What is NCEED?

- National Center of Excellence for Eating Disorders (NCEED)
- Established thanks to a SAMHSA grant from the U.S. Dept. of Health and Human Services
- Primary mission: education and training
  - Healthcare professionals
  - Public stakeholders
- Web-based platform in development—sign up to stay informed!

www.nceedus.org
Goals

• Describe DSM-5 eating disorder (ED) diagnoses
• Identify evidence-based screening measures for eating disorders
• Review evidence-based practices for an initial medical work-up following a positive screen
• Recommend ways to approach patients you have concerns about & provide referrals
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Anorexia Nervosa (AN)

Diagnostic criteria:
- restricted dietary intake leading to significantly low weight for age, height, sex, & developmental trajectory
- intense fear of gaining weight or becoming fat (or behavior interfering with weight gain) despite low weight
- disturbed body perception OR self-evaluation overly due to weight/shape OR persistent lack of recognition of seriousness of low weight

Subtypes: Restricting; Binge-eating/Purging
Bulimia Nervosa (BN)

Diagnostic criteria:
- recurrent episodes of objective binge eating & inappropriate compensatory behaviors intended to prevent weight gain
- on average, at least 1x/wk for 3 months
- self-evaluation overly due to weight/shape
- does not occur solely in the context of AN

https://www.youtube.com/watch?v=STkBb9mo0fQ

Objective Binge Eating, Compensatory Behaviors

Binge = sense of lack of control over eating during the episode
= unusually large amount of food
= discrete period of time (e.g., within 2 hours)

Compensatory behaviors
Ex, self-induced vomiting, laxatives, diuretics, fasting, excessive exercise
Binge-Eating Disorder (BED)

- recurrent episodes of objective binge eating
- on average, at least 1x/wk for 3 months
- absence of regular inappropriate compensatory behaviors
- 3+ of the following: eating more rapidly than normal; eating until uncomfortably full; eating large amounts when not hungry; eating alone because embarrassed; feeling disgusted with self, depressed, guilty after binge

<table>
<thead>
<tr>
<th></th>
<th>Anorexia Nervosa</th>
<th>Bulimia Nervosa</th>
<th>Binge Eating Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime prevalence</td>
<td>&lt; 1%</td>
<td>~2%</td>
<td>~3-4%</td>
</tr>
<tr>
<td>(for females)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age of onset</td>
<td>early-to-late adolescence</td>
<td>mid-adolescence to young adulthood</td>
<td>adolescence or young adulthood</td>
</tr>
<tr>
<td>Gender</td>
<td>more females</td>
<td>more females</td>
<td>more females, fairly balanced</td>
</tr>
<tr>
<td>Comorbidity</td>
<td>anxiety, depression, trauma (for binge/purge subtype)</td>
<td>anxiety, depression, substance use disorders, trauma</td>
<td>anxiety, depression, substance use disorders, trauma</td>
</tr>
<tr>
<td>Race, ethnicity</td>
<td>all races and ethnicities</td>
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</tr>
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</table>
Avoidant/Restrictive Food Intake Disorder (ARFID)

Diagnostic criteria:
- eating/feeding disturbance (e.g., lack of interest in food; food avoidance due to sensory characteristics) associated with 1+ of the following:
  - significant weight loss or failure to achieve expected weight gain (for children)
  - significant nutritional deficiency
  - dependence on enteral feeding or oral nutritional supplements
  - marked interference in psychosocial functioning
- unlike AN, no significant distress about weight/shape
- not explained by lack of available food or a culturally sanctioned practice
- Note: ARFID most commonly develops in infancy/childhood & can persist into adulthood

Other Specified Feeding or Eating Disorder (OSFED)

Examples:
- Atypical anorexia nervosa – all criteria but, despite significant weight loss, not underweight

- Bulimia nervosa or binge eating disorder of low frequency (e.g., < 1x/wk) or limited duration (e.g., < 3 months)

- Purging disorder – recurrent purging behavior to influence weight/shape in the absence of binge eating
Warning Signs and Symptoms

- **Preoccupation with food, eating, calories**
  - Often cooking/baking, but refusing to eat
  - Watching cooking shows
  - Counts calories obsessively
- **Reluctance to eat with others**
  - Frequently saying, “I’ve already eaten.”
  - Bringing own food to meal outings

- **Food rituals**
  - Cutting food into small pieces
  - Pushing food around the plate
  - Excessive use of condiments
- **Secretive behavior related to eating**
  - Food missing
  - Wrappers in car, bedroom
  - Regularly using the bathroom shortly after eating (to vomit)
Warning Signs and Symptoms

• **Weight and shape concerns**
  – Frequent self-weighing
  – Wearing baggy clothes to hide shape
  – Scrutinizing shape in mirror
  – Body checking

What Do EDs “Look Like”?

• **What:** Eating pathology is a spectrum
• **Who:** Eating disorder stereotypes are misleading
• Eating disorders affect:
  – males
  – racial/ethnic minorities
  – individuals with low SES – e.g., living with food insecurity
  – sexual and gender minorities

“Marginalized Voices” from NEDA: [https://youtu.be/OU768PVZvqY](https://youtu.be/OU768PVZvqY)
**Biopsychosocial Model of Eating Disorders**

**Biology**
- Dieting
- Genetics
- Physical changes
- Puberty/Menopause
- Brain Chemicals

**Psychology**
- Stressful events
- Coping skills
- Identify/self-image
- Personality (e.g., perfectionism, impulsivity)
- Anxiety
- Depression

**Social/environment**
- Cultural factors
- Pressure from: family, peer, media
- Media/social media messages about appearance

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Early Detection is Key!

- Patients rarely present directly for eating disorders care
- Patients may be secretive or ashamed
- Routine screening with PCP or mental health provider
  - Leveraging existing relationship
  - Avoiding judgment
- Early diagnosis and treatment = better prognosis

Screening for Eating Disorders

- SCOFF
- Eating Disorder Screen for Primary Care (EDS-PC)
- Screen for Disordered Eating (SDE)
- NEDA Screener
  (https://www.nationaleatingdisorders.org/screening-tool)
SCOFF Questionnaire

- Do you make yourself Sick (vomit) because you feel uncomfortably full?
- Do you worry you have lost Control over how much you eat?
- Have you recently lost more than One stone (14 lbs) in a 3 month period?
- Do you believe yourself to be Fat when others say you are too thin?
- Would you say that Food dominates your life?

2 + “Yes” responses = positive screen (sens 86%, spec 83%)

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Eating Disorder Screen for Primary Care

- Are you satisfied with your eating patterns? (“reverse-scored”)
- 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+ “yes” responses = positive screen (sens 97%, spec 40%)
Screen for Disordered Eating

- Do you often feel the desire to eat when you are emotionally upset or stressed?
- Do you often feel that you can’t control what or how much you eat?
- Do you sometimes make yourself throw up (vomit) to control your weight?
- Are you often preoccupied with a desire to be thinner?
- Do you believe yourself to be fat when others say you are thin?

2+ “yes” responses = positive screen (sens 91%, spec 56%)

NEDA Online Screen

Eating Disorders Screening Tool

This short screening — appropriate for ages 13 and up — can help determine if it's time to seek professional help.

Get Started

www.nationaleatingdisorders.org/screening-tool
NEDA Online Screen

Eating Disorders Screening Tool

SCREENING RESULTS
You May Be at Risk
Your responses suggest that you are concerned about your weight and/or shape and are engaging in behaviors that may be interfering with your health and happiness. These symptoms indicate that you may be at risk for or struggling with an eating disorder. If you aren’t currently in treatment for your eating behavior, we recommend that you be evaluated by a mental health professional. If you haven’t recently seen a primary care provider, we also recommend you be evaluated by your medical doctor. This survey is not meant as a diagnostic tool, but your results indicate this is a good time to start a conversation.

What to Do Next
If you are looking for treatment professionals in your area, contact the National Eating Disorders Association (NEDA) HelpLine Monday through Thursday, 9am-5pm or Monday-Thursday, 9am-9pm ET at 800.931.2237 or www.nationaleatingdisorders.org/help. To search through our online treatment provider database, please visit https://www.nationaleatingdisorders.org/find-treatment.

www.nationaleatingdisorders.org/screening-tool

Who Should Be Screened?

- All adolescents & adults as part of new patient visits and annual physical paperwork, and in particular:
  - Adolescents (12-25 years)
  - Athletes
  - Patients with a family history of eating disorders
  - Patients with trauma history
  - Patients seeking help for weight loss or history of chronic dieting
Who Should Be Screened?

Patients with certain medical conditions:
- Diabetes mellitus, Type 1 and 2
- Polycystic ovarian syndrome
- Irritable bowel syndrome, Chronic constipation
- Hypothalamic amenorrhea
- POTS (Postural orthostatic tachycardia syndrome)
- Autoimmune conditions

Patients with psychiatric comorbidities:
- Mood disorders
- Anxiety disorders
- Substance use disorders

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Common Symptoms and Medical Complications

- **Fatigue and malaise**
- **Temperature dysregulation**
  - Cold/heat intolerance
- **Cardiovascular**
  - Dizziness, fainting, slow or fast heart rate, swelling
- **Endocrine**
  - Amenorrhea or irregular periods, infertility, osteoporosis, stress fractures

Common Symptoms and Medical Complications

- **Gastrointestinal complaints**
  - Constipation, heartburn, IBS, bloating
- **Hematologic**
  - Anemia, low white blood count
- **Metabolic or electrolyte abnormalities**
  - Low potassium, low sodium, urine ketones
- **Vitamin deficiencies**
- **Cognitive symptoms**
Weight and ED Presentation

- Weight fluctuations
- Weight suppression
- Lack of weight gain or height growth in adolescents
- ED symptoms and behaviors can occur in individuals of any body size

Medical Assessment: Vitals

- Blood pressure, Heart rate, Temperature, Respirations, Oxygen saturation
- Orthostatic vital signs
  - Blood pressure and heart rate lying, sitting, and standing
- Height and weight
  - Blind weight in gown
  - Avoid documenting weight on after-visit summary printout or patient portal
Medical Assessment: Exam

- Thorough physical examination in a gown
  - Skin/hair
  - Head, Eye, Ears, Nose, Throat
  - Neck
  - Cardiovascular
  - Respiratory
  - Abdominal
  - Musculoskeletal
  - Neurologic

Medical Assessment: Laboratory testing

<table>
<thead>
<tr>
<th>Blood testing</th>
<th>Urine testing</th>
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<tbody>
<tr>
<td>Blood counts</td>
<td>Urinalysis</td>
</tr>
<tr>
<td>Kidney tests/electrolytes</td>
<td>Urine pregnancy test</td>
</tr>
<tr>
<td>Liver function tests</td>
<td>Urine drug toxicology</td>
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<tr>
<td>Pancreatic enzymes</td>
<td></td>
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<tr>
<td>Thyroid function tests</td>
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<tr>
<td>Hormone levels</td>
<td></td>
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<tr>
<td>Vitamin/mineral levels</td>
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</table>
Medical Assessment: Testing

- **Most patients:**
  - EKG
- **Some patients:**
  - Echocardiogram
  - X-ray imaging
  - Bone density test

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Approaching a Patient – Do’s

- Inform the patient of their symptoms and why they concern you
- Provide information on harmful effects of eating disorders on physical health
- Inform them of available treatment options and that you are supportive
- Remind them of your confidentiality as their healthcare provider

Approaching a Patient – Don’ts

- DO NOT approach the topic in an open area with others around
- DO NOT use language that blames or shames (instead, use non-judgmental language)
- DO NOT give simple solutions “you just need to eat”
- DO NOT make any appearance-based comments
Treatment Options

• Levels of care
  • Inpatient (hospital-based; medically acute)
  • Residential (less medically acute)
  • Partial hospitalization/day treatment
  • Intensive outpatient (3-7x/week)
  • Outpatient (~1x/week)

APA Level of Care Guidelines for Management of Eating disorders:
Guidelines on NEDA website, Yager et al APA Practice Guidelines

Outpatient treatment: Team Approach

• Referral to outpatient eating disorders specialists
• Team members
  o Psychotherapist
  o Registered dietitian
  o Primary care provider
  o Psychiatrist
Treatment Options: Team Approach

- **Nutritional counseling:**
  - Meal plans, use of food exchanges
  - Intuitive eating
  - Moderation/discontinuation of exercise

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Treatment Options: Team Approach

- **Psychotherapy:**
  - Cognitive Behavioral Therapy (CBT): Identifying, challenging, and changing maladaptive thoughts that often influence emotions and behavior; identifying and modifying behavioral patterns
  - Family-based therapy: Parents/guardians deliver treatment
  - Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT), Interpersonal Psychotherapy (IPT)
  - Group therapy
Treatment Options: Team Approach

- Medical provider:
  - Evaluation and management of medical complications
- Pharmacotherapy:
  - Limited pharmacologic agents for EDs
  - Treatment for comorbid psychiatric conditions

Providing Referrals

- Work with local centers and providers when possible
  - www.findedhelp.com
- Consistent communication is key!
9 Truths About Eating Disorders

Truth 1: Many people with eating disorders look healthy, yet may be extremely ill.

Truth 2: Families are not to blame, and can be the patients’ and providers’ best allies in treatment.

Truth 3: An eating disorder diagnosis is a health crisis that disrupts personal and family functioning.

Truth 4: Eating disorders are not choices, but serious biologically influenced illnesses.

Truth 5: Eating disorders affect people of all genders, ages, races, ethnicities, body shapes and weights, sexual orientations, and socioeconomic statuses.

Truth 6: Eating disorders carry an increased risk for suicide and medical complications.

Truth 7: Genes and environment play important roles in the development of eating disorders.
9 Truths About Eating Disorders

**Truth 8**: Genes alone do not predict who will develop eating disorders.

**Truth 9**: Full recovery for an eating disorder is possible. Early detection and intervention are important.

### References

References