**Agenda**

- Identification of eating disorders
- Early intervention
- Prevention

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**Research shows that virtually all women are ashamed of their bodies. It used to be adult women, teenage girls, who were ashamed, but now you see the shame down to very young girls—10, 11 years old. Society's standard of beauty is an image that is literally just short of starvation for most women.**

—Best-selling author Mary Pipher

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**What are Eating Disorders**
Disordered Eating: A Spectrum

Healthy Eating
- Intake = Output
- Regular meals
- Less fast food
- Less junk food
- More water
- Fruits and veggies

Disordered Eating
- Intake ≠ Output
- Skipping meals
- Chronic Dieting
- Restricting
- Low fat/sugar
- Limiting food groups
- "Forbidden foods"

Eating Disorder
- Extreme weight loss or gain
- BMI <5th percentile or >95th percentile
- Health complications
- Purging
- Body distortion
- Mortality

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What do you think of when I say Eating Disorder?

The Face of Eating Disorders

Epidemiology
- Lifetime prevalence of 5-6% of eating disorders in adolescents and young adults in the US
- Anorexia is the 3rd most common chronic illness among adolescents
- 80% of 13-year-olds have attempted to lose weight
- Occurs in all races, ethnicities, socioeconomic groups
- Occurs in females and males

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Eating Disorders DSM 5

- Anorexia Nervosa (AN)
- Bulimia Nervosa (BN)
- Binge Eating Disorder

DSM-5: Diagnostic Criteria for Anorexia Nervosa

A. **Restriction** of energy intake relative to requirements leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health. **Significantly low weight** is defined as a weight that is less than minimally normal, or, for children and adolescents, less than that minimally expected.

B. Intense fear of gaining weight or becoming fat, or **persistent behavior that interferes with weight gain**, even though at a significantly low weight.

C. Disturbance in the way in which one's body weight or shape is experienced, **undue influence of body weight or shape on self-evaluation**, or **persistent lack of recognition of the seriousness of the current low body weight**.

What do you think of when I say eating disorder

- Anorexia Nervosa
- Bulimia Nervosa
DSM-5: Bulimia Nervosa
A. Recurrent episodes of binge eating.
B. Recurrent inappropriate compensatory behavior to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, or other medications, fasting; or excessive exercise.
C. The binge eating and inappropriate behavior both occur, on average, at least once a week for three months.
D. Self evaluation is unduly influenced by body shape and weight.
E. The disturbance does not occur exclusively during episodes of Anorexia Nervosa.
Subtype: Purging vs Non-Purging

What do you think of when I say eating disorder

DSM-5: Binge Eating Disorder
• Recurrent and persistent episodes of binge eating
• Binge eating episodes 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 feeling physically hungry
  – Eating alone because of being embarrassed by how much one is eating
  – Feeling disgusted with oneself, depressed, or very guilty after overeating
• Marked distress regarding binge eating
• Absence of regular compensatory behaviors (such as purging)
• At least once per week for 3 months

Eating Disorders DSM 5
• Eating Disorder NOS (ED NOS) DSM IV  Other Specified Feeding and Eating Disorder (OSFED)
  – Atypical Anorexia Nervosa
  – Sub threshold Bulimia Nervosa
  – Sub threshold Binge Eating Disorder
  – Purging Disorder
  – Night Eating Syndrome
Eating Disorders DSM 5

- Eating Disorder NOS (ED NOS) DSM IV → Other Specified Feeding and Eating Disorder (OSFED)
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DSM-5 Atypical Anorexia Nervosa

- All criteria for AN are met, except despite significant weight loss, the individual’s weight is within or above the normal range.

Prevalence of EDNOS

“The War on Obesity”

- Adolescent obesity tripled over 20 yrs
- 15% of US teens are overweight
- Associated medical complications have increased significantly among youth
- Pediatricians have been charged to fight this battle through preventive services
Atypical Anorexia: what does it look like medically

- ~30% of patients presenting to ED programs
- Prior research demonstrates that compared with adolescents with AN a sample of overweight teenagers who had lost >25% of their premorbid weight were more medically compromised
- Potential challenges by medical providers in identification and appropriate management may lead to delay in care
- Clinicians need to have heightened awareness that EDs happen at any weight.
Identification

- Temperamental factors (ie Perfectionism for AN)
- Early puberty
- Dieting
- Failed attempts to lose weight
- Antecedent illness with weight loss
- Abnormally low weight or fluctuations in weight
- Food rituals

Risk Factors

- Social withdrawal and avoiding meals with others
- Athletics
- Excessive exercise
- Evidence of purging
- Preoccupation with food, eating and exercise
- Family history
- Physical signs such as amenorrhea, coldness, dizziness
- Discovery that purging, fasting or exercising can compensate for binging

How do we approach weight and body image with teens?

SCREENING

- Le Grange et al 2014
Screening

- Approximately half of all eating disorder cases go undetected in primary care
- Recommendations are to screen but can be limited due to time and providers not knowing what to do with concerning results

Screening Questions: SCOFF

Have you been doing anything to change your weight?
(2 or more = 100% sensitive/88% specific)
- Have you ever made yourself SICK/throw up to lose weight?
- Have you ever eaten a lot of food at once, in a way that you felt out of CONTROL and couldn’t stop?
- Have you recently lost more than ONE STONE/14 lbs in 3 months?
- Do you think you’re FAT when others don’t?
- Would you say FOOD dominates your life?

Early Eating Problems

- “Picky eaters”
- Swallowing or vomiting phobias
- Selective eating/restriction due to concern about textures etc..

BMI Assessment

- Plot height, weight, BMI at each visit
- Look for any red flags
- Use the growth chart to discuss pubertal changes and normal growth and development
Eating Patterns & Nutrition

Bright Futures

- How often do you skip meals?
- 24 hour dietary recall
- How often do you and your family eat dinner together at night?
- Do you skip meals? How often? Why?
- Do you ever feel guilty or embarrassed by how much you eat?
- How do you feel if you miss a day of exercise?
- Have you ever taken laxatives or diet pills?

Body Image

Bright Futures

- How do you feel about the way you look?
- How do you feel about your weight?
- Are you trying to change your weight? How?
- Have you ever dieted? Why?
- Do you know how to tell if you are too thin or too heavy or just right? How do you feel right now?

Dieting

- Dieting is frequently implicated in the pathogenesis of eating disorders → It typically precedes AN, BN
- 1/3 to ½ of adolescent girls and boys diet or engage in unhealthy weight control behaviors
- Increases negative self evaluation and concern over shape
- In teens, dieting has been found to lead to weight gain rather than loss
- Girls who diet are 12X as likely to binge eat, boys who diet are 7X as likely compared to non dieting peers

Dieting

- Dieting is also a significant predictor of weight gain
- Study after study, participants gain back more weight than they had lost
- Teenage dieters have twice the risk of their non dieting peers to become overweight

Mann et al 2007
Neumark-Sztainer et al 2006
**Assessing Physical Activity**

- Do you regularly participate in physical activity?
  - If so, what do you do? How often? For how long?
- How much screen time do you spend per day?
- How do you feel if you miss a day of exercise?

**A concern**

*Where there is smoke there is typically fire*

- When an adolescent is referred to a pediatrician because parents, friends, or others suspect the possibility of an eating disorder, **it is likely that disordered eating is present at a minimum.**
- If symptoms are denied, index of suspicion should still remain high
- Frequently recommend referral – stress the importance of assessment

**Early Intervention**

- We know it helps prognosis
- We don’t know exactly what it looks like
- Research shows that early detection and prompt intervention may prevent as many as two-thirds of patients from developing a more serious eating disorder (Dichter, Cohen, & Connolly, 2002).

**Early Intervention**

- Only 1 in 10 men and women with eating disorders receive treatment.
- Only 35% of people that receive treatment for eating disorders get treatment at a specialized facility for eating disorders
  - **
Prognosis

Early Intervention is known to improve outcomes

- Rates of complete recovery vary but 45% to 75%
- Earlier diagnosis improves outcomes
- Families should understand no quick fix
- Improvement in symptoms can take years
- Persistent symptoms after 5 years worsens prognosis

Referral to Treatment

- Better if done early
- Can create insurance challenges

Eating Disorders: physical complications

Acute malnutrition is a medical emergency

- AN high associated mortality reported; BN unclear
  - Suicide & Sudden Cardiac Death
- Problems due to caloric restriction
- Complications of purging
- Refeeding Syndrome

Don’t be afraid to treat

"Because of the potentially irreversible effects of an eating disorder on physical and emotional growth and development in adolescents, because of the risk of death, and because of the evidence suggesting improved outcome with early treatment, the threshold for intervention in adolescents should be lower than in adults."

Prevention

Etiology

Multifactorial
- Biology and genetics
- Individual factors and characteristics
- Familial influences
- Environmental factors
- Societal influences

Biopsychosocial Model for AN
Successful ED Prevention Programs

- Theory driven, targeted ED risk factors, delivered across multiple group sessions
- Content related to:
  - Healthy Eating/Nutrition
  - Media Literacy/Sociocultural pressures
  - Body Acceptance/Body Satisfaction

Healthy Nutrition Promotes Optimal Growth

*Major Goals of Puberty*

- 20-25% skeletal growth
- Progress towards adult weight; changes in body fat
  - Changes in body fat/muscle composition/bone density
- Reproductive ability
- Cardiovascular development
- Brain Development

*Focus more on health and less on weight*

Healthy Eating

- Eating when hungry and eating until satisfied
- Eating a wide variety of foods
- Eating three meals a day, plus one or more snacks
- Eating from all the food groups to ensure adequate nutrients
- Not being afraid to eat foods that have fat in them
- Not needing to count calories or fat grams
- Not eating just because of boredom, sadness, loneliness, or joy

Media Literacy

- Not all those exposed to media images develop eating disorders but can increase body dissatisfaction and drive for thinness
- More and more studies looking at media literacy to reduce risk factors for eating disorders
Social Media

Facebook Survey

- 51% said that seeing photos of themselves on Facebook makes them more conscious about their own body and their weight
- 32% said they feel SAD when comparing Facebook photos of themselves to their friends’
- 44% spend time wishing they had the same body or weight as a friend when looking at photos on Facebook
- 37% said they feel that they need to change specific parts of their body when comparing their bodies to a friend’s body in Facebook photos

Dove campaign

Social Media #Thinspo

Images available on all social and other media
Body Image/Body Acceptance

• The construct of body image is multidimensional, and includes cognitive, affective, evaluative, and behavioral aspects of physical appearance.

Female American Body Ideals

• 1900-1910’s
• The Gibson Girl
• Corsets

Female American Body Ideals

• 1920’s
• The Flapper

Female American Body Ideals

• 1950’s
• 1960’s
  - Twiggy

• 1970’s
  - Karen Carpenter
  - Farrah Fawcett
  - 1980’s
  - Jane Fonda

1990’s heroin chic

What Disney Princesses would look like with real waists

Beyonce 2013
Prevention programs: Future Directions

- Models of universal prevention programs addressing needs of both genders
- Targeted early detection and intervention programs
- Extend programming to broad spectrum of weight problems and wider age range
- Strive to demonstrate efficacy, effectiveness and sustained implementation

Giao et al 2014  Division of Adolescent and Young Adult Medicine

What parents say matters

- Encourage parents to be good eating role models
  - Don’t discuss/advocate diets or meal skipping
  - No “good foods” or “bad foods”
- Eat together as a family
- Avoid weightism
- Avoid discussions of guilt-induced exercise
- Don’t complain about their own weight
- Compliment children on non-physical attributes

Adults who reported that their childhood family members had dieted or were critical about shape, weight or eating are at increased risk for bulimia nervosa or binge eating disorder

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Summary

- Still have a lot to learn
- Screening is important; Cases are often missed
- Early identification and intervention improves outcomes
- Prevention needs to be multifaceted and ongoing research and evaluation is still needed

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References