Outpatient Identification and Medical Management of Eating Disorders

Charles G. Rogers, MD, MSEd, FAAP
LCDR MC USN
Assistant Professor of Pediatrics Uniformed Services University School for the Health Sciences
Head of Adolescent Medicine
Naval Medical Center Portsmouth

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Learning Objectives

- Identify Common Presentations of Eating Disorders in Adolescents
- Recognize need for hospitalization in patients with an Eating Disorder
- Develop a strategy for medically monitoring and treating common Eating Disorders
- Develop strategy for coordinating care in multi-disciplinary team in Eating Disorder management

Identifying Eating Disorders

{ Scope, DSM-5, Clinical Scenarios

7 million women, 1 million men

86% Diagnosed before and during Adolescence

Groups we miss: males, younger kids, prior/current overweight, minorities, athletes

The Scope of the Problem

Nine Truths about Eating Disorders

Truth #1: Many people with eating disorders look healthy, yet may be extremely ill.

Truth #2: Families are not to blame, and can be the patients' and providers' best allies in treatment.

Truth #3: An eating disorder diagnosis is a health crisis that disrupts personal and family functioning.

Truth #4: Eating disorders are not choices, but serious biologically influenced illnesses.

Truth #5: Eating disorders affect people of all genders, ages, races, ethnicities, body shapes and weights, sexual orientations, and socioeconomic statuses.

Truth #6: Eating disorders carry an increased risk for both suicide and medical complications.

Truth #7: Genes and environment play important roles in the development of eating disorders.

Truth #8: Genes alone do not predict who will develop eating disorders.

Truth #9. Full recovery from an eating disorder is possible. Early detection and intervention are important.

9 Truths about Eating Disorders

* Restricting type x 3 months
* Binge Eating -Purging type x 3 months

* Refusal to maintain healthy weight >85% of IBW
* Distorted body image or refusal to see seriousness of current low weight
* Intense fear of gaining weight or behaviors that sabotage weight gain

ANOREXIA NERVOSA DSM 5

* Recurrent episodes of binge eating (eating in a discrete time large amounts of food with a sense of lack of control during the episodes)
* Recurrent inappropriate compensatory behavior to prevent wt gain (self-induced vomiting, laxatives, diuretics, enemas, fasting or excessive exercise)

BULIMIA NERVOSA

- The binge eating and compensatory behaviors occur **at least once a week for 3 months**
- Self-evaluation is unduly influenced by body shape and weight
- The disturbance **does not** occur exclusively during episodes of **anorexia nervosa**

BULIMIA NERVOSA

- Recurrent episodes of binge eating
- Marked **distress** regarding binge eating
- The binge eating occurs, at **least once a week for three months**
- The binge eating is **not** associated with the recurrent use of inappropriate compensatory behavior

BINGE EATING DISORDER

- Eating or feeding disturbance
  - Lack of interest in eating/food
  - Sensory avoidance
  - Concerns about adverse consequences of eating
- Resulting in
  - Significant weight loss or failure to grow appropriately
  - Nutritional deficiency
  - Dependence on enteral feeds or supplements
  - Interference with psychosocial functioning

Avoidant Restrictive Food Intake Disorder (ARFID)

- Atypical Anorexia
  - Significant weight loss
  - normal weight
- BN or BED of low frequency or limited duration
- Purging Disorder
- Night Eating Syndrome

Other Specified Feeding or Eating Disorder (OSFED)

AN criteria except for weight; often prior overweight

Just as serious as full-threshold AN

- Physiologically
  - Equally low heart rates
- Hormonally
  - Equal incidence amenorrhea
- Psychiatrically
  - Equally impaired to AN

'Atypical' AN

- 16 year old female presents to General Pediatrics for annual exam
- 40lb weight loss since you saw her last 1 year ago
- HR 47, BP 81/45, RR12, T 97.5F, BMI 15
- Hx: strong desire to lose weight, training for sports 4-5 hours per day, restricting to 300-400kcal per day, no purging, all started about 9-10 months ago.

- 15 year old male presents to GI due to recurrent hematemasis for 3-4 months
- Overweight with BMI 28
- Reports losing control around food and eating so much he has to make himself throw-up 2-3x every day
- He describes subjective palpitations as well
- You check electrolytes and he has a K of 3.1.

How do you respond?

Admission Criteria

Anorexia Nervosa

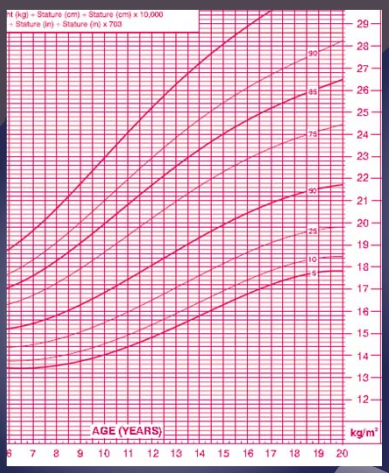
- HR <50BPM daytime <45BPM nighttime
- SBP <90mmHg
- Orthostatic change in HR >20 (increase), BP >10 (decrease)
- Arrhythmia
- T <96F
- <75% GBW
- Body Fat < 10%
- Refusal to eat
- Failure to respond to outpatient treatment

Bulemia Nervosa

- Syncope
- Serum K <3.2
- Serum Chloride <88
- Esophageal tears
- Arrhythmia
- Hypothermia
- Suicidal ideations
- Intractable vomiting
- Hematemasis
- Failure to respond to outpatient treatment

Another case…

- 17 year old female with restricting, excessive exercise, and malnutrition. Concern for AN…
- VS are normal
- Physical exam shows lanugo, hair loss, cool extremities, and slightly enlarged parotids, and decreased bowel sounds
- How do you proceed?



- 50th Percentile BMI
- Prior growth curves
- BMI = kg/m2
- GBW = (goal BMI)(M2)
- MOVING TARGET!

Determining Goal Body Weight

- Endocrine Disorders
  - Thyroid, DM, Adrenal Insufficiency…
- Psychiatric Disorders
  - Depression, OCD, anxiety…
- Gastrointestinal Disorders
  - Celiac, IBD…
- Other...
  - Malignancy, SMA, MALS, Prolactinomas, substance abuse, HIV...

Medical Evaluation

- CBC, ESR
- CMP, phosphorus, magnesium
- Prealbumin, Zinc, Vitamin D, Thiamine
- TFTs, Prolactin, FSH, LH, Estradiol/Testosterone
- Celiac screen
- ECG if bradycardia, hypokalemia
- DXA if amenorrhea >6 months

LABORATORY EVALUATION

- Family Based Treatment
- Nutrition
- Psychiatry

Care Coordination/Referrals

- Basic Principles
  - Agnostic
  - Family Central
  - Providers as advisors/consultants
- 3 Phases each ~6 mo
  - Phase 1
  - Phase 2
  - Phase 3

Basics of Family Based Treatment

- Total Energy Expenditure (TEE) = Resting Energy Expenditure (REE) x Activity Factor
- WHO Equation for REE

Boys:	Girls:
3-10 yo: 22.7(kg) + 495	3-10 yo: 22.5(kg) + 499
10-18 yo: 17.5(kg) + 651	10-18 yo: 12.2(kg) + 746

- Activity Factor
  - Healthy child: 1.3-1.5
  - Catch-up growth: 1.6-1.8
  - FBT (early onset): 2.2
  - FBT (12+ yo): 2.5-3.5

Needs are often in 3000-4000+ kcal/day range!

Predicting Caloric Needs

What do I do as a medical provider?

- IDENTIFICATION!!!
- Start the conversation
  - Say the words "eating disorder"
- Identify need for admission
- Medical evaluation for possible medical etiologies
- Partnership with mental health and nutrition
- Monitoring
  - Set weight goals
  - Help with caloric goals
  - Monitor medical recovery
  - Vital signs
  - Monitor electrolytes, UA, etc.
  - Weekly early on, space to monthly once improving,
  - Provide medical clearance regarding activities, school, camp, etc.

Resources for Providers

- **The Role of the Pediatrician in Family-Based Treatment for Adolescent Eating Disorders: Opportunities and Challenges by Debra Katzman, MD, Rebecka Peebles MD, Susan Sawyer, MBBS, MD, James Lock MD, PhD, and Daniel LeGrange, PhD, J Adol Health, 2013**
- **Eating Disorders in Children and Adolescents: State of the Art Review by Kenisha Campbell, MD, and Rebecka Peebles, MD, Pediatrics, 2014.**
- **Treatment Manual for Anorexia Nervosa, Second Edition: A Family-Based Approach by James Lock MD PhD, Daniel Le Grange PhD and Gerald Russell MD**
- **Treating Bulimia in Adolescents: A Family-Based Approach by Daniel Le Grange PhD and James Lock MD PhD**
- **Eating Disorders in Children and Adolescents: A Clinical Handbook by Daniel Le Grange PhD and James Lock MD PhD**

Books for Parents & Providers

- Help Your Teenager Beat an Eating Disorder (James Lock & Daniel Le Grange)
- Anorexia and other eating disorders: Help Your Child Eat Well and Be Well (Eva Musby)
- Give Food a Chance (Julie O'Toole)
- Brave Girl Eating (Harriet Brown)
- Throwing Starfish Across the Sea (Laura Collins & Charlotte Bevan)
- Feeding Your Anorexic Adolescent (Clare Norton)
- My Kid is Back (June Alexander)
- Decoding Anorexia (Carrie Arnold)

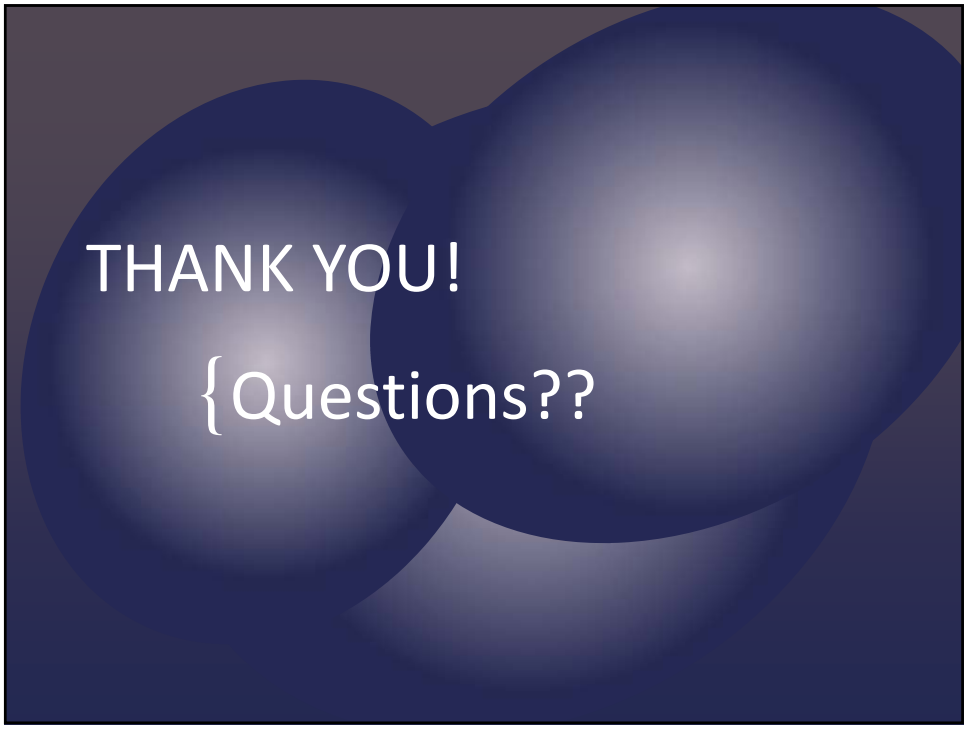
Websites/Videos

Helpful Websites and Forums:

- www.maudsleyparents.org
- www.feast-ed.org
- www.aroundthedinnertable.org
- Facebook – Eating Disorder Parent Support

Videos for Families and Providers:

- http://www.youtube.com/watch?v=JhA_CShr7tU&lr=1
- http://vimeo.com/user543367
- http://www.youtube.com/watch?v=pPSLdUUlTWE&list=PLmy40N4PX61Yb46HMETtFC5Vc8vZ3V69u&index=34&feature=plpp_video


THANK YOU!
{Questions??