Welcome to Today’s EdChat

A few housekeeping items before we begin:

1. Please open the Chat feature on the right and **type in your name and hospital name**.

2. We want this webinar to be as interactive as possible. Please **ask questions** at the end of the presentation or contribute as appropriate throughout the webinar. We all learn from each other and want to network during this time.

3. Unless you are speaking,  
   **PLEASE PUT YOUR PHONE ON MUTE.**
A SPECIALTY HOSPITAL SYSTEM FOR THE TREATMENT OF EATING DISORDERS
Recognizing Eating Disorders in Children and Adolescents

How to identify red flags, provide support, and encourage treatment when indicated.
Mindy Elliott, NBCT
Hospital Education Manager, Veritas Collaborative

- Developed Academic Program for patients ages 8-19 at Veritas Collaborative, a Specialty Hospital System for the Treatment of Eating Disorders
- National Board Certified Teacher, Exceptional Needs Specialist - Early Childhood through Young Adult in Gifted and Talented Education
- Specialized Training in Academically and Intellectually Gifted Education, Duke University
- Member, Association for the Education of Children with Medical Needs
- Teacher of the Year 2015, Durham Public Schools’ Hospital School
What do we know about Eating Disorders?
Myths About Eating Disorders

- Families are to blame
- Eating disorders are a choice
- Eating disorders are the province of white upper middle class teenage girls
- Society alone is to blame
- Mothers are to blame
- Genes are destiny

Cynthia Bulik, PhD
NEDA 2012
Myths About Young People with Eating Disorders

- They’re all super-thin.
- They’re spoiled.
- They’re trying to get attention.
- They should **just eat more**.
- They should **just stop eating so much**.
- They’re just so vain.
Essential Facts about Eating Disorders

• **They are prevalent.** Millions struggle secretly with food and body issues.

• **They are an illness; not a choice.** Eating disorders are complex conditions with emotional, physical, and cultural components.

• **They are lethal.** People can die or have serious medical complications as a result of an eating disorder.

• **Recovery is possible.** With the right level of care at the right time, people can get better. It doesn't have to be a life-long struggle.
Eating disorders affect all ages, genders, races, ethnicities, socioeconomic groups, and sexual orientations.

Many individuals will not seek help for an eating disorder but will seek help for medical consequences of the eating disorder.

Half of individuals with eating disorders are first diagnosed in the general practitioner’s office.

Individuals may suffer for years before receiving an eating disorder diagnosis.
Eating Disorders are *Lethal*

- The mortality rate for persons with eating disorders is up to **6 times that of their peers**.
- The suicide rate has been calculated as high as **31 times that of their peers**.
- The average age of death due to an eating disorder is **34 years old**.
- Every 62 minutes, an American dies as a result of her or his eating disorder.
At least **30 million** persons in the United States meet clinical criteria for an eating disorder diagnosis at some point in their lifetime. (Wade, Keski-Rahkonen, & Hudson, 2011)

**Males** comprise **10-15%** of those who meet the clinical criteria.

**Females** comprise **85-90%** of those persons.

As many as **15% of persons who identify as transgender** report they have been diagnosed with an eating disorder. (Diemer, Grant, Munn-Chernoff, Patterson, & Duncan, 2015)
Transgender and Sexual Minority Populations

**Lifetime prevalence of ED**  (Feldman and Meyer 2007)
- Sexual Minority Men 8.8%
- Sexual Minority Women 7.2%

**Past year prevalence of ED among transgender college students by sexual orientation**  (Diemer, Grant et al. 2015)
- Heterosexual 7.63%
- Sexual Minority 11.74%
- Unsure 27.42%

LGBT*QI persons are also at higher risk for depression, anxiety, and substance use disorders.
Age of onset is decreasing, median age is **12 years old**.
Cases have been documented as **young as 6 years old**.
**Prevalence** of ED in young males, ethnic and racial minorities **is increasing**.

- Female to male ratio in younger patients is 6:1 compared to 10:1 in older populations
What Contributes to the Development of Eating Disorders?
What Contributes to the Development of Eating Disorders?
What causes eating disorders?

**NATURE?**

Biology
- Genetics
- Epigenetics
- Neurotransmitters
- Reward Pathways
- Reproductive Hormones
- Temperament

**NURTURE?**

Environment
- Peer Interactions
- Societal Influences
- Familial Interactions

Experience
- Stress
- Trauma
What causes eating disorders?

Nature or Nurture?

BOTH!
# Eating Disorders
## DSM-5 Diagnoses

### Anorexia Nervosa (AN)
- Inability to consume adequate nutrition, leading to low body weight or failure to meet growth trajectories
- Intense fear of food and weight gain
- Disturbance in body perception

### Binge Eating Disorder (BED)
- Binge eating accompanied by marked distress
- Absence of ‘compensatory’ behaviors

### Avoidant/Restrictive Food Intake Disorder (ARFID)
- Failure to meet nutritional/energy needs due to eating or feeding disturbance
- Associated with weight loss, nutritional deficiency, or failure to meet growth trajectories

### Bulimia Nervosa (BN)
- Binge eating, followed by Purging (vomiting, laxatives, diuretics) or a non-purging compensatory behavior
- Self-evaluation is unduly influenced by body weight and shape

### Other Specified Feeding or Eating Disorder (OSFED)
- Purging Disorder, Atypical AN/BN
- BN/BED of Low duration/Frequency

### Unspecified Feeding or Eating Disorder (UFED)
- Symptoms of feeding and eating disorder are present but do not meet full criteria for diagnosis
- Insufficient information for diagnosis
Physiological Changes

Anorexia affects your whole body

Brain and Nerves
- can't think right, fear of gaining weight, sad, moody, irritable, bad memory, learning, changes in brain chemistry

Hair
- hair thins and gets brittle

Heart
- low blood pressure, slow heart rate, fluttering of the heart (palpitations), heart failure

Blood
- anemia and other blood problems

Muscles and Joints
- weak muscles, swollen joints, fractures, osteoporosis

Kidneys
- kidney stones, kidney failure

Body Fluids
- low potassium, magnesium, and sodium

Intestines
- constipation, bloating

Hormones
- periods stop, bone loss, problems growing, trouble getting pregnant, if pregnant, higher risk for miscarriage, having a C-section, baby with low birthweight, and postpartum depression

Skin
- bruise easily, dry skin, growth of fine hair all over body, get cold easily, yellow skin, nails get brittle

How bulimia affects your body

Brain
- depression, fear of gaining weight, anxiety, diziness, shame, low self-esteem

Cheeks
- swelling, soreness

Mouth
- cavities, tooth enamel erosion, gum disease, teeth sensitive to hot and cold foods

Throat & Esophagus
- sore, irritated, can tear and rupture, blood in vomit

Muscles
- fatigue

Stomach
- ulcers, pain, can rupture, delayed emptying

Skin
- abrasion of knuckles, dry skin

Dash line indicates that organ is behind other main organs.

Courtesy of the Office on Women’s Health, US Department of Health and Human Services
Temperament & Anorexia Nervosa

- Harm-avoidant
- Neurotic
- Obsessional
- Anxious
- Reward dependent
- Perfectionistic
- Low novelty seeking
- Abysmal self-esteem
Characteristics of Perfectionism

• Performance standards that are impossibly high and unnecessarily rigid
• Motivation more from fear of failure than from pursuit of success
• All or nothing evaluations that label anything other than perfection as failure
• Self critical, self-conscious and easily embarrassed
• Highly sensitive to criticism
• Emotionally guarded and socially inhibited
Temperament in Bulimia Nervosa

- Novelty Seeking
- Quick-tempered
- Excitable
- Exploratory
- Not risk-averse
- Impulsive
- Easily bored
- Emotional attachment
How can we help?

Know what to look for...
Weight loss, weight gain, or failure to meet projected growth trajectories
- Amenorrhea or changes in regularity/duration of menses
- Decreased frequency of erection/nocturnal emissions
- Delayed puberty
- Abdominal pain
- Constipation
- Fatigue

Exercise intolerance
- Cold intolerance
- Easy bruising
- Delayed wound healing
- Pale, dry, or discolored skin
- Hair loss
- Russell sign (scars or abrasions on knuckles)
- Bruising along the spine
- Tooth decay/yellowing of teeth
- Headaches
Signs and Symptoms: Behavioral

- Hiding food
- Disappearance of food
- Irregular eating patterns
- Compulsive exercise
- Preoccupation with weight
- Frequent body checking
- Frequent visits to bathroom after meals
- Mood changes, depression, anxiety
- Social isolation
- Sleep disturbance
Signs and Symptoms: Academic

- Changes in performance
- Distracted/Unable to focus
- Perfectionism
- Giftedness/High achievement
- Rigidity in thinking
- Cognitive compromise
Eating Disorders are co-morbid with other psychiatric diagnoses at remarkably high rates:

- Anxiety/Depression: 65-70%
- Obsessive Compulsive Disorder: 40%
- Substance use disorder: 25%+
- PTSD: 40-60%
- ADHD: 20%+
- Personality Disorders: 30-50%
How can we help?

Change the conversation...
Watch your language

“Just eat...”

“They will eat when they get hungry”

- Eating disorders are biologically mediated psychological illnesses, they are not a choice.
- The bodies and brains of individuals with ED do not receive or interpret hunger and satiety cues as individuals without ED do.
- Eating can be deadly for individuals with ED.

**Body talk, Fat talk, Diet talk...**

- Negative body talk is associated with increased eating disorder behavior.
- Stigma and shame prevent individuals with ED from seeking treatment.
Be aware of stereotypes

“Eating disorders are a rich, young, white, girl problem.”

Eating disorders do not discriminate.

- Bulimia nervosa and binge eating are more prevalent among Latino and non-Latino black populations than non-Latino white populations (Marques, Alegria, Becker, et al. 2011)
- Eating disorders have been identified in 63 countries and have a global prevalence of 4.4% in children and adolescents (Erskine, Baxter, Patton, et al. 2016, Pike and Dunn, 2015)
- Inpatient admissions for ED treatment in individuals over the age of 40 is increasing (Ackard, et al, 2013, 2014)
- ED affect people of all ages, races, genders, identities, socioeconomic groups (Bulik, 2014)
Ask Screening questions

S – Do you make yourself **Sick** because you feel uncomfortably full?

C – Do you worry you have lost **Control** over how much you eat?

O – Have you recently lost more than **One** stone (~14 lbs) in a three-month period?

F – Do you believe yourself to be **Fat** when others say you are too thin?

F – Would you say **Food** dominates your life?

- 5 question screening tool validated in adult populations
- Not intended to confirm diagnosis
- Indicator of risk - 2 positive responses high indication of ED illness
How can we help?

Facilitate treatment...
Consequences of Delayed Diagnosis

• Early eating disorder behaviors predict non-suicidal self-injury (NSSI), suicidality, substance use.

• Because adolescence marks critical periods for bone and brain development, eating disorders can have a lasting impact on bone and brain development.
Multidisciplinary Treatment

- Psychiatry
- Internal Medicine/Pediatrics
- Psychotherapy
- Dietetics/Nutrition
- Specialized Psychiatric/Medical Nursing
- School Personnel
- Patients, Parents, Families and Social Network
- Community Advocates
Current Levels of Care

- Medical Acute Crisis
- Inpatient (IP)
- Acute Residential (RES)
- Partial Hospitalization (PHP)
- Intensive Outpatient (IOP)
- Outpatient (OP)

Revision - Guidelines Watch August 2012
How can we help?

Be a resource and an advocate...
Many individuals that struggle with ED work hard to hide their disorder.

- Be aware of warning signs
- Ask screening questions
- De-stigmatize ED by providing accurate information and encouraging conversation
- Express concern about ED related symptoms
- Know when to refer and to whom
Create a Positive Environment…

• **Avoid** categorizing foods as “good/safe” vs. “bad/dangerous.”
• **Decide** to avoid judging others and yourself on the basis of body weight or shape.
• **Avoid** conveying an attitude that says, “I will like you better if you lose weight, don’t eat so much, or change your body shape.”
• **Become** a critical viewer of the media and its messages about self-esteem and body image.
Eating Disorders Coalition for Education, Policy, and Action  
http://www.eatingdisorderscoalition.org/
EDreferral- Eating Disorders Referral and Information Center  
http://www.edreferral.com/
Binge Eating Disorder Association  
http://bedaonline.com/
  • Find Help: Binge eating disorder treatment
International Association Eating Disorder Professionals (IAEDP)  
http://www.iaedp.com/

Academy for Eating Disorders  
http://www.aedweb.org/
  • Guide to Recognition and Management
  • About Eating Disorders
  • Professional Training
National Eating Disorders Association  
http://www.nationaleatingdisorders.org/
  • Contributing Factors and Prevention
  • Educator Toolkit
  • Find a Treatment Referral