3.10 Eating Disorders

SURVEILLANCE FOR **EATING DISORDERS**:

- Body image dissatisfaction?
- Preoccupation with weight?
- Others suspect disordered eating?
- Compensatory behaviors? (e.g., starving, purging, over-exercising)

Consider Risk for Eating Disorder:
Use screening tool such as
EAT-26 or **SCOFF**

- Other medical, developmental or psychiatric etiology present? Treat first.
- Screen for SI and other MH disorders.
- Eating nonfoods? Consider PICA and medical work-up.

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 (15 lbs) in a 3-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?

"YES" to > 1: may have an eating disorder and should be referred for further evaluation and treatment

NEGATIVE SCREEN

Schedule follow-up as needed

POSITIVE SCREEN

Provisional Diagnosis of Eating Disorder (ICD-10 Eating Disorder, unspecified F50.9) and **REFER TO SPECIALIST ***

*** CONSIDER HOSPITALIZATION**

For Anorexia: if HR < 50 bpm in daytime or <45 bpm when asleep, SYS BP <90 mm HG. Orthostatic changes, arrhythmia, temperature <96F, failure to respond to outpatient treatment, refusal to eat.

For Bulimia: if Syncope, serum potassium <3.2 mmol/L, serum chloride <88 mmol/L, esophageal tears, arrhythmias (including prolonged QTc), hypothermia, suicide risk, intractable vomiting, hematemesis, failure to respond to outpatient treatment.

COMMON SUBTYPES

Anorexia Nervosa
- Restricted intake
- Fear of weight gain
- Poor body image
- Subtypes exist

Bulimia Nervosa
- Average weight
- Binge eating
- Compensatory behaviors present ~1/wk ≥ 3 mo
- Low self worth

LESS COMMON SUBTYPES

ARFID | **BINGE** | **RUMINATION**

EATING ATTITUDES TEST© (EAT-26)

Instructions: This is a screening measure to help you determine whether you might have an eating disorder that needs professional attention. This screening measure is not designed to make a diagnosis of an eating disorder or take the place of a professional consultation. Please fill out the below form as accurately, honestly and completely as possible. There are no right or wrong answers. All of your responses are confidential.

PART A: Complete the following questions:

Birth Date:_____ **Gender:** _____ **Height:** Feet_____ Inches _____ **Current Weight:** _____

Highest Weight (excluding pregnancy): _____ **Lowest Adult Weight:**_____ **Ideal Weight:**_____

Part B: Please check a response for each of the following statements.	Always	Usually	Often	Sometimes	Rarely	Never
1. I am terrified about being overweight.	☐	☐	☐	☐	☐	☐
2. I avoid eating when I am hungry.	☐	☐	☐	☐	☐	☐
3. I find myself preoccupied with food.	☐	☐	☐	☐	☐	☐
4. I have gone on eating binges where I feel that I may not be able to stop.	☐	☐	☐	☐	☐	☐
5. I cut my food into small pieces.	☐	☐	☐	☐	☐	☐
6. I am aware of the calorie content of foods that I eat.	☐	☐	☐	☐	☐	☐
7. I particularly avoid food with a high carbohydrate content (i.e., bread, rice, potatoes, etc.).	☐	☐	☐	☐	☐	☐
8. I feel that others would prefer if I ate more.	☐	☐	☐	☐	☐	☐
9. I vomit after I have eaten.	☐	☐	☐	☐	☐	☐
10. I feel extremely guilty after eating.	☐	☐	☐	☐	☐	☐
11. I am preoccupied with a desire to be thinner.	☐	☐	☐	☐	☐	☐
12. I think about burning up calories when I exercise.	☐	☐	☐	☐	☐	☐
13. Other people think that I am too thin.	☐	☐	☐	☐	☐	☐
14. I am preoccupied with the thought of having fat on my body.	☐	☐	☐	☐	☐	☐
15. I take longer than others to eat my meals.	☐	☐	☐	☐	☐	☐
16. I avoid foods with sugar in them.	☐	☐	☐	☐	☐	☐
17. I eat diet foods.	☐	☐	☐	☐	☐	☐
18. I feel that food controls my life.	☐	☐	☐	☐	☐	☐
19. I display self-control around food.	☐	☐	☐	☐	☐	☐
20. I feel that others pressure me to eat.	☐	☐	☐	☐	☐	☐
21. I give too much time and thought to food.	☐	☐	☐	☐	☐	☐
22. I feel uncomfortable after eating sweets.	☐	☐	☐	☐	☐	☐
23. I engage in dieting behavior.	☐	☐	☐	☐	☐	☐
24. I like my stomach to be empty.	☐	☐	☐	☐	☐	☐
25. I have the impulse to vomit after meals.	☐	☐	☐	☐	☐	☐
26. I enjoy trying new rich foods.	☐	☐	☐	☐	☐	☐

Part C: Behavioral Questions. In the past 6 months have you:	Never	Once a month or less	2-3 times a month	Once a week	2-6 times a week	Once a day or more
1. Gone on eating binges where you feel that you may not be able to stop? *	☐	☐	☐	☐	☐	☐
2. Ever made yourself sick (vomited) to control your weight or shape?	☐	☐	☐	☐	☐	☐
3. Ever used laxatives, diet pills or diuretics (water pills) to control your weight or shape?	☐	☐	☐	☐	☐	☐
4. Exercised more than 60 minutes a day to lose or to control your weight.	☐	☐	☐	☐	☐	☐
5. Lost 20 pounds or more in the past 6 months.	☐ Yes			☐ No		
6. Have you ever been treated for an eating disorder?	☐ Yes			☐ No		

*Defined as eating much more than most people would under the same circumstances and feeling that eating is out of control.

SCORING THE EATING ATTITUDES TEST© (EAT-26)

The Eating Attitudes Test (EAT-26) has been found to be highly reliable and valid (Garner, Olmsted, Bohr, & Garfinkel, 1982; Lee et al., 2002; Mintz & O'Halloran, 2000). However, the EAT-26 alone does not yield a specific diagnosis of an eating disorder.

Scores greater than 20 indicate a need for further investigation by a qualified professional.

Low scores (below 20) can still be consistent with serious eating problems, as denial of symptoms can be a problem with eating disorders.

Results should be interpreted along with weight history, current BMI (body mass index), and percentage of Ideal Body Weight. Positive responses to the eating disorder behavior questions (questions A through E) may indicate a need for referral in their own right.

EAT-26 score

Score the 26 items of the EAT-26 according to the following scoring system. Add the scores for all items.

Scoring for Questions 1-25:		
Always	=	3
Usually	=	2
Often	=	1
Sometimes	=	0
Rarely	=	0
Never	=	0

Scoring for Question 26:		
Always	=	0
Usually	=	0
Often	=	0
Sometimes	=	1
Rarely	=	2
Never	=	3

EVIDENCE-BASED THERAPEUTIC INTERVENTIONS

Individuals with eating disorders may require hospitalization. There are also step-down programs for treatment of eating disorders, including PHPs (Partial Hospital Programs), IOPs (Intensive Outpatient Programs), and outpatient treatment. If a patient requires a higher level of care than an inpatient facility can provide, they may be transferred to a RTC (Residential Treatment Center) for longer-term care once they are no longer acutely ill or medically unstable.

Types of evidence-based therapeutic interventions

Recommended for all eating disorders

- **FBT (Family Based Therapy, also known as The Maudsley Method):** It is a specialized form of family therapy in which the focus is on the importance of food as medicine, and an agnostic approach is taken regarding the cause of the eating disorder. Parents take control over managing the patient's eating, which alleviates the food decision-making burden on the patient. Over time, the patient works to regain control over their eating and mealtime decisions.

Additional evidence-based therapies for Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder

- **CBT (Cognitive Behavioral Therapy):**
  CBT is a form of therapy that helps individuals identify and change detrimental thought patterns. It also focuses on the link between thoughts, feelings, and behaviors. Use in addition to FBT, for best results. Recommended for AN, BN, BED.
- **IPT (Interpersonal Psychotherapy):**
  IPT is a short-term type of therapy that focuses on creating strong attachments and improving interpersonal relationships. Recommended for BN, BED.
- **DBT (Dialectical Behavior Therapy):**
  DBT is a modified form of CBT that helps individuals learn to live in the moment, develop healthy coping strategies, regulate emotions, and better interact with others. It is an emerging therapy for eating disorders. It is traditionally used for patients with borderline personality disorder, the symptoms and diagnosis of which can frequently co-occur in patients with eating disorders, such as AN or BN, for example.

Recommended specifically for Avoidant Restrictive Food Intake Disorder (ARFID)

- **Food chaining or flavor mapping:**
  Behavior strategy (a type of exposure therapy); choose a new food that is similar to one that they already like, but is a different brand, slightly different flavor, somewhat different texture, etc. (i.e., If they eat one brand of vanilla yogurt well, try an alternate brand or try smooth strawberry yogurt in the preferred brand.) Individuals may work therapeutically with a speech therapist, occupational therapist, behavioral therapist (ABA), pediatric psychologist, LCSW, developmental behavioral pediatrician and/or psychiatrist.

AN = Anorexia Nervosa
BN = Bulimia Nervosa
BED = Binge Eating Disorder
ARFID = Avoidant Restrictive Food Intake Disorder

MEDICATION GUIDANCE

The mantra in treatment of feeding and eating disorders is: "Food is medicine."

There are no medications specifically to treat eating disorders.

- **Antidepressants** — These can be used to target symptoms of obsessionality, anxiety, and depression in AN and BN. They can also target the binge eating and purging symptoms in these illnesses. Of note, if the patient is significantly underweight, Selective Serotonin Reuptake Inhibitors (SSRIs) will not be effective, as the body is not capable of producing enough Serotonin for the medication to have an effect. Fluoxetine is approved for BN in adults. The SSRIs that are FDA approved for use in children and adolescents, in general, are fluoxetine (ages 7+), sertraline (ages 6+), and escitalopram (ages 12+).
- **Atypical antipsychotics** — These medications can be helpful in targeting the rigid thinking, body image distortion, weight-gain fears, and anxiety. Consult with psychiatrist.
- **Stimulants** — Lisdexamfetamine (Vyvanse) was the first medication to be FDA approved to treat Binge Eating Disorder. It is thought that this medication decreases the patient's impulsivity, thereby decreasing the frequency of binge eating.
- **Anti-epileptics** — Topirimate (Topamax) can also be helpful in treatment of BED by suppressing the appetite. Unfortunately, it can cause brain fog and memory issues.
- **Anxiolytics** — Antihistamines such as hydroxyzine pamoate (vistaril) and hydroxzine hydrochloride (atarax) can sometimes be useful prior to mealtimes in individuals who are highly anxious about eating. Hydroxyzine is less sedating than diphenhydramine (Benadryl), so it is preferred in this context. Antihistamines are preferred overall over benzodiazepines because the latter can cause a dissociative effect which interferes with the therapeutic goals of eating.
- **Appetite stimulants** — generally are not used.

Note: all medication information should be verified using current PDR

AN = Anorexia Nervosa
BN = Bulimia Nervosa
BED = Binge Eating Disorder
ARFID = Avoidant Restrictive Food Intake Disorder

PROVIDER TIPS & RECOMMENDED RESOURCES

History	• Screen for PTSD, Anxiety, Depression, SI • Substance use? • Youth with Type-1 Diabetes — may manipulate their insulin for weight loss **(very dangerous)** • Maintaining/restoration of menses alone is not a good indicator of health in a patient who is severely underweight. Menses can persist despite significant weight loss, sometimes due to use of exogenous hormone.
Vitals	• Check orthostatics: including temperature, BP, HR • Post-void weight without shoes, sweater, baggy/heavy accessories every time. Patient should face away from scale to prevent seeing their weight, unless plan in place to disclose weight.
Exam	• Blood-streaked saliva with a halo of blood at the end of a purge is diagnostic for a Mallory Weiss tear • Look for calluses on the backs of fingers (Russel's sign) which may be indicative of purging • Parotid enlargement with purging • Dental erosion with purging
Labs	• Amenorrhea for >6 months, may result in bone density loss. Consider DEXA scan. • Unsure about menstruation, measure estradiol (if <20, amenorrheic) • Elevated TSH with normal free T4 can be seen in eating disorder; also called "sick euthyroid syndrome" • Low Serum K+ means potassium levels are critically low intra-cellularly • Consider obtaining UA prior to weigh-ins and monitor the specific gravity to check for excessive water intake as patients may attempt to artificially elevate weight for check-ins (called "water loading").
Clinic	• Whenever possible, talk about health instead of weight or body size. • Avoid terms such as "ideal body weight" and "goal weight". "Minimum safe weight"* is preferred because it indicates that this is the lowest safe weight, and higher weights can also be safe.

**"Minimum Safe Weight" (or "MSW") is the lowest medically safe weight for that individual. The MSW is usually determined by the nutritionist, PCP, and/or psychiatrist based on the child or adolescent's pre-eating disorder growth charts.*

Web resources

- The National Eating Disorders Association (NEDA): www.nationaleatingdisorders.org/
- National Association of Anorexia Nervosa and Associated Disorders: anad.org/
- *What is Health At Every Size?* (nationaleatingdisorders.org)
- Advice for Parents Whose Child is Battling an Eating Disorder (centerfordiscovery.com)

Books for families and caregivers

- *Helping Your Child Overcome an Eating Disorder: What You Can Do at Home* (2003), by Teachman, Schwartz, Gordic and Coyle
- *Help Your Teenager Beat an Eating Disorder* (2004), by James Lock and Daniel le Grange
- *Health At Every Size* (2010), by Linda Bacon
- *ARFID Avoidant Restrictive Food Intake Disorder: A Guide for Parents and Carers* (2019), by Rachel Bryant-Waugh
- *When Your Child Won't Eat or Eats Too Much: A Parents' Guide for the Prevention and Treatment of Feeding Problems in Young Children* (2012), by Dr. Irene Chatoor
- *Diagnosis and Treatment of Feeding Disorders in Infants, Toddlers, and Young Children* (2009), by Dr. Irene Chatoor

TEEN & CAREGIVER HANDOUT: WHAT ARE EATING DISORDERS?

Eating disorders are problems with the way people eat. They can harm a person's health, emotions, and relationships. There are several types of eating disorders. Females, males, and non-binary individuals can develop eating disorders, as well as individuals of all races/ethnicities and socio-economic statuses.

Anorexia

People with anorexia:

- eat very little on purpose. This leads to a very low body weight*.
- have an intense fear of weight gain. They fear looking fat.
- have a distorted body image. They see themselves as fat even when they are very thin.

People with anorexia are very strict about what and how much they will eat. They may think about food or calories almost all the time. To lose weight, some people with anorexia fast or exercise too much. Others may use laxatives, diuretics (water pills), or enemas.

Bulimia

People with bulimia:

- overeat and feel out of control to stop. This is called binge eating.
- do things to make up make up for overeating. They may make themselves throw up on purpose after they overeat. This is called purging. To prevent weight gain they may use laxatives, diuretics, weight loss pills, fast, or exercise a lot.
- judge themselves based on body shape and weight.

People with bulimia eat much more (during a set period of time) than most people would. If a person regularly binges and purges, it may be a sign of bulimia. Unlike people with anorexia who are very low weight, people with bulimia may be thin, average weight, or overweight. People with bulimia often hide their eating and purging from others.

Binge Eating

People with binge eating disorder:

- feel a loss of control when eating and over-eat. This is called binge eating.
- eat large amounts even when they are not hungry.
- may feel upset or guilty after binge eating.
- often gain weight, and may become very overweight.

Many people with binge eating disorder eat faster than typical. They may eat alone so others don't see how much they are eating. Unlike people with bulimia, those with binge eating disorder do not make themselves throw up, use laxatives, or exercise a lot to make up for binge eating. If a person binge eats at least once a week for 3 months, it may be a sign of binge eating disorder.

ARFID

People with avoidant/restrictive food intake disorder (ARFID) are extremely picky eaters and have little interest in food. They:

- eat a limited variety of preferred foods.
- may be turned off to foods due to the taste, feel, smell, temperature, or look of the food.
- may be fearful of eating due to a traumatic event.
- are not afraid of gaining weight.
- do not have a poor body image.

People with ARFID may be afraid that they will choke or vomit. They don't have anorexia, bulimia, or another medical problem that would explain their eating behaviors.

*A person with "Atypical Anorexia Nervosa" may lose significant weight, but because of starting with an elevated weight, is not considered "underweight." These individuals are also at severe risk for medical complications and even death.

How are eating disorders diagnosed?

Health care providers and mental health professionals diagnose eating disorders based on history, symptoms, thought patterns, eating behaviors, and an exam. The doctor will check weight and height and compare these to previous measurements on growth charts. The doctor may order tests to see if there is another reason for the eating problems and to check for problems caused by the eating disorder.

How are eating disorders treated?

Eating disorders are best treated by a team that includes a doctor, dietitian, and therapist. Treatment includes nutrition counseling, medical care, and talk therapy (individual, group, and family therapy). The doctor might prescribe medicine to treat binge eating, anxiety, depression, or other mental health concerns.

The details of the treatment depend on the type of eating disorder and how severe it is. Some people are hospitalized because of extreme weight loss and medical complications.

How do eating disorders affect health and emotions?

Anorexia can lead to health problems caused by undernutrition and low body weight; people with anorexia may find it hard to focus and have trouble remembering things. Health and emotional problems may include:

- low blood pressure
- slow or irregular heartbeats
- feeling tired, weak, dizzy, or faint
- constipation and bloating
- irregular periods
- weak bones
- delayed puberty and slow growth
- feeling alone, sad, or depressed
- anxiety and fears about gaining weight
- thoughts of hurting themselves

Bulimia can lead to emotional problems, as well as health problems caused by vomiting, laxatives, and diuretics:

- low blood pressure
- irregular heartbeats
- feeling tired, weak, dizzy, or faint
- blood in vomit or stool
- tooth erosion and cavities
- low self-esteem, anxiety, and depression
- alcohol or drug problems
- thoughts of hurting themselves
- swollen cheeks (salivary glands)

Binge eating can lead to weight-related health problems, as well as emotional challenges:

- diabetes
- high blood pressure
- high cholesterol and triglycerides
- fatty liver
- sleep apnea
- have low self-esteem, anxiety, or depression
- feel alone, out of control, angry, or helpless
- have trouble coping with strong emotions or stressful events

ARFID may lead to health problems that stem from poor nutrition, similar to anorexia.

If you think you may have an eating disorder

Tell someone. Tell a parent, teacher, counselor, or an adult you trust. Let them know what you're going through. Ask them to help.

Get help early. When an eating disorder is caught early, a person has a better chance of recovery. Make an appointment with your doctor or an eating disorders specialist.

Go to all appointments. Treatment takes time and effort. Work hard to learn about yourself and your emotions. Ask questions any time you have them.

Be patient with yourself. There's so much to learn, and change happens a little at a time. Take care of yourself and be with people who support your recovery, health and well-being.

Adapted from: kidshealth.org/en/teens/eat-disorder.html