

Assessing patients for Eating Disorders

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Objectives

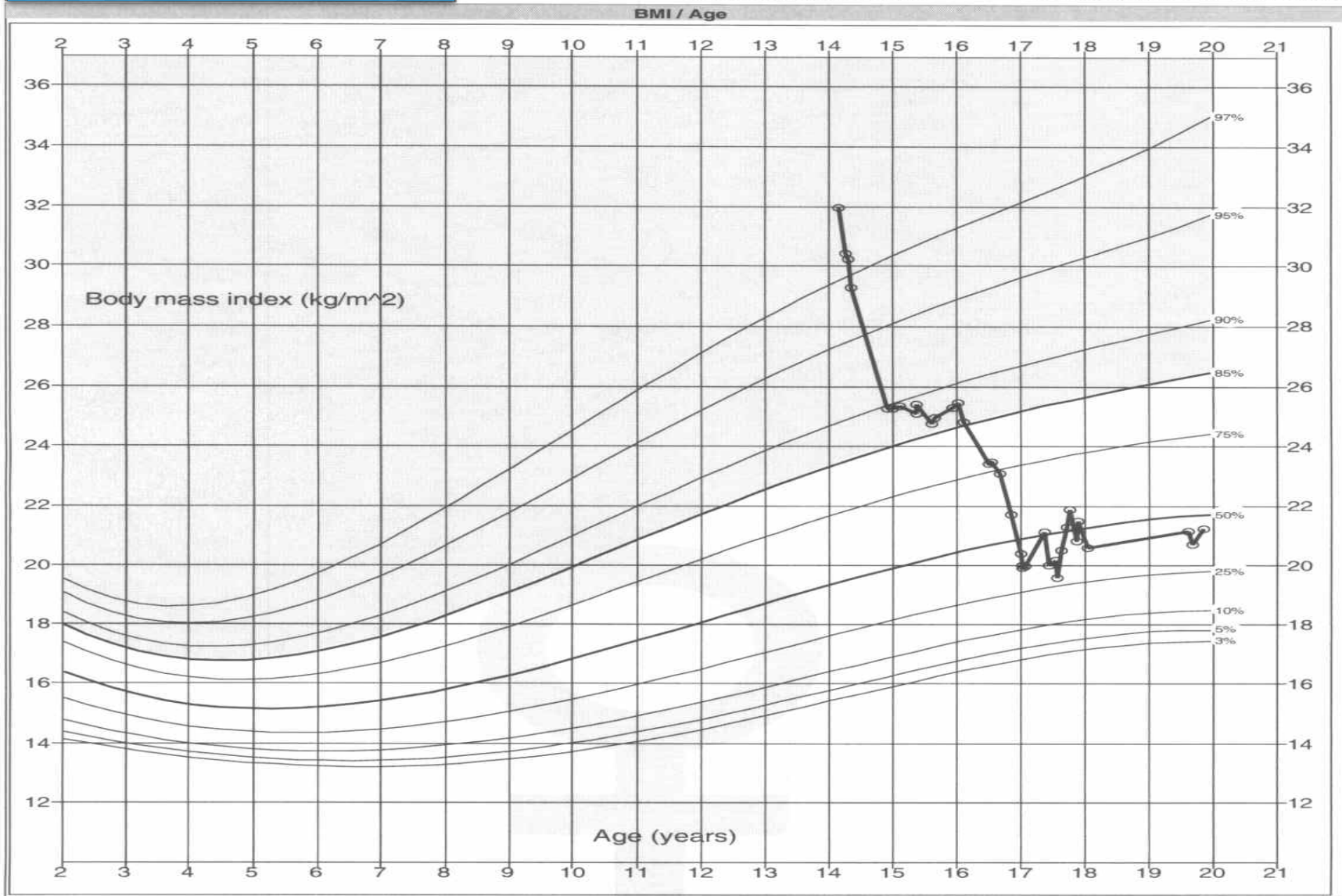
How to ask?

What to look for.

Why to label!

Growth Chart, Girls 2-20 Years

Service Date/Time: 17-Sep-2013 09:17



Weight history

Ask:

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?

Screenener 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

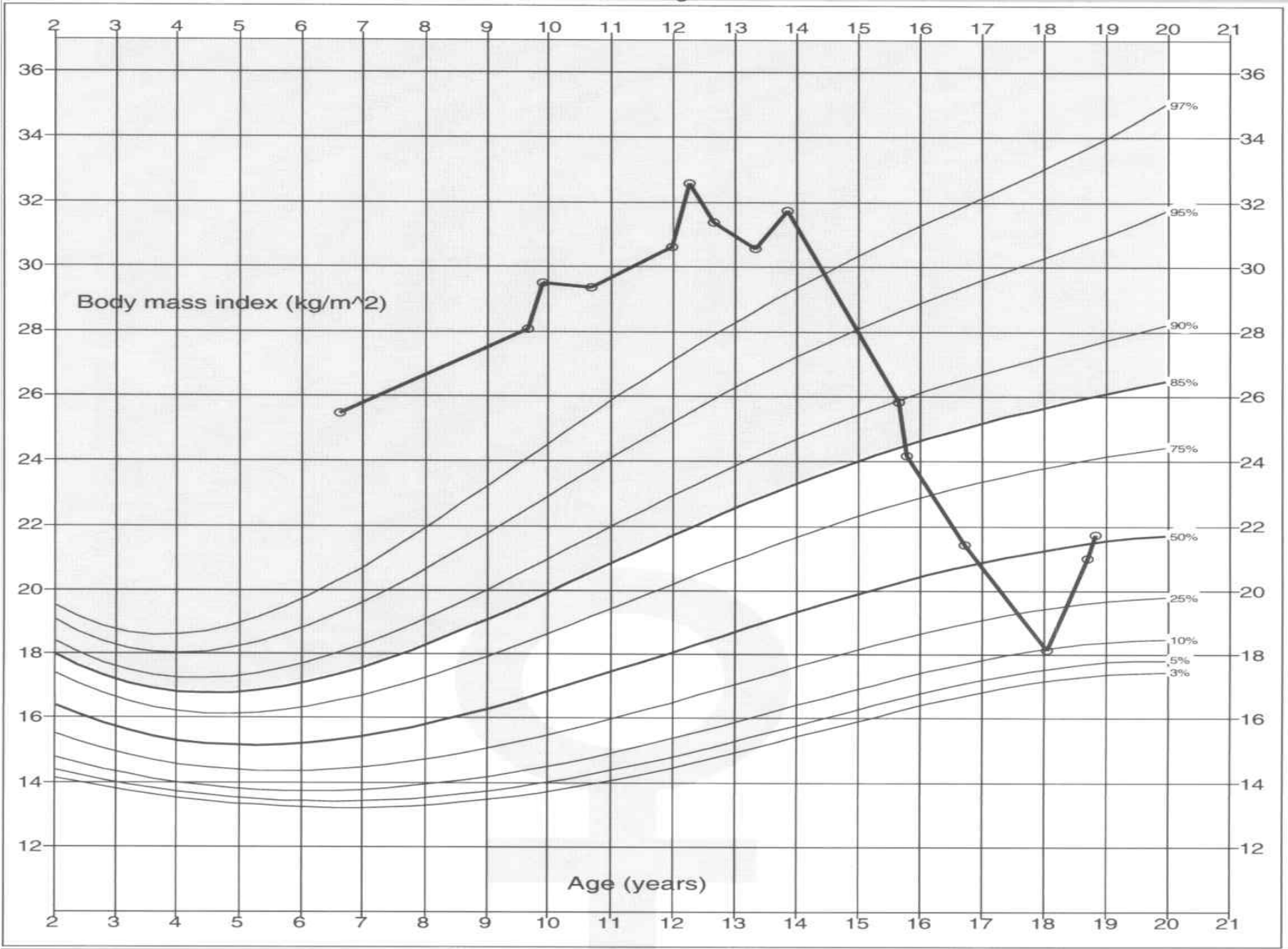
DSM-IV-TR

- * 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

BMI / Age



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.

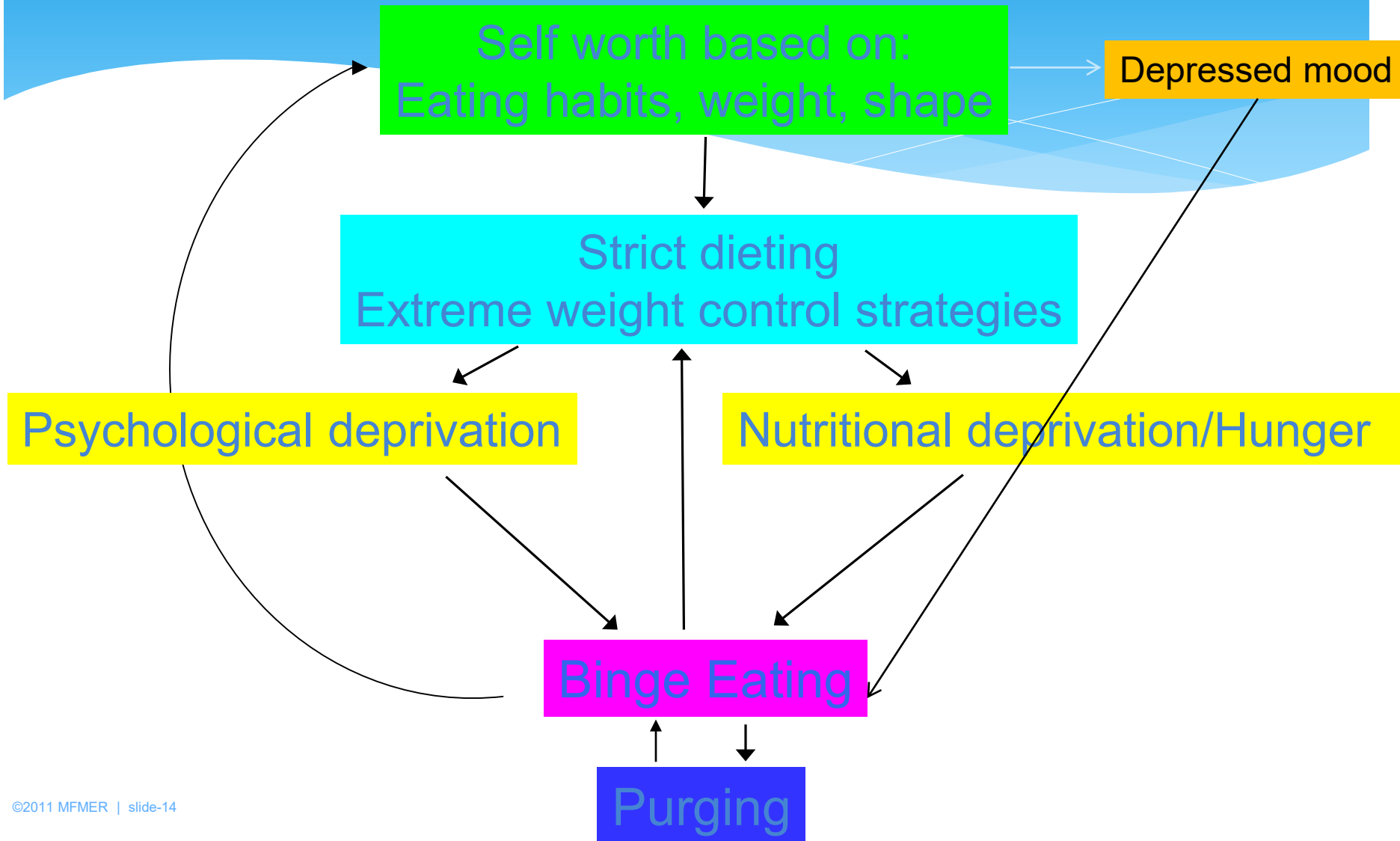
* D. Self-evaluation is unduly influenced by body shape and weight.

* E. The disturbance does not occur exclusively during episodes of Anorexia

* Nervosa.

- Specify severity: mild, moderate, severe and extreme

Cognitive Behavioral Model of BN



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

Minnesota Starvation Experiment



MEN STARVE IN MINNESOTA
CONSCIENTIOUS OBJECTORS VOLUNTEER FOR STRICT HUNGER TESTS TO STUDY EUROPE'S FOOD PROBLEM

FIGURE 2 *Life* magazine photograph of conscientious object during starvation experiment. July 30, 1945. Volume 19, Number 5, 43. Credit: Wallace Kirkland/Time Life Pictures/Getty Images.



FIGURE 8.6. Minnesota volunteers after weight loss. Photo by Wallace Kirkland. Copyright 1950 by Life-Time-Warner.



FIGURE 8.5. Minnesota volunteers at mealtime. Copyright 1950 by the University of Minnesota Press. Reprinted by permission.

Starvation makes people depressed, anxious and suicidal