Eating Disorders in Primary Care: A Novel Tool for Screening and Referral

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Make Decisions that Make a Difference

Eating disorders often go undetected. Understand the signs and know how to get people the help they need.

Training for Healthcare Providers

www.nceedus.org
Goals

• Describe eating disorder diagnoses and burden

• Identify patients at risk for underdetection

• Describe Screening, Brief Intervention, and Referral to Treatment for Eating Disorders (SBIRT-ED)
SOCIAL & ECONOMIC COST OF EATING DISORDERS IN THE UNITED STATES

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

PREVALENCE & MORTALITY

9% 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
Yearly economic cost of eating disorders: $64.7 Billion

Additional loss of wellbeing per year: $326.5 Billion

COST TO HOSPITAL SYSTEMS:
- 53,918 ER visits: $29.3M
- 23,560 inpatient hospitalizations: $209.7M

Cost Breakdown:
- Productivity Losses ($48.6B)
- Informal Care ($6.7B)
- Efficiency Losses ($4.8B)
- Health System ($4.6B)

LOSS PER GROUP:
- Individuals & Families: $23.5B
- Caregivers: provide 6 weeks of informal, unpaid care per year
- Employers: $16.3B
- Government: $17.7B
- Society: $7.1B

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Diagnoses

- **Other specified feeding and eating disorder (OSFED)**
  - Most common diagnosis
  - Captures a wide spectrum of eating pathology

- **Anorexia nervosa (AN)**
  - Defining feature: intense fear of gaining weight and restriction of energy intake leading to significantly lower than expected body weight

- **Bulimia nervosa (BN)**
  - Defining feature: binge-eating episodes and recurrent inappropriate compensatory behavior (ICB)
Diagnoses

• **Binge-eating disorder (BED)**
  – Defining feature: eating an unusually large amount of food accompanied by a sense of loss of control

• **Avoidant/restrictive food intake disorder (ARFID)**
  – Defining feature: An eating or feeding disturbance manifested by persistent failure to meet appropriate nutritional and/or energy needs
What Do EDs “Look Like?”

• Eating disorder stereotypes are misleading
• Eating pathology is a spectrum
• Marginalized populations are at risk
  – Higher weight bodies
  – Racial/ethnic minorities
  – Food insecurity
Eating Disorder Reality
Eating Disorder Burden

• Medical complications
  – All organs and systems
  – Malnutrition
  – GI system
  – Cardiovascular system

• Psychological and social complications
  – Cognitive and emotional deficits
  – Impaired social functioning
Comorbidities

• Medical:
  – Functional GI disorders
  – Obesity/overweight

• Psychiatric:
  – Substance use disorders = 27-36%
  – Mood disorders = 42-70%
  – Anxiety disorders = 40-80%
Significant Morbidity and Mortality

• Eating disorders have the 2\textsuperscript{nd} highest mortality rate of any psychiatric illness
  – Many due to suicide

• Only 20-57\% of those with an eating disorder ever receive treatment.

• Even if detected, treatment seeking is challenging.
Barriers to Detection

• Stereotypes about eating disorders
  – Age
  – Gender
  – Weight
  – Race/ethnicity

• Under-recognition of BN and BED

• Reluctance to disclose symptoms
Early Detection is Key!

• Patients rarely present directly for specialty care
  
• Routine PCP or mental health for screening
  
  – Leveraging existing relationship
  
  – Facilitation of referrals

• Early diagnosis and treatment = better prognosis
Who should be screened?

Everyone!
High Risk Groups to Consider

- Adolescents (12-25 years)
- Patients in key transition periods
- Patients with medical morbidity
  - Polycystic ovarian syndrome
  - Diabetes
  - Gastrointestinal complaints
- Athletes
- Patients with a family history of eating disorders
- Patients seeking help for weight loss
- Veterans
• **Problem:** Providers want to screen for eating disorders, but need tools and referral sources.

• **Solution:** Screening, Brief Intervention, and Referral to Treatment for Eating Disorders (SBIRT-ED).

  ✓ In-depth input from primary care providers
  ✓ Evidence-based screener + “ways and words that work,” + referral sources
  ✓ Concise information, easy to access, and “plug and play”
NCEED + CHAI Core

Where research ideas come to life.

The UNC Connected Health for Applications & Interventions (CHAI) Core is a shared resource of the Lineberger Comprehensive Cancer Center and the Nutrition Obesity Research Center. Our focus is bringing your research to life, from shaping research questions to disseminating results — you envision it, together we make it happen.

When you need a research partner that expands your team’s expertise, we can help. CHAI Core is a team of innovative thinkers including designers, developers, health behavior strategists, product managers, and qualitative research specialists.
Welcome to SBIRT for Eating Disorders!

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a comprehensive, integrated public health approach to eating disorder screening. This easy-to-access tool will help you screen your patients for eating disorders and provide you with practical next steps if your patient screens positive. We encourage you to utilize this mobile protocol in your practice. We are confident it can help enhance the care you provide to patients who exhibit eating disorder symptoms.

GET STARTED
Workflow Flexibility

- SBIRT-ED was designed to be adaptable to fit the needs of a given setting/clinic.
  - CMA/CNA can administer screener during the rooming process of an in-person visit.
  - Screener can be sent to patient in advance of the visit via EHR.
  - Screening can be completed in the waiting room via paper/pencil or tablet.
Next Steps

- RFP posted November 2021 ✓
- Vendor selected December 2021 ✓
- Development anticipated late 2021
- Launch anticipated early 2022
In the interim...

**Toolkit Resources**
To download assets simply click the “+” or “−” icons to expand or collapse a section. From there, simply click the available links to download the preferred assets.

- Infographics on Eating Disorders
- PCP Checklist for Eating Disorders
- 9 Truths About Eating Disorders
- Eating Disorders and COVID-19
- Videos
- Newsletter Archive
- NCEED Logo Files
- NCEED Brand Style Guide
- Questions?

To stay informed, sign up for our newsletter: [Sign Up]
PCP Checklist

CHECKLIST TO RECOGNIZE THE
SYMPTOMS OF AN EATING DISORDER

Healthcare providers are often the first to discover signs of an eating disorder. Routine exams can uncover many symptoms that otherwise do not get noticed.

This checklist helps you to understand the signs of an eating disorder so you can get people the help they need.

### Signs and Symptoms of Eating Disorders

<table>
<thead>
<tr>
<th>General Appearance</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Marked weight loss or gain</td>
<td>X</td>
</tr>
<tr>
<td>Cold intolerance</td>
<td>X</td>
</tr>
<tr>
<td>Fatigue or lethargy</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gastrointestinal</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Epigastric discomfort</td>
<td>X</td>
</tr>
<tr>
<td>Abdominal bloating</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dermatologic</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hair loss</td>
<td>X</td>
</tr>
<tr>
<td>Lanugo</td>
<td>X</td>
</tr>
<tr>
<td>Nail changes</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Endocrine</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Amenorrhea or oligomennorrhea (absent or irregular menses)</td>
<td>X</td>
</tr>
<tr>
<td>Stress fractures</td>
<td>X</td>
</tr>
<tr>
<td>Low bone mineral density</td>
<td>X</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Neuropsychiatric</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Depressive or anxious symptoms or behaviors</td>
<td>X</td>
</tr>
<tr>
<td>Poor concentration</td>
<td>X</td>
</tr>
<tr>
<td>Self harm</td>
<td>X</td>
</tr>
</tbody>
</table>

| Heartburn | X |
| Hematemesis (blood in vomit) | X |

| Carotenoderma (yellow discoloration of skin) | X |
| Russell’s sign (palpable or visible on back of wrist and tendinous structures) | X |

### Early Recognition

Patients who present with these patterns should be evaluated for an eating disorder.

- [ ] Significant weight changes or fluctuations
- [ ] Sudden changes in eating behaviors (new vegetarianism/veganism, gluten-free, lactose-free, elimination of certain foods or food groups, eating only “healthy” foods, uncontrolled binge eating)
- [ ] Sudden changes in exercise patterns, excessive or compulsive exercise or involvement in extreme physical training
- [ ] Body image disturbance, the desire to lose weight despite low or normative weight, or extreme dieting behavior regardless of weight
- [ ] Abdominal complaints in the context of weight loss behaviors
- [ ] Electrolyte abnormalities without an identified medical cause (especially hypokalemia, hypochloremia, or elevated bicarbonate)
- [ ] Inappropriate use of appetite suppressants, caffeine, diuretics, laxatives, or other medications that might affect weight

If you believe your patient may have an eating disorder, there are several screening instruments you can apply. With additional indications from these screenings, referral to a mental health clinician is recommended.

- [ ] SCOFF Questionnaire - Adolescents and Adults
- [ ] Eating Disorder Screener for Primary Care (EDSP) - Adolescents and Adults
- [ ] Binge Eating Disorder Screener - Adults

Resource Library with filtering capabilities
**CBT-E**

CBT-E stands for Enhanced Cognitive Behavior Therapy. It is one of the leading evidence-based treatments for eating disorders, including anorexia nervosa, bulimia nervosa, binge-eating disorder, and other similar states.

This training is offered by the Center for Research on Eating Disorders at Oxford (CREDO).

- **Cost:** Free
- **Credit:** Certificate of completion available

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**Conceptualizing Eating Disorder Recovery**

This webinar was designed to train primary care and behavioral health providers on how to think about eating disorder recovery.

- **Duration:** 1 hour
- **Cost:** Free
- **Credit:** 1 CE Credit or 1 AMA PRA Category 1 Credit
- **Audience:** Primary care and behavioral health providers serving children, adolescents, and young adults

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**Eating Disorders in Primary Care: Part 1**

Eating Disorders 101: This webinar provides foundational knowledge on eating disorders, their signs and symptoms, and methods for detecting them in primary care.

- **Duration:** 1 hour
- **Cost:** Free
- **Credit:** 1 CE Credit or 1 AMA PRA Category 1 Credit
- **Audience:** Primary care and behavioral health providers serving children, adolescents, and young adults

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**Training Center with free CE/CME**
Summary

• 28 million Americans will have an eating disorder in their lifetime.

• PCPs play a crucial role in detecting and managing eating disorders.

• SBIRT-ED is a novel tool for PCPs to screen and refer to specialty care.
Questions?

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