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1. Participants will be muted upon entry and videos turned off.
2. For technical assistance, please use the chatbox.
3. You will receive an email approximately 1 month requesting feedback/impact on this presentation.
4. Visit [www.nceedus.org/training](http://www.nceedus.org/training) to view other training opportunities.

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# Eating Disorders in Primary Care and Community-Based Clinics: Tools and Resources for the Clinician

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# Goals

- Describe how eating disorders present in your practice
- Identify evidence-based tools for detecting eating disorders
- Discuss best practices for eating disorders in primary care and community-based settings

# 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](#)



[SBIRT-ED Screener Tool](#)

COVID-19 Information

[Individuals](#) →

[Family Members/Friends](#) →

# 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

**STRIPED**

Strategic Training Initiative for the Prevention of Eating Disorders

A PUBLIC HEALTH  
INCUBATOR

[LINK TO REPORT](#)



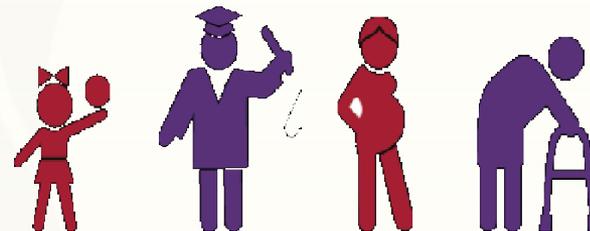
Academy for  
Eating Disorders

## PREVALENCE & MORTALITY



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

### 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

**10,200 deaths per year** as a

direct result of an eating disorder,

equating to **1 death every 12 minutes**



**NCEED**  
National Center of Excellence  
for Eating Disorders

# COST TO ECONOMY & SOCIETY

**\$64.7 Billion** } Yearly economic cost of eating disorders

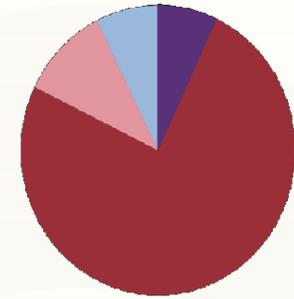
Additional loss of wellbeing per year **\$326.5 Billion**

## COST TO HOSPITAL SYSTEMS:

53,918 ER visits  
  
 costing **\$29.3M**

23,560 inpatient hospitalizations  
  
 costing **\$209.7M**

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



## LOSS PER GROUP:

 **\$23.5B**  
 Individuals & Families  
 Care gives provide weeks of informal, unpaid care per year

 **\$17.7B**  
 Government

 **\$16.3B**  
 Employers

 **\$7.1B**  
 Society

<sup>1</sup>Someville KR, Lipson SK. Disparities in eating disorder diagnosis and treatment according to weight status, race/ethnicity, socioeconomic background, and sex among college students. International Journal of Eating Disorders 2018; 1-9.



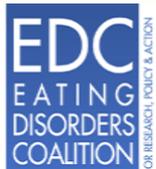
@HarvardSTRIPED



@harvardstriped

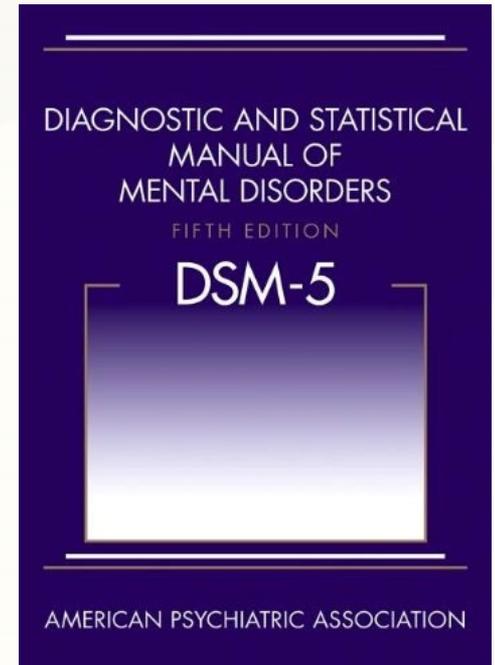


@STRIPED.Harvard



# Eating Disorders Refresher

How are eating disorders  
defined/classified?



# Diagnoses

- **Other specified feeding and eating disorder (OSFED)**
  - Most common diagnosis
  - Conceptualize as “disordered eating”
- **Binge-eating disorder (BED)**
  - Defining feature: eating an unusually large amount of food accompanied by a sense of loss of control
- **Anorexia nervosa (AN)**
  - Defining feature: intense fear of gaining weight and restriction of energy intake leading to significantly lower weight or precipitous weight loss

# Diagnoses

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

# 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,

# Common Symptoms and Medical Complications

- **Fatigue and malaise**
- **Temperature dysregulation**
  - Cold/heat intolerance
- **Cardiovascular**
  - Orthostasis, dizziness, syncope, bradycardia
- **Metabolic or electrolyte abnormalities**
  - Hypokalemia, hyponatremia, hypochloremia, alkalosis, ketonuria
- **Endocrine**
  - Amenorrhea, hypogonadism/infertility, osteoporosis, stress fractures

# Common Symptoms and Medical Complications

- **Gastrointestinal complaints**
  - Constipation, GERD, IBS, gastroparesis
- **Hematologic**
  - Anemia, leukopenia
- **Vitamin deficiencies**
- **Cognitive symptoms**
- **Psychiatric comorbidity**
  - Anxiety (40-80%), depression (42-70%), substance use disorders (27-36%)

# Functional Impairment

- World Health Organization (WHO) Mental Health Survey Initiative
  - 14 countries
  - Low middle, high middle, and high income
  - N=344 with BED
- Sheehan Disability Scale
  - Assesses illness severity in each of 4 domains

PMC3628997

# WHO Mental Health Survey Results

	Any Impairment		Severe Impairment	
	%	(SE)	%	SE
Work	31.2	(3.1)	4.9	(1.4)
Home management	33.9	(3.2)	5.8	(1.5)
Social life	38.1	(3.6)	8.2	(2.1)
Close relationships	35.7	(3.4)	5.4	(1.3)
<b>Any of the above</b>	<b>46.7</b>	<b>(3.4)</b>	<b>13.2</b>	<b>(2.4)</b>

# WHO Mental Health Survey Results

	Any Impairment		Severe Impairment	
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<b>Social life</b>	<b>38.1</b>	<b>(3.6)</b>	<b>8.2</b>	<b>(2.1)</b>
Close relationships	35.7	(3.4)	5.4	(1.3)
Any of the above	46.7	(3.4)	13.2	(2.4)

# Challenging Stereotypes



# 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.

# 9 Truths About Eating Disorders

**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.



# Marginalized Populations

## IT'S TIME TO TALK ABOUT IT

When presented with **identical case studies demonstrating disordered eating symptoms in white, Hispanic and Black women**, clinicians were asked to identify if the woman's eating behavior was problematic:<sup>15</sup>



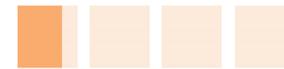
**44%**

**IDENTIFIED THE  
WHITE WOMAN'S  
EATING BEHAVIOR  
AS PROBLEMATIC**



**41%**

**IDENTIFIED THE  
HISPANIC WOMAN'S  
EATING BEHAVIOR  
AS PROBLEMATIC**



**17%**

**IDENTIFIED THE  
BLACK WOMAN'S  
EATING BEHAVIOR  
AS PROBLEMATIC**

**LEARN MORE: [WWW.MYNEDA.ORG](http://WWW.MYNEDA.ORG)**

CITATIONS: [WWW.MYNEDA.ORG/INFOGRAPHICS](http://WWW.MYNEDA.ORG/INFOGRAPHICS)



# Marginalized Populations

- BED and/or subthreshold BED is common among racial/ethnic minorities
  - Community samples:
    - 1.4 – 4.5% African-American women
    - 2.3% Latina women
    - BED prevalence among Latina, African-American women > Caucasian
  - Treatment-seeking samples:
    - 33.3% African-American women

# Marginalized Populations

IT'S TIME TO TALK ABOUT IT

## EATING DISORDERS, GENDER, AND SEXUALITY



men

=



women

Subclinical eating disordered behaviors are **nearly as common among males as they are among females.**<sup>13</sup>

LEARN MORE: [WWW.MYNEDA.ORG](http://WWW.MYNEDA.ORG)

CITATIONS: [WWW.MYNEDA.ORG/INFOGRAPHICS](http://WWW.MYNEDA.ORG/INFOGRAPHICS)



# Marginalized Populations

## Transgender communities

- 7.4% prevalence among transgender teens/young adults
- Many report greater body dissatisfaction and poor body image
- Transmasculine young people may attempt to diminish breast growth, change their hips, or eliminate menses
- Eating disorders can also co-occur separately and be unrelated to body image concerns

# Current State of Affairs

- Eating disorders have the **2<sup>nd</sup> 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
- Downplaying of mental health symptoms over physical symptoms
- Reluctance to disclose symptoms

# Lack of Insight and Awareness Are Common

- Common misconceptions:
  - *"Only people who need hospitalization have an eating disorder."*
  - *"I can't have an eating disorder. This is what everyone thinks like/eats/worries about."*
  - *"Everyone is on a diet all the time."*
  - *"My lack of period, fainting spells, can't really be that bad."*
  - *"Look! My lab values are fine. This can't be dangerous."*

# Early Detection is Key!

- Patients rarely present directly for specialty care
- Primary care/community-based clinic screening advantages:
  - Leveraging existing relationship
  - Kickstarting treatment
  - Ongoing management
- Early diagnosis and treatment = better prognosis

# Screening, Brief Intervention, and Referral to Treatment (SBIRT)-ED



## 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**

# Screening for Eating Disorders

- SCOFF (PMC28290)
- Eating Disorder Screen for Primary Care (PMID:28987918)
- Binge-Eating Disorder-7 (PMC4956427)

## U.S. version of SCOFF questionnaire.\*†

- Do you make yourself vomit because you feel uncomfortably full?
- Do you worry you have lost control over how much you eat?
- Have you recently lost more than 15 pounds in a three-month period?
- Do you believe that you are fat when others say you are too thin?
- Would you say that food dominates your life?

\* Reprinted from Behavior Research and Therapy, Vol. 46, Mond and colleagues,<sup>21</sup> Screening for eating disorders in primary care: EDE-Q versus SCOFF, 2008:616, with permission from Elsevier.

† A result is positive if the patient responds “yes” to two or more of the five questions. A positive result indicates that an eating disorder might exist. Rigorous clinical assessment is needed for diagnosis.

# 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?

The following questions ask about your eating patterns and behaviors within the last 3 months. For each question, choose the answer that best applies to you.

<b>1. During the last 3 months, did you have any episodes of excessive overeating (i.e., eating significantly more than what most people would eat in a similar period of time)?</b>	Yes	No
--	-----	----

*NOTE: IF YOU ANSWERED "NO" TO QUESTION 1, YOU MAY STOP. THE REMAINING QUESTIONS DO NOT APPLY TO YOU.*

<b>2. Do you feel distressed about your episodes of excessive overeating?</b>	Yes	No
---	-----	----

Within the past 3 months...	Never or Rarely	Sometimes	Often	Always
<b>3. During your episodes of excessive overeating, how often did you feel like you had no control over your eating (e.g., not being able to stop eating, feel compelled to eat, or going back and forth for more food)?</b>				
<b>4. During your episodes of excessive overeating, how often did you continue eating even though you were not hungry?</b>				
<b>5. During your episodes of excessive overeating, how often were you embarrassed by how much you ate?</b>				
<b>6. During your episodes of excessive overeating, how often did you feel disgusted with yourself or guilty afterward?</b>				
<b>7. During the last 3 months, how often did you make yourself vomit as a means to control your weight or shape?</b>				

# Eating Disorder Detection

- Frank discussion of weight/shape concerns
- New onset of restrictive diet
- Changes in weight
- Consideration of comorbid diagnoses
  - Anxiety, depression
  - GI complaints

# 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

# Ongoing Management

**An eating disorder is detected or suspected.....what next?**

# The Role of the PCP

- Initial screening
- Expressing medical concerns and increasing motivation
- Ongoing management (mostly outpatient)
  - Regular visits and communication with team
  - **Consistent messaging is key!**

# Referring to Specialty Care

- Refer to a specialty team with eating disorder experience
  - [www.eatingdisorderscreener.org](http://www.eatingdisorderscreener.org)
- Be prepared for ambivalence and/or reluctance to accept referral
- Access to eating disorders care is challenging

# Challenges: Specialty Eating Disorder Care

- Patient/parent resistance
- Patient/parent schedules
- Coordination of out-of-state care
- Bed availability and long waiting lists
- Insurance coverage
- Providers not using evidence-based practice

# Levels of Care

Inpatient	Hospital-based, medically acute
Residential	All day, Less medically acute
Partial Hospitalization (PHP)	Day treatment (M-F)
Intensive Outpatient ( IOP)	2-3x/week
Outpatient	~1-2x/week

# What Does Treatment Look Like?

- Cognitive-behavioral therapy
  - Identify patterns, negative thoughts, and underlying function of the behavior
- Family-based therapy
  - Parents/guardians deliver treatment
- Pharmacotherapy
  - Lisdexamfetamine for binge-eating disorder
  - Fluoxetine for bulimia nervosa
  - Treatment for comorbid psychiatric conditions

# Virtual Treatment

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

# Eating Disorder Treatment is a 4-legged Stool



# How to Work with a Specialty Team

- Good communication and consistent messaging is key!
- Work with team to determine a discharge plan (if a higher level of care is needed)
- Understand the difference between referring to a specialty team for evaluation versus treatment
- Be prepared to manage ongoing therapy for comorbidities

# Resources

# Filterable Resource Library

The screenshot displays a web interface for a resource library. On the left, a sidebar titled "Filter by Criteria" contains four expandable sections: "Provider Type" (with options: Medical Provider, Psychologist/Therapist, Dietitian, Nurse, Oral Healthcare Provider), "Diagnoses and Symptoms" (with options: Anorexia Nervosa, Bulimia Nervosa, Binge-Eating Disorder, OSFED, ARFID), "Treatment" (with options: Screening, Medical Management, Nutrition Management, Psychological Intervention, Treatment Guidelines, Pharmacology), and "Populations". The main content area features a search bar, a grid icon, a hamburger menu, and a "Showing 44 of 44 resources." indicator. Below this, three resource cards are visible, each with a thumbnail image and a title: "AACAP Recommendations for Diagnosis and Treatment", "AAFP Recommendations: Evaluation, Diagnosis, and Treatment", and "AAP Clinical Report: Identification and Management". Each card includes a brief description and a right-pointing arrow icon.

Filter by Criteria

Provider Type

- Medical Provider
- Psychologist/Therapist
- Dietitian
- Nurse
- Oral Healthcare Provider

Diagnoses and Symptoms

- Anorexia Nervosa
- Bulimia Nervosa
- Binge-Eating Disorder
- OSFED
- ARFID

Treatment

- Screening
- Medical Management
- Nutrition Management
- Psychological Intervention
- Treatment Guidelines
- Pharmacology

Populations

Showing 44 of 44 resources.

Per page: 5

**AACAP Recommendations for Diagnosis and Treatment**

Evidence-based practices from the American Academy of Child and Adolescent Psychiatry (AACAP) for the evaluation and treatment of eating disorders in children and adolescents.

**AAFP Recommendations: Evaluation, Diagnosis, and Treatment**

Clinical primer from the American Academy of Family Physicians (AAFP) on eating disorders for pediatricians, family physicians, and adolescent medicine physicians.

**AAP Clinical Report: Identification and Management**

American Academy of Pediatrics (AAP) clinical report to assist pediatricians in diagnosis and initial evaluation of eating disorders in children and adolescents.

# FREE Online Courses



## Assessing Growth in Children and Adolescents for the Screening, Treatment and Prevention of Eating Disorders

This webinar will allow participants to learn about the accurate interpretation and discussion of growth charts, as well as common interpretation mistakes, as one tool to identify, treat and prevent eating disorders in their own practice.

 **Duration:** 1.0 hours

 **Cost:** Free

 **Credit:** 1 CE Credit or Certificate of Attendance

 **Audience:** Primary care and behavioral health providers



## Assessment and Treatment of Latino Males with Eating Disorders: Cultural Considerations

This webinar is designed to discuss the cultural values that are important in our intervention approach when working with Latino males.

 **Duration:** 1.0 hours

 **Cost:** Free

 **Credit:** 1 CE Credit or Certificate of Attendance

 **Audience:** Primary care and behavioral health providers serving children, adolescents, and young adults



## 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

 **Learning Level:** Intermediate

# Relevant Resources

**SBIRT for Eating Disorders**



**Treatment Guidelines**



# Questions?

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