

Eating Disorder

Possible Eating Disorder?

Consider other causes of symptoms:
Malignancy
GI disorder like Crohn's disease
Endocrine disorder like diabetes mellitus
Depression
Obsessive compulsive disorder
Chronic infection or disease
Superior mesenteric artery syndrome
History of sexual abuse

Safety check: Suicidality?
Medically unstable? (hospital criteria below)

Diagnosis:
EAT-26 rating scale can be helpful for screening
DSM-IV TR criteria for anorexia nervosa and bulimia nervosa
Note > half of all youth with eating disorders do not fully meet specific criteria and are then diagnosed "eating disorder, NOS"
Record highest stable weight and current weight
Body image concerns: "Do you like your body?"
Inquire about all restrictive and purging habits
(including exercise, laxative, vomiting, caffeine/nicotine or other substance abuse)

Management:

1. Initial lab: CBC, electrolytes, LFT, UA, TSH, baseline EKG
2. Establish plan for frequent weight check, HR, BP, temp. Follow-up weekly if low weight.
3. Referral to a nutritionist, preferably one with eating disorder experience
3. Referral to therapist, eating disorder experience preferred
Family based approach best supported if <16 years old or illness < 3 year.
Group therapy with anorexic children is not recommended.
4. Medications:
consider SSRI like fluoxetine for binge/purge of bulimia, or if anorexic with weight > 85%ile to decrease rate of relapse
(not good evidence for use of other medications)
5. Consider hospital admission if:

HR < 40	Intractable vomiting
Weight < 75 percentile of ideal	Orthostatic hypotension
Severe dehydration	Precipitous weight loss
Acute food refusal	Severe electrolyte imbalance
Suicidality	Hypothermia
EKG changes	

Primary References:

Jellinek M, Patel BP, Froehle MC eds. (2002): Bright Futures in Practice: Mental Health-Volume I. Practice Guide. Arlington, VA: National Center for Education in Maternal and Child Health: 203-211
AAP Committee on Adolescence (2003): "Policy statement: identifying and treating eating disorders." *Pediatrics* 111(1):204-211

Eating Attitudes Test[©] (EAT-26)

Instructions: This is a screening measure to help you determine whether you might have an eating disorder that needs professional attention. This screening measure is not designed to make a diagnosis of an eating disorder or take the place of a professional consultation. Please fill out the below form as accurately, honestly and completely as possible. There are no right or wrong answers. All of your responses are confidential.

Part A: Complete the following questions:									
1) Birth Date	Month: _____	Day: _____	Year: _____	2) Gender: <input type="checkbox"/> Male	<input type="checkbox"/> Female				
3) Height	Feet: _____	Inches: _____							
4) Current Weight (lbs.):	_____	5) Highest Weight (excluding pregnancy):	_____						
6) Lowest Adult Weight:	_____	7) Ideal Weight:	_____						
Part B: Please check a response for each of the following statements:				Always	Usually	Often	Sometimes	Rarely	Never
1.	Am terrified about being overweight.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Avoid eating when I am hungry.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Find myself preoccupied with food.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have gone on eating binges where I feel that I may not be able to stop.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Cut my food into small pieces.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Aware of the calorie content of foods that I eat.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Particularly avoid food with a high carbohydrate content (i.e. bread, rice, potatoes, etc.)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Feel that others would prefer if I ate more.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Vomit after I have eaten.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Feel extremely guilty after eating.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Am preoccupied with a desire to be thinner.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Think about burning up calories when I exercise.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Other people think that I am too thin.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Am preoccupied with the thought of having fat on my body.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Take longer than others to eat my meals.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Avoid foods with sugar in them.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Eat diet foods.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Feel that food controls my life.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Display self-control around food.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Feel that others pressure me to eat.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Give too much time and thought to food.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Feel uncomfortable after eating sweets.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Engage in dieting behavior.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Like my stomach to be empty.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Have the impulse to vomit after meals.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Enjoy trying new rich foods.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part C: Behavioral Questions. In the past 6 months have you:				Never	Once a month or less	2-3 times a month	Once a week	2-6 times a week	Once a day or more
A.	Gone on eating binges where you feel that you may not be able to stop?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Ever made yourself sick (vomited) to control your weight or shape?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Ever used laxatives, diet pills or diuretics (water pills) to control your weight or shape?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Exercised more than 60 minutes a day to lose or to control your weight?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Lost 20 pounds or more in the past 6 months			<input type="checkbox"/> Yes		<input type="checkbox"/> No			
Defined as eating much more than most people would under the same circumstances and feeling that eating is out of control.									

Scoring the Eating Attitudes Test[©] (EAT-26)

The Eating Attitudes Test (EAT-26) has been found to be highly reliable and valid (Garner, Olmsted, Bohr, & Garfinkel, 1982; Lee et al., 2002; Mintz & O'Halloran, 2000). However the EAT-26 alone does not yield a specific diagnosis of an eating disorder.

Scores greater than 20 indicate a need for further investigation by a qualified professional.

Low scores (below 20) can still be consistent with serious eating problems, as denial of symptoms can be a problem with eating disorders.

Results should be interpreted along with weight history, current BMI (body mass index), and percentage of Ideal Body Weight. Positive responses to the eating disorder behavior questions (questions A through E) may indicate a need for referral in their own right.

EAT-26 SCORE

Score the 26 items of the EAT-26 according to the following scoring system. Add the scores for all items.

Scoring for Questions 1-25:		
Always	=	3
Usually	=	2
Often	=	1
Sometimes	=	0
Rarely	=	0
Never	=	0

Scoring for Question 26:		
Always	=	0
Usually	=	0
Often	=	0
Sometimes	=	1
Rarely	=	2
Never	=	3

Eating Disorder Resources

Information for Families

Books families may find helpful:

Helping Your Child Overcome an Eating Disorder: What You Can Do at Home (2003), by Teachman, Schwartz, Gordic and Coyle

Help Your Teenager Beat an Eating Disorder (2004), by James Lock and Daniel le Grange

Effective Meal Support: A Guide for Family and Friends, by British Columbia Children's Hospital and Seattle Children's Hospital, order info at 604-875-2260 or mcatamo@cw.bc.ca

Off the C.U.F.F. (Calm, Unwavering, Firm and Funny) by Duke Eating Disorders Program, order info at www.dukehealth.org/services/eating_disorders/treatments/group_treatment or 919-668-7301

Books youth may find helpful:

Eating Disorders (2003), by Trudi Strain Trueit

No Body's Perfect (2002), by Kimberley Kirberger

Websites families may find helpful:

National Eating Disorders Association provides information and referrals
www.nationaleatingdisorders.org

Parent guide to an evidence based, outpatient treatment for anorexia
www.maudsleyparents.org

Academy for Eating Disorders, professional organization
www.aedweb.org

Recovery support site
www.somethingfishy.org