

*This resource is produced using lay terminology with both the licensed and unlicensed school health office worker in mind.*

*This is general information and not specific medical advice for you, your child, or loved one. Always consult your doctor or other healthcare provider if you have any questions or concerns. Call 911 or go to the nearest emergency department in case of an urgent concern or emergency.*

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## Eating Disorders

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|---|---|
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# Eating Disorders

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**Children's**<sup>SM</sup>  
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*Dedicated to All Better*

# Eating Disorders

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This education video is intended for Georgia school health personnel who:

1. Care directly for children and adolescents who may present with an eating disorder
2. Care directly for children and adolescents who return to school after receiving treatment for an eating disorder
3. Participate in the multidisciplinary team for children with mental health needs



# Objectives

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In this presentation we are going to focus on the topic of eating disorders. Specifically the importance of understanding the symptoms, medical impact, and early recognition and treatment options.

With that main focus in mind, here are the specific objectives for this education.



# Objectives

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Review \*epidemiology and †etiology



Discuss diagnostic criteria of eating disorders



Review medical impact of eating disorders



Review eating disorder treatment approaches and options

\*epidemiology: the branch of medicine that deals with the incidence, distribution, and possible control of diseases and other factors relating to health.

†etiology: 1. the cause, set of causes, or manner of causation of a disease or condition. 2. The investigation or attribution of the cause or reason for something, often expressed in terms of historical or mythical explanation.



# What are Eating Disorders?

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- When we think of eating disorders, a certain image comes to mind
- A female who is severely thin, 'skin and bones'
- Understanding the various body types one might present with an eating disorder is essential
- The external image of children and adolescents does not always indicate what is happening medically on the inside



## What are Eating Disorders?

# Eating disorders:

are a group of serious mental illnesses associated with significant medical impact

can present in children and adolescents as abnormal growth or delayed or interrupted puberty

have medical consequences that often go unrecognized but can comprise every organ system in the body

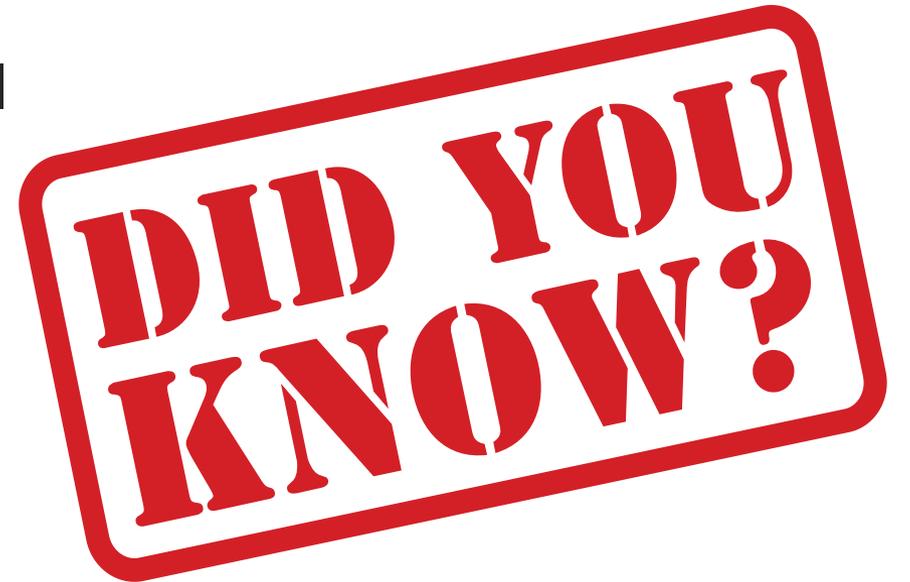




# Eating Disorder Facts

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1. Continues to be underdiagnosed by pediatric professionals
2. Higher rates seen in younger children, males, and minority groups
3. Increasing incidence of anorexia nervosa in patients with previous history of obesity
4. Medical complications are common in both full and \*subthreshold eating disorders
5. No single cause: neurobiological and genetic are seen as important. Paradigm shift from the family being the cause, or this is a choice that the child or adolescent has made.
6. More common than Type-2 diabetes



\*Subthreshold – patients who do not meet full criteria for an eating disorder because they are within a normal weight range but have lost a significant amount of weight in a short amount of time



# Why Medical?

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- Eating disorders are **the most lethal psychiatric illness**
  - The overall mortality rate for patients with Anorexia Nervosa is 5.9%
  - The mortality rate among affected adolescents is 1.8%
- Eating disorders have medical consequences that often go unrecognized, but **can affect every organ system in the body**



## Why Medical?

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*“Because of the potentially irreversible effects of an eating disorder on physical and emotional growth and development in adolescents, the high mortality and the evidence suggesting improved outcome with early treatment, **the threshold for intervention in adolescents should be lower than in adults.**”*

- Position Paper, The Society of Adolescent Medicine, *Journal of Adolescent Health*, 2003



# Epidemiology

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- Anorexia Nervosa (AN) affects an estimated 0.5% of adolescent girls in the U.S.
- Bulimia Nervosa (BN) affects an estimated 1% to 2% of adolescent girls in the U.S.
- Males comprise 5% to 10% of all eating disorders patients
- Other eating disorders affect an estimated 14% of the population
- Median age of onset is 12 to 13 years old
- Younger patients comprise an increasing portion of patients with eating disorders
  - Hospitalizations up 119% from 1999 to 2006 in children under 12 years old
  - Treatment resources for young patients are scarce – thus, underserved, under-researched, and undertreated



# Etiology

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# Etiology

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- Exact etiology is unknown



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- Exact etiology is unknown
- Thought to be an interface between genetic and biological predisposition



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- Thought to be an interface between genetic and biological predisposition
- Environmental and sociocultural influences



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# DSM-V

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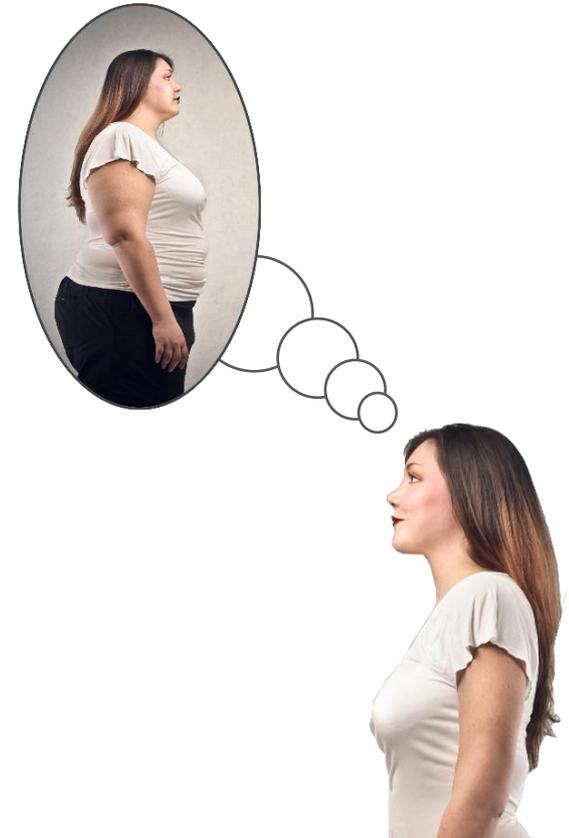
The DSM-V is a manual that mental health clinicians use to diagnose mental health disorders.



# Anorexia Nervosa DSM-V Diagnosis

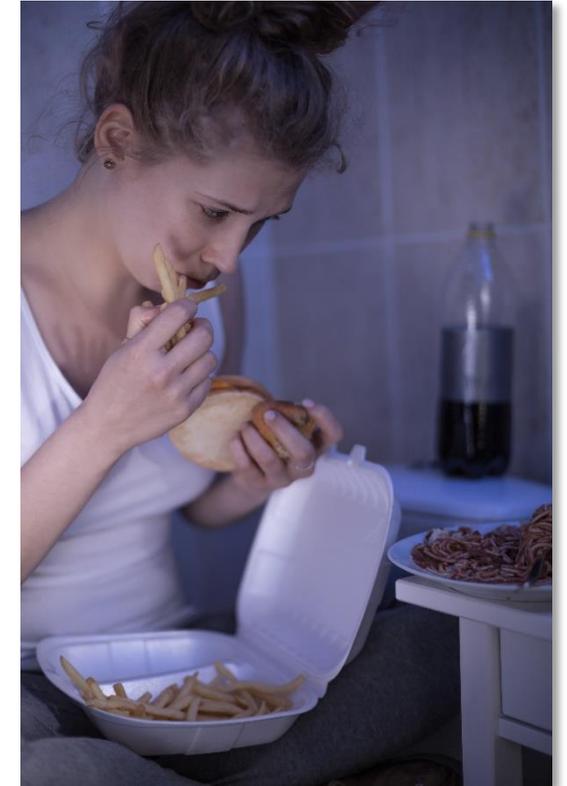
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- Restriction of energy intake relative to requirements
  - Resulting in significantly low body weight in the context of age, sex and developmental trajectory and physical health
  - Low body weight is defined as a weight that is less than minimally normal or for children and adolescents, less than minimally expected
- Intense fear of gaining weight or becoming fat or persistent behavior that interferes with weight gain
- Body image disturbance
  - disturbance of image of body weight or shape
  - undue influence of body weight or shape on self-esteem
  - denial of the seriousness of current low body weight
- AN Subtypes: Restricting subtype or binge/purge subtype



# Bulimia Nervosa DSM-V Diagnosis

- Recurrent episodes of binge eating
  - Eating in a discrete period of time an amount of food that is definitely larger than what most individuals would eat in a similar period of time under similar circumstances
  - A sense of lack of control over eating during the episode
- Recurrent inappropriate compensatory behaviors in order to prevent weight gain
- The binge eating and inappropriate compensatory behaviors both occur on average at least once a week for three months
- Self evaluations is unduly influenced by body shape and weight
- The disturbance does not occur exclusively during episodes of anorexia nervosa



# Contrasting Psychological Symptoms

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## Anorexia Nervosa

Ego-syntonic disorder

Body image distortion

Denial of seriousness of illness



# Contrasting Psychological Symptoms

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## Anorexia Nervosa

Ego-syntonic disorder

Body image distortion

Denial of seriousness of illness

## Bulimia Nervosa

Ego-dystonic disorder

Body image distortion to a lesser degree

Experience shame



# Consider an Eating Disorder

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Be concerned and evaluate further if:

- ❏ Excessive concern over weight



# Consider an Eating Disorder

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Be concerned and evaluate further if:

- ❑ Excessive concern over weight
- ❑ Inappropriate dieting
- ❑ Pattern of weight loss
- ❑ Amenorrhea, primary or secondary
- ❑ Failure to achieve appropriate increases in weight or height in a growing child



# Presenting Medical Symptoms of Eating Disorders

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So now that we have:

- Identified some facts about eating disorders
- Reviewed epidemiology and etiology
- Defined the DSM-V criteria
- Touched on medical impact

Anorexia Nervosa

Bulimia Nervosa



# Presenting Medical Symptoms of Eating Disorders

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## Anorexia Nervosa

- Amenorrhea
- Significant weight loss
- Depression
- Fatigue/weakness
- Abdominal pain
- Constipation
- Dry skin
- Cold intolerance
- Hair loss
- Hypothermia
- Hypotension
- Bradycardia
- Brittle nails
- Lanugo
- Cold and cyanotic hands/feet
- Lower extremity edema
- Cardiac murmur (MVP)



# Presenting Medical Symptoms of Eating Disorders

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## Bulimia Nervosa

- Irregular menses
- Palpitations
- Acid reflux
- Fatigue/weakness
- Constipation (or diarrhea)
- Upper and/or lower extremity edema
- Frequent sore throat
- Sensitive teeth
- Swollen cheeks
- Depression
- Callouses on back of hand
- Salivary gland hypertrophy
- Dental erosion/caries
- Mouth ulcers
- Edema
- Abdominal bloating
- Cardiac arrhythmias



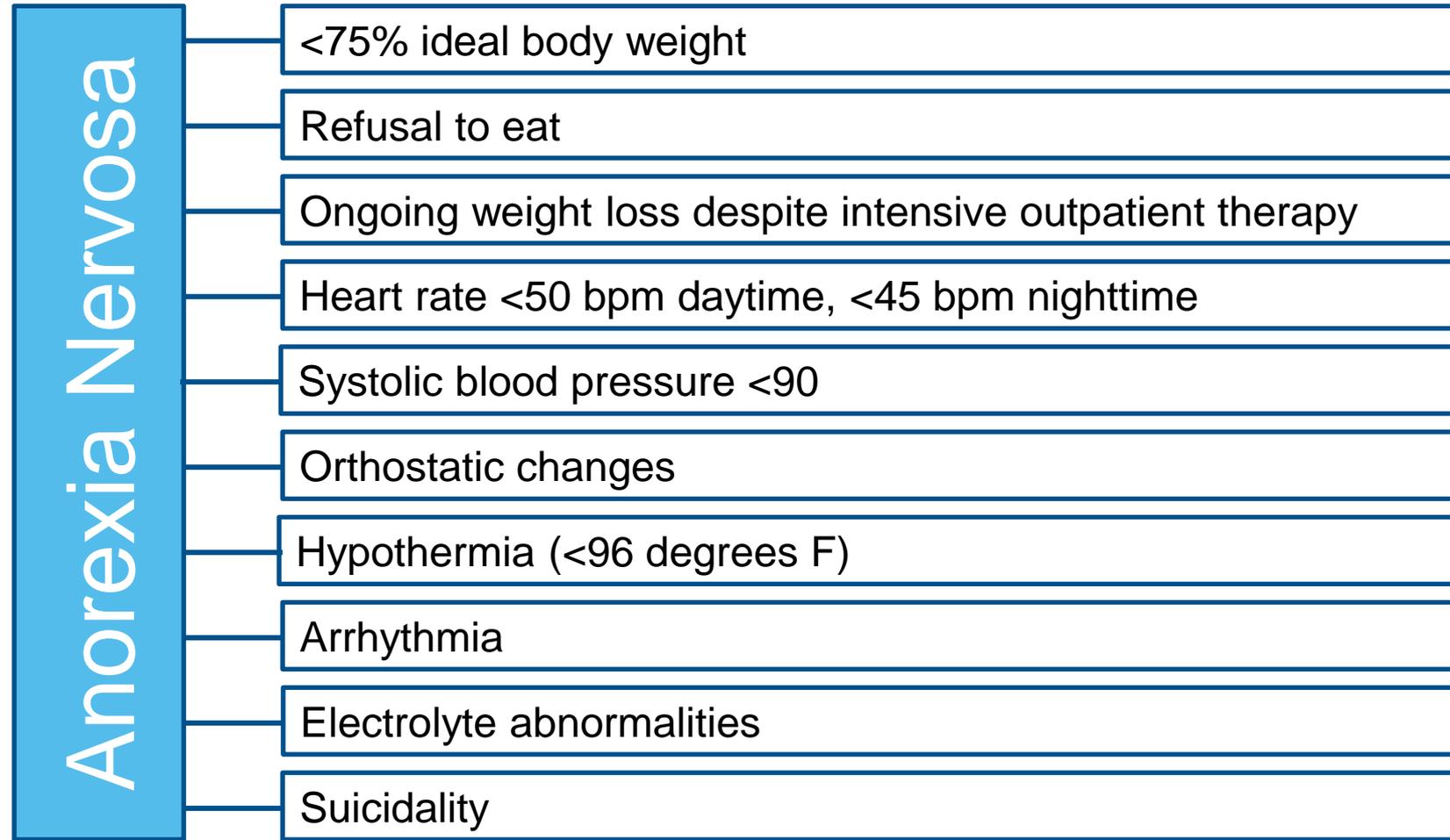
# AAP Medical Criteria for Hospitalization

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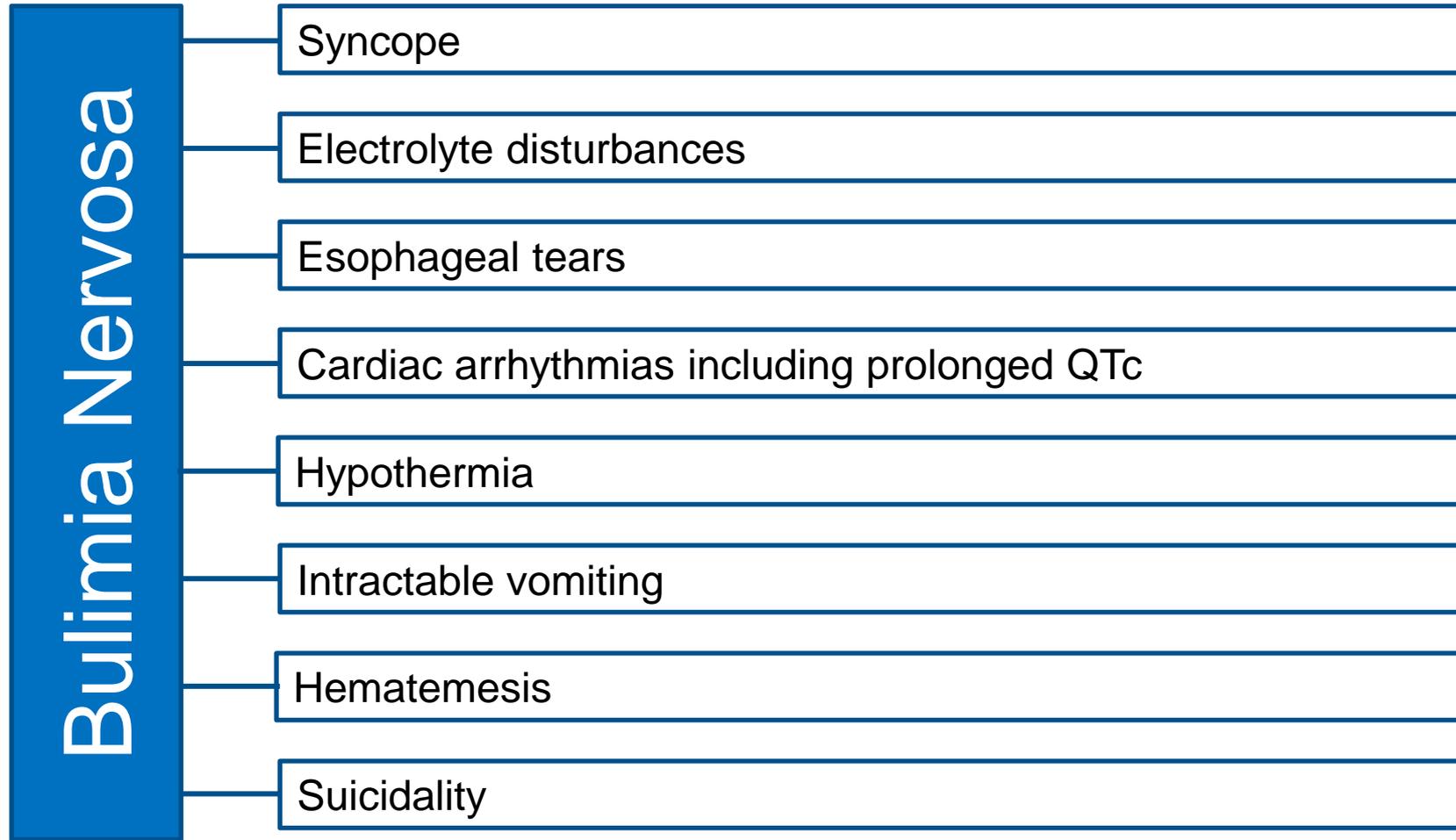
# AAP Medical Criteria for Hospitalization

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# AAP Medical Criteria for Hospitalization

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# New AAP Message

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- Discourage dieting- encourage healthy eating and physical activity behaviors
- Promote positive body image – do not encourage body dissatisfaction
- Encourage more frequent family meals
- Encourage families not to talk about weight – talk about healthy eating and being active to stay healthy
- Inquire about a history of mistreatment or bullying in overweight and obese teenagers - address this issue if present
- Carefully monitor weight loss in an adolescent who needs to lose weight - ensure the patient does not develop the medical complications of starvation



# Treatment Modalities

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- Older modalities focused on the thought that patients developed maladaptive eating behaviors due to overly controlling caregivers
- Newer modalities take into account the genetic and biological contributions and view caregivers as crucial allies in the treatment process
- Nutrition rehabilitation is considered an important factor



# Family Based Treatment (FBT)

- Caregivers are not blamed but instead empowered to refeed their child back to health
- FBT has the largest evidence base of any treatment of efficacy in the adolescent and young adult AN populations
- Found to be protective in preventing relapse
- Progresses through 3 phases

| Phase one  | Phase two  | Phase three                   |
|--|--|-------------------------------|
| Focuses on coaching the family to refeed their child through recovery through specific interventions | Focuses on gradually transitioning developmentally appropriate control of eating back to the child or adolescent | Focuses on relapse prevention |



- Treatment conducted over 6-12 month period of time



# Eating Disorder Treatment

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- Treatment options should include a multidisciplinary team approach, including:
  - Pediatrician
  - Therapist
  - Nutritionist
  - Psychiatry
  - Patient and Family
- Intensive Outpatient Program (IOP)
- Partial Hospital Program (PHP)
  - Outpatient Management/ Aftercare
- Residential Treatment
  - Typically 30-60 days in treatment



# Georgia Treatment Options

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## Outpatient Treatment Options

- Renfrew
  - PHP and IOP
- Atlanta Center for Eating Disorders
  - PHP, IOP, and Individual
- VERITAS Medical Clinic Program
  - Offer specialized medical evaluation for medical assessment and treatment of eating disorders
  - Family and nutrition treatment

## Residential Treatment Options

- Center for Discovery in Sandy Springs
- Veritas Collaborative in 2018



# Reflection

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Take a moment to reflect on this idea and how it relates to the students with whom you interact.



# Summary

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Now that we have:

- Become aware of the epidemiology and etiology of eating disorders
- Gained an understanding of the DSM-V criteria for anorexia nervosa and bulimia nervosa
- Reviewed the medical impact of eating disorders
- Reviewed eating disorder treatment approaches and options





Eating disorders can present in children and adolescents who are at normal weight



Early identification and treatment is imperative for recovery



It is essential to discourage dieting but rather encourage healthy balance



It is essential to promote positive body images

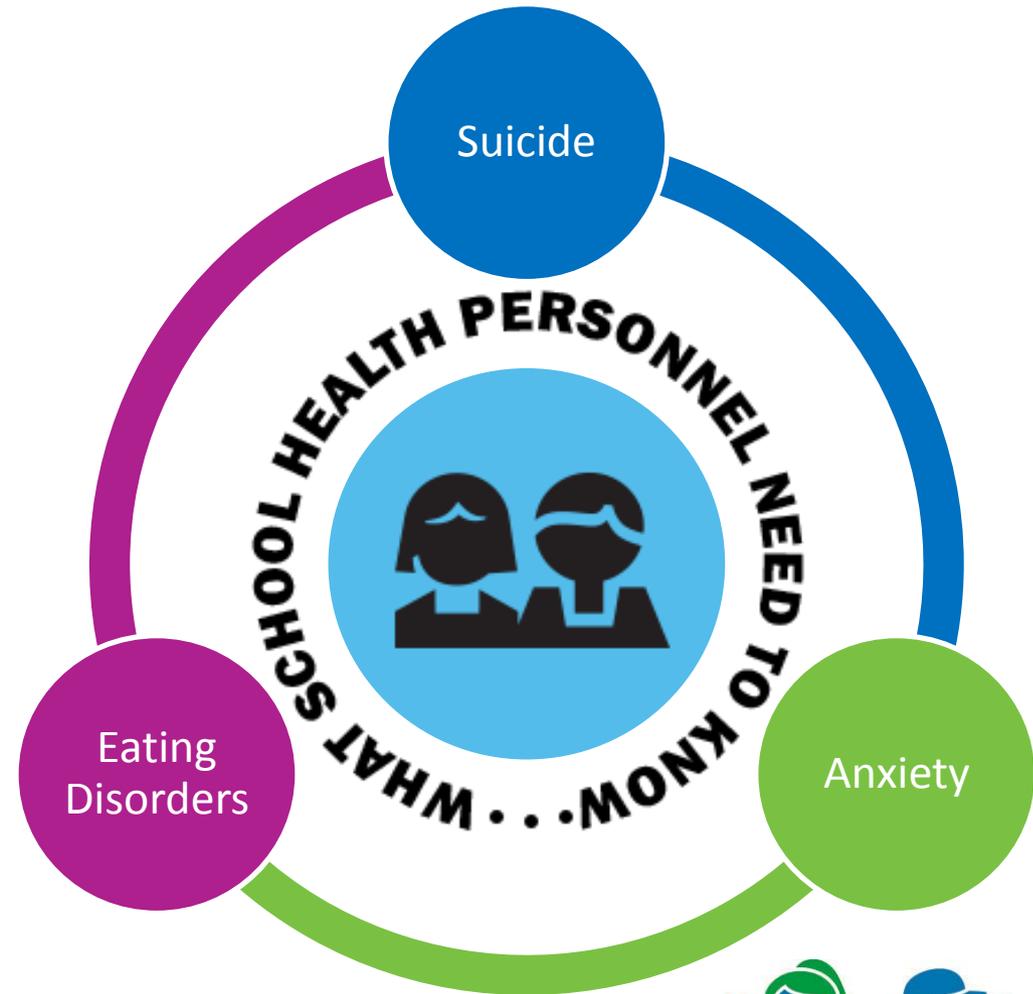
# Clinical Pearls



# Child/Adolescent Mental Health Issues: What School Health Personnel Need to Know

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- Child/Adolescent Suicide
- Child/Adolescent Anxiety
- Eating Disorders



# References

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- Position paper of the Society for Adolescent Health and Medicine, “Medical Management of Restricting Eating Disorders in Adolescents and Young Adults”, Journal of Adolescent Health, 2015, Vol 56, p. 121-125.
- Rome, Ellen and Strandjord, Sarah. “Eating Disorders”, Pediatrics in Review, August 2016, Vol 37, No 8, p. 323-334.
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