Screening, Symptom Recognition & Referral to Treatment for Eating Disorders in Pediatric Primary Care Settings

Transcript

Prologue

Hello, I'm Dr. Meredtih Kells, and I'm a pediatric Nurse Practitioner and eating disorders researcher at The University of Chicago.

The webinar you're about to watch covers Screening, Symptom Recognition and Referral to Treatment for Eating Disorders in Pediatric Primary Care Settings. The Strategic Training Initiative for the Prevention of Eating Disorders — or STRIPED — created this webinar with my colleagues Drs. Holly Gooding & Sara Forman, based at Boston Children's Hospital, a couple of years ago.

As we all know too well, a lot has changed in the world and in pediatric care in the last year. So I'm here to provide some updates for you as we re-launch this webinar now. We're in the middle of the COVID-19 pandemic, which has affected all of our lives, health, and work in unprecedented and unexpected ways. People living with eating disorders have faced unique challenges in their illness and recovery during this pandemic. Recent research has shown that people living with eating disorders have experienced an increase in symptoms during this time. People with anorexia nervosa have reported increased restriction, and those with bulimia nervosa and binge eating disorder have reported increased episodes of binge-eating.

Of course, COVID-19 has brought with it shifts in our care for eating disorders, too. For the many practitioners among us, this has meant learning to provide some, most, or all of our care via telehealth. While telehealth is mentioned in this webinar as a promising new way to increase access to eating disorders care, it is now a key method of providing care across the spectrum of needs for patients living with eating disorders. Telehealth certainly has its pros and cons. For example, while it can increase access to care for many people, including those living in more rural areas, however it requires access to technology, which can be difficult for many.

At the same time, there has been a resurgence of societal focus on issues of racial justice. Race-based harm and discrimination show up in so many domains of life, and one of those is healthcare, including treatment for eating disorders. For far too long, there have been baseless stereotypes about who eating disorders affect — particularly the image of young, affluent, thin, white girls. Many of the etiological models and tools that we have available were created based on research with young, white cisgender women. We mention this in the webinar you are about to watch, and we want to highlight it here again: this stereotype is far, far from the truth and it is dangerous. People of every race, ethnicity, age, body size, and gender identity experience eating disorders. These stereotypes lead to underrecognition of eating disorder symptoms among Black and brown people, boys and men, transgender and non-binary individuals, and people in larger bodies, deepening the health inequities affecting these populations.

As clinicians, we have a long way to go to address the harms of racism, gender bias, weight stigma, and related social justice issues within our work. As one important step towards this, screening for eating disorders, and working against these harmful stereotypes as we do, can help aid access to early intervention and needed treatment, which is key to addressing health inequities.

I hope that you find this webinar helpful in expanding your knowledge of eating disorders, as well as your tools for screening and referral. As always, the STRIPED team would love to hear from you as you incorporate these new tools into your practice.

Webinar

Hello, and welcome to our webinar screening, symptom recognition, and referral to treatment for eating disorders in pediatric primary care settings. I'm Dr. Bryn Austin, and I'm the board president of the Eating Disorders Coalition, the nation's premier federally focused advocacy and education organization for eating disorders, and the director of STRIPED, the Strategic Training Initiated for the Prevention of Eating Disorders, a training program for health professionals based at Boston Children's Hospital and the Harvard TH Chan School of Public Health.

Today's webinar is a partnership of the Eating Disorders Coalition, STRIPED, and the US Department of Health and Human Services. We are so excited to see the promises of the 21st Century Cures Act— one of the most important pieces of legislation in recent years to advance the nation's public health goals— begin to come to fruition with this webinar. And we hope that there will be more like this one in the near future, so that we can continue our work together to equip health professionals with the skills and knowledge they need to identify, treat, and ultimately prevent eating disorders.

We are honored to begin today's webinar with a warm welcome from US Surgeon General Jerome Adams. He will address the vital role that pediatric primary care providers can play in helping young people with symptoms of eating disorders get care. Then we'll move on to the main part of our webinar with eating disorders experts, Dr. Sara Forman and Holly Gooding, who are both adolescent and young adult medicine physicians with Boston Children's Hospital and Harvard Medical School.

They will walk us through the most important information pediatric primary care providers need to identify symptoms early and make appropriate referrals for the children, adolescents, and young adults in their care. We hope you enjoy the webinar and find the new knowledge and skills helpful in your work every day to keep your patients healthy and thriving. Now let's dive in. Hello, thank you for joining us today to learn about screening children and adolescents for eating disorders. Eating disorders, including anorexia, bulimia, and binge eating disorder are serious and complex mental illnesses that can have devastating effects on a person's social, emotional, and physical well-being. As health professionals, we are all in a unique position to

help connect our patients living with eating disorders to the care they need to take steps towards recovery. Before recovery, however, we must recognize when a patient is struggling with an eating disorder and is in need of further care.

Learning to effectively screen patients is imperative, as we know that eating disorders affect millions of Americans from all sexes, ages, races, ethnicities, and socioeconomic backgrounds. People living with eating disorders are not only dealing with the effects of the actual disease, they're also battling stigma related to mental health and to body size. As a result, they might feel they need to hide their illnesses instead of asking for help.

That means we as health professionals have a responsibility to observe and to notice signs and symptoms even if our patients did not volunteer that information and even if their parents have not noticed that anything is wrong. As a community and as individuals, we also must commit to further refining our knowledge of eating disorders and effective strategies for screening for them, especially for our youngest and our most vulnerable patients.

We must also learn where we can find providers who specialize in eating disorders treatment, as well as what types of treatment are available. These are necessary steps towards ensuring that our patients receive the care they need to live the healthy, full lives we know that proper treatment can afford. Thank you for taking the time to participate in this very important webinar. This information and you are critical to helping prevent and treat eating disorders. I'd also like to thank the HHS Office on Women's Health for making this webinar available to our HHS grantee providers and other pediatric primary care providers. Lastly, I want to thank the Strategic Training for the Prevention of Eating Disorders of the Harvard T.H. Chan School of Public Health for creating this webinar to teach health care professionals the expertise and skills needed to take on the challenge of eating disorders prevention.

Now I'd like to introduce Dr. Sarah Forman and Dr. Holly Gooding of Harvard Medical School and Boston Children's Hospital. These two have led research to identify effective eating disorders screening strategies for primary care practitioners, and they will walk you through common signs of eating disorders and the ways you can improve screening and referral practices in your office. Please enjoy the webinar.

Hello, everyone. We are your course instructors, Dr. Sarah Forman and Dr. Holly Gooding. We are both clinicians at Boston Children's Hospital in the Division of Adolescent & Young Adult Medicine, where we treat patients up to the age of 25. Therefore, mentions of youth throughout this webinar are inclusive of people up to this age. We warmly welcome you to this webinar, and we hope you will find it helpful for your practice.

No one involved in creating this webinar has any financial disclosures or conflicts of interest to report.

In today's webinar, we'll highlight the importance of this issue for public health by describing eating disorders and gaps in care among youth in the United States. We'll then discuss potential

signs of eating disorders in youth, as well as several options for screening within pediatric primary care settings. Finally, we will discuss possible treatment options and demonstrate a helpful tool to help you refer patients to specialists in your area.

We'll conclude with some time for Q and A. So if you have questions as we go along, please make note of them. Our hope for today's webinar is that it will help you feel equipped with the information and skills you need to identify patients who may be struggling with an eating disorder and to connect them with the appropriate specialized treatment.

A good deal of the information that forms the basis of today's webinar can be found in the Academy for Eating Disorders' 2016 publication *Eating Disorders, A Guide to Medical Care*. This publication, often referred to as purple brochure, is publicly available for download in several languages.

We'd like to pose a question to you to jump start this presentation. Please use the chat box on your screen to type in your answer to the question: who do you think of when you picture the stereotype of someone with an eating disorder? We will take a minute to wait for answers to come in and share your comments with the rest of the audience.

Some responses are coming in, and, yes, these are common stereotypes. A couple of people mention the expectation that those with eating disorders will be very thin. This is a common image that comes to mind when we think of people with eating disorders. Another general assumption is that eating disorders seem to affect girls and women. We don't really tend to think of boys or men struggling with eating disorders.

And then a few more I see the stereotype of an affluent rich white person. Most likely a female comes up many times. This is true. We do not often think that eating disorders impact lower income communities or racial or ethnic minorities.

But of course they do, as we'll go on to describe in the webinar. Just a few more comments before we get going. I see here some people mentioning that they typically envision a type A personality, perfectionist, perhaps, a high pressure family situation. These are all culturally prominent stereotypes about people with eating disorders in this country.

Yet as we will discuss during the webinar, these paint a very limited and inaccurate picture of the true diversity of those who meet the criteria for one of the various eating disorders that we'll discuss today. Recognizing and dispelling these stereotypes is a critical first step in reducing the diagnosis and treatment disparities that currently exist. Thank you for sharing your comments, and we'll get on with the webinar content.

Eating disorders are serious mental illnesses and the medical complications associated with them can be dangerous and even life-threatening. There are long-held stereotypes about the kind of people impacted by eating disorders, but the fact is that eating disorders are common and affect people of all genders, races, ethnicities, socioeconomic backgrounds, and body

shapes and sizes. You cannot tell if someone has an eating disorder simply by looking at them, and it is important to know that people of all weights can engage in unhealthy weight control behaviors and experience serious complications of eating disorders.

Thus eating disorders often go undiagnosed, leading to disparities in diagnosis, treatment, and subsequent health outcomes. Eating disorders can also contribute to interruption of expected growth patterns in children. If children fail to gain expected weight or height or show signs of interrupted pubertal development, this should raise concerns and prompt screening for an eating disorder.

The DSM-5 recognizes a number of eating disorder diagnoses. The two that you might be most familiar with are, number one, anorexia nervosa, which is characterized by restrictive eating, disturbance of body image, and fear or inability to gain weight even when clinically underweight; and two, bulimia nervosa, which is characterized by episodes of binge eating and purging, such as self-induced vomiting or other compensatory behavior, such as compulsive over-exercise. Like people with anorexia nervosa, people with bulimia generally have self-worth that is unduly influenced by their weight or shape. The diagnosis of binge eating disorder is new to DSM-5. Like bulimia, it is characterized by binge eating episodes in which people express feeling out of control. However, with binge eating disorder, there are not regular purging episodes.

Avoidant restrictive food intake disorder, or ARFID, is a restrictive eating disorder like anorexia but without weight or shape concerns. Food consumption is limited based on the food's appearance, smell, taste, texture, or a past negative experience. Lastly, the category of other specified feeding and eating disorder, or OSFED, is used when a patient has specific disordered eating behaviors but doesn't meet the full criteria for another diagnosis. OSFED replaced the previously used term EDNOS, or eating disorder not otherwise specified, which is no longer included in the DSM-5.

In nationally representative— in a nationally representative study of over 10,000 adolescents ages 13 through 18, the lifetime prevalence of anorexia was 0.3%. The prevalence was 0.9% for bulimia and 1.6% for binge eating disorder. As you can see, the newly recognized diagnosis of binge eating disorder is by far the most common. The study also looked at subthreshold eating disorders in which patients do not meet full diagnostic criteria but are still profoundly affected by eating disorder symptoms. Subthreshold eating disorders are even more common and have a detrimental impact on the physical and mental health.

Some populations of adolescents are especially vulnerable to eating disorders. Higher rates are seen in boys of color compared to white boys. The same is true for lesbian, gay, bisexual, and transgender youth compared to their heterosexual and cisgender peers. However, there is no national surveillance of eating disorder symptoms or diagnoses among American youth. Much more data are needed to fully understand the problem.

Additionally, eating disorders have among the highest mortality rates of any psychiatric disorder— second only to substance use disorder. Many of these deaths are due to suicide. In a

study of over 10,000 adolescents, lifetime increased risk of suicide was associated with all subtypes of eating disorders. Standardized mortality ratios highlight the severity of eating disorders. Standardized mortality ratios are ratios of the observed number of deaths in a population to the number of deaths that we would expect given the age and sex distribution of the population in question. One meta-analysis found that these are highest for anorexia nervosa at 5.86. In other words, we are seeing almost six times as many deaths among young people with anorexia nervosa and nearly two times as many deaths among those with bulimia and other eating disorders not otherwise specified, as we would expect based on their distribution of age and sex. You'll notice the term EDNOS here, rather than the more recent classification term of OSFED, which we previously noted has changed in the most recent edition of the DSM. Binge eating disorder was not included until this most recent edition of the DSM, so it is included in the statistics shown here for EDNOS.

Eating disorders are under-diagnosed and undertreated population wide. In one nationally representative study of over 6,000 adolescents, fewer than 13% of adolescents with eating disorders received treatment. However, misleading stereotypes that only thin, white, affluent females are affected by eating disorders can lead to under-recognition of eating disorder symptoms among those who fall outside of this narrow category, again, leading to disparities in diagnosis and treatment. In fact, in a study by Kendrin Sonneville and Sarah Lipson, they found that among college students, males with eating disorder symptoms were less likely than females to think that they needed treatment, were less likely to receive an eating disorder diagnosis, and ultimately, were less likely to receive treatment. Similarly, non-affluent students with the eating disorder symptoms were less likely to have perceived the need for treatment or to have received treatment over the last year compared with their affluent peers.

We'll now turn to a discussion of how to identify eating disorders in the pediatric primary care setting. Early detection and intervention are critical to successfully reversing the medical complications of eating disorders, as well as improving psychiatric outcomes. As primary care providers, we are in a position to implement screening and referral practices to support our patients in accessing needed treatment and thus improving their chances for achieving full recovery.

To increase rates of early detection, we should be asking general questions about eating, exercise, weight, and body satisfaction at all well visit exams for youth. However, there may— there are many signs of potential eating disorders that warrant more specific concerns during any clinical visit. These include weight fluctuations or changes, changes in eating behaviors— including eliminating certain foods or binge eating— and changes in exercise patterns.

Body image disturbance, a drive to lose weight, abdominal complaints accompanied by weight loss behaviors, and use of substances like appetite suppressants, laxatives, and diuretics, are among the signs that may be cause for concern. Additionally, the Alliance for Eating Disorders Awareness pocket card includes lists of symptoms, laboratory tests, diagnostic criteria, and more for several eating disorders. It can be a useful and quick go-to resource for dealing with concerns around eating disorders in clinical encounters.

There are also physical signs that might warrant concern regarding eating disorders. Here you can see an example of Russell's sign, which are marks often seen on the knuckles of those patients with bulimia nervosa who frequently engage in self-induced vomiting. Signs of eating disorders include sinus bradycardia, or slower than normal heart rate, which may be seen on an electrocardiogram, or EKG. This can be indicative of the serious medical status of certain eating disorders.

Weight changes, or a change in expected weight trajectory, can be an important sign of an eating disorder, especially among children. In some cases, this may be absent any concerns about weight or shape on the part of the patient. However, people of any weight can have eating disorders. An obsession with weight is a common symptom of many eating disorders.

Evidence suggests that weight stigma can increase the risk for all eating disorders and can deter individuals from seeking treatment. Some people living in larger bodies avoid medical care altogether, because they have felt stigmatized by medical settings. To reduce weight stigma in the primary care setting, it's important to be aware of what the unintended consequences of our conversations about weight may be. Dr. Kendrin Sonneville and her colleagues have done some important work on this topic and have found that weight focused approaches— for example, telling patients that they are considered obese and should lose weight— may not produce the desired results and may, in fact, be harmful. They join other researchers in suggesting that we avoid strategies that narrowly focus on weight and focus instead on health behaviors and well-being.

We'll now turn to screening for eating disorders in the primary care setting. There are several validated screening tools for eating disorders that can be used in primary care settings, including the SCOFF, ESP, and EDY-Q. The SCOFF is the most well-studied of the screening tools for primary care. The EDY-Q is slightly lengthier, though, still brief and is the screening tool recommended for ARFID. Other health screeners that you complete regularly already may also highlight concerns. For example, the PHQ-9 screens for depression, but also includes one item on disordered eating behavior. Additionally, you can ask single questions about dieting practices and/or weight or shape concerns.

Some specific questions that you might consider asking are you on a diet or are you dieting? Another potential question is, do you have any concerns about your weight or your body shape? Screening can be done verbally, on a tablet computer, or on paper, depending on what fits best into your practice, as well as how you and your patients will be most comfortable broaching these topics.

This first brief video depicts a simulated clinical encounter in which a clinician uncovers symptoms of bulimia nervosa in a young adult using the single screening question: do you have any weight or shape concerns?

[VIDEO VIGNETTE #1]

- *CLINICIAN:* Well, it sounds like school is going great. I do have some more questions for you.
- *PATIENT:* OK.
- Do you have any weight or shape concerns?
- What do you mean? Have you been worrying about your weight or the way your body looks at all? I mean, I've been trying really, really hard to stay in shape for track.
- Can you tell me a little more about that?
- Well, I've been working out, like, really, really hard. But I mean I have to. Like, I have to stay in shape for track. I can't gain any weight. And I've been eating like mad, and it's really been stressing me out.
- What do you mean by eating like mad? Can you tell me a little more about that?
- Well, sometimes I'll come home from school, and I'm just so stressed. I feel like I could eat the whole house. And I just eat and eat until I feel sick.
- And what happens after that?
- I'll go for a run for, like, as long as I can.
- Well, thanks for telling me that. How often does this happen?
- A couple times a week maybe.
- Do you ever make yourself vomit?
- No. I mean, I've thrown up before, but that's just from eating so much, and that's only happened a few times.
- How about medications? Have you ever used medications when things like this happen?
- I mean, I've taken laxatives that my mom has left around the house before, and those make me feel a lot lighter, like, I'm back on track. But I just have to stop eating so much. It makes me feel like I'm out of control, and it just makes me so anxious.
- Well, I'm sorry you're struggling with this. It sounds like it's been quite a struggle, and I appreciate you telling me now. Have you ever talked with anyone about this?
- No, I never really thought it was a big deal. I mean, I'm pretty healthy otherwise.
- Yeah, you're right. You are engaging in some healthy behaviors, and it seems like school and track are going great. However, I am concerned about the things we talked about. Have you ever heard of bulimia nervosa?
- Isn't that when people make themselves puke?
- Well, to put it simply people with bulimia binge, which means eating more than a person typically would in a short period of time then doing something afterwards to make them feel like they're compensating for, or I guess you can say cancel out the binge. And sometimes that can mean vomiting, but that isn't always the case. Sometimes it can be using laxatives or overdoing exercise.
- I didn't know all of that.
- Yeah, and it sounds like you're struggling with some of the symptoms of bulimia.
- Well, what does that mean for me? Like, should I be worried? What do I do?
- Well, it's a good start that you're telling me, and I am more than happy to help you find some good resources. The good news is there are excellent treatments available for people who are experiencing this. How about we get started on getting you some good resources?

- OK.

[END OF VIDEO VIGNETTE #1]

One screener that you could use is the SCOFF. It's recognized as one of the best validated short form screeners for adults and is available in many languages. Although it hasn't been validated for youth, it is often used for patients under 17 in primary care settings. It involves asking five short questions that you see here on the screen. The SCOFF asks about feeling sick due to uncomfortable fullness, loss of control, rapid and significant weight loss, body image, and the role of food in one's life. This screener uses vocabulary familiar in England and Ireland. The words in yellow can help make it understandable to a US audience. A yes to two or more questions on the SCOFF indicates a need for a more comprehensive assessment. Two add-on questions that are specifically helpful when screening for bulimia nervosa are: are you satisfied with your eating patterns? and do you ever eat in secret?

Another screener specific to eating disorders, the ESP, is quite short and asks about satisfaction with eating patterns, eating in secret, if weight affects how people feel about themselves, and family and personal history of eating disorders. While there are some empirically documented trade-offs between the SCOFF and ESP in terms of specificity and sensitivity, we would encourage you to consider which option may work best in your practice.

Question 5 on the PHQ-9, a screening tool commonly used to assess patients for depression, asks about poor appetite or overeating. Concerns identified by this question could prompt further conversation with patients to determine whether they might be struggling with an eating disorder. For instance, if a patient indicates overeating nearly every day, a score of 3 on question 5, you might consider further screening using the SCOFF or ESP.

This next video depicts a simulated clinical encounter in which a clinician notices a concerning response to question number 5 on PHQ-9 and uses SCOFF to screen further.

[VIDEO VIGNETTE #2]

- *CLINICIAN:* So I was looking over the responses of the questionnaire that you completed outside, and it looks like you answered that nearly every day you feel like you have poor appetite or you're overeating. Do you mind if I ask you more questions about that?
- *PATIENT:* Sure, that's fine.
- All right, thank you. So first off, do you ever make yourself throw up because you feel so uncomfortably full.
- Not on purpose, but I've definitely thrown up from eating too much. Yeah.
- And when was the last time this happened?
- Earlier this week, maybe Monday.
- All right, and do you worry that you've lost control over how much you eat?
- Yeah, I'd say that's one of my main problems. I try really hard to eat well, but then I lose control and eat everything in sight. And it makes me so upset. Like, I can't control what I'm eating, and it's so frustrating.

- Yeah, I'm sorry to hear you say that. I can see why that's so frustrating. Do you feel like in the last three months you've lost more than 14 pounds?
- No, definitely not. I've gained some weight.
- OK, and do you feel like you're overweight or fat when everyone else tells you that you're too thin?
- No, not really. No one really says much about my weight, and I know I've gained some weight. I don't feel the best about myself, but I'm pretty realistic about it I think.
- Do you feel like you're thinking about food all the time?
- Yeah, I feel like I'm always thinking about it, and it makes me so anxious, especially at night. And I'm really having trouble sleeping, which doesn't help.
- OK, do you think you're satisfied with your eating pattern?
- No, definitely not. Like I said, I really hate that I can't control my eating, and I wish I could be like other people when it comes to food.
- Do you find that you're eating in secret?
- Yeah, sometimes, especially when I go home for the weekend. I don't really want my mom to see how much I'm eating. I think she'd be worried, and I'd be embarrassed. So I prefer to eat in my room by myself.
- OK, thank you for answering all of those questions. So based on what you've said it sounds like you've something called binge eating disorder. Is that something you've ever heard of?
- Is that a real thing? I don't know.
- Yeah, so it's a type of eating disorder. Now it's not something that I specialize in, but I think it might benefit you if we found someone who does. How do you feel about that?
- I don't really know. I don't think I have a disorder or whatever, but I also don't like the way I've been feeling, so...
- Yeah, so binge eating disorder is actually pretty common, and it's the most common eating disorder. So it's nothing at all to be ashamed of. I know it's a lot to take in, but I'm confident we can find some resources that will help. How about we go and look and see what specialists we have nearby?
- OK.

[END OF VIDEO VIGNETTE #2]

We'll now discuss what to do if screening does indicate that a patient has or may have an eating disorder. The next steps will be specific to each patient's situation, but may include further laboratory evaluation, such as a comprehensive metabolic panel and complete blood count to assess for medical sequelae of the weight loss, as well as thyroid function test, inflammatory markers, and possible celiac disease screening to rule out other causes of weight loss. We would encourage you to refer to the Academy for Eating Disorder's Guide to Medical Care, which contains information relevant to this topic.

Following up after screening may also include conversations with parents or guardians. When and how to include parents and guardians in these conversations will depend on many factors, including the age of your patient, the severity of the symptoms, and how the eating disorder or potential eating disorder came to your attention. When possible, it is preferable to ask patients if

you can invite the parent or guardian into the room to discuss your concerns and next steps. At this point, it may be appropriate to schedule follow-up appointments and/or to refer patients to appropriate treatment. Follow-up and regular monitoring are key. Remember that vital signs may be normal, even in situations where eating disorders could have grave consequences.

It is also important to remember the patients may not acknowledge their illness, and this in and of itself is a symptom common to eating disorders. Therefore, if a parent or guardian is concerned that their child is struggling with an eating disorder, it is critical to trust their instincts. These concerns alone are a strong predictor of the presence of an eating disorder. At the same time, it is essential to emphasize to parents and guardians that neither they nor the child chose or caused the eating disorder. This is a vital message to communicate to reduce stigma and promote acceptance of treatment.

We'll now talk a little bit about the types of treatment available for patients with eating disorders. The goals of treatment can include nutritional rehabilitation, weight restoration if appropriate, medical stabilization, resumed menses in cases where amenorrhea was previously present, cessation of disordered eating behaviors, restored meal patterns, proper management of comorbid conditions, and efforts to avoid other potential complications.

A multidisciplinary approach is recommended in most cases. This can include psychotherapists to address individual and family needs, medical providers, nutritionists to help with meal planning, and psychopharmacologists to provide medications, which may be helpful for bulimia nervosa and binge eating disorder. It's important to know that family-based treatment, or FBT, in an outpatient setting is the first line treatment for anorexia nervosa and bulimia nervosa. School nurses and counselors can also be a great resource if families are open to including them.

There are various levels of care available for the treatment of eating disorders. These include outpatient, intensive outpatient, and partial hospitalization, residential and inpatient programs. Determination as to the appropriate level of care depends on each patient's symptom severity and needs. Technology also has begun to influence eating disorder treatment, and there are exciting new developments in the field, including the integration of telehealth, into outpatient treatment. Telehealth is a promising new option to increase access to care for underserved communities, including people in rural areas or those with barriers to transportation.

It's important to consider when immediate hospitalization might be necessary. Of course, medical complications including severe malnutrition, electrolyte disturbance, or vital sign abnormality might necessitate this. However, other reasons for hospitalizations could include comorbid diagnoses that interfere with outpatient treatment, as well as acute refusal of food. As noted earlier, suicidality is also a serious concern for those with eating disorders. If a patient is suicidal and safety is uncertain, then psychiatric hospitalization may be needed. It is imperative to screen for psychiatric risk when considering appropriate levels of care and whether hospitalization is warranted.

This video depicts an encounter between a physician and a parent in which concerns around anorexia nervosa come to play due to changes in the adolescent's growth chart.

[VIDEO VIGNETTE #3]

- *CLINICIAN:* So when we weighed and measured Raul today, I noticed that he had lost a significant amount of weight from his last visit. This isn't something we're accustomed to seeing in healthy boys his age. Have you noticed anything that might be going on?
- *PATIENT:* Yeah, I mean, he's lost a little bit of weight, but lots of kids on his wrestling team have. It's something that they do to try and get into a lower weight class.
- I see. Have you noticed if he's changed his eating at all?
- Well, he has been fiddling around with his food a little bit more than usual, and I noticed that he's been asking to eat in his room a lot. He says he's been having some stomach aches. I think that that's been maybe from the stress of wrestling and school and all these different things just going on. So he has a lot of pressure right now.
- That can be a fine line to walk, don't you think? After I saw Raul's growth chart, I screened him for eating disorders using a short questionnaire called the SCOFF. And then I had an opportunity to, kind of, talk with him a little bit about symptoms he's been having. He mentioned to me that he has a cousin who had struggled with an eating disorder.
- Yeah, his cousin, Paraisa, she's been dealing with an eating disorder, with anorexia actually for a while now.
- I'm concerned today that he may also be struggling with some of those eating disorder symptoms.
- Really, Raoul? He's so young, and he's a boy. And he never talks about feeling too fat or anything like that.
- You might be surprised to hear that we see many kids his age and even younger. We even see many boys who struggle with eating disorders, even though you hear about it less. I had an opportunity to talk to Raul a little bit about what he's been going through, and he knows that I was going to talk to you about it. He asked to stay in the waiting room when we talked.
- Wow, I can't believe I didn't notice anything. Should I have done something differently?
- No, this is absolutely not your fault. And it's not Raul's either. And I think that's something really important to acknowledge here today if we're going to do everything we can to help Raul through this. For kids dealing with anorexia, I often recommend family-based therapists, because they're really best able to help you to develop the tools you need to get through this as well as support him. What do you think about that?
- Well, I didn't know how Raul's going to react. And I just— I'm not sure. Because I feel like I want to support him, but what if I say something wrong or do something wrong. Could I make things worse?
- I can assure you, Corina, that this hasn't been easy for any parent that I've worked with. But I do think it's important that you know that you're not alone. There are a lot of great resources out there, including the parenting tool kit that was developed by the National Eating Disorder Association. What do you think about that?

- I just feel so bad. I can't even imagine what he's going through right now. I can't believe I didn't know.
- I imagine this is a really hard thing for him to be experiencing right now, but I think he does appreciate the seriousness of what we're dealing with. Why don't we call him in and together we'll, kind of, work towards finding a family-based therapist that's going to work best for Raul.
- That sounds great. Thank you. I'm in. I really just want whatever's best for him.

[END VIDEO VIGNETTE #3]

We'll now take a look at a short demonstration of a free, national, interactive referral tool made available by The Alliance for Eating Disorders Awareness. This tool, available at findedhelp.com, is a user-friendly way to find local providers according to a number of criteria that you can specify, such as provider expertise and insurance type.

This demonstration will include some basic information regarding how to navigate this resource, and we recommend then trying it out yourself.

We will now walk you through an interactive online referral tool available through The Alliance for Eating Disorders Awareness website and by the specific URL www.findedhelp.com. Once you are on this page, please click Find Treatment Now. You now have the option to choose between searching for a treatment center or a provider. In this case, we are looking for a treatment center. Here you can enter your location. In this case, we are looking for a center in the Boston area. In terms of levels of care, imagine that we are looking for intensive outpatient services.

Our patient, in this example, is a young boy. So we will select the appropriate options here. Here select the option for presenting a problem. In this example, our patient is presenting with symptoms that could indicate ARFID. You can select an insurance provider on this page, and our patient does not have insurance. You will now see this pop up screen, which is just a warning to indicate that this website does not provide medical advice, diagnoses, or treatment. So click Accept to move to the next page. And here are the results to indicate the options available. You can review the map on the right as well. If you look at the sidebar menu on the left, you can use that to update the options from your search. So for example, imagine that our patient does have insurance, so we can update that option. Or as another example, you can also get more specific if you're looking for a treatment center that specifically works with athletes or LGBTQ populations. And the search results will update based on your changes. You can follow the same steps to search for practitioners rather than treatment centers as well.

To wrap up and before we turn to Q and A, we'd like to remind you all of today's main messages. First, eating disorders affect many people, including many who do not fit common stereotypes. Next, screening in primary care can help patients get into appropriate treatment and increase the chances of recovery. And finally, there are accessible free resources available to help you find appropriate specialists for your patients.

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And here you can see a list of references that were included throughout the slides today.

Thank you for joining us. And now we have about 10 minutes for some Q and A.

So we already have several questions that have been coming in. If you have questions, please click on the chat icon at the bottom of your screen and type your questions into that chat box. But as Holly was saying, we already have some questions coming in, which is terrific. And our webinar staff will do their best to ensure that as many questions as possible are addressed.

So as I mentioned, we've already been getting several questions, including a great one about whether or not physicians and other practitioners will be willing to spend time screening for eating disorders and speaking to patients and making referrals in busy clinical practice. That's a really important question. I'm curious about your thoughts, Sara.

Well, I think it's really important to encourage people to screen for eating disorders and disordered eating. It affects so many different people, and it's quite prevalent. So I would think that if practices can establish systems of care such that it's a fairly brief screening— as you can see from the webinar, there are some very brief screens, the SCOFF, the ESP, not many questions involved— and set up a system within the practice that can be really helpful.

I would agree with that. We were part of a trial here in the New England region where we encouraged practices to use the simple question “do you have any weight or shape concerns?” after doing their normal dietary and physical activity screening at routine well visits for children. And that seemed to have pretty easy uptake in most of the practices we worked with.

Absolutely. And I think a lot of practices are screening for depression, and just looking at that one question on the PHQ-9 is a really good way to start as well.

I would agree. There's another wonderful question about nurses needing this training as well. The webinar is available for our nursing colleagues, and they can receive continuing credit, as we mentioned. And nurses can be an incredible member of our multidisciplinary team. And I know our nurses in our practice are incredibly helpful in the care of our patients with eating disorders.

Yes, and I think that when we think about screening, we want to think about an entire practice or office really taking it up from the front desk staff who may be handing out a screening tool, or a medical assistant or clinical assistant who may as well, to the clinicians involved. I think that if you can get buy-in from the entire practice that it goes much more smoothly.

This relates to another really good question we got about how we can balance the need to care for patients who are living in larger bodies, patients with obesity, in a compassionate way that also includes the prevention of eating disorders. We highlighted this a couple of times during the webinar. And I'll just join our participants to say it is a challenge, but it's something that I've been really working on including in my practice. I find that focusing on eating behaviors and exercise as opposed to the weight status itself has been incredibly liberating to me as a practitioner, and I feel like I'm really caring for the whole person and not just exclusively focusing on their weight.

And I think really emphasizing moderation, moderation. Moderation in eating and exercise and just balance can be very helpful. Again, I absolutely agree with what you're saying about making sure that we are stressing cardiovascular health and maybe talking a lot less about specifics with weight and more about just general health.

I see a related question about why practitioners can be so willing to talk about obesity, but there seems to be little screening or even recognition of binge eating disorder. And the two often go hand-in-hand. I hope our webinar has empowered you to think of binge eating disorder as an eating disorder and given you some tools to screen for it.

Yes. I see another question here about when to decide to refer to an eating disorder program or to a specialist. And I think it's really important to think about what the next steps after a screening are and what a screening is really going to give you. So screening will identify people at risk who very possibly may have an eating disorder. And then I think that it's important to think about referral to someone who has more expertise if you feel that you need help to discern whether this is an eating disorder or not. And just remember we talk a lot about the multidisciplinary team approach, and making sure that their mental health personnel to support or help you evaluate is it an eating disorder or not, as well as dietitians who can also help to really unravel what is going on.

An important question about where can I find specialist in my area? I know when adopting any new screening in clinical practice, whether it's for depression or eating disorders, it's important to know what is going to be my next step. And indeed, studies have shown that is a real impediment to screening eating disorders, and people just don't know what they're going to do

about it. So I'll refer our viewers back to the free tool that we demonstrated, findedhealth.com, where you can look in your area for specific resources.

Absolutely. Yeah, and it's very helpful if you can, wherever you are, find a number of colleagues who feel comfortable helping you in terms of evaluating for eating disorders.

Exactly. An important question here about the association between trauma of all kinds of types and disordered eating. I would agree with the participant that is a well-documented association. I think it's, again, one that we are often sometimes afraid to ask as practitioners, because we're afraid about what we're going to hear and what we're going to do next. But if you do detect a history of trauma of any type in a patient, that's another important flag that you should go on to screen about eating behaviors and disordered eating. Because the two often go hand-in-hand.

And I think the other thing to think about with trauma is that it can be associated with many psychiatric illnesses. So if someone does have a history of trauma, we want to make sure that we are screening for all psychiatric illnesses as well.

Exactly. So I'm just seeing another question coming in about what do you do if you— it looks like, what do you do if someone is not open to receiving a referral for treatment? And this at times can be challenging, of course. I think that if someone is really not open to receiving a referral for treatment there could be many causes. It could be that it's just a new diagnosis that the family or the patient is really struggling with to hear that. They may feel that there are alternative explanations. I think that the other thing to think about, though, is it's a process to receive a referral to treatment, and the age of the patient, I think, also matters, and also the severity of the symptoms. So it may be that for a younger child with severe symptoms, you may need to push a bit harder to get them into treatment, versus if it is a less symptomatic individual that you work with them, and gradually help them to be willing to receive that referral.

And if you are faced with continuing to support the family in your office setting, because that's where they're most comfortable at that time, I'll refer people back to the purple book. And it has really many wonderful suggestions for providing direct medical care for patients with eating disorders, even if that's not typically part of your practice while you're continuing to encourage them to seek those specialized referrals.

Yes, I very much agree.

All right. Well, we are wrapping up here with the webinar and our questions. Really appreciate all of the engagement. Thank you so very much for joining us for the webinar today and for participating in the discussion here at the end. We hope that the information provided will be helpful in your practice.