The Power of the Team in the Treatment of Eating Disorders

Using Recognized Standards of Care to Improve Outcomes

Sara Gould, PhD
Beth Harrell, RD
May 28, 2015, Missouri Spring Training Institute

Children's Mercy KANSAS CITY

©2013 Children's Mercy. All RightsReserved. 09/13

Objectives: Participants will…

- Be able to challenge stereotypes and misinformation associated with eating disorders
- Become familiar with common assessment tools and procedures
- Be introduced to evidence based treatment
- Discuss practical considerations of how to incorporate a team approach into care

©2013 Children's Mercy. All RightsReserved. 09/13

Common Myths

- Families cause eating disorders
- Eating disorders are a choice
- Eating disorders are a phase
- Eating disorders are a lifestyle
- Eating disorders are very rare

©2013 Children's Mercy. All RightsReserved. 09/13

Common Misconceptions

- Only women get eating disorders
- Only rich people get eating disorders
- Only white people get eating disorders
- Only skinny people have eating disorders
- If you eat, you don't have an eating disorder
- Eating disorders are the result of trauma
- Eating disorders are caused by mothers, fathers, the media, or peers

4 ©2013 Children's Mercy. All RightsReserved. 09/13

Prevalence

- At least 11 million in the US have an Eating Disorder
- 5% lifetime prevalence (1 out of 20)
- Average age of onset is 15yo
- Median age of onset 12-13yo
- Approximately 500,000 teens in the US have an ED
- Most common EDs in females: AN and BED; males: BED

5 ©2013 Children's Mercy. All RightsReserved. 09/13

Prevalence

- AN has the highest mortality of any mental illness
- 3rd most common chronic illness in adolescence (behind obesity and asthma)
- Males:
  - 25-50% of peri/pre-pubertal AN cases
  - More impacted by osteopenia/osteoporosis
  - Traditionally: 1:10 male:female
  - New evidence: 1:5, 1:3, 1:2.4 ratios

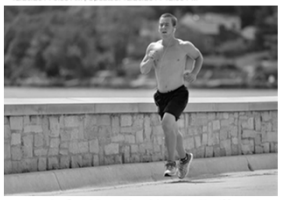
6 http://namedinc.org/statistics.asp ©2013 Children's Mercy. All RightsReserved. 09/13

THE KANSAS CITY STAR.
kansascity.com

LIVING

Young man fights off anorexia, but the threat remains

BY JAMES A. FUSSELL - THE KANSAS CITY STAR
12/26/2014 6:00 AM | Updated: 12/26/2014 12:00 PM



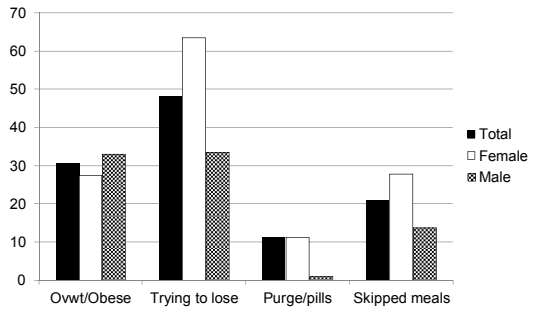
Jon Sestak keeps his weight at a healthy 160 pounds these days. JILL TOYOSHIBA / THE STAR

7

©2013 Children's Mercy. All RightsReserved. 09/13

Children's Mercy KANSAS CITY

2013-2014 MO YRBS



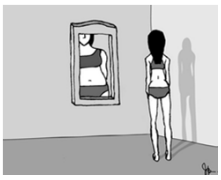
8

©2013 Children's Mercy. All RightsReserved. 09/13

Children's Mercy KANSAS CITY

Types

- Anorexia Nervosa
  - Restricting Type
  - Binge-eating/Purging Type
- Bulimia Nervosa
- Binge Eating Disorder
- Other Specified Feeding or Eating Disorder
  - Does not meet full criteria



9

©2013 Children's Mercy. All RightsReserved. 09/13

Children's Mercy KANSAS CITY

Anorexia

- Restriction of energy intake relative to requirements leading to significantly low body weight in the context of age, sex, developmental trajectory, and physical health
- Intense fear of gaining weight or becoming fat, or persistent behavior that interferes with weight gain
- Disturbance in experience of weight/shape. Undue importance of weight/shape, denial of low weight

10 ©2013 Children's Mercy. All RightsReserved. 09/13 Children's Mercy KANSAS CITY

Bulimia

- Recurrent binge eating (1x/week for 3 mo)
  - Eating much more within a discreet period of time than most people would
  - Eating during such episodes feels out-of-control
- Recurrent inappropriate behavior to prevent weight gain
- Self-worth influenced by weight/shape
- No AN

11 ©2013 Children's Mercy. All RightsReserved. 09/13 Children's Mercy KANSAS CITY

Binge Eating Disorder

- Same binge eating definition as BN
- Binges are associated with three (or more) of the following:
  - eating much more rapidly than normal
  - eating until feeling uncomfortably full
  - eating large amounts of food when not physically hungry
  - eating alone because of feeling embarrassed by how much one is eating
  - feeling disgusted with oneself, depressed, or very guilty afterwards

12 ©2013 Children's Mercy. All RightsReserved. 09/13 Children's Mercy KANSAS CITY

Binge Eating Disorder

- Marked distress regarding binge eating is present.
- The binge eating occurs, on average, at least once a week for three months.
- No inappropriate compensatory behavior and not exclusively with AN, BN, or Avoidant/Restrictive Food Intake Disorder.

13 ©2013 Children's Mercy. All RightsReserved. 09/13 Children's Mercy KANSAS CITY

Special Groups: trauma

- 30% of those with EDs have a history of sexual abuse
- Risk Factors for developing ED
  - Domestic violence survivor or observer
- Function:
  - Expression of body shame, punishment
  - Purging- numbing, escape

14 ©2013 Children's Mercy. All RightsReserved. 09/13 Children's Mercy KANSAS CITY

Special Groups: Substance Abuse

- 17%-45% overlap
- Teens with EDs have 20-40% higher rates of substance use/abuse than typical peers
- Comorbidity leads to:
  - increased medical complications
  - longer recovery time
  - higher relapse rates

15 ©2013 Children's Mercy. All RightsReserved. 09/13 Children's Mercy KANSAS CITY

Higher Risk

- Trauma/substance abuse must be treated WITH ED.
- Criteria for accessing a higher level of care
- If not co-treated, symptoms will just trade off
- Suicidality

16 ©2013 Children's Mercy. All RightsReserved. 09/13 Children's Mercy KANSAS CITY

Assessment Overview

- Interview (if child/teen, parents separate)
- Observations
- Questionnaires
  - Eating disorder symptoms (EPSI)
  - Anxiety
  - Depression
  - Obsessive-Compulsive Disorder

17 ©2013 Children's Mercy. All RightsReserved. 09/13 Children's Mercy KANSAS CITY

SCOFF

- 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- How you lost or are ONLY maintaining weight?

18 ©2013 Children's Mercy. All RightsReserved. 09/13 Children's Mercy KANSAS CITY

SCOFF

- F- Do you believe yourself to be FAT when others say you are too thin?
- F- Would you say that FOOD dominates your life?
  - 2 or more positive answers, eating disorder is likely

©2013 Children's Mercy. All RightsReserved. 09/13

Interview

- Eating behavior
  - CHANGES
    - Amount, types of food, schedule, rules/structure
  - Oddities
- Exercise
  - Amount, frequency
  - What counts
  - What if sick or not enough time?
  - In response to intake

©2013 Children's Mercy. All RightsReserved. 09/13

Interview

- Body Image
  - Describe your body
  - What do you like, not like about your body
  - Clothes shopping, dressing, mirrors
  - Body checking
- Other
  - Concentration, isolation, changes in energy or mood, physical growth (request growth chart)

©2013 Children's Mercy. All RightsReserved. 09/13

Observation

- Physical
  - Pallor, lanugo, circles under eyes, purple hands
- Change in affect
  - By topic- tension, eye contact
- Change in self-expression
  - By topic: sudden "I don't knows"

22 ©2013 Children's Mercy. All RightsReserved. 09/13

ED Questionnaires

- Eating Attitudes Test (and Child version)
  - Free
  - Screening in community samples
- Eating Disorder Inventory (3)
  - No typical comparison group for adolescents
  - Relatively poor psychometrics
- Eating Disorders Examination Questionnaire
  - longer

23 ©2013 Children's Mercy. All RightsReserved. 09/13

ED Questionnaires

- Eating Pathology Symptoms Inventory
  - Free
  - Good psychometrics, particularly in males
  - 14 years old and up

24 ©2013 Children's Mercy. All RightsReserved. 09/13

Treatment Overview

- Multidisciplinary team as standard of care
- Mental health provider's role
- Evidence-based Practices
- Themes in treatment

©2013 Children's Mercy. All RightsReserved. 09/13

Multidisciplinary Treatment as the Standard of Care

- Scotland
- Wales
- Australia
- Finland
- Germany
- Spain
- Academy for Eating Disorders
- Amer Acad of Peds
- Amer Psychiatic Assoc
- Amer Dietetics Assoc
- Soc of Adol Med

©2013 Children's Mercy. All RightsReserved. 09/13

Mental Health Role on Team

- Educate family about EDs
  - Most lethal mental illness
  - Not a phase, choice, parents' fault
- Connect with other providers
  - Coordinate with MD/OD for safety
  - Identify registered dietitian with specialty experience

©2013 Children's Mercy. All RightsReserved. 09/13

Mental Health Role on Team

- Assess and address comorbidities
  - Anxiety, depression, OCD, self-harm, suicidality
- Behavior management
  - Contingencies for intake/supervision
- Mobilize family members
- Monitor progress
- Refer to specialty services or higher level of care

©2013 Children's Mercy. All RightsReserved. 09/13

Evidence-Based Practices

- *Family-based Treatment (Maudsley)
- *Cognitive-Behavior Therapy (esp. SUDs)
- Motivational Interviewing
- Interpersonal Therapy
- Dialectical Behavior Therapy (SUDs)
- Acceptance and Commitment Therapy
- Self-help and Guided Self-help
  - BN, BED

©2013 Children's Mercy. All RightsReserved. 09/13

MUST BE NOURISHED BEFORE PSYCHOTHERAPY WILL BE EFFECTIVE!!!

©2013 Children's Mercy. All RightsReserved. 09/13

Common Themes

- Perfectionism
- Self-worth
- Identity, Personal values
- Motivation for change
- Hypothesis testing
- Exposure and response prevention

©2013 Children's Mercy. All Rights Reserved. 09/13

Case Study #1

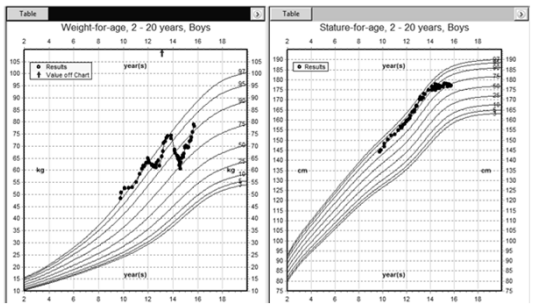
- 15 year old male
- Made decision to lose weight
- Began eating healthier (cut back on carbs) and took summer PE classes (4hrs/day)

©2013 Children's Mercy. All Rights Reserved. 09/13

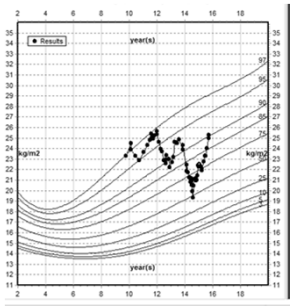
Case Study #1

- Parents said there was change in behavior
  - Would become very anxious around food and would not eat if high in fat or calories
  - Reads labels
  - Weighs self
  - Gets angry about food
- Dad calculated pt intake at 1000 calories/d
- Dropped 30 lbs in 8 months

©2013 Children's Mercy. All Rights Reserved. 09/13



©2013 Children's Mercy. All RightsReserved. 09/13



©2013 Children's Mercy. All RightsReserved. 09/13

Case Study #1

- Medically
  - Findings consistent with "shut down" (cold hands, foggy thinking)
  - Labs and vitals normal

©2013 Children's Mercy. All RightsReserved. 09/13

Case Study #1

Nutrition Goal
- normalize weight to medically appropriate, normalize foods and eating

Therapy Goal
- Build rapport
- Educate parents
- Support parents in increasing patient's intake

37 ©2013 Children's Mercy. All RightsReserved. 09/13

Case Study #1

Nutrition Findings
- Weight is now stable at 100% of ideal
- Breakfast is the same every day and includes Ensure Plus
- Is plating his own breakfast and lunch
- Didn't eat hot dogs or sausage at 4th of July picnic

Therapy Goal
- Challenge avoidance of certain foods
- Challenge negative body image
- Relationship with Dad
  - Privacy with ED

38 ©2013 Children's Mercy. All RightsReserved. 09/13

Case Study #1

Nutrition Findings – 7/21
- Ate bread out of restaurant bread basket
- Irritated talking about cheeseburgers "No one needs them, especially me"

Therapy Goal
- Sustained engagement with providers/treatment
  - Wants to end care and focus on school and music

39 ©2013 Children's Mercy. All RightsReserved. 09/13

Case Study #1

Nutrition Findings – 8/22

- Ate a lot pizza at parties, school gatherings
  - Ate 1 piece (stomach hurts if more)
  - OR ate 2 and walked home 3 miles
- "I DON'T HAVE an eating disorder"
- Step sister moved back home – 350lbs, on weight watchers

Therapy Goal

- Coping with body image
- Address guilt associated with eating pizza
- Challenge parent's acceptance of avoidance
  - Ordering pizza without cheese
  - Offering veggies dogs

©2013 Children's Mercy. All RightsReserved. 09/13

Case Study #1

Nutrition Findings 9/24

- Started eating ice cream out of container
- Party at hot dog and hamburger on two buns as one sandwich
- Admitted to regular fluid-loading before RD visits

Therapy Goal

- Praise for sharing fluid-loading
- Accepting sweets enough to plate them
- Body image with shopping
- Concerns related to meds

©2013 Children's Mercy. All RightsReserved. 09/13

Case Study #1

Nutrition Findings 10/23

- Mom bought jeans, pt broke down and cried
- Mom bought medium shirts and pt insists on wearing small
- "Mom, I just ate my feelings"

Therapy Goal

- Develop self-monitoring skills are address emotion
- Monitor depressive symptoms
- Process conflict with Mom and with girlfriend

©2013 Children's Mercy. All RightsReserved. 09/13

Case Study #1

Nutrition Findings 3/9

- "I wanted a whole thing of Klondike bars and I didn't so I'm cured" (broke up with GF so felt good/cured)
- Done with nutrition, just wants to work with therapist and psychiatrist

Therapy Goal

- Change in meds, relationship, school stress
- Educate parents that need additional monitoring
- Celebrated positives

©2013 Children's Mercy. All RightsReserved. 09/13

Case Study #2

- 10yo female
- Food scarcity
- Extensive trauma impacts ED
- BI issues
- Purging
- Substance abuse
- Co-occurring substance use, trauma, and ED

©2013 Children's Mercy. All RightsReserved. 09/13

Case Study #2

- Weight loss with missing food– led to admitting purging for past 3 years
- Had been removed from the home for the second time four months prior
- History of parenting younger siblings
- Ongoing uncertainty about placement, TPR, contact with Bio Mom

©2013 Children's Mercy. All RightsReserved. 09/13

Nutrition Findings 2/28

- Foster-mom already providing structure, limiting snacks used for bingeing.
- Use bathroom before meals then >60 minutes after meals

Therapy Goal

- Build rapport
- Educate foster-mom about EDs and about symptoms' possible relation to trauma

46

©2013 Children's Mercy. All Rights Reserved. 09/13

Nutrition Findings

- Foster mom found food in pockets
- Pt IEP includes no napkins at lunch
- Gained 14 lbs in one month during respite care (denies bingeing)
- Wants to know her weight but states body image good

Therapy Goal

- Support foster mother in responding nonjudgmentally
- Support foster mother in returning to structure
- Process meaning of weight

47

©2013 Children's Mercy. All Rights Reserved. 09/13

Nutrition Findings

- 9/10 foster mom thought heard someone choking at night, pt denies purging, weight decreasing again. "Must be because of PE"
- 10/23 more weight loss despite supervised high calorie supplements – admitted feeling sick after meals, throwing up at school

Therapy Goal

- Support foster mother in coping with own emotions
- Give permission to client to have ED symptoms
- Normalize that symptoms come and go

48

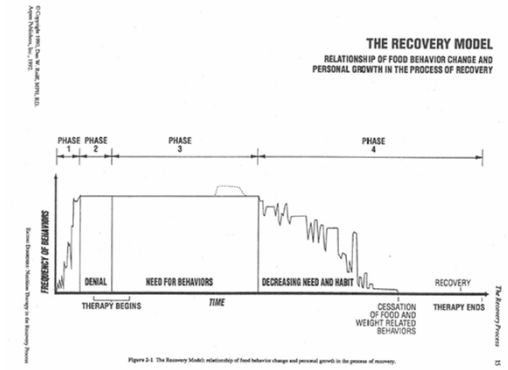
©2013 Children's Mercy. All Rights Reserved. 09/13

Examples of Team

- Pt with breakthrough in group – wants to work on perfectionism
  - Therapy
  - Nutrition – what is the perfect eating plan for client? Why? Does this make scientific sense?

Not nutrition only

49 ©2013 Children's Mercy. All RightsReserved. 09/13



50 ©2013 Children's Mercy. All RightsReserved. 09/13

Practical considerations

- Provider anxiety
  - Resources: NEDA, APA
  - Understand EDs are maladaptive coping strategies
  - Understand commonalities between EDs and other mental health concerns

51 ©2013 Children's Mercy. All RightsReserved. 09/13

Practical Considerations

- Lack of specialty providers
  - RDs tend to be trained for obesity prevention and treatment
  - Rural areas, few providers overall
  - Expense, insurance coverage

©2013 Children's Mercy. All RightsReserved. 09/13

Practical Considerations

- How to identify other providers
  - Listservs, professional organizations
  - Discharge/aftercare teams at PHP, residential specialty programs
  - Google!
  - NEDA

©2013 Children's Mercy. All RightsReserved. 09/13

Practical Considerations

- Care coordination
  - COMMUNICATION, AND MORE COMMUNICATION
  - Provide education
    - AED Critical Points in Identifying EDs (for MDs)
    - Same resources as for you!
  - Stick with one provider
  - Consistent time to check in

©2013 Children's Mercy. All RightsReserved. 09/13

Things to bring

- EPSI, AED booklets, clinical practice guidelines

©2013 Children's Mercy. All RightsReserved. 09/13

©2013 Children's Mercy. All RightsReserved. 09/13