









Possible Eating Disorder? Other Causes, Safety Check, Diagnosis, Management				
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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-5 criteria for anorexia nervosa and bulimia nervosa.

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

Weight < 75 percentile of ideal

Severe dehydration Acute food refusal

Suicidality

EKG changes

Intractable vomiting Orthostatic hypotension Precipitous weight loss Severe electrolyte imbalance

Hypothermia

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 disoders." 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:									
l) Birt	:h Date Month:	Day:	Year	·:	2) Ge	nder: 🗆 Male	e 🗆 Fen	nale	
3) He	ight Feet:	Inches:							
		5) Highest Weight (excluding pregnancy):							
6) Lo	west 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.								
2.	Avoid eating when I am hungry.								
3.	Find myself preoccupied with food.								
4.	Have gone on eating binges where I feel that I may not be able to stop.								
5.	Cut my food into small pieces.								
6.	Aware of the calorie content of foods that I eat.								
7.	Particularly avoid food with a high carbohydrate content (i.e. bread, rice, potatoes, etc.)								
8.	Feel that others would prefer if I ate more.								
9.	Vomit after I have eaten.								
10.	Feel extremely guilty after eating.								
11.	Am preoccupied with a desire to be thinner.								
12.	Think about burning up calories when I exercise.								
13.	Other people think that I am too thin.								
14.	Am preoccupied with the thought of having fat on my body.								
15.	Take longer than others to eat my meals.								
16.	Avoid foods with sugar in them.								
17.	Eat diet foods.								
18.	Feel that food controls my life.								
19.	Display self-control around food.								
20.	Feel that others pressure me to eat.								
21.	Give too much time and thought to food.								
22.	Feel uncomfortable after eating sweets.								
23.	Engage in dieting behavior.								
24.	Like my stomach to be empty.								
25.	Have the impulse to vomit after meals.								
26.	Enjoy trying new rich foods.								
	t C: Behavioral Questions. he 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 manot be able to stop?	У							
B.	Ever made yourself sick (vomited) to control your weight or shape?								
C.	Ever used laxatives, diet pills or diuretics (water pil to control your weight or shape?	lls)							
D.	Exercised more than 60 minutes a day to lose or to control your weight?								
E.	Lost 20 pounds or more in the past 6 months			□ Yes			□ No		
• De	efined as eating much more than most people would	d under the	same circ	cumstance	es and fee	ling that eati	ng is out	of control.	

EAT-26: Garner et al. 1982, Psychological Medicine, 12, (871 878); adapted/reproduced by D. Garner with permission.

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:

=	0
=	0
=	0
=	1
=	2
=	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 Colombia Children's Hospital and Seattle Children's Hospital

Off the C.U.F.F. (Calm, Unwavering, Firm and Funny) by Duke Eating Disorders Program, order info at www.dukehealth.org/treatments/psychiatry/eating-disorders

Life Without Ed: How One Woman Declared Independence from Her Eating Disorder and How You Can Too (2003), by Jenni Schaefer and Thom Rutledge

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 <u>www.nationaleatingdisorders.org</u>

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 http://something-fishy.org

Seattle Children's, Eating Disorder Booklist and Resources www.seattlechildrens.org/pdf/PE456.pdf



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