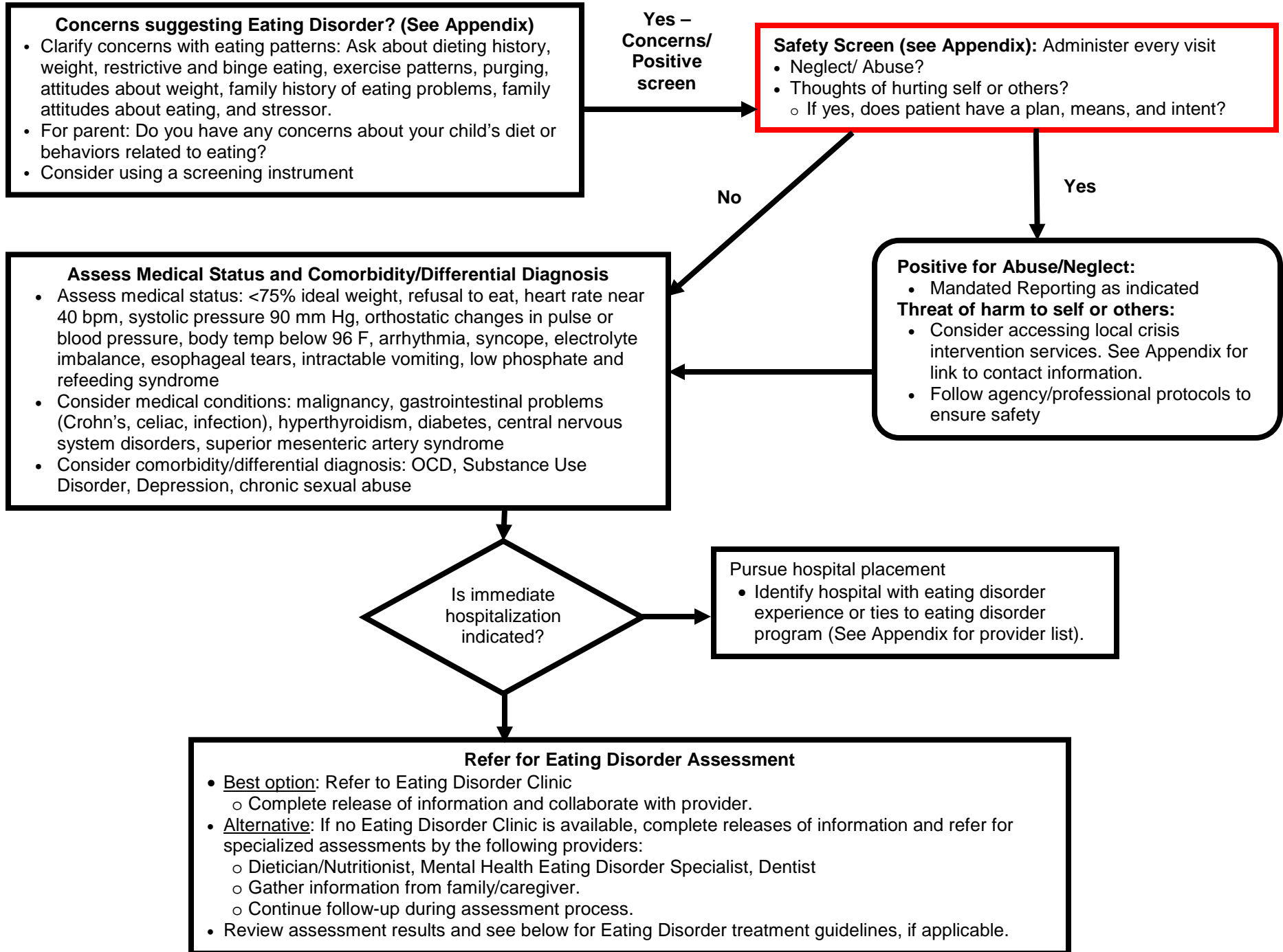


Eating Disorder Assessment & Treatment



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Eating Disorder Treatment Guideline

- Best option: An integrated ED treatment program (See Appendix for listing of providers)
- Treatment requires a team approach that minimally includes the following specialists.
- *Ongoing communication between primary care and ED treatment team is imperative.*
- **Note:** Research on medication use for children and adolescents with eating disorders is limited. Fluoxetine has been shown to reduce binge-purge behaviors in bulimia, but has only been proven for adults.

Primary Care Provider

- Monitor medical status and progress toward developmental goals
 - Assess medical status: <75% ideal weight, refusal to eat, heart rate near 40 bpm, systolic pressure 90 mm Hg, orthostatic changes in pulse or blood pressure, body temp below 96 F, arrhythmia, syncope, electrolyte imbalance, esophageal tears, intractable vomiting, and low phosphate
- Assess for refeeding syndrome
- Continue inquiring about new/additional concerns and safety
- Follow-up every 4-26 weeks depending on safety and medical stability
- Monitor for re-occurrence of symptoms
- Consult with family/caregiver to track symptoms, eating patterns, and behaviors
- Pursue hospitalization or re-admission if indicated

Caregiver/Family

- Monitor symptoms, eating patterns, and behaviors to report to providers
- Participate in treatment as indicated
- Request feedback and communication
- Follow-up every 4-26 weeks depending on safety and medical stability

Dietician/Nutritionist with Eating Disorder expertise

- Nutrition assessment and education
- Provide nutrition targets, recommendations, and pacing
- Monitor symptoms, patterns, behaviors, and progress

Mental Health Specialist with Eating Disorder expertise

- Psychoeducation: refers to the education offered to individuals with a mental health condition and their families to help inform and empower in order to optimize functioning
- Psychotherapy: a general term for treating mental health problems by talking with a mental health provider to learn about the condition, as well as moods, feelings, thoughts, and behaviors
- Consult with family/caregiver to track symptoms, eating patterns, and behaviors
- Inquire about new/additional concerns and safety

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Primary References:

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- Williams, P.M., Goodie, J., & Motsinger, C.D. (2008). Treating Eating Disorders in Primary Care, *American Family Physician*, 77(2), 187-195.

Appendix

Potential Warning Signs of an Eating Disorder – Need for Further Evaluation:

Behaviors: excessive exercise, picky eating, skipping or avoiding meals, eliminating food groups, suddenly complaining of feeling cold, deceptive eating behaviors, excessive caffeine use, isolative or withdrawn behaviors, spending more time in room, going to bathroom following meals, changes in grades, comments on weight or collecting pictures of thin people

Medical symptoms: marked weight gain, loss, or fluctuations; failure to meet expected weight gains; fatigue; dizziness; oral trauma/lacerations; dental erosion or caries; chest pain; arrhythmias; shortness of breath; edema; gastroesophageal reflux; constipation; low bone mineral density; amenorrhea; seizures; memory loss; insomnia; hypothermia; lanugo; dull hair; nail changes; breast atrophy; calluses on knuckles; Trousseau's sign

Safety Screen:

Some questions to assess potential threat of harm to self: Children and adolescents may be asked the following diagnostic questions (Jacobsen et al., 1994).

- “Did you ever feel so upset that you wished you were not alive or wanted to die?”
- “Did you ever do something that you knew was so dangerous that you could get hurt or killed by doing it?”
- “Did you ever hurt yourself or try to hurt yourself?”
- “Did you ever try to kill yourself?”

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*If the threat assessment (i.e., Safety Screen) indicates risk of harm to self or others, educate families on the appropriate care options and safety precautions including removal of firearms from the home and securing all medications, both prescription and over-the-counter.

Warning Signs of Suicide: (Developed by the U.S. Department of Health and Human Services – Substance Abuse and Mental Health Services Administration (SAMHSA; 2011).

These signs may mean someone is at risk for suicide. The risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change.

- Threatening to hurt or kill oneself or talking about wanting to die or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, available pills, or other means
- Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person
- Feeling hopeless
- Feeling rage or uncontrolled anger or seeking revenge
- Acting recklessly or engaging in risky activities – seemingly without thinking
- Feeling trapped – like there’s no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Feeling anxious, agitated, or unable to sleep or sleeping all the time
- Experiencing dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life

Minnesota Mental Health Crisis Contact Numbers: <http://mn.gov/dhs/people-we-serve/people-with-disabilities/health-care/childrens-mental-health/resources/crisis-contacts.jsp>

Current Evidence-Based Eating Disorder Treatments include: Cognitive Behavior Therapy (CBT), Physical Exercise and Dietary Care and Behavioral Feedback

Elements of effective Eating Disorder treatment include: Psychoeducation, Nutritional Care or Recommendation, Problem Solving, Self-Monitoring, Cognitive Processing, Goal Setting, Maintenance/Relapse Prevention, Motivational Enhancement, Activity Selection, Assertiveness Training, Caregiver Coping, Caregiver-Directed Nutrition, Communication Skills, Performance Feedback, Physical Exercise or Education, and Social Skills Training

DSM-5 Anorexia Nervosa Criteria:

- 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 of becoming fat, or persistent behavior that interferes with weight gain, even though at a significantly low weight.

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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.

Specify whether:

(F50.01) Restricting Type: During the last 3 months, the individual has not engaged in recurrent episodes of binge eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas). This subtype describes presentations in which weight loss is accomplished primarily through dieting, fasting, and/or excessive exercise.

(F50.02) Binge-eating/purging type: During the last 3 months, the individual has engaged in recurrent episodes of binge eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas).

DSM-5 Bulimia Nervosa Criteria:

A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:

1. Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than what most individuals would eat in a similar period of time under similar circumstances.
2. A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).

B. Recurrent inappropriate compensatory behaviors in order 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 compensatory behaviors both occur, on average, at least once a week for 3 months.

D. Self-evaluation is unduly influenced by body shape and weight.

E. The disturbance does not occur exclusively during periods of anorexia nervosa.

DSM-5 Binge-Eating Disorder Criteria:

A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:

1. Eating, in a discrete period (e.g., within any 2-hour period), an amount of food that is definitely larger than what most people would eat in a similar period of time under similar circumstances.
2. A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).

B. The binge-eating episodes are associated with three (or more) of the following:

1. Eating much more rapidly than normal.
2. Eating until feeling uncomfortably full.
3. Eating large amounts of food when not feeling physically hungry.
4. Eating alone because of feeling embarrassed by how much one is eating.
5. Feeling disgusted with oneself, depressed, or very guilty afterward.

C. Marked distress regarding binge eating is present.

D. The binge eating occurs, on average, at least once a week for 3 months.

E. The binge eating is not associated with the recurrent use of inappropriate compensatory behavior as in bulimia nervosa and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa.

Eating Disorder Assessment & Treatment

Resources in Minnesota for Assessment and Treatment of Eating Disorders	
Diann Ackard Private Practice Golden Valley, MN www.diannackard.com	Outpatient
Susan L. Buesing, LMFT, LD Private Practice Shoreview, MN	Outpatient
CentraCare St. Cloud, MN http://www.centracare.com/services/eating-disorders/	Outpatient
The Emily Program Twin Cities locations and Duluth www.emilyprogram.com	Outpatient Intensive Outpatient Intensive Day Treatment Residential
Kathy Kater, LICSW St. Paul, MN www.bodyimagehealth.org	Outpatient
Suzanne L. Krueger & Associates, P.C. Bloomington, MN www.suzannekrueger.com	Outpatient
Mayo Eating Disorders Clinic Rochester, MN www.mayoclinic.org/eating-disorders	Outpatient Inpatient
Park Nicollet Melrose Center St. Louis Park, MN http://www.parknicollet.com/SpecialtyCenters/Melrose-Center	Outpatient Intensive Outpatient Partial Hospitalization/Day Treatment Inpatient Residential
Neuropsychiatric Institute for Eating Disorders Fargo, ND www.nrifargo.com/edi.asp	Outpatient Partial Hospitalization Inpatient

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Water's Edge Counseling & Health Center
Burnsville, MN
www.watersedgehc.com

Outpatient
Intensive Outpatient