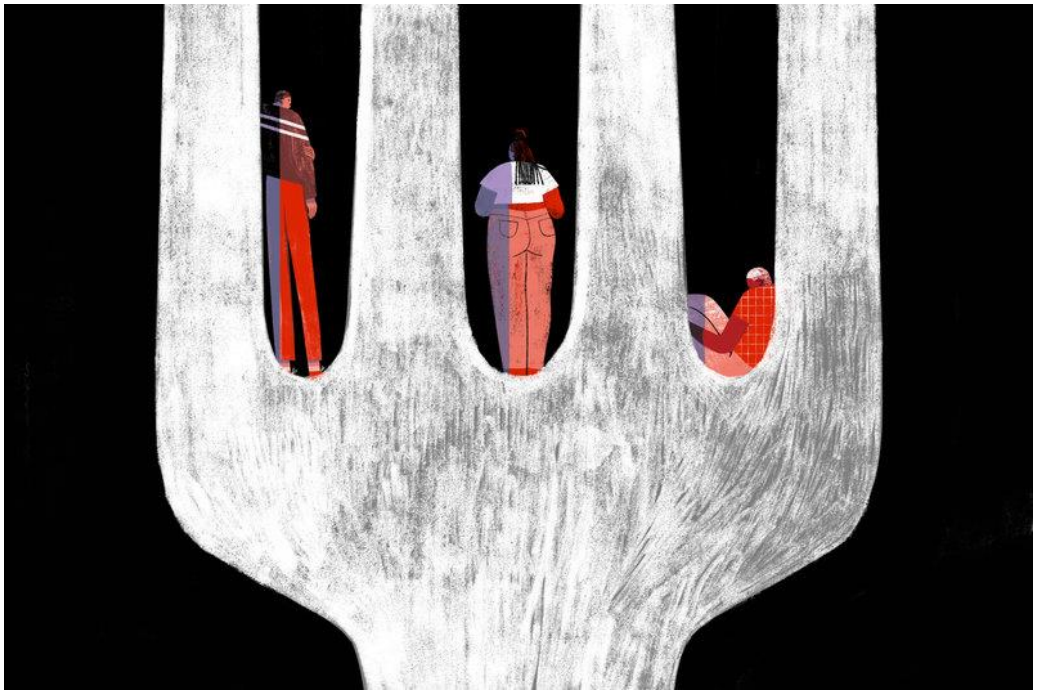
Don't forget:

This is a mental illness, not a choice

NG

Identify and then?

- Once you have identified a patient with an eating disorder, you need to take steps to get them the treatment they need
- Earlier diagnosis and treatment is associated with better outcomes



Supporting the Family

Communicating Concern

Consider family dynamics and cultural or social issues that may make it difficult to discuss issues

Ask if it is a convenient time to discuss

Begin with telling them you are concerned for the patient and focus on specific, factual ifnormation

- We've noticed some changes with your child that seem out of character. We wondered if you had noticed anything or had any concerns yourself?

Show empathy and support without judging, making pronouncements, or promising

Aim to establish and open supportive relationship – be mindful that they may feel guilt, blame, or responsible for the behavior

Encourage them to access support, information, provide resources

Ask the family what would be helpful

Supporting the Family

What if it doesn't go smoothly?

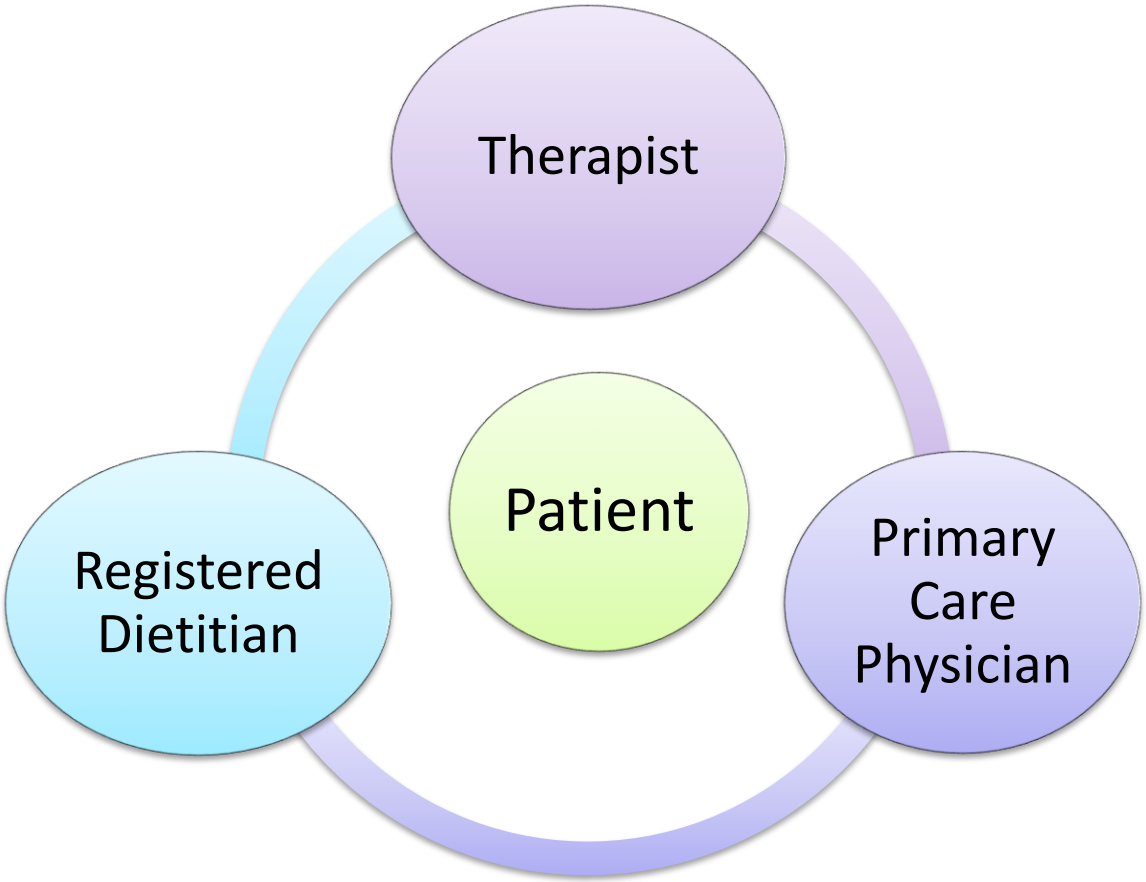
There may be times when a child or young person or their parent/carer are not recognizing your concerns, they may minimize your views and even decline consent for a referral to a specialist service

Be persistent, gentle and validate

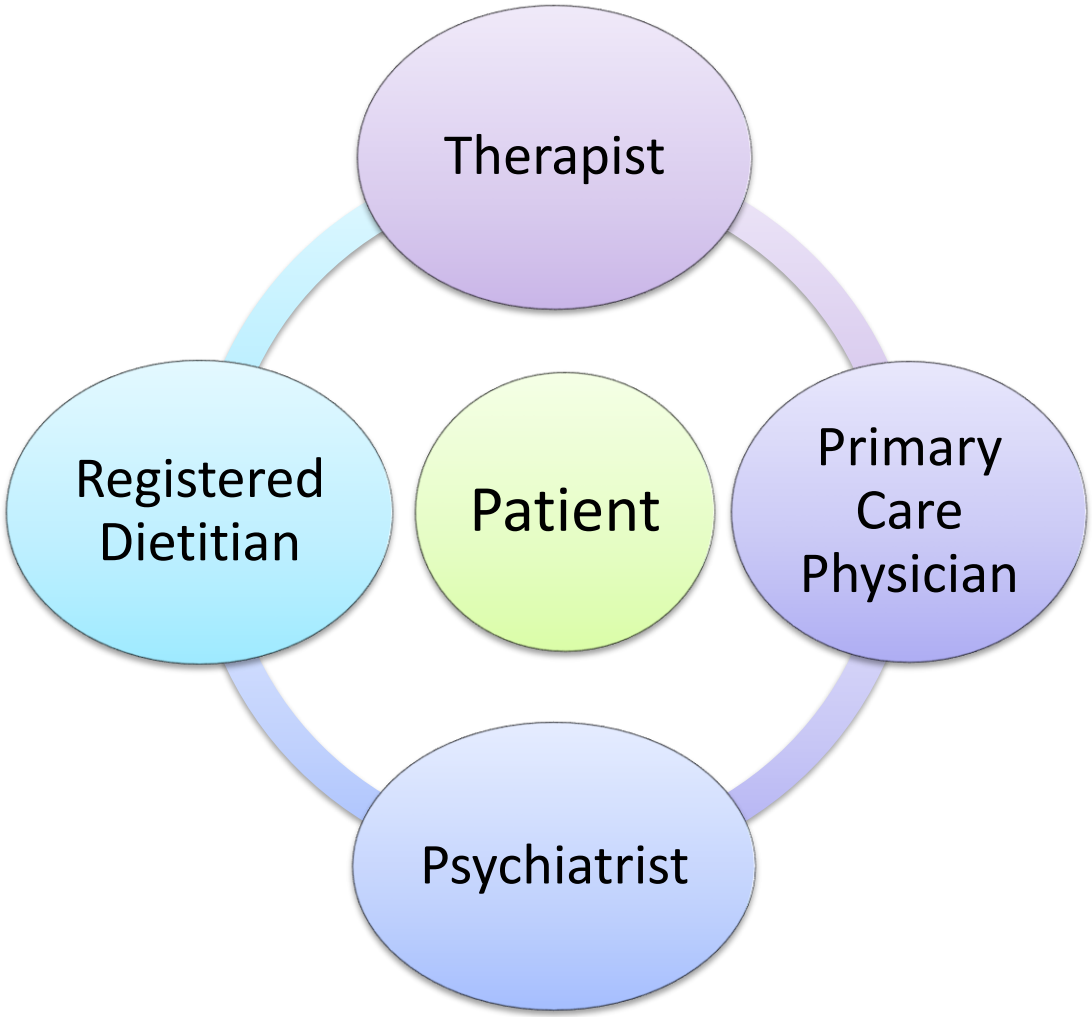
- Acknowledge this is difficult to talk about
- Reiterate the concern for their child
- Leave the door open for them to contact you another time
- If medical safety is a concern may need to keep persisting

Maintain communication with the child or young person and family. Recognize that this may have come as a shock, they may feel stigma, blame, and they may not be acting rationally.

Treatment team

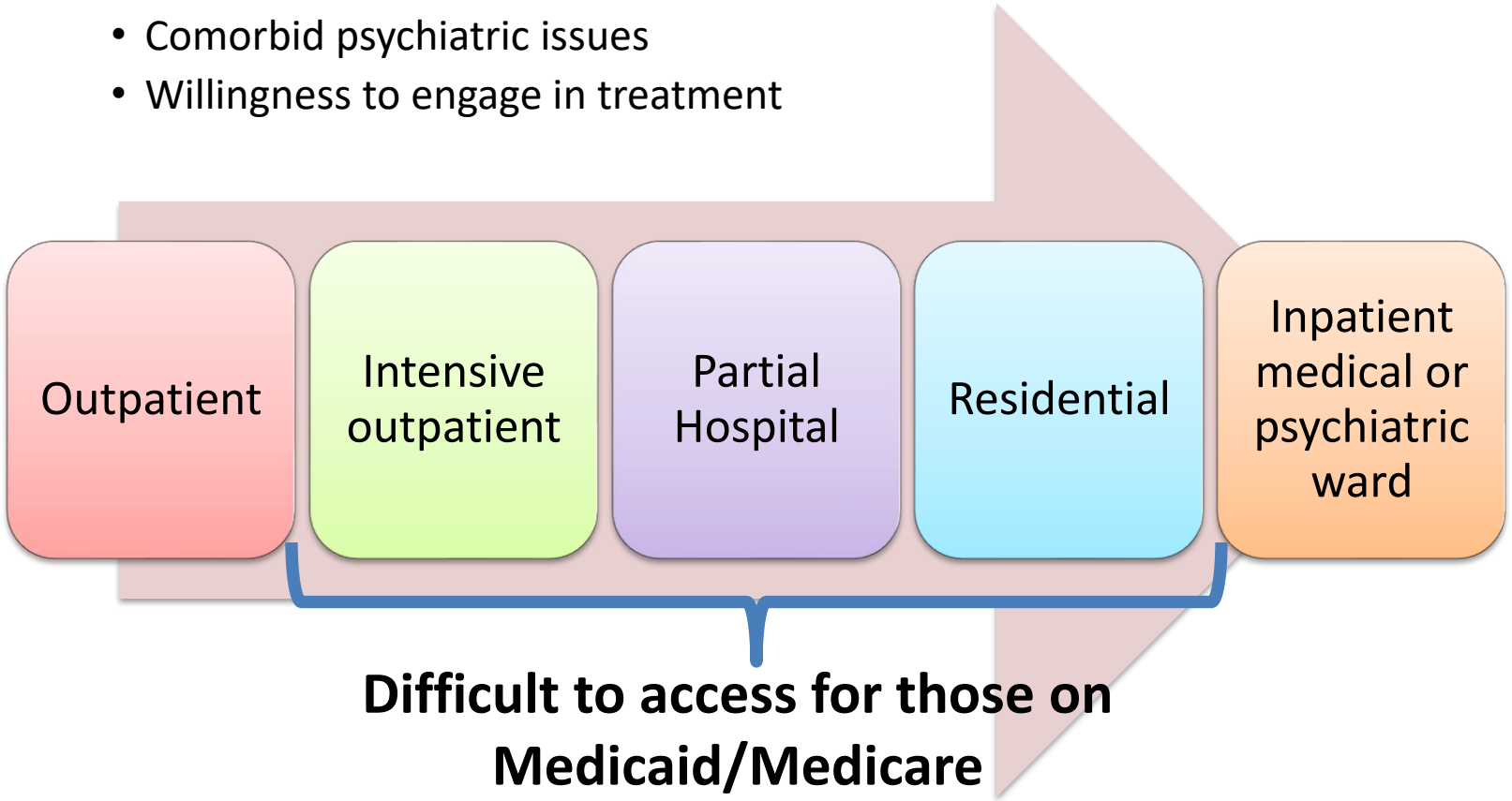


Treatment team



Where to treat

- Whether a patient should be hospitalized for treatment depends on a number of factors
  - Medical stability
  - Comorbid psychiatric issues
  - Willingness to engage in treatment



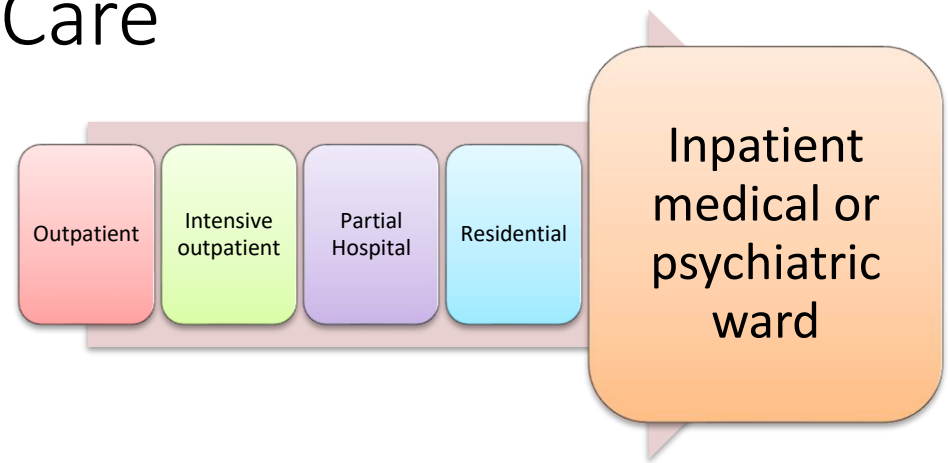
Levels of Care

Factors to Consider

- Medical Complications
- Suicidality/Safety
- % of Target Body Weight
- Motivation for Recovery
- Comorbid Disorders
- Environmental Stressors
- Amount of Structure Needed for Weight Restoration (if needed)
- Ability to Care for Self
- Ability to Control Exercise
- Ability to Control Purging
- https://www.massgeneral.org/assets/mgh/pdf/psychiatry/edcrp_apa_2006_ed_tx_guidelines_table.pdf

Levels of Care

Inpatient

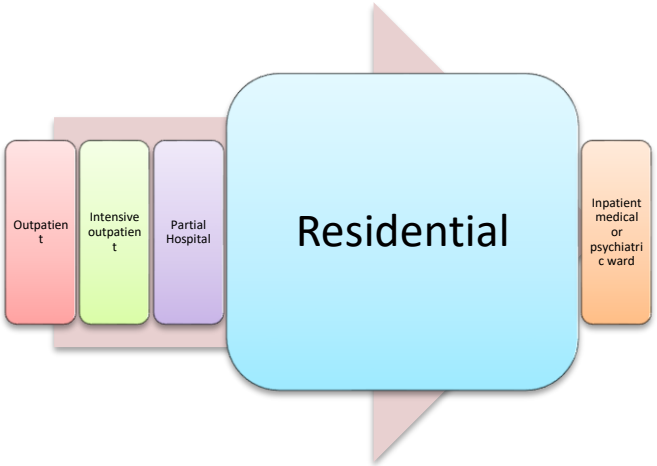


- Heart rate below 40
- Organ compromise
- Electrolyte imbalance
- Dehydration
- Blood pressure<90/60 in adults, <80/50 in children/adolescents
- Suicidal ideation with plan and intent
- <85% of target
- Food refusal even if not <85%
- Poor motivation
- Intrusive thinking
- Needs supervision at all times
- Family conflict

- Suicidal ideation with plan and intent
- <85% of target
- Food refusal even if not <85%
- Poor motivation
- Intrusive thinking
- Needs supervision at all times
- Family conflict
- Difficulty following treatment plan without considerable structure

Levels of Care

Residential

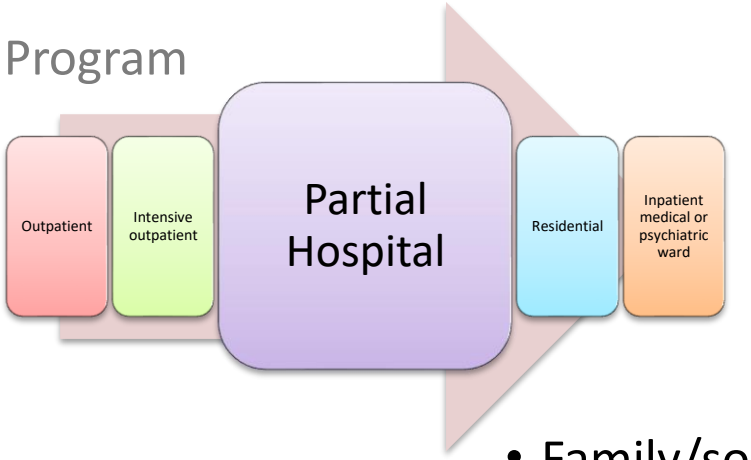


- Need frequent lab monitoring
- Vital signs showing irregularities
- Need daily weights for monitoring
- Need a nasogastric tube
- >70% IBW
- Fair to Poor Motivation
- Family system/support system burnt out
- Safety issues

- Needs Supervision for All Meals
- Very poor intake
- Unable to cope, ask for help or be a recipient of support
- Needs Structure to Limit Exercise
- Needs 24 Hour Supervision to Limit Purging

Levels of Care

Partial Hospitalization Program

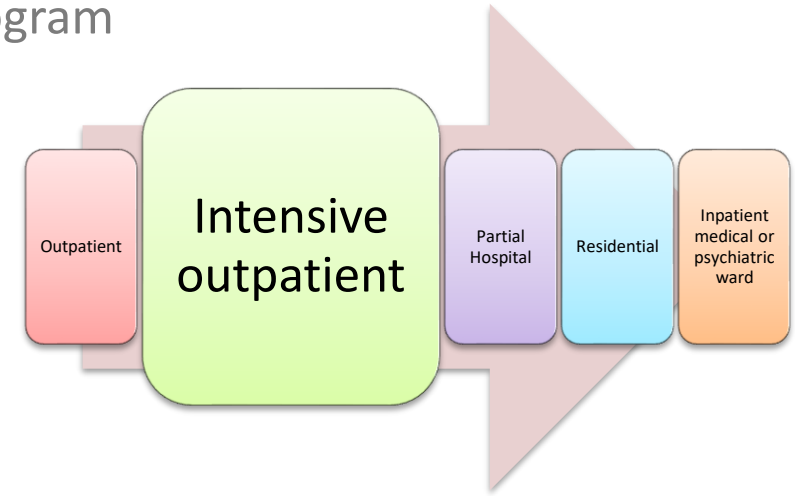


- IV Fluids and Daily Lab Work Not Required
- >75% IBW
- Partial Motivation, Cooperative
- Support System May Be Unable to Provide Structure or May Have Conflict
- Weighing a couple times a week is sufficient to monitor
- May have strong urges but able to work through them

- Family/social support feeling effective at providing support around meals.
- Continues to need supervision at Most or All Meals
- Able to allow parent/social support involvement in coping, can ask for help
- Needs Structure to Limit Exercise
- Needs Some Structure to Reduce Purging
- Able to commit to keeping self safe

Levels of Care

Intensive Outpatient Program

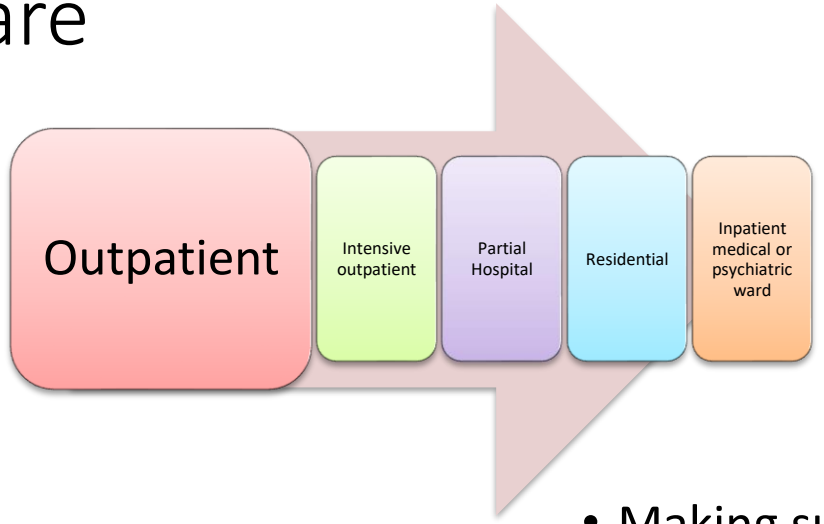


- Generally Medically Stable
- >80% IBW
- Fair Motivation
- Adequate Support System
- Family feeling effective in providing support

- Needs Structure to Restore Weight and Needs Some Supervision at Meals
- Able to Care for Self
- Some Structure Needed to Limit Exercise
- Needs Some Structure to Reduce Purging

Levels of Care

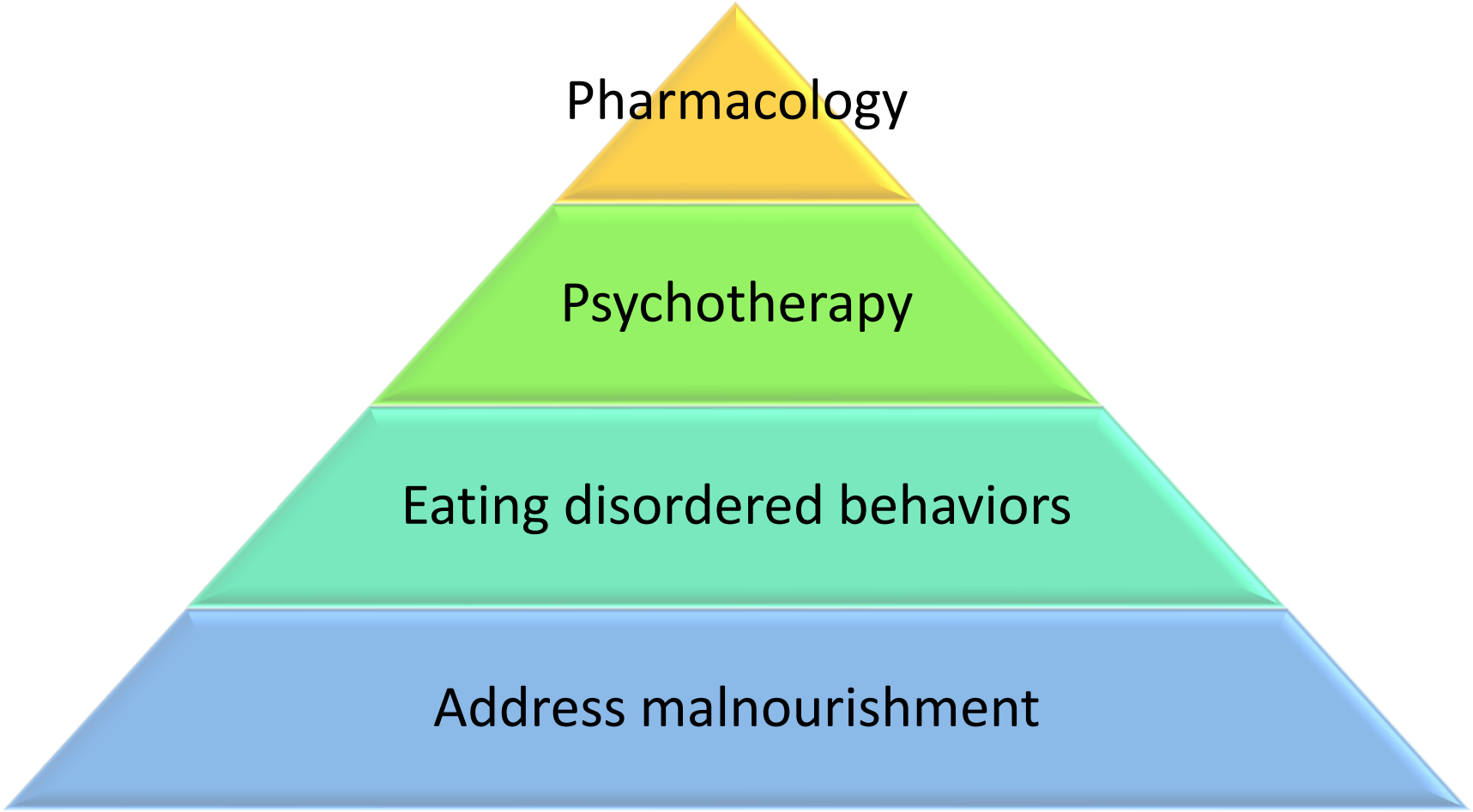
Outpatient



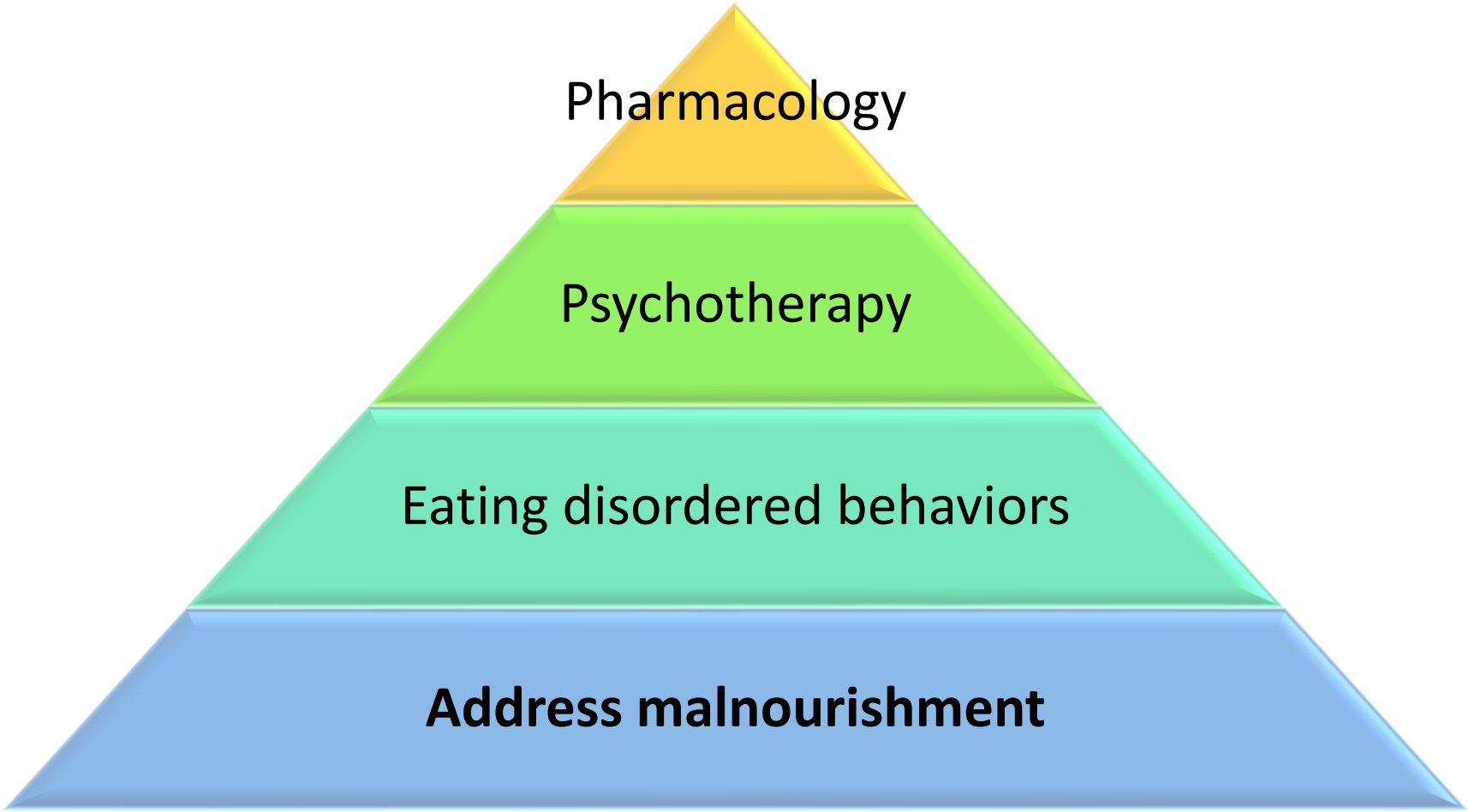
- Medically Stable
- Not Suicidal
- >85% IBW
- Fair to Good Motivation
- Adequate Support System

- Making sufficient gains in Weight Restoration
- Able to care for self/ accept care from others
- Able to Exercise for Fitness and Able to Control This
- Able to Control Purging and Have no Medical Complications Related

Treatment:


Pharmacology
Psychotherapy
Eating disordered behaviors
Address malnourishment

Treatment:


Pharmacology
Psychotherapy
Eating disordered behaviors
Address malnourishment

Medical evaluation

- These patients can have serious medical complications secondary to starvation or binge/purge behaviors
- Don’t make assumptions about medical stability based on weight

Medical complications

Restrictive ED

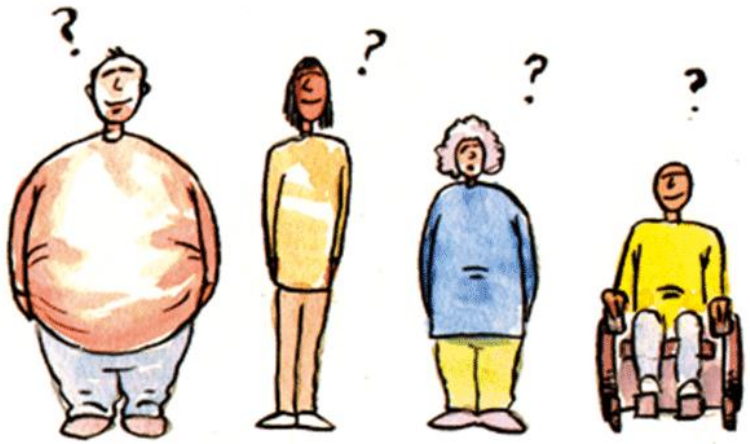
- Usually related to organ dysfunction due to malnutrition
- Starvation affects all organs of the body

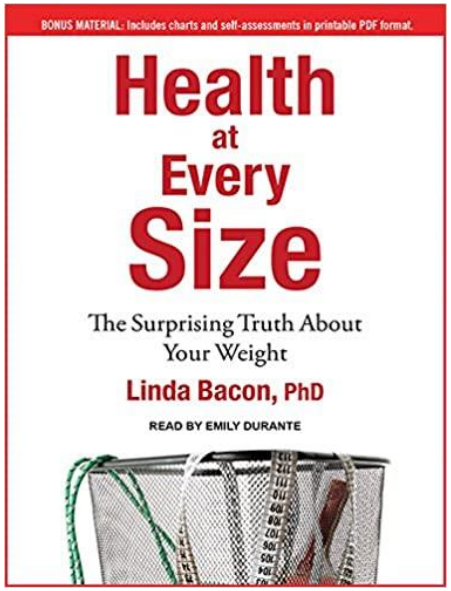
Binge/Purge ED

- Usually related to the type of purging used, frequency, and duration

Address malnourishment

- Regardless of body shape and size, the majority of ED patients have some degree of malnourishment
  - Early in treatment, we work on identifying a target weight – based on weight history and trends
  - Target weight may or may not be near someone's "ideal" body weight

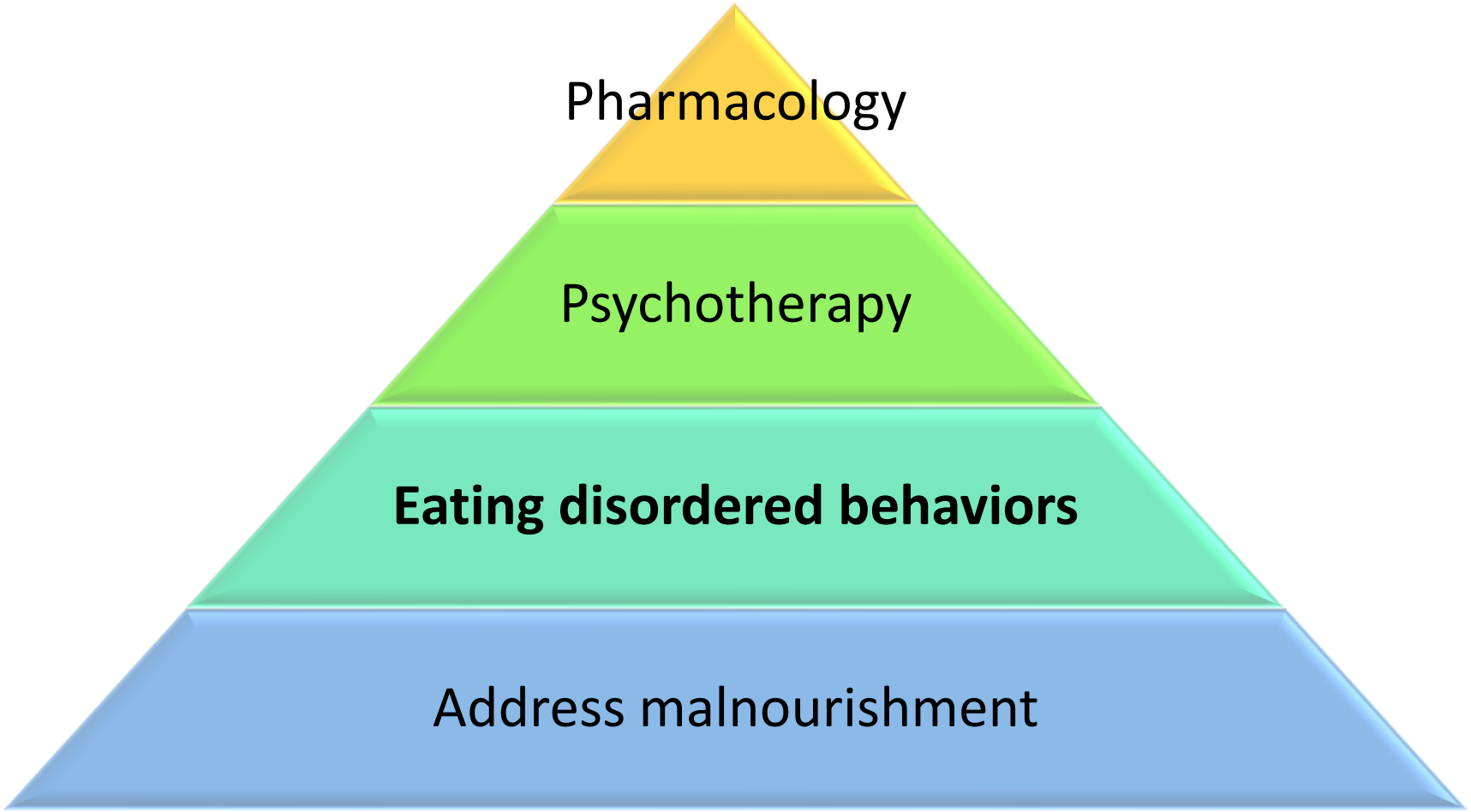




Address malnourishment

- For those restricting, initial treatment focuses on increasing caloric intake
  - Starts at ~1200-1400kCal/day
  - Gradually increased to 3,000-4,000kCal/day depending on rate of weight gain
- Target weight gain:
  - 2-3lb/wk inpatient
  - 0.5-1lb/wk outpatient
- Exercise is severely restricted

Treatment:


Pharmacology
Psychotherapy
Eating disordered behaviors
Address malnourishment

Eating disordered behaviors

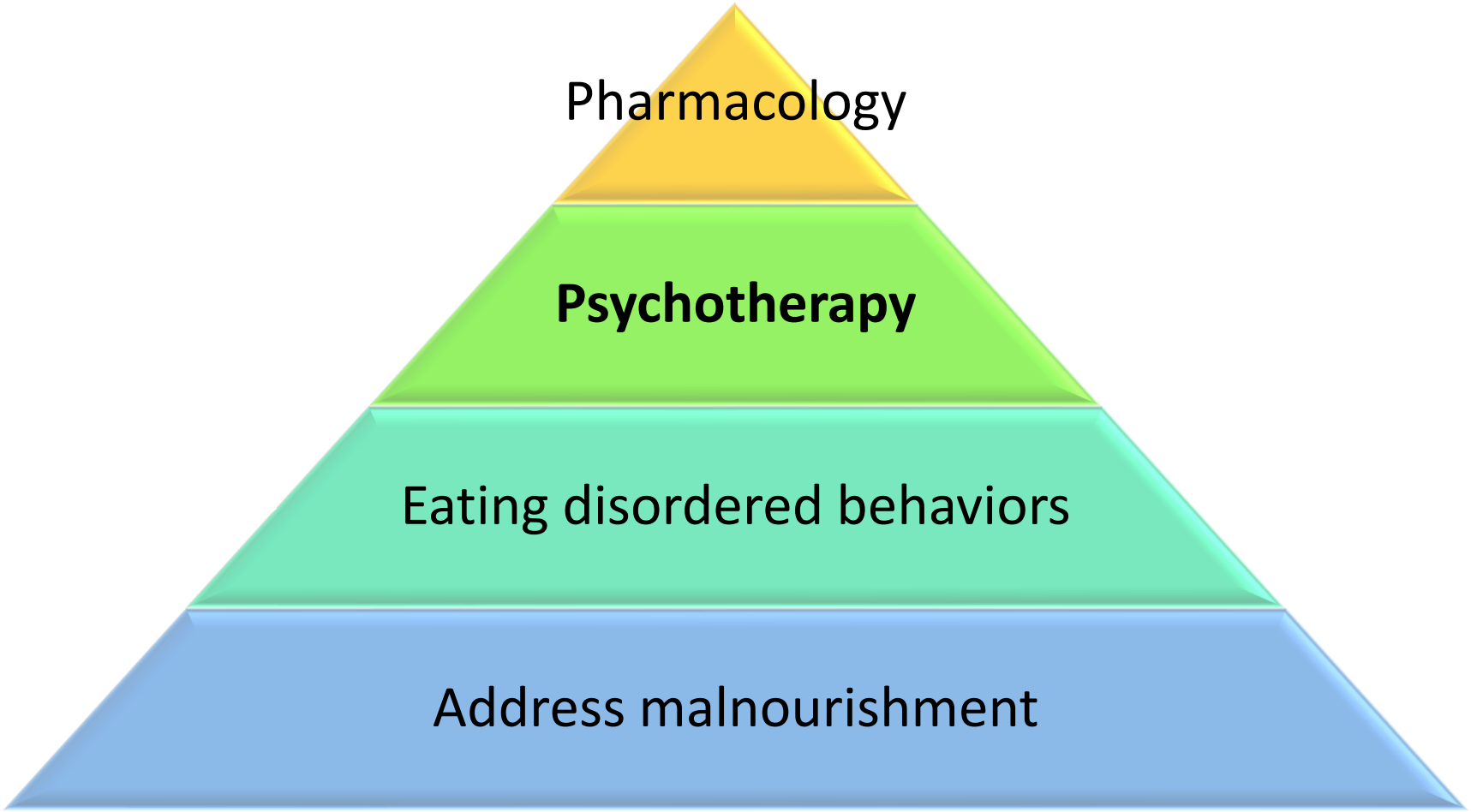
- Safe/unsafe foods
- “allergies”
- Portioning
- Pacing
- Excess exercise
- Purging

- Timing of meals
- Fluid intake
- Rituals
- Hunger/satiety cues

Eating disordered behaviors

- Structured meal plans - expand the quantity and variety of food
- Support and accountability around meals
  - Keeping a food record
  - Recruiting family members
  - Meal support at higher levels of care; also be part of outpatient sessions
- Exposure to restaurants, grocery stores, cooking
- Plan for allowable exercise

Treatment:

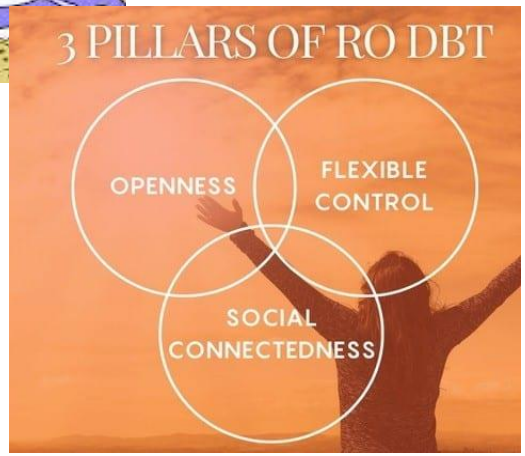

Pharmacology
Psychotherapy
Eating disordered behaviors
Address malnourishment

Treatment

Anorexia Nervosa

Adolescent and Young Adults

- Family Based Treatment



Adolescent and Adult

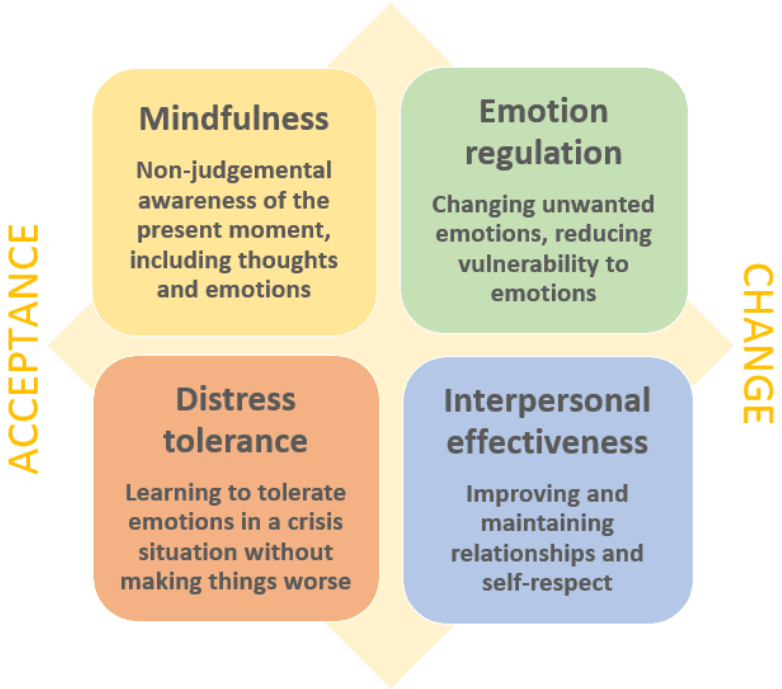
- Weight restoration is oh so important
- Emotion Focused Family Therapy
- Acceptance and Commitment Therapy
- Cognitive Behavioral Therapy-E
- Radically Open Dialectical Behavior Therapy
- Dialectical Behavior Therapy
- Motivational Interviewing

Treatment

Bulimia Nervosa and Binge Eating

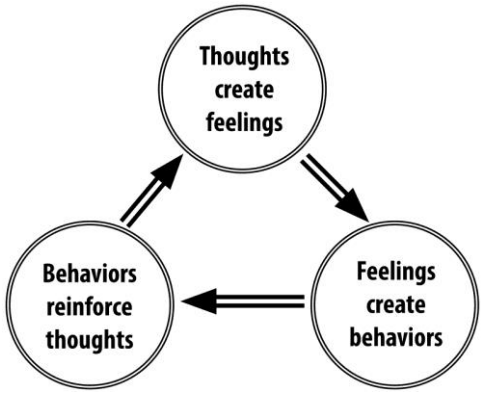
Adolescent and Young Adult

- Family Based Treatment



Adolescent and Adult

- Cognitive Behavioral Therapy
- Dialectical Behavior Therapy
- Emotion Focused Family Therapy



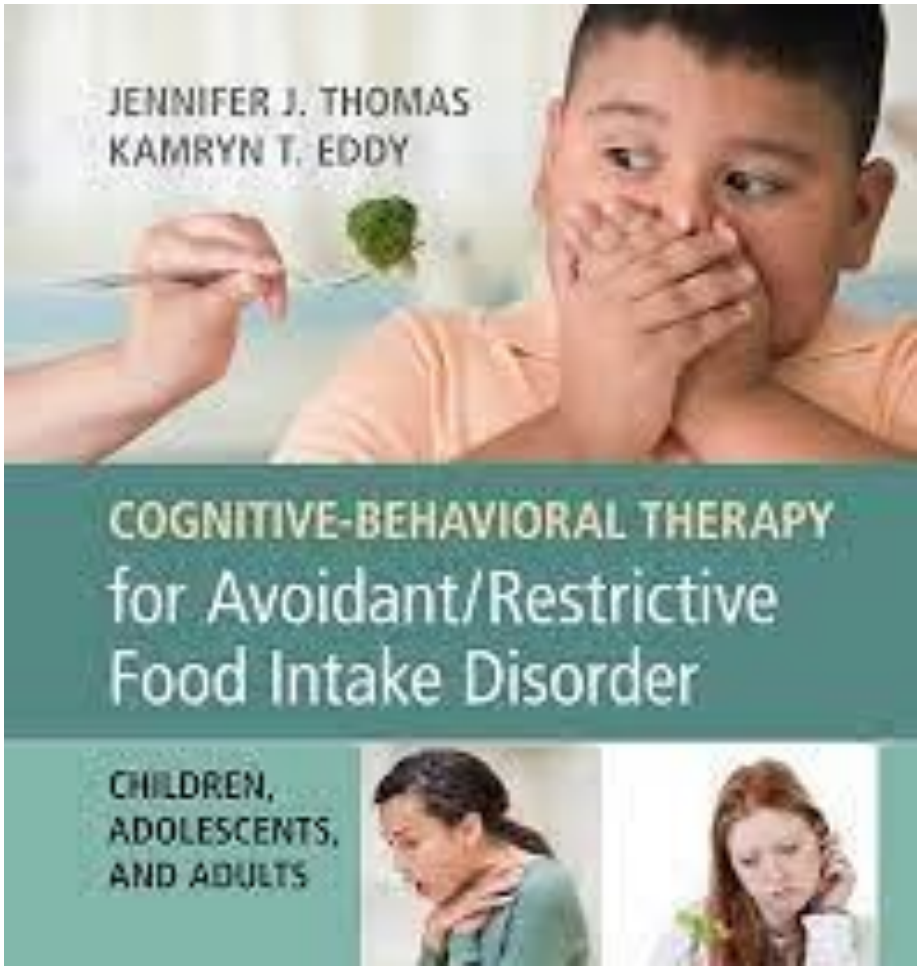
Treatment

ARFID

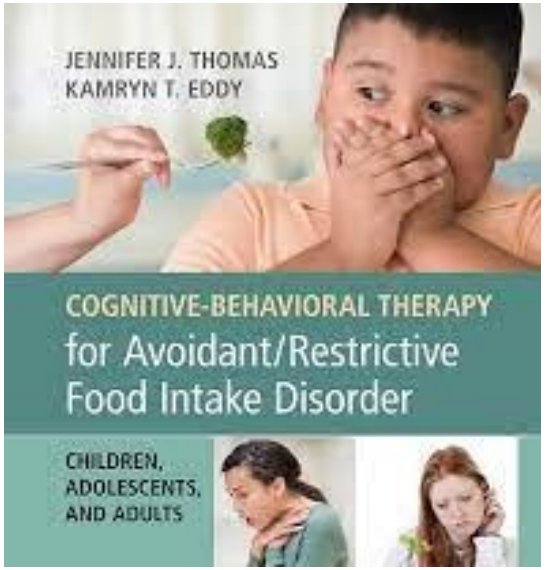
CBT for ARFID-currently being studied

FBT for ARFID-currently being studied

Need more studies and RCTs



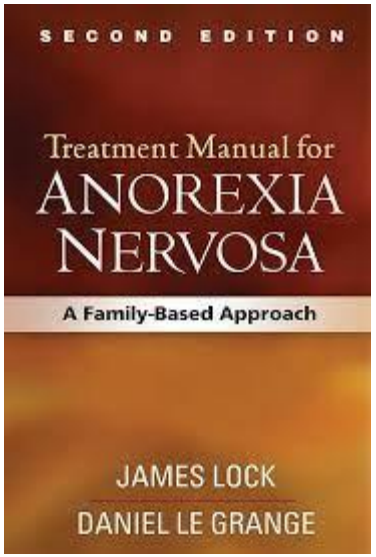
ARFID Treatment

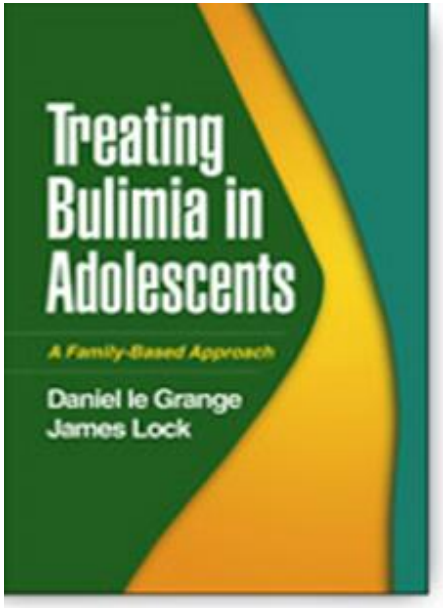


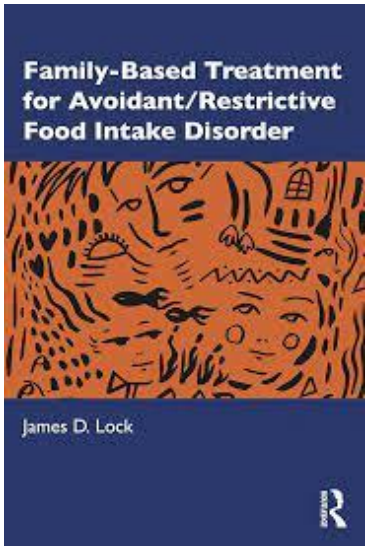
- **For restrictive ARFID**
  - Structured eating
  - FBT/EFFT
  - CBT
- **For avoidant/aversive ARFID**
  - CBT
  - Exposure
  - FBT/EFFT
- **For mixed ARFID**
  - Establish time priority to address restrictive, avoidant, aversive features
- **For ARFID Plus**
  - Proceed with caution
  - May need a mix of the above interventions

Family Based Treatment

- Outpatient manualized model
- Utilizes strategies from other family therapy models
- Appropriate when medically stable outpatient
- 3 stages
- 6-12 months
- 10-20 sessions
- Can be family together or parent only







FBT Stages

Weight Restoration/Healthy Eating

Return Control Back to Adolescent

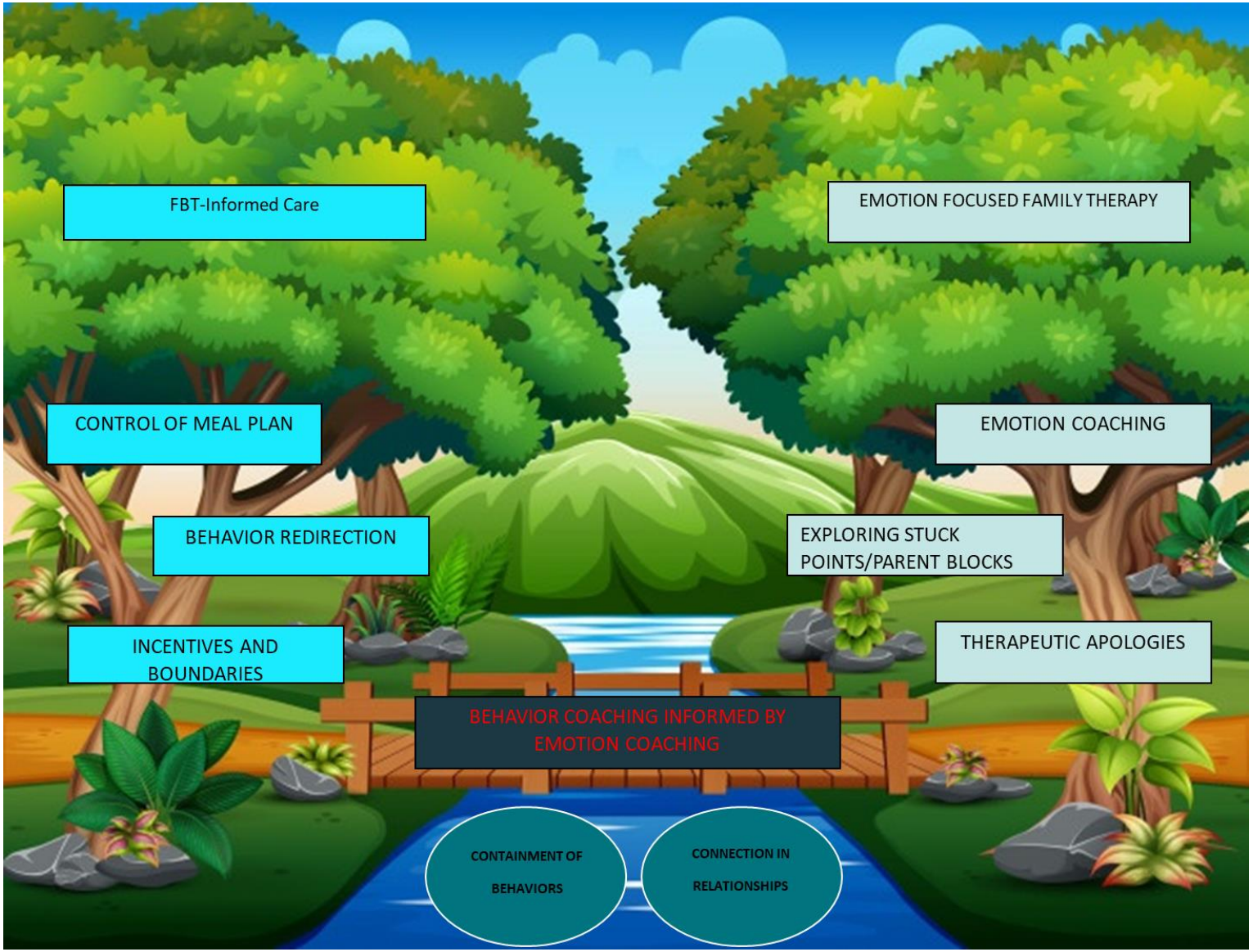
Establish Healthy Adolescent Identity

Parent Empowerment
Educate

Motivate

Liberate

FBT and EFFT


FBT-Informed Care
EMOTION FOCUSED FAMILY THERAPY
CONTROL OF MEAL PLAN
EMOTION COACHING
BEHAVIOR REDIRECTION
EXPLORING STUCK POINTS/PARENT BLOCKS
INCENTIVES AND BOUNDARIES
THERAPEUTIC APOLOGIES
BEHAVIOR COACHING INFORMED BY EMOTION COACHING
CONTAINMENT OF BEHAVIORS
CONNECTION IN RELATIONSHIPS

Role of the Dietitian

- Dietitians are very important in the process
- Identify a meal plan appropriate for patient
- Help with food exposures
- Provide nutritional counseling and education to parents/parent
- Can provide support regarding integration of physical activity

NG

Case Study

Level of Care and Treatment

Started outpatient with full team, but lack of agreement on weight target among providers.

On Zoloft for anxiety management

FBT progress stalled after initial 10lb gain

Family struggled to implement FBT at home due to other responsibilities of life

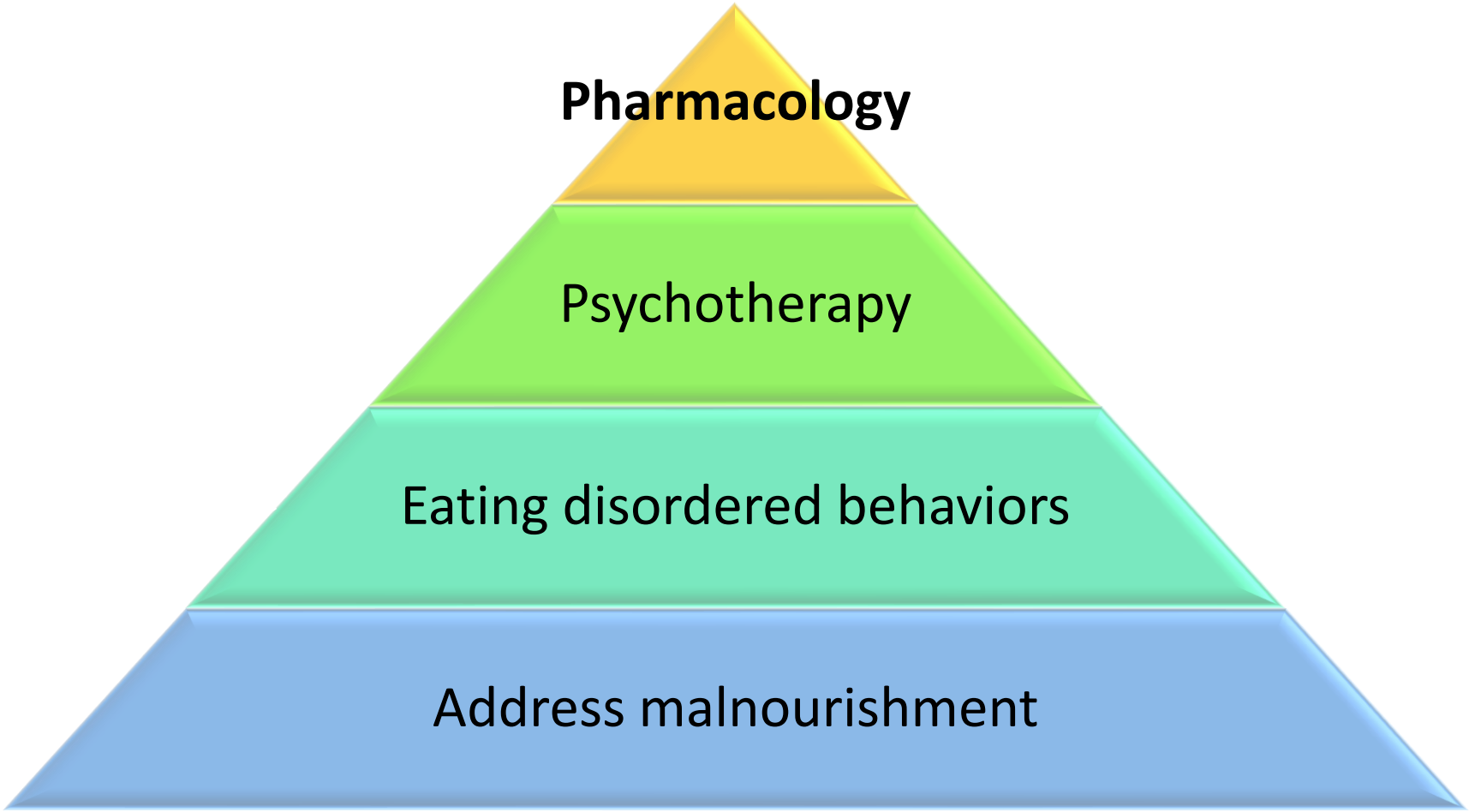
Referred to HLOC

However, lack of agreement on weight target...patient continued to struggle...

It wasn't until patient reached weight target based on HER growth charts that she had reduction of ED symptoms.

NG

Treatment:



MR

Pharmacology

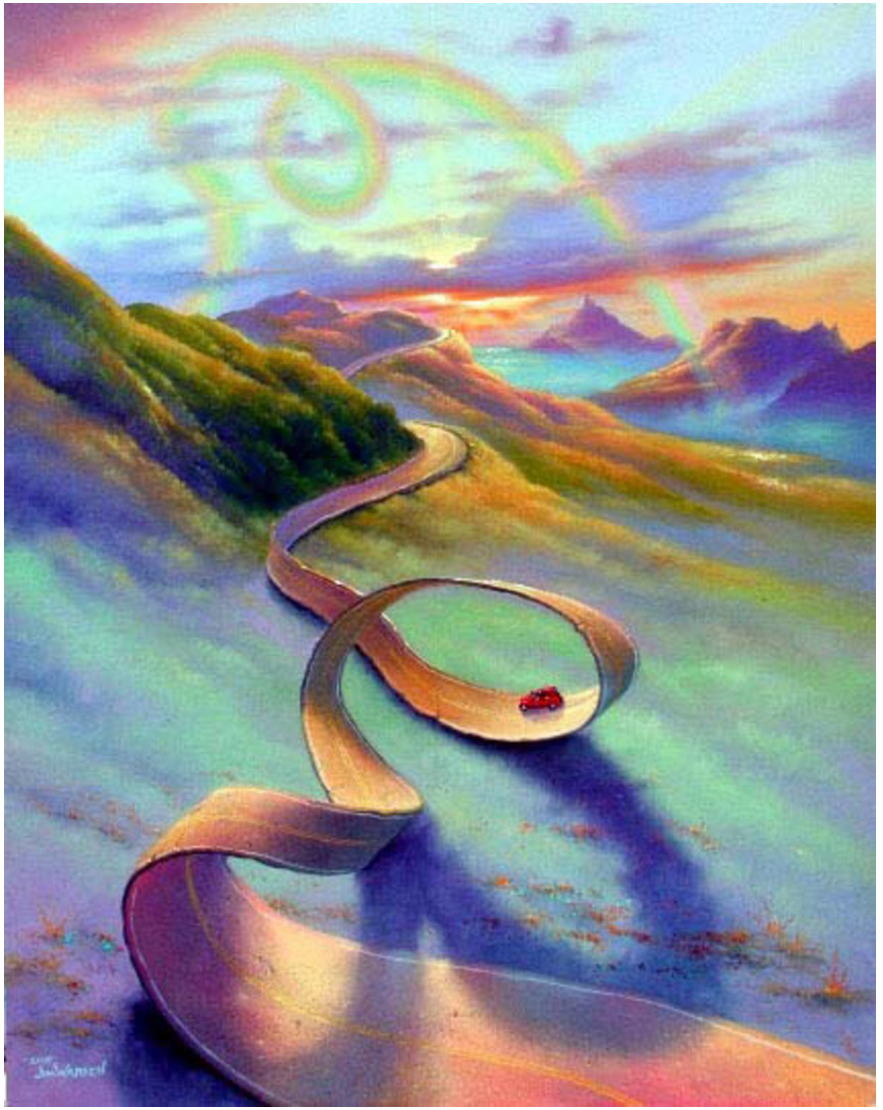
- Anorexia nervosa
  - Medications have limited efficacy at low weight
  - No FDA approved meds
  - Antidepressants may help prevent relapse
  - Antipsychotics have mixed evidence
- Bulimia nervosa
  - SSRIs are 1st line: Fluoxetine is FDA approved
  - Avoid bupropion due to increased seizure risk
- Binge eating disorder
  - SSRIs are 1st line
  - Lisdexamfetamine (Vyvanse) is FDA approved

Step away from the prescription pad...

MR

Recovery

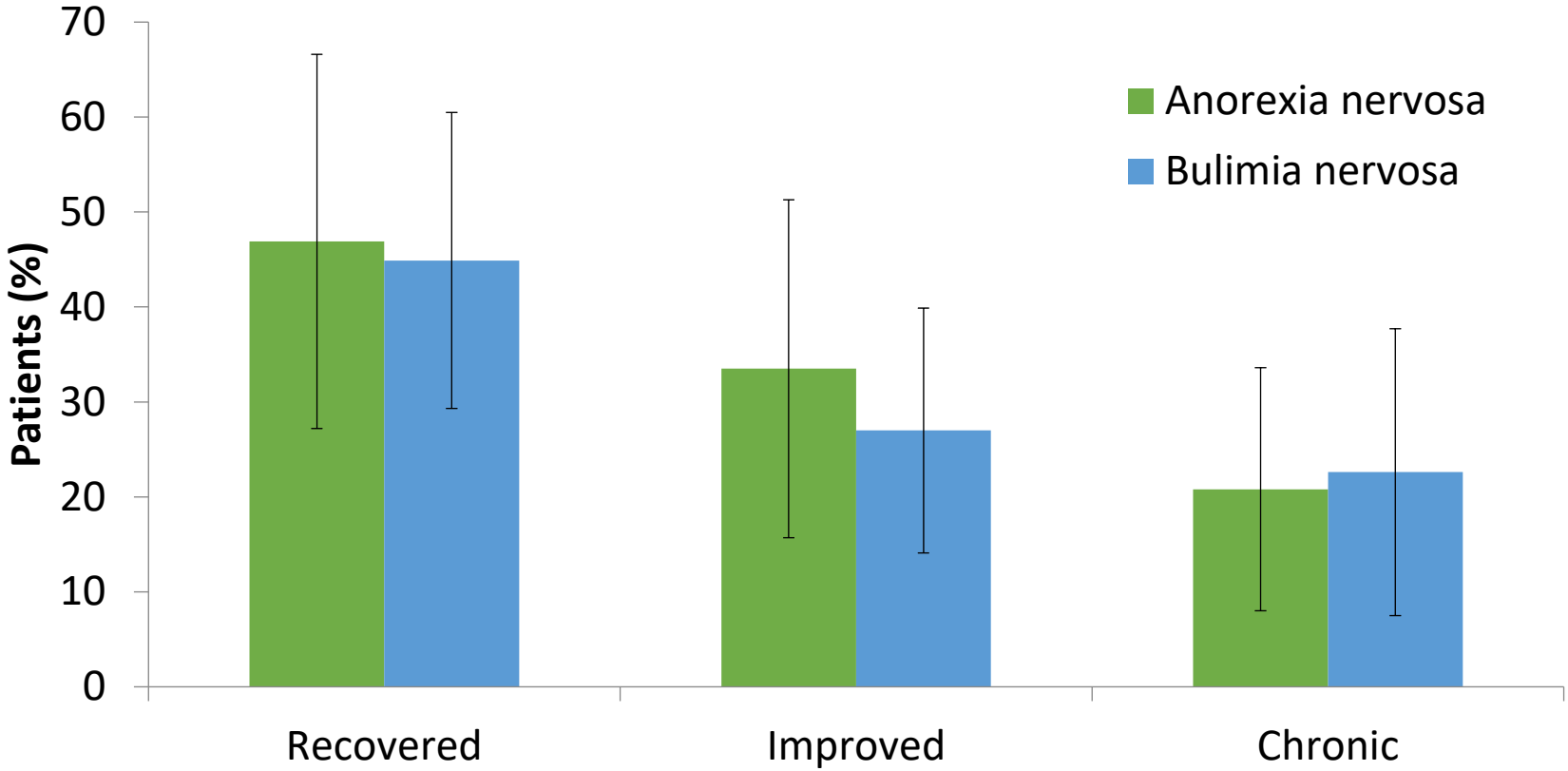
Recovery has its ups and down



MR

Recovery

- Yes, these patients do get better

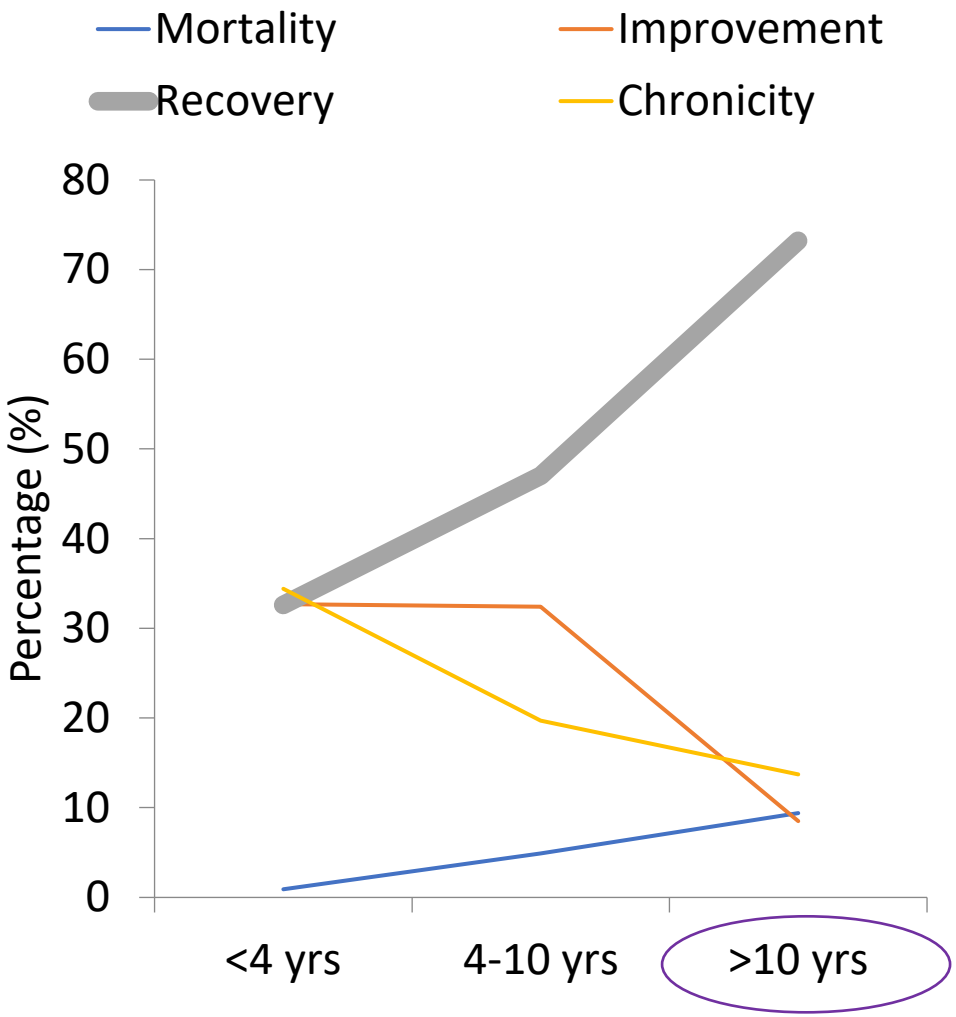


Based on reviews by Steinhausen 2002 & 2009

MR

Recovery: Anorexia nervosa

It takes time!



Steinhausen 2002

Resources

- Books
  - Fat Talk – Virginia Sole-Smith
  - Sick Enough – Jennifer Gaudiani
  - When your teen has an eating disorder-Lauren Melheim et al.
- Podcasts
  - On antifat bias
  - Maintenance Phase (also Aubrey Gordon's books are great)
    - Burnt Toast (not the food 52 one…)
  - On eating disorders
    - Food Psych – Episode 150 with Sand Chang focuses on genderqueer individuals w EDs; lots of other good episodes
- Websites
  - International Association of Eating Disorders Professionals : www.iaedp.com
  - ERC Academy : https://www.eatingrecoverycenter.com/professionals/education-events
  - Academy for Eating Disorders : www.aedweb.org
  - National Eating Disorders Association(NEDA): https://www.nationaleatingdisorders.org/
  - FEAST: https://www.feast-ed.org/
- More info about ERC/to contact us
  - Besty Malm (She/Her), Senior Professional Relations Liaison
    - Direct/Cell 206-898-6256 (text or call) - Email: betsy.malm@ercpathlight.com

Summary

- Eating disorders are serious mental illnesses that develop as a result of genetic, cultural, and individual factors
- Early identification is associated with better outcomes, making screening high risk individuals important
- Treating eating disorders is a team sport