

DISCLOSURE

- I have nothing to disclose



OBJECTIVES

- Describe the most common types of eating disorders
- Identify a patient with suspicion of eating disorder
- Identify when to refer to parents or PCP



EPIDEMIOLOGY

- Eating disorders (EDs) are serious, chronic mental illnesses with significant, life threatening morbidity and mortality
- Independent of the individual's weight
- Prevalence is unknown, with a substantial increase since the pandemic
- Patients with EDs have the highest mortality rates of any psychiatric disorder
- Treatment is burdensome, expensive and sometimes refractory requiring hospitalization
- In women with AN, risk of premature death is 6-12 higher when compared to the general population

The Impact of the COVID-19 Pandemic on the Number of Adolescents/Young Adults Seeking Eating Disorder-Related Care



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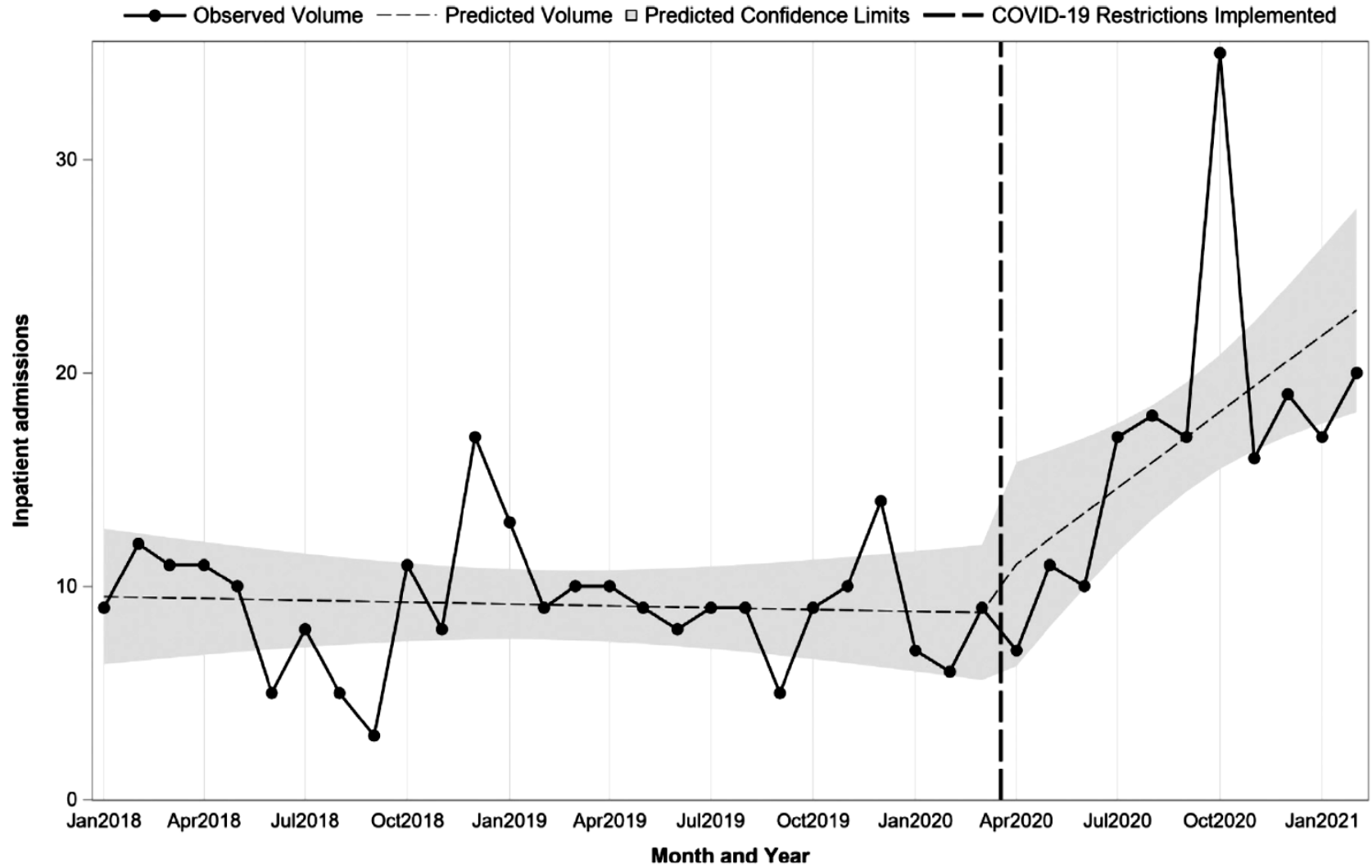
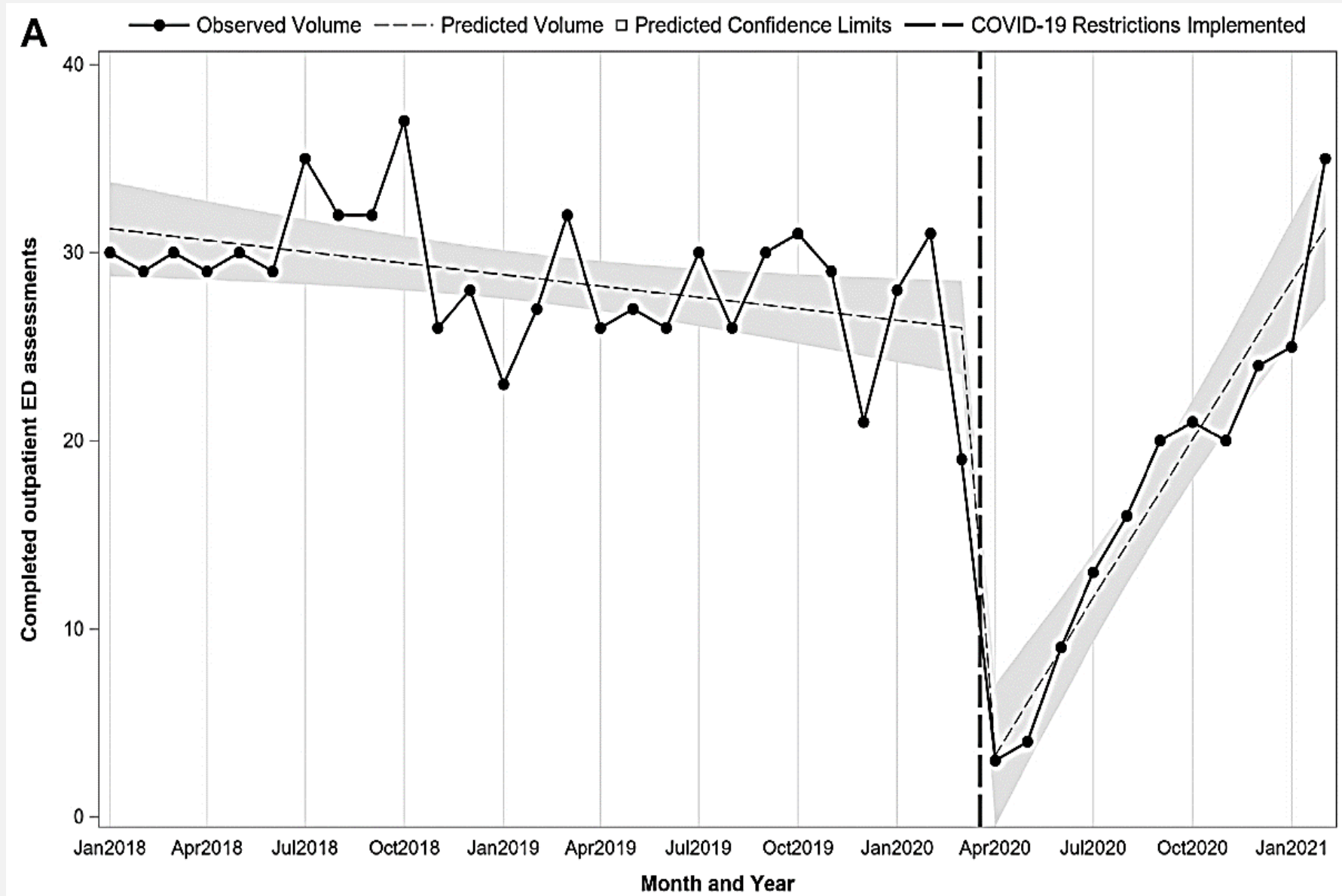
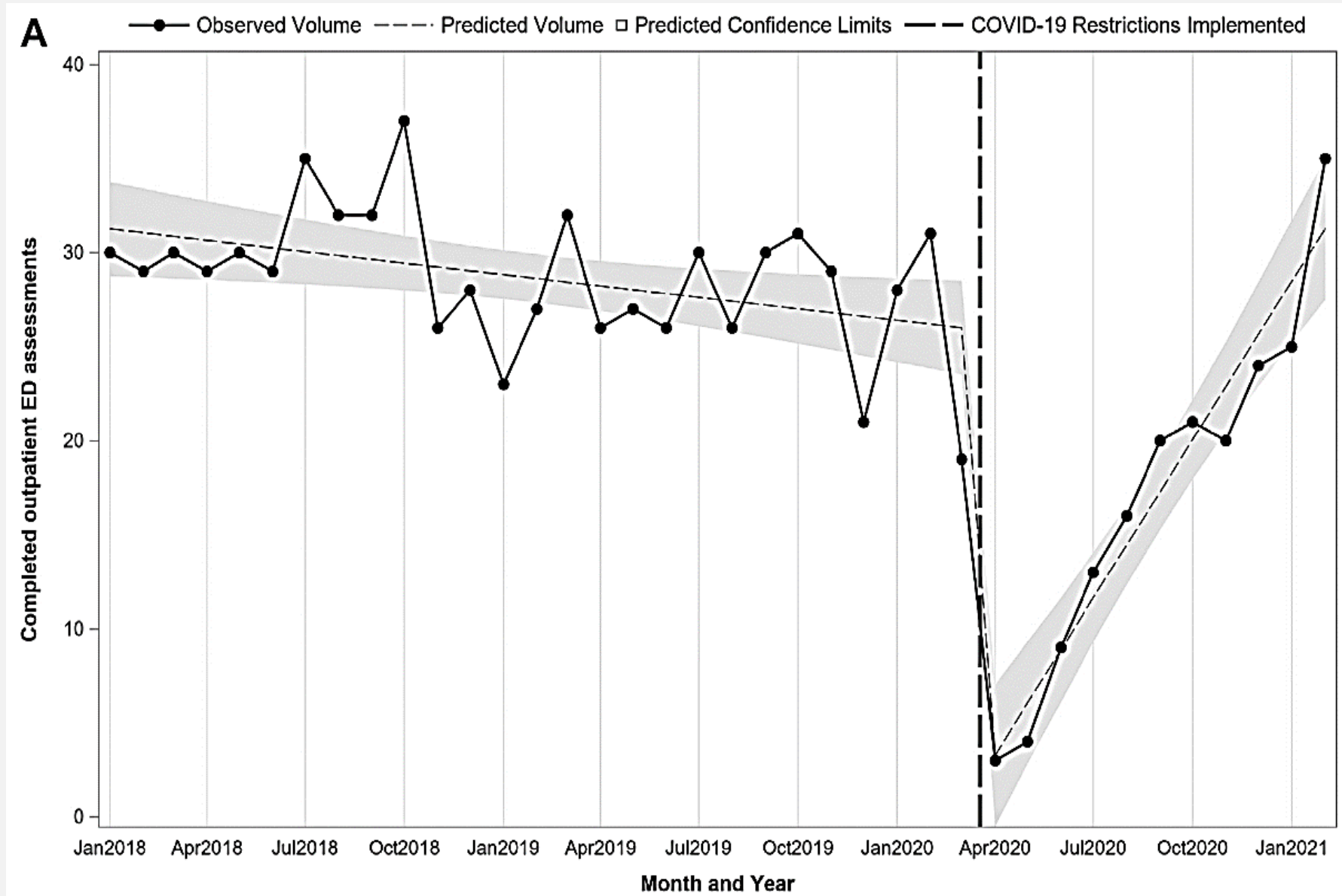


Figure 1. Monthly inpatient admissions pre- and postpandemic.





Nine Truths about Eating Disorders

TRUTHS

- 1 Many people with eating disorders look healthy, yet may be extremely ill.
- 2 Families are not to blame, and can be the patients' and providers' best allies in treatment.
- 3 An eating disorder diagnosis is a health crisis that disrupts personal and family functioning.
- 4 Eating disorders are not choices, but serious biologically influenced illnesses.
- 5 Eating disorders affect people of all genders, ages, races, ethnicities, body shapes and weights, sexual orientations, and socioeconomic statuses.
- 6 Eating disorders carry an increased risk for both suicide and medical complications.
- 7 Genes and environment play important roles in the development of eating disorders.
- 8 Genes alone do not predict who will develop eating disorders.
- 9 Full recovery from an eating disorder is possible. Early detection and intervention are important.




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Produced in collaboration with Dr. Cynthia Bulik, PhD, FAED, who serves as distinguished Professor of Eating Disorders in the School of Medicine at the University of North Carolina at Chapel Hill and Professor of Medical Epidemiology and Biostatistics at the Karolinska Institutet in Stockholm, Sweden. "Nine Truths" is based on Dr. Bulik's 2014 "9 Eating Disorders Myths Busted" talk at the National Institute of Mental Health Alliance for Research Progress meeting.

Leading associations in the field of eating disorders also contributed their valuable input.

The Academy for Eating Disorders® along with other major eating disorder organizations (Families Empowered and Supporting Treatment of Eating Disorders, National Association of Anorexia Nervosa and Associated Disorders, National Eating Disorders Association, The International Association of Eating Disorders Professionals Foundation, Residential Eating Disorders Consortium, Eating Disorders Coalition for Research, Policy & Action, Multi-Service Eating Disorders Association, Binge Eating Disorder Association, Eating Disorder Parent Support Group, International Eating Disorder Action, Project HEAL, and Trans Folx Fighting Eating Disorders, and other organizations) will be disseminating this document.



TYPES OF EATING DISORDER


- Anorexia Nervosa
- Bulimia Nervosa
- Avoidant Restrictive Food Intake Disorder (ARFID)
- Binge Eating Disorder
- Atypical Anorexia Nervosa
- Other specified Feeding and Eating Disorder
- Unspecified feeding or eating disorder (disordered eating)





ANOREXIA NERVOSA

- Restriction of energy intake relative to requirements → significantly low body weight
- Low weight = less than minimally normal or for children and adolescents, less than minimally expected
- Intense fear of gaining weight or of becoming fat
- Persistent behavior that interferes with weight gain, even though at a significantly low weight
- Disturbance of body image and lack of insight
- 2 types: Restricting and Binge eating/purging type
- Severity is based on BMI. Mild ≥ 17 , Moderate 16-16.99, Severe 15-15.99 and Extreme < 15



BULIMIA NERVOSA

- Weight is usually within normal range
- Binge eating
- Purging/compensatory behavior
 - Self-induced vomiting
 - Laxative or diuretic abuse
 - Insulin misuse
 - Excessive exercise
 - Diet pills
- Must be present once a week or more for at least 3 months
- Disturbance of body image
- Intense fear of weight gain
- Lack of insight




BINGE EATING DISORDER

- Recurrent episodes of binge eating characterized by:
 - Eating in a discreet period of time (within 2 hrs) an amount of food that is definitely larger than most people would eat during a similar period of time or under similar circumstances
 - A sense of lack of control overeating during these episodes
 - Associated with 3 or more: eating more rapidly, eating until uncomfortable full, eating large amounts even when not hungry, eating alone because of feeling embarrassed about food volume, and feeling disgusted, guilty or depressed afterwards
 - Marked distress regarding binge eating is present
 - Episodes present for at least once a week for 3 months
 - Binge eating is not associated with any compensatory behaviors



AVOIDANT
RESTRICTIVE
FOOD
INTAKE
DISORDER
(ARFID)

- Feeding disturbance due to apparent lack of interest in eating, avoidance of eating based on sensory characteristics of food and concern about adverse consequences of eating
- Present with significant weight loss
- Significant nutritional deficiency
- Dependence on enteral feeding or nutritional supplements
- Marked interference with psychological functioning
- No weight or shape concerns
- Disturbance cannot be explained by another condition



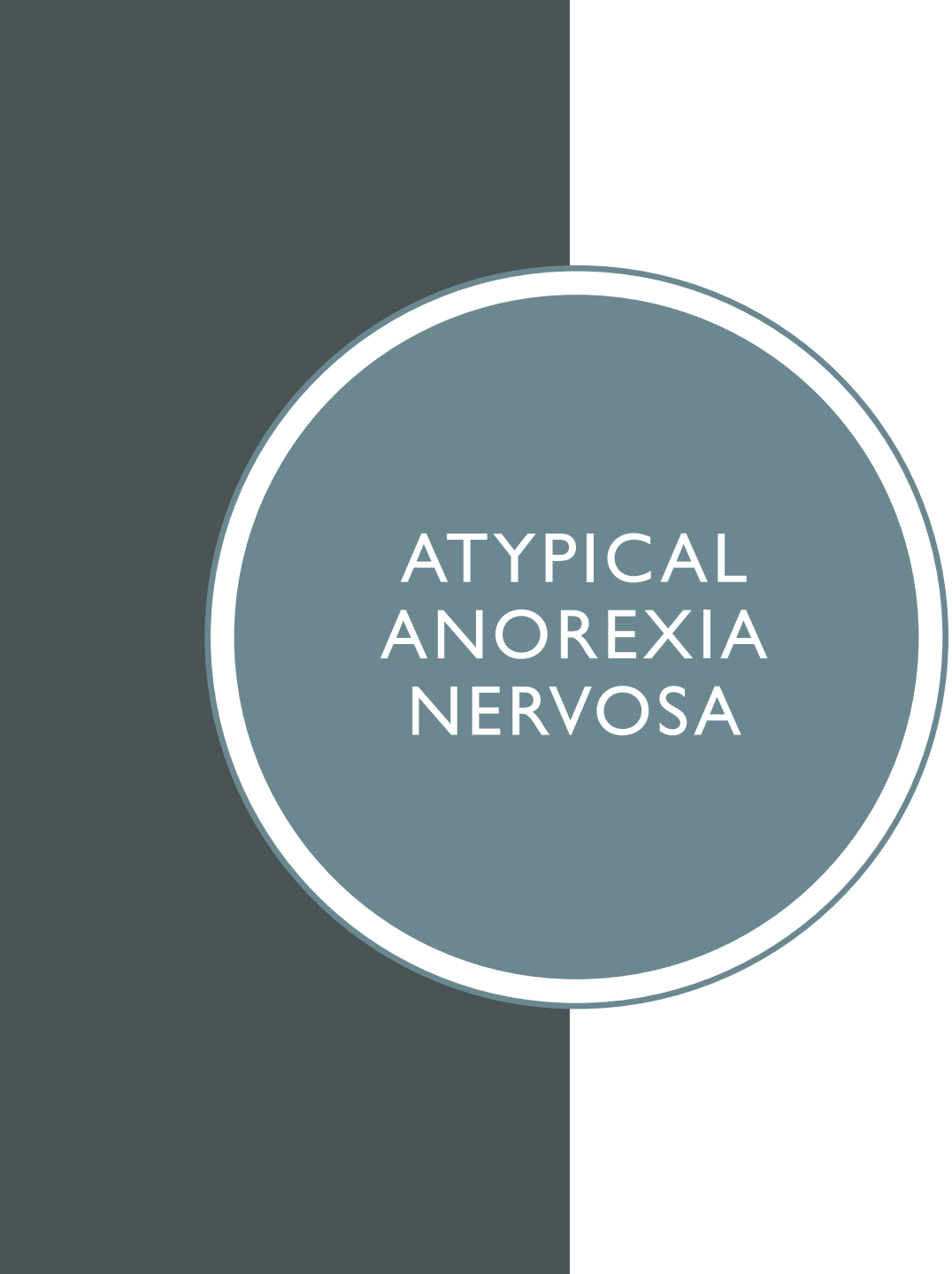
OTHER
SPECIFIED
FOOD AND
EATING
DISORDER
(OSFED)

- Doesn't meet full criteria for the other eating disorder categories
- Has specific disordered eating behaviors (restricting, purging and/or binge eating)



UNSPECIFIED
FEEDING OR
EATING
DISORDER
(DISORDERED
EATING)

- Used when sx of a feeding and disordered eating are present
- Causes significant distress or impairment in social, occupational or other important areas of functioning
- Does not meet full criteria for any other eating disorder
- May also be used when there's insufficient information



ATYPICAL ANOREXIA NERVOSA

- Meets are the criteria for anorexia nervosa except
- Weight is within or above normal range
- Despite significant weight loss



PRESENTATION
TO
HOSPITAL/ER

- Pediatrician sends to ER
 - Bradycardia
 - Lab abnormalities
 - Weight loss
- They present with symptoms (may not disclose ED)
 - GI
 - Syncopal or Near syncopal episode
- Parent might bring them due to personal concerns
- Direct Admission for any of the above from another physician



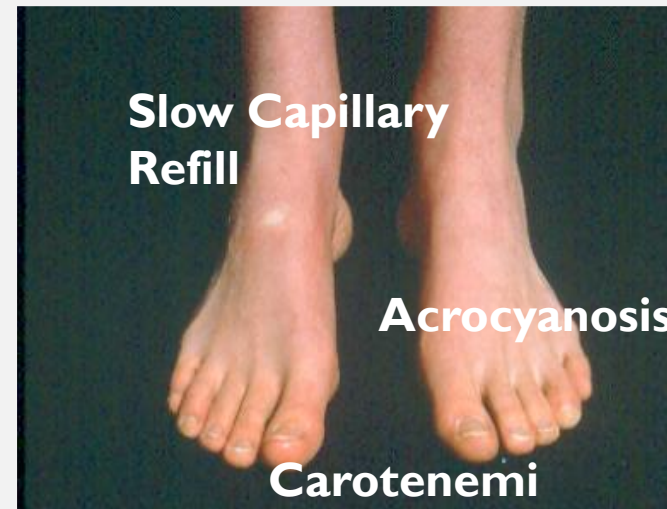
DIFFERENTIAL
DIAGNOSIS

- Malabsorption
- IBD
- Celiac
- Thyroid disease
- PUD
- Gastritis
- DM
- Addison's disease
- Sensory processing disorder
- Depression
- Insufficient caloric intake
- Eating disorder

PHYSICAL FINDINGS: RESTRICTION

Loss of subcutaneous tissue, muscle wasting

- Emaciation
- Hypothermia
- Bradycardia (Heart rate < 60 beats/minute)
- Hypotension (< 90 mm Hg systolic)
- Hypoactive bowel sounds
- Dry skin
- Brittle hair and scalp hair loss
- Hyperactivity
- Brittle nails
- Pressure sores
- “Yellow” skin, especially palms
- Lanugo hair, hair loss
- Acrocyanotic, cold hands and feet
- Edema (ankle, periorbital)
- Heart murmur (mitral valve prolapse)



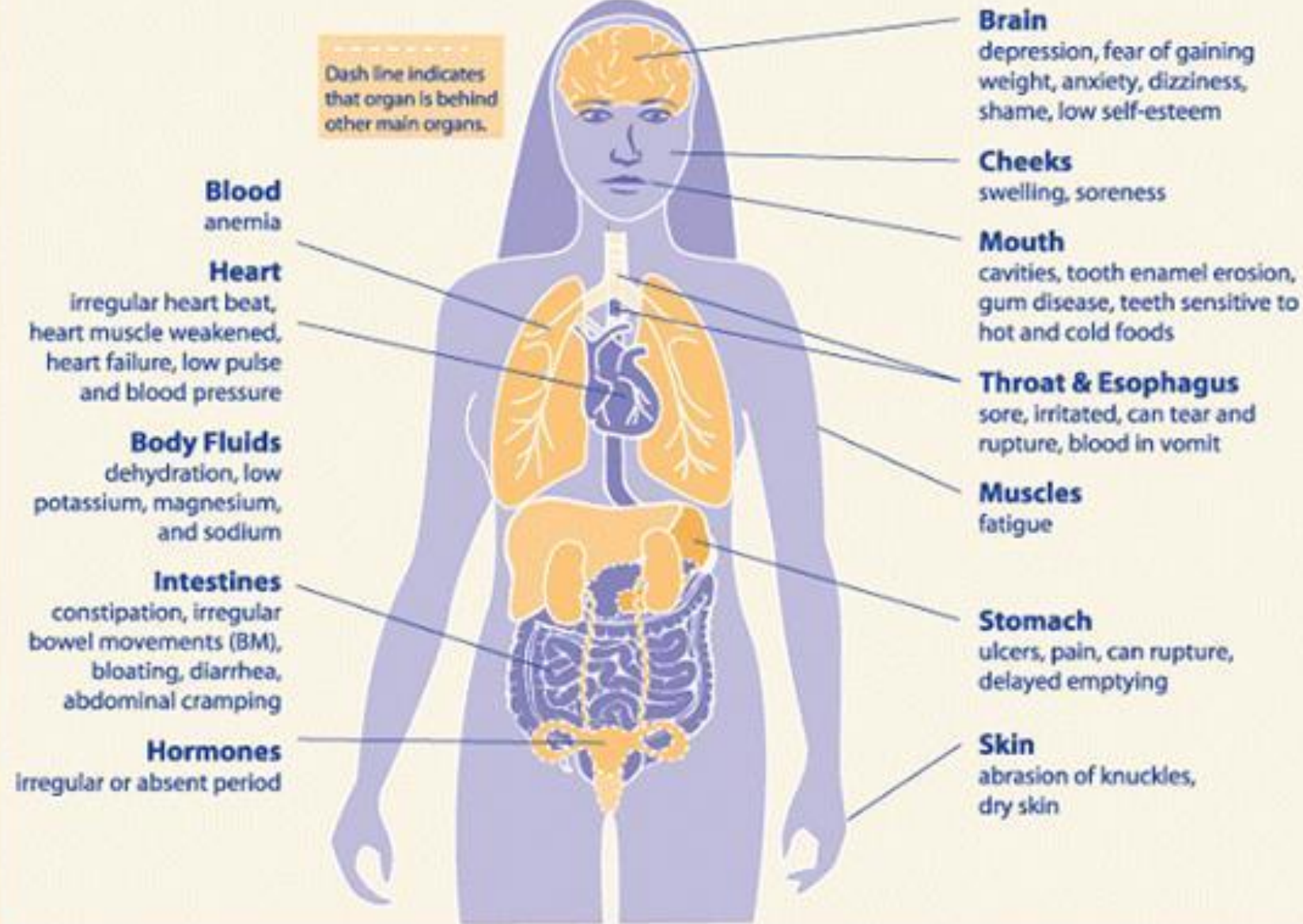
PHYSICAL FINDINGS: PURGING

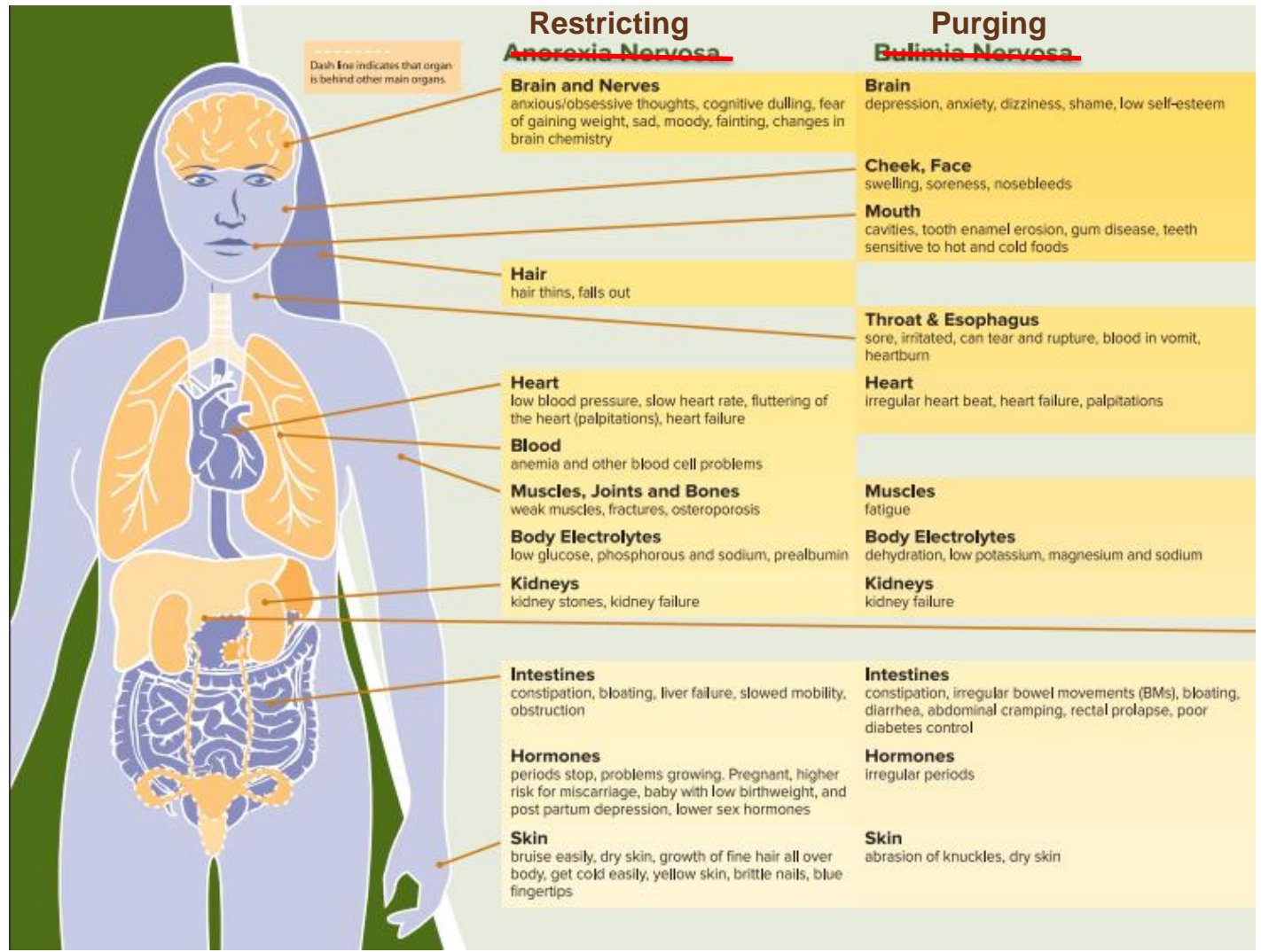
- Hypotension (< 90 mm Hg systolic)
- Dry skin
- Parotid gland swelling
- Subconjunctival hemorrhages
- Erosion of dental enamel
- Tachycardia (heart rate > 100 beats/minute)
- Hair loss
- “Russell’s sign”
- Edema
- Angular Cheilitis




Russell's Sign

How bulimia affects your body purging







ROLES AS A SCHOOL NURSE

- Goal: Identifying those at risk
 - Speak to coach
 - Speak to parents
 - Principal
 - Refer to ED if concerned
- Provide a safe place for students to keep lunch
- Eat with the student

EATING DISORDERS COMMUNITY



Your Words Can Be the *Difference* Between *Stigma* and *Support*

When describing a study sample, find alternatives to the following words: ***struggling with an eating disorder*** and ***sufferers***

WHY?

Referring to individuals in this way can be perceived as pejorative

INSTEAD TRY:

Treatment-seeking, enrolled in a treatment program, or exhibiting an eating disorder or related symptoms

Use person-first language such as ***individuals, patients, or participants with anorexia nervosa, bulimia nervosa, or binge-eating disorder***, respectively

WHY?

Labels, such as ***anorexic, bulimic, and binge-eater***, can feel limiting and imply that the person is defined by the diagnosis or symptoms that they experience

When describing an assessment tool or treatment, describe either as ***extensively validated*** or ***demonstrably superior***—Avoid using ***gold standard*** whenever possible

WHY?

Even well-validated instruments are imperfect

In scholarly communications, use ***anorexia nervosa*** and ***bulimia nervosa*** rather than abbreviated names, such as anorexia or bulimia

WHY?

Abbreviated terms may have different medical meanings (i.e., anorexia means loss of appetite in general, and can be a symptom of many different illnesses)

When referring to the behavior of binge eating, avoid using ***bulimic episode***

WHY?

Binge-eating episode is more accurate

Based on suggested language use guidance in the following article:
Weissman, R. S., Becker, A. E., Bulik, C. M., Frank, G. K. W., Klump, K. L., Steiger, H., . . . Walsh, B. T. (2016). Speaking of that: Terms to avoid or reconsider in the eating disorders field. *International Journal of Eating Disorders, 49*, 349–353.
doi:10.1002/eat.22528



REFERENCES

1. Bermudez, Ovidio, et al. "Eating Disorders, A Guide to Medical Care." *Academy for Eating Disorders*, www.aedweb.org/publications/medical-care-standards. Assessed 6/8/21.
2. "Eating Disorders (Medical Stabilization) Care Guideline." *CHOC*, www.choc.org/chocdocs/care-guidelines/.
3. Golden, N. H., Katzman, D. K., Sawyer, S. M., Ornstein, R. M., Kreipe, R. E., Kohn, M., Garber, A. K., & Rome, E. S. (2015). Position Paper of the society for adolescent health and medicine: Medical management of restrictive eating disorders in adolescents and young adults. *Journal of Adolescent Health*, 56(1), 121–125. <https://doi.org/10.1016/j.jadohealth.2014.10.259>
4. Lampert, Jillian G, et al. Guidebook for Nutrition Treatment of Eating Disorders. Academy for Eating Disorders, www.aedweb.org/publications.
5. Lin JA, Hartman-Munick SM, Kells MR, Milliren CE, Slater WA, Woods ER, Forman SF, Richmond TK. The Impact of the COVID-19 Pandemic on the Number of Adolescents/Young Adults Seeking Eating Disorder-Related Care. *J Adolesc Health*. 2021 Oct;69(4):660-663. doi: 10.1016/j.jadohealth.2021.05.019. Epub 2021 Jul 12. PMID: 34266715; PMCID: PMC8415773.
6. Setnick, J. (2013). *The eating disorders clinical pocket guide: Quick reference for healthcare providers* (2nd ed.). Snack Time Press.
7. Weissman RS, Becker AE, Bulik CM, Frank GK, Klump KL, Steiger H, Strober M, Thomas J, Waller G, Walsh BT. Speaking of That: Terms to Avoid or Reconsider in the Eating Disorders Field. *Int J Eat Disord*. 2016 Apr;49(4):349-53. doi: 10.1002/eat.22528. Epub 2016 Mar 28. PMID: 27084795.