Assessing patients for Eating Disorders

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Objectives

How to ask?

What to look for.

Why to label!
Ask:

Weight history
Lowest, highest, personal “goal”
Request weight charts

Methods of weight control
Restriction, binging (objective vs subjective), food rules

Purging (Type, frequency, intensity, duration)

Exercise

Pills (laxatives, stimulants, natural supplements)
How to ask

- “Typical day diet”

- “First wake up... what do you eat?” Specify amounts/types.

- “When do you eat next?” (Preferences, dislikes, gross or “bad” foods)

- Eating alone/with family? Separate food? Cooking?
**Screener Questionnaire**

The **SCOFF**:  

- **S**: Do you make yourself Sick because you feel uncomfortably full?  
- **C**: Do you worry you have lost Control over how much you eat?  
- **O**: Have you recently lost more than One stone (6.35 kg or 14 lb) in a three-month period?  
- **F**: Do you believe yourself to be Fat when others say you are too thin?  
- **F**: Would you say Food dominates your life?  

*Two or more positive responses on the SCOFF indicates a possible ED and should prompt referral for further evaluation.*
Physical Exam

- Physical Exam
- Menstrual cycle
  - OCP
- Weight/height (void, in gown or minimal clothing, *blinded*)
- Vitals (orthostatics)
- BMI
- Temperature (hypothermia)
- Lanugo
- Capillary refill
Work-up

Labs

CBC with differential (neutropenia, anemia, thrombocytopenia)

Electrolytes (including Mg and Phos)

**Electrocardiogram** (QTC <600 msec, t-wave inversions, bradycardia)

“Extra’s”

If Possible:

* Bone Mineral Density
* Ovarian US
Anorexia Nervosa

**DSM-IV-TR**
- Refusal to maintain body weight or failure to make expected wt gain (below 85% of expected)
- Intense fear of gaining weight
- Body image disturbance
  - Experienced
  - Undue influence on self-evaluation
  - Denial of low body weight
- Amenorrhea
- 2 types:
  - Restricting type
  - Binge-eating/purging type

**DSM-5**
- Restriction of energy leading to a low body weight in the context of age, sex, developmental trajectory and physical health
- Intense fear of gaining weight or persistent bx that interferes with weight gain
- Body image disturbance
  - Experienced
  - Undue influence on self-evaluation
  - Denial of low body weight
- 2 types (during the last 3 months):
  - Restricting type
  - Binge-eating/purging type
- Sx severity (mild, moderate, severe, extreme) – based on BMI but also functional disability
Weight is not a proxy for health

People can be starving at any size.

Not all anorectics are underweight.

Purging is not obvious.
Characteristics and Outcome of AN

- Common comorbid psychopathology
- Anxious temperament/harm avoidant
- Individuals with AN lack insight
- Ego-syntonic
- 50% patients recover
- Protracted recovery (57-59 months)
- 30% of restrictors develop binge eating
- Elevated mortality rate

Keel & Klump; 2003; Psych Bulletin; 129; 747-769
Keski-Rahkonen et al., 2007; Am J Psychiatry; 164;1259-1265
Steinhausen, H.C. 2002; Am J Psychiatry; 159;1284-1293
Swanson et al., 2011; Arch Gen Psychiatry. 2011;68(7):714-723
Bulimia DSM-5 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 most people would eat during a similar period of time and 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 behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas, 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 episodes of Anorexia Nervosa.

- Specify severity: mild, moderate, severe and extreme
Cognitive Behavioral Model of BN

Self worth based on:
- Eating habits, weight, shape
- Strict dieting
- Extreme weight control strategies
- Nutritional deprivation
- Hunger
- Psychological deprivation
- Binge Eating
- Purging

Depressed mood
Binge Eating Disorder

*Recurrent episodes of binge eating:
  - Eating, in a discrete period of time, an amount of food that is definitely later than what most people would eat in a similar period of time under similar circumstances.
  - A sense of lack of control during eating
*The episodes are associated with (3 or more)
  - Eating much more rapidly than normal
  - Eating until feeling uncomfortably full
  - Eating large amounts of food when not hungry
  - Eating alone because of embarrassment about food intake
  - Feeling intensely shameful, guilty, disgusted afterwards

*Once weekly for 3 months
*No compensatory behaviors
Starvation makes people depressed, anxious and suicidal.

Minnesota Starvation Experiment