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Strategic Training Initiative for the Prevention of Eating Disorders

Eating Disorders Prevention and Early Intervention: What Research Shows & What New Research Is Needed

Eating disorders and disordered weight control behaviors can be prevented.

- Strong evidence of effectiveness of prevention from randomized controlled trials with middle school,[1,2] high school,[3,4] and university[5] populations.
- Yet evidence-based prevention programs have not been widely adopted nationally.
- Research is virtually stalled at the efficacy stage of translation, with very few effectiveness or dissemination studies of eating disorders preventive interventions.[6]
  - Only one published cost-analysis study of a preventive intervention.[7]

➔ ***Research Needed:*** **Effectiveness, dissemination, and cost-effectiveness studies on evidence-based eating disorders preventive interventions.**

Treatment effectiveness improved when symptoms identified, treatment begun early.

- Early detection and treatment intervention can have a meaningful impact on symptom severity, quality of life, and mortality rates.[8-10]
- Yet less than half of Americans with eating disorders receive treatment for their eating disorder ever in their lifetimes.[11]
  - Among adolescents with eating disorders, roughly only a quarter of those with anorexia nervosa or bulimia nervosa receive treatment for their eating disorder, and only a tenth of those with binge eating disorder receive treatment.[12]
  - There are pronounced disparities in eating disorders early detection: Symptoms are routinely missed in males, communities of color, and people with overweight.[13-16]

➔ ***Research Needed***: **Patient-centered and community-based participatory research on barriers to early detection, treatment seeking, and access to care.**

Routine screening can save lives and reduce disparities.

- Evidence that quality-adjusted life years saved and cost effectiveness of school-based eating disorders screening may potentially be on par with other routine adolescent health screenings.[7]
- Yet screening for early detection, referral for early intervention are not routinely done in U.S. secondary schools or universities nor by healthcare providers.
  - Furthermore, there is no systematic surveillance of eating disorders nationally, only spotty inclusion of eating disorder symptoms in adult surveillance tools, and since 2013, CDC no longer conducts surveillance of eating disorder symptoms in adolescents.

➔ ***Research Needed***: **Health services, public health surveillance studies on:**
  - How to most effectively screen, refer for treatment in school and healthcare settings.
  - Cost-effectiveness of different approaches to early detection and treatment referral.
  - Prevalence, incidence of eating disorder symptoms and cases nationally in adults and youth and across diverse population groups.

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Until every child is well™

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