

STRIPED

A PUBLIC HEALTH
INCUBATOR

Strategic Training Initiative for the Prevention of Eating Disorders

The Strategic Training Initiative for the Prevention of Eating Disorders (STRIPED), based at the Harvard T.H. Chan School of Public Health and Boston Children's Hospital, strongly supports Massachusetts House Bill no. 201, legislation requiring training for physicians and physician assistants in early detection, diagnosis, and referral for eating disorders.

- **Millions of youth affected:** Approximately 1.5% of males and 3.8% of females between the ages of 13 and 18 years have an eating disorder; 16.3% of 9th to 12th graders in the United States report disordered eating behaviors such as vomiting or fasting to lose weight.¹⁻²
- **Eating disorders are both a health and economic burden:** The annual impact of eating disorders on health care costs and economic productivity in England and Australia is estimated to range from U.S. \$1.8 to \$19.2 billion; the burden in the United States is likely as high or higher.³⁻⁵
- **Clinicians are missing opportunities for early detection:** 78-88% of adolescents with eating disorders have contact with a healthcare provider; however, as few as 3% of these youth receive treatment for eating disorder-related problems.⁶
 - In a study of clinician identification of disordered weight control behaviors in a cohort of 130 youth with metabolic disturbances likely indicative of eating disorders, medical records suggested that clinicians talked with only 4 of the 130 patients about possible disordered weight control behaviors, missing a crucial opportunity to intervene early for most of these youth.⁷
 - Another study found that among patients with eating disorders, those with a history of overweight or obesity experienced much longer delays in getting access to treatment than those with average-weight history, despite more severe weight loss suggestive of an eating disorder.⁸
- **Early detection and timely treatment will decrease the economic and health burden of eating disorders on patients, families, and society.**

For these reasons, STRIPED is optimistic that the passage of H.201 will lead to greater recognition and detection of eating disorders in Massachusetts. As early detection is vital to the success of eating disorders treatment and recovery, we urge the Commonwealth act quickly to support this important legislation.

For additional questions, please contact:

S. Bryn Austin, ScD, Professor in Pediatrics, Harvard Medical School

bryn.austin@childrens.harvard.edu

References

1. Merikangas KR, He JP, Burstein M, Swanson SA, Avenevoli S, Cui L, Benjet C, Georgiades K, Swendsen J. Lifetime prevalence of mental disorders in U.S. adolescents: Results from the national comorbidity survey replication – adolescent supplement (NCS-A). *Journal of the American Academy of Child & Adolescent Psychiatry* 2010; 49(10): 980-989.
2. Eaton DK, Kann L, Kinchen S, Flint KH, Hawkins J, Harris WA, Lowry R, McManus T, Chyen D, Whittle L, Lim C, Wechsler H, Centers for Disease Control and Prevention (CDC). Youth risk behavior surveillance - United States, 2011. *Morbidity and Mortality Weekly Report Surveillance Summaries*; 61(4): 1-162.
3. *Paying the Price: The Economic and Social Impact of Eating Disorders in Australia*. Melbourne, Australia: Butterfly Foundation for Eating Disorders; 2012.
4. Henderson J. *Costs of Eating Disorders in England: Economic Impacts of Anorexia Nervosa, Bulimia Nervosa and Other Disorders, Focusing on Young People*. London, UK: ProBono Economics; 2012.
5. *International Comparison Program Database*. Washington, DC: World Bank; 2012.
6. Swanson SA, Crow SJ, Le Grange D, Swendsen J, Merikangas KR. Prevalence and correlates of eating disorders in adolescents. Results from the national comorbidity survey replication adolescent supplement. *Archives of General Psychiatry* 2011; 68(7): 714-723.
7. Austin SB, Penfold RB, Johnson RL, Haines J, Forman S. Clinician identification of youth abusing over-the-counter products for weight control in a large U.S. integrated health system. *Journal of Eating Disorders* 2013; 1(40): 1-7.
8. Lebow J, Sim LA, Kransdorf LN. Prevalence of a history of overweight and obesity in adolescents with restrictive eating disorders. *Journal of Adolescent Health* 2015; 56: 19-24.