FUTURE OF PEDIATRICS TALKS!

A VIRTUAL SUMMER SERIES

Pediatric Health Network

Children's National

Anisha Abraham has global health experience and is a pediatrician and teen health specialist on faculty at Children's National Hospital and Medstar Georgetown University Hospital. Check out her recently released book *Raising Global Teens: Parenting in the 21st Century* and watch her TEDx talk: Demystifying Teens.

Nomi Sherwin is currently a fellow in the Division of Adolescent and Young Adult Medicine at Children's National. Her scholarly and clinical interests include social justice medicine, ethics, the influence of culture on teenage identity and medical education.

Patricia Kapunan is a military-trained Adolescent Medicine specialist and pediatrician with broad experience in clinical operations leadership and academic medicine, and graduate training in clinical research and public health. Areas of focus include health services delivery, care of adolescent patients with chronic complex health conditions, and transition from pediatric to adult health services.

Joseph Waters is a Adolescent Medicine fellow at Children's National Hospital since July 2019. His clinical and research areas of interest include working to address social determinants of health and improve the lives of sexual and gender minority youth.


BEST
CHILDREN'S
HOSPITALS
U.S.News & WORLD REPORT
HONOR ROLL
2021-22
BEST
CHILDREN'S
HOSPITA
U.S.News & WORLD REPORT
NEONATOLOGY
2021-22
BEST
CHILDREN'S
OSPITALS
U.S.News & WORLD REPORT
RANKED IN
10 SPECIALTIES
2021-22

TOP 7 CHILDREN'S HOSPITAL IN THE NATION 2021

SPECIALTY	
Overall Hospital Ranking	**7**
Neonatology	1
Neurology and Neurosurgery	3
Cancer	5
Nephrology	6
Orthopedics	6
Pulmonology	8
Diabetes and Endocrinology	10
Gastroenterology and GI Surgery	20
Urology	25
Cardiology and Heart Surgery	38

FUTURE OF PEDIATRICS TALKS!

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Future of Pediatrics Talks! A Virtual Summer Series

A few notes about today's Webinar

- All lines are muted throughout the webinar.
- Please use the Q&A box to ask questions or make comments.
- Today's Webinar recording, slides and resources will be posted to the PHN website following the presentation.
- You can find past FOP presentations on our website at https://pediatrichealthnetwork.org/future-of-pediatrics/

Upcoming FOP Talks!

DATE/TIME	TOPIC	SPEAKER(S)
June 29 12:00-12:30	Children's National Hospital & COVID-19 Update	Kurt Newman, MD Bud Wiedermann, MD, MA
June 29 12:30-1:00	Food Insecurity 101: Effective Strategies to Screen & Intervene	Kofi Essel, MD, MPH, FAAP
July 13 12:00-12:30	Atopic Dermatitis: New Treatment Recommendations	Kaiane Habeshian, MD
July 13 12:00-12:30	Hemangiomas & Port Wine Stain	A. Yasmine Kirkorian, MD

Speakers

Anisha Abraham, MD, MPH

Nomi Sherwin, MD

Patricia Kapunan, MD, MPH

Joseph Waters, MD

No conflicts to disclose:

- No financial or business interest, arrangement or affiliation that could be perceived as a real or apparent conflict of interest in the subject (content) of their presentation.
- No unapproved or investigational use of any drugs, commercial products or devices.

Caring for Eating Disorders in the Time of COVID

Nomi Sherwin, MD
Fellow
Division of Adolescent and Young Adult Medicine
nsherwin@childrensnational.org

Anisha Abraham, MD, MPH
Attending Physician
Division of Adolescent and Young Adult Medicine
aabraham2@childrensnatioanl.org)

FUTURE OF PEDIATRICS

Eating Disorders and COVID


Los Angeles Times

SCIENCE

COVID-19 pandemic has fueled surge in eating disorders


healthline

Eating Disorders Among Teens Have Risen During COVID-19: What Parents Can Do


Telegraph

News you can trust since 1948

Coronavirus | Peterborough United | Sport | Homes and Gardens | What's On | Retro | Lifestyle | Recommended

Urgent funding plea after eating disorder surge in Peterborough during Covid

Lockdown has triggered a surge in eating disorder referrals in Peterborough with a city charity making an urgent plea for funding to support patients.


The Washington Post

Democracy Dies in Darkness

On Parenting

Worried your child has an eating disorder? This pediatrician has advice.


THE TIMES

Year of Covid has made eating problems soar

Common Provider Questions

How do I optimally medically manage eating disorders as an outpatient in a busy practice?

How do I assist patients with nutrition and meal planning?

What's the best way to determine exercise allowance?

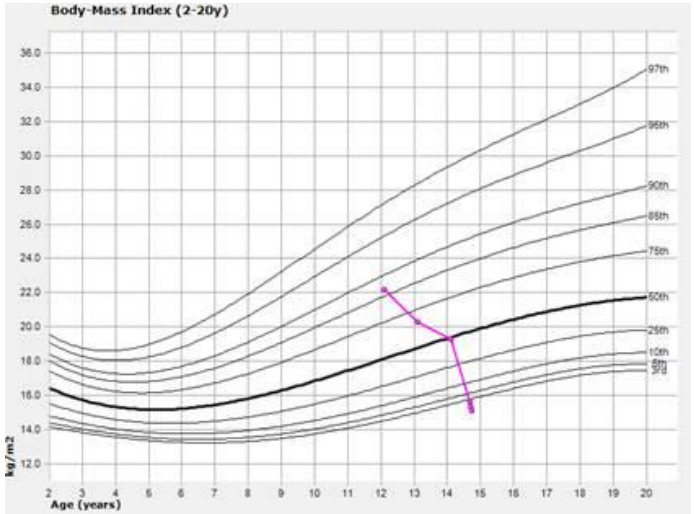
Do you have tips for assembling a treatment team?

What are the specific criteria for medical hospitalization?

Objectives

- To review different forms of Eating Disorders (ED's)
- To understand outpatient evaluation and monitoring of ED's
- To learn when a higher level of care is needed
- To review admission criteria
- To discuss levels of service at Children's National and in the community
- To provide additional ED resources

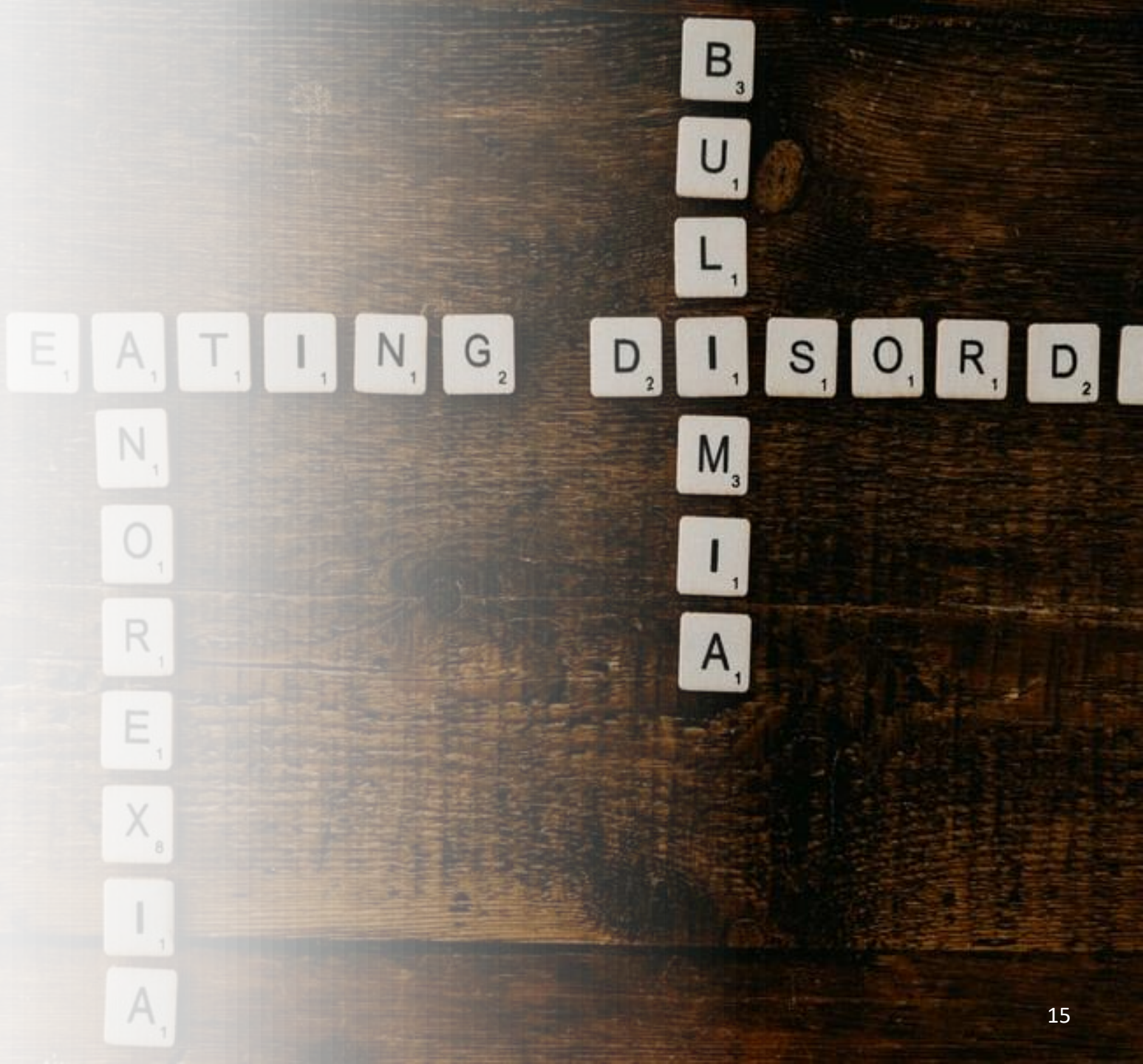
Friday, 4pm – last patient of the day:



- 16 yo male who is brought in by his parents for a routine physical
- **Home**-Lives with parents, sibling
- **Education**-10th grade. Doing well with online school, straight A's despite being in several AP classes.
- **Activities**: Started exercising to stay fit since start of pandemic. Now exercises 2-3 hours per day via running, Youtube and TikTok videos
- **Diet**: Eats "healthy" diet of fruits, veggies, and lean meats. Prepares own food. When asked, says he feels fat when he looks at himself in the mirror. Also that he has been cutting back on calories. Denies use of diuretics, laxatives
- **Sexuality**: Is attracted to women, not sexually active. Denies drug or alcohol use. Also denies cutting, has been feeling more depressed but denies being suicidal.

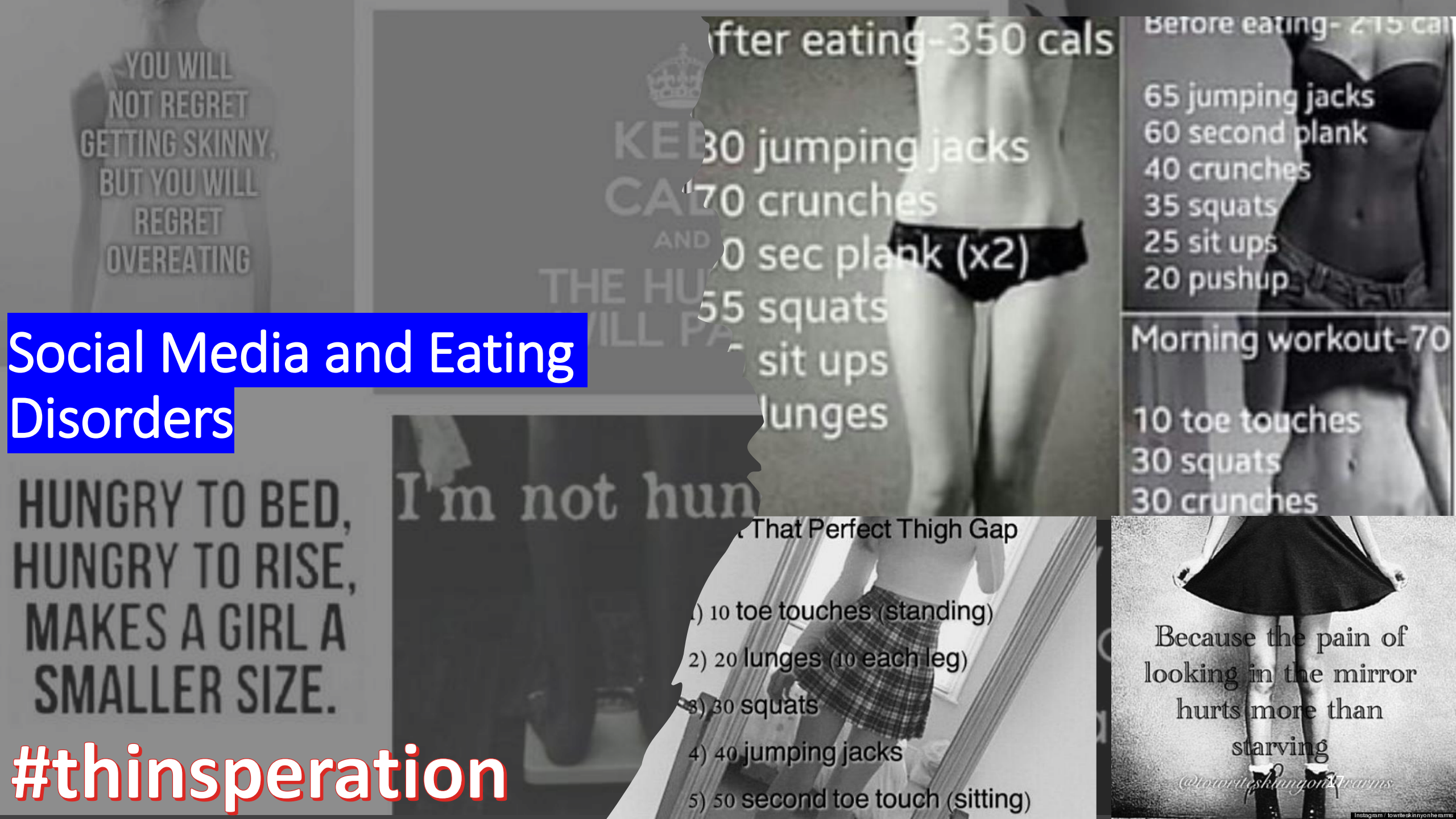
Eating Disorders and COVID

- More common in adolescents by age 20 (girls > boys, but underdiagnosed in males)
- Prevalence and severity have worsened with COVID
- Anorexia associated with a >5x standard mortality ratio.
- Affects all backgrounds (race, religion, socioeconomic class)



Important Issues to Ask About

- Body Image
- Diet
- Weight
- Exercise
- Purging
- Social media use
- Plus STRENGTHS



Social Media and Eating Disorders

Anorexia and Bulimia and ARFID

ANOREXIA:

- Restricted calorie intake leading to low body weight for age, sex, projected growth, and health
- Intense FEAR of gaining weight or behaviors that interfere with gaining weight
- Subtypes: Restricting, binge/purge

Avoidant/Restrictive Food Intake Disorder (ARFID):

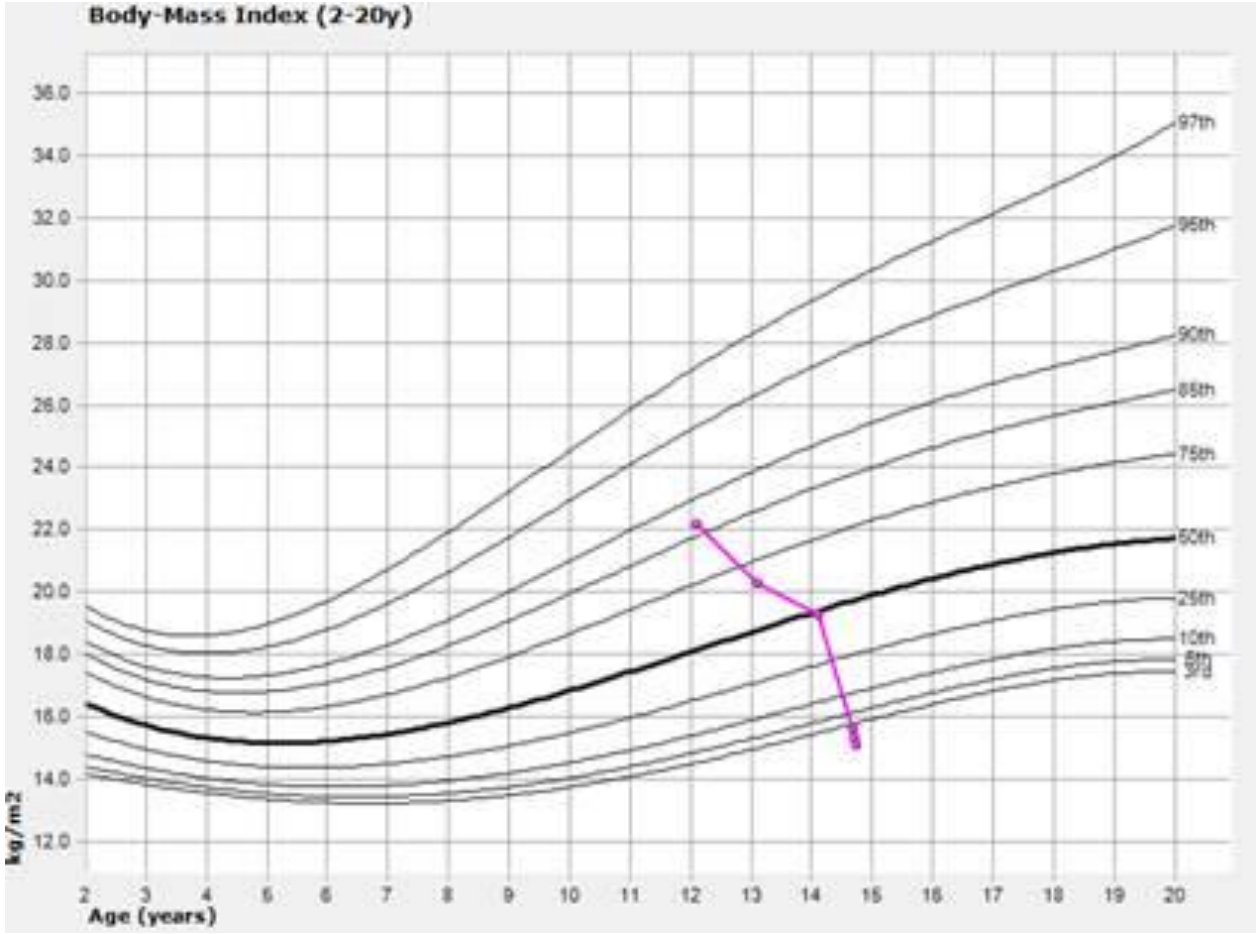
- Disrupted eating pattern leading to inability to meet needs.
- Not explained medically, by another mental disorder, or in cultural context
- EG: extreme fear of choking leading to low weight

BULIMIA

- Repeated episodes of binging (large amount of food, finite time, w/loss of control)
- Use of inappropriate compensatory behaviors to prevent weight gain (ie purging)

SAME treatment by PCP

Back to our Case: What should you do next?

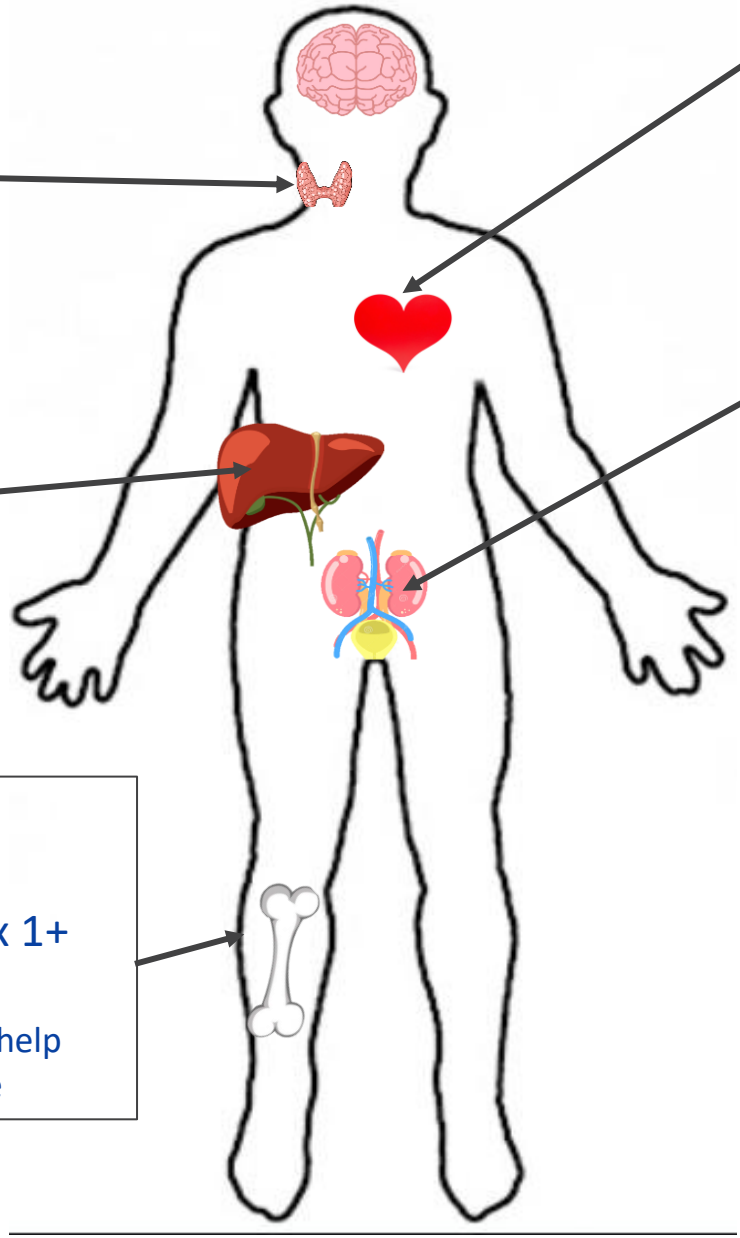


The Medical Workup

Thyroid:
- TSH, free T4

Liver:
- Pre-albumin
- LFT

Bone Health:
- Vitamin D
- Consider DEXA if amenorrhea x 1+ year*
- *OCPs to provoke menses will not fully help protect bone from hypoestrogenic state



Cardiac:
- EKG
- BP, HR
- Orthostatic Vitals

GU/Renal:
- BMP, Magnesium, Phosphorus
- U/A if concern for dehydration or water loading

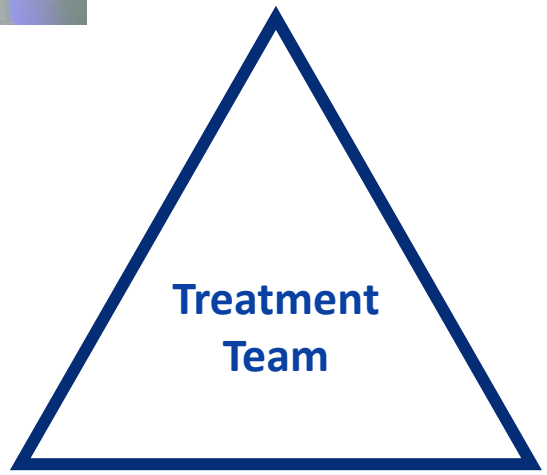
Weight:
- Blinded, gowned, post-void

The Outpatient Eating Disorder Team

(It takes a village)

Medical

- Medical Doctor
- +/- Psychiatrist



Nutritionist

Mental Health

- Family Based Therapist
- Individual Therapist

Family Based Care: The Maudsley Method

Basic Principles

Create anxiety about condition *whenever needed*

Nutrition first. Nutrition is medication.

No blame

Externalize the illness

Practical Take-Aways

Parents control all nutrition

Parents need to present a **unified front**

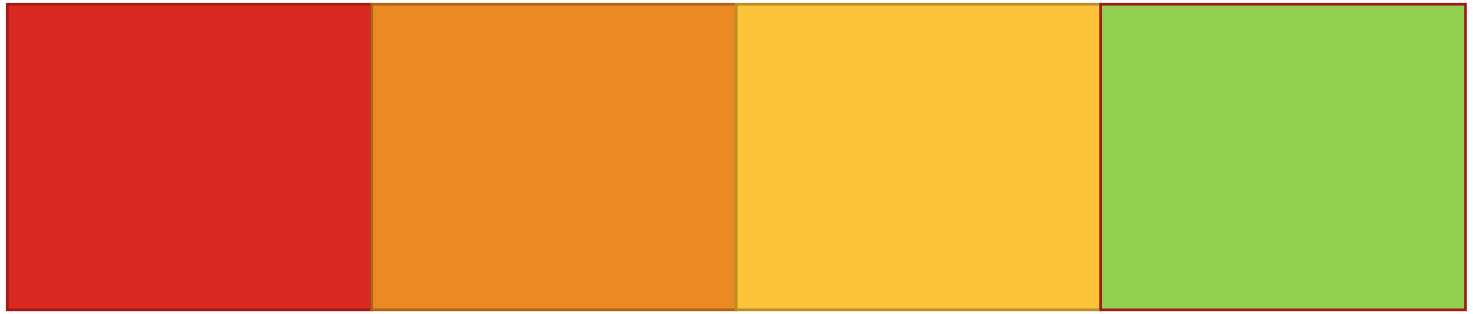
Start with three meals per day and add snacks.

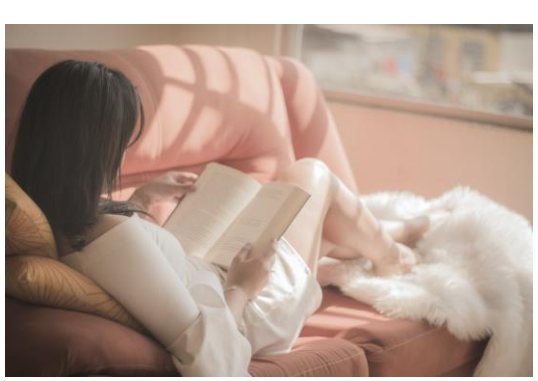
If losing weight, have family **increase by 300 kcal per day,** weekly.

Family Based Care: The Maudsley Method

The parents are <u>not</u> the problem - they are the ***<u>solution</u>*

Exercise and Eating Disorders: Safe Exercise at Every Stage (SEES)



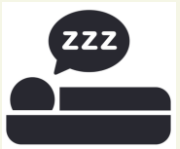


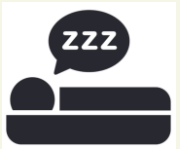
Start low, go slow, re-evaluate often

https://www.safeexerciseateverystage.com/

Eating Disorders and Levels of Care

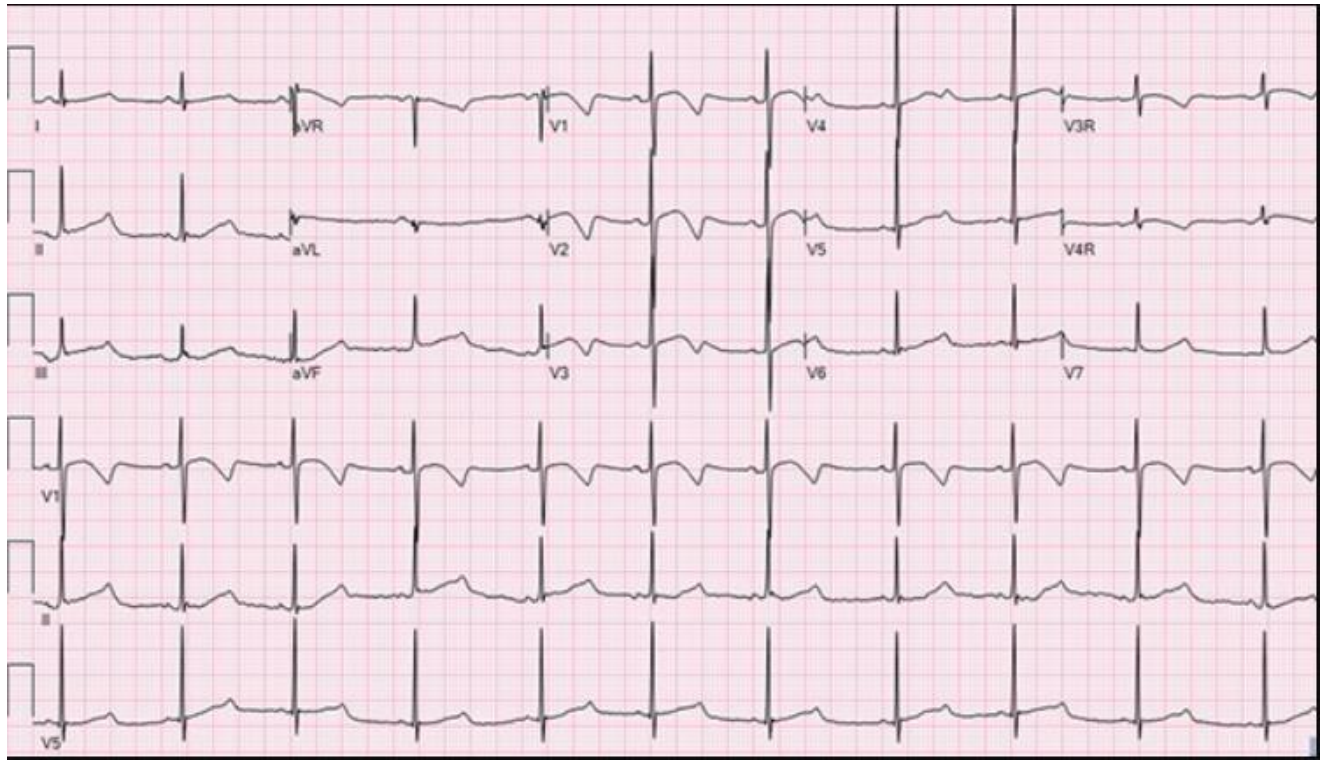
Level 5 Hospital	▪ Hospital in-patient ▪ Short-term ▪ Crisis stabilization
Level 4 Residential	▪ Residential in-patient ▪ Long-term care: 24 hours a day treatment
Level 3 PHP	▪ Partial hospitalization program/day program ▪ 5 days a week, 8 hours a day ▪ Similar to IOP, but more intensive and tightly structured
Level 2 IOP	▪ Intensive out-patient treatment of 2-3 times week ▪ Individual therapy, group therapy, nutrition therapy ▪ Possibly support meals
Level 1 Out-patient	▪ Scheduled appointments with multi-disciplinary treatment team ▪ Medical provider, therapist, dietitian





Criteria for Hospitalization

- Bradycardia **< 50** during the day or EKG abnormalities
- Electrolyte disturbances
- Acute food refusal **(<500 kcal)**
- Uncontrollable purging
- Co-morbid conditions that make it unsafe to treat as an outpatient.



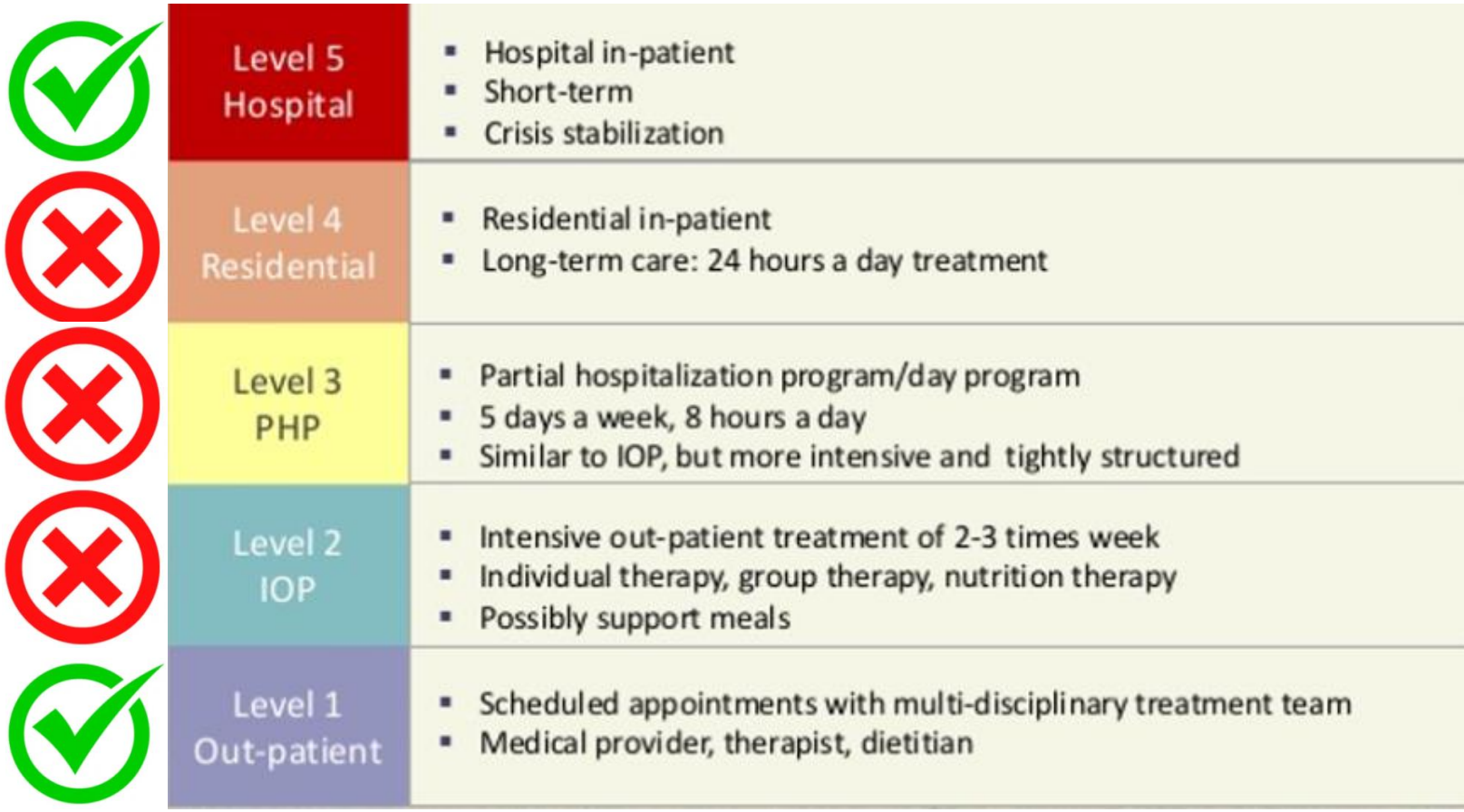
What We Do at Children's National:

INPATIENT

- Medical Stabilization
- Assistance with arranging next steps
- Note: Very limited therapy is provided inpatient

OUTPATIENT

- Multidisciplinary team: adolescent medicine physician, family based therapist, and nutritionist



Eating Disorder Referrals: What to Include

- BMI and weight loss
- Calories per day they're consuming
- Purging behaviors
- Amount of exercise
- Vital signs (including orthostatic vitals)
- Workup done so far
- Treatment team
- Caregiver's ability to implement treatment plan at home

Preparing Families for Admission

- Tell family to get packed – a usual admission is 1-2 weeks
- Everyone gets an NG tube as part of the protocol.
- If needed, have the family ask the ED to call the Adolescent Medicine provider on call.

Quick Provider Resources

Journal of Adolescent Health 56 (2015) 121–125

ELSEVIER

JOURNAL OF ADOLESCENT HEALTH
www.jahonline.org

Position paper

Position Paper of the Society for Adolescent Health and Medicine: Medical Management of Restrictive Eating Disorders in Adolescents and Young Adults

The Society for Adolescent Health and Medicine

The medical provider plays an important role in the management of adolescents and young adults with restrictive eating disorders including anorexia nervosa. This position paper clarifies the role of the medical provider in recognizing and treating eating disorders, proposes an evidence-based method for determining degree of malnutrition, and advocates for standardization of terminology and consistency in the use of terms referring to ideal, expected, or median body weight. The need for medical monitoring at each level of care is underscored. Scientific evidence supports more aggressive approaches to refeeding and the use of family-based therapy as a first-line psychological treatment for adolescents with anorexia nervosa.

Summary of Positions

1. The medical provider, an important member of the multidisciplinary team, plays a critical role in recognizing and diagnosing the spectrum of eating disorders in adolescents and young adults (AYA) and monitoring for medical complications at each level of care (grade IVC).
2. Standardization of terminology and consistency in the use of terms such as ideal bodyweight, expected bodyweight, median bodyweight and mild, moderate, and severe malnutrition are recommended for clinical and research purposes (grade IVC).
3. Weight restoration and resumption of spontaneous menses are important goals of treatment (grade IIB). Treatment goal weight should take into account premorbid trajectories for height, weight, and body mass index; age at pubertal onset; and current pubertal stage.
4. Most AYA can be managed as outpatients. Family-based therapy is a first-line psychological treatment for adolescents with anorexia nervosa (grade 1A).
5. Inpatient refeeding protocols for AYA with anorexia nervosa can be more aggressive than previously recommended (grade IIB).
6. Multicenter studies and prospective registries will facilitate research to improve medical and psychological outcomes (grade IVC).

Position paper approved by the Society for Adolescent Health and Medicine's Board of Directors, October 2014.

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http://dx.doi.org/10.1016/j.jadohealth.2014.10.259

Eating disorders are complex biopsychosocial disorders with significant medical sequelae and a high mortality rate. Onset is usually during adolescence or young adulthood. Adolescents and young adults with eating disorders (EDs) are best managed by a multidisciplinary team, with the medical provider an essential member. The medical provider should be aware of the changing epidemiology of EDs; revised diagnostic criteria; and advances in psychological, nutritional and medical interventions.

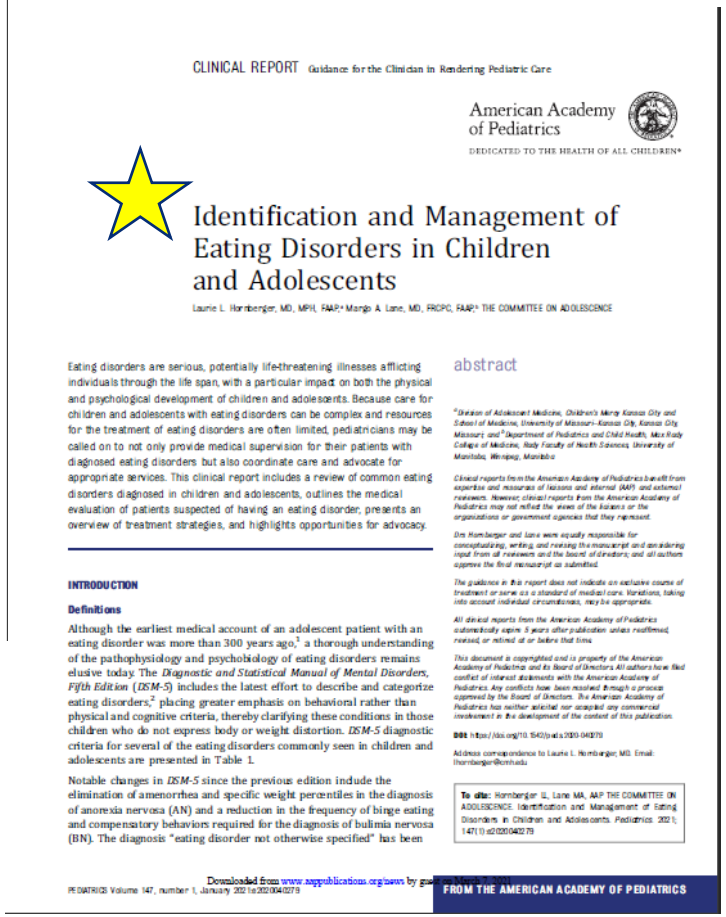
Modifications to diagnostic criteria in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) include relaxation of the criteria for anorexia nervosa (AN) and bulimia nervosa (BN); introduction of new categories such as atypical AN, binge eating disorder, and avoidant/restrictive food intake disorder; and elimination of the eating disorder not otherwise specified category [1]. Eating disorders are increasingly identified in ethnic/racial minorities and males. The Society for Adolescent Health and Medicine (SAHM) recognizes that restrictive EDs may result in significant health problems in AYA and that it is critical to address the medical, nutritional, and psychological needs of these young people and support their families [2]. Restrictive EDs are marked by energy restriction and/or overexercising and can lead to malnutrition and cardiovascular instability. These behaviors may be present in various EDs including AN, BN, atypical AN, or avoidant/restrictive food intake disorder. SAHM proposes the following positions, outlines the evidence that supports these positions, and makes specific recommendations to improve the health of AYA with restrictive EDs. Where available, positions are evidence based, and the quality and strength of the evidence is rated using the 2004 National Institute for Clinical Excellence Guidelines [3].

Methods

A MEDLINE search was conducted for articles published between 1990 and 2014 on EDs in AYA using the keywords *anorexia nervosa, bulimia nervosa, eating disorder not otherwise specified, medical management, refeeding, hypophosphatemia, and osteoporosis*. Recommendations from randomized controlled trials or systematic meta-analyses were rated as grade A. Data from nonrandomized trials and observational studies (retrospective studies, quasiexperimental studies, case series, and case reports)

Position Paper: SAHM

AAP's recommendation for ED



CLINICAL REPORT Guidance for the Clinician in Rendering Pediatric Care

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Identification and Management of Eating Disorders in Children and Adolescents

Laurie L. Hornberger, MD, MPH, FAAP,[a] Margo A. Lane, MD, FRCPC, FAAP,[b] THE COMMITTEE ON ADOLESCENCE

Eating disorders are serious, potentially life-threatening illnesses afflicting individuals through the life span, with a particular impact on both the physical and psychological development of children and adolescents. Because care for children and adolescents with eating disorders can be complex and resources for the treatment of eating disorders are often limited, pediatricians may be called on to not only provide medical supervision for their patients with diagnosed eating disorders but also coordinate care and advocate for appropriate services. This clinical report includes a review of common eating disorders diagnosed in children and adolescents, outlines the medical evaluation of patients suspected of having an eating disorder, presents an overview of treatment strategies, and highlights opportunities for advocacy.

abstract

[a]Division of Adolescent Medicine, Children's Mercy Kansas City and School of Medicine, University of Missouri–Kansas City, Kansas City, Missouri; and [b]Department of Pediatrics and Child Health, Max Rady College of Medicine, Rady Faculty of Health Sciences, University of Manitoba, Winnipeg, Manitoba

Clinical reports from the American Academy of Pediatrics benefit from expertise and resources of liaisons and internal (AAP) and external reviewers. However, clinical reports from the American Academy of Pediatrics may not reflect the views of the liaisons or the organizations or government agencies that they represent.

Drs Hornberger and Lane were equally responsible for conceptualizing, writing, and revising the manuscript and considering input from all reviewers and the board of directors; and all authors approve the final manuscript as submitted.

The guidance in this report does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

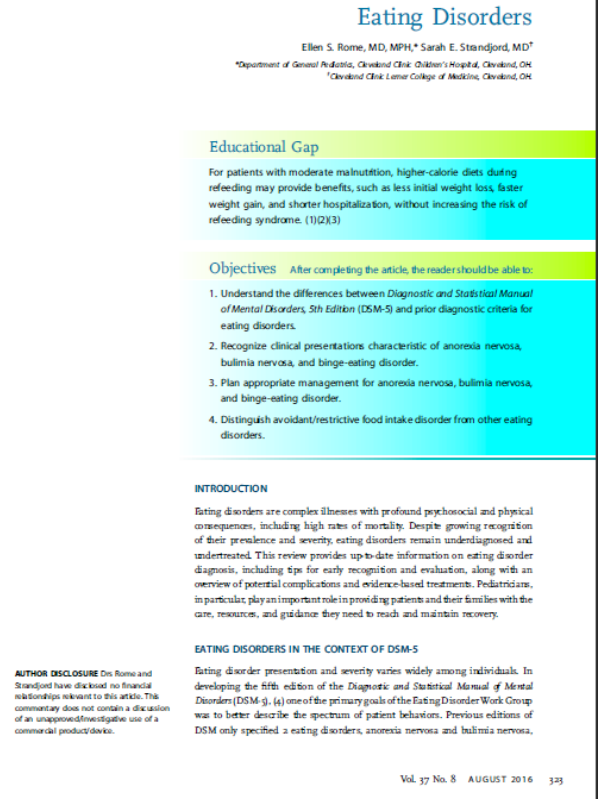
All clinical reports from the American Academy of Pediatrics automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

DOI: https://doi.org/10.1542/peds.2020-049279

Address correspondence to Laurie L. Hornberger, MD. Email: lhornberger@cmh.edu

To cite: Hornberger LL, Lane MA, AAP THE COMMITTEE ON ADOLESCENCE. Identification and Management of Eating Disorders in Children and Adolescents. *Pediatrics*. 2021; 147 (1): e2020049279

FROM THE AMERICAN ACADEMY OF PEDIATRICS



Eating Disorders

Ellen S. Rome, MD, MPH,* Sarah E. Strandjord, MD†

*Department of General Pediatrics, Cleveland Clinic Children's Hospital, Cleveland, OH
†Cleveland Clinic Lerner College of Medicine, Cleveland, OH

Educational Gap

For patients with moderate malnutrition, higher-calorie diets during refeeding may provide benefits, such as less initial weight loss, faster weight gain, and shorter hospitalization, without increasing the risk of refeeding syndrome. (1)(2)(3)

Objectives After completing the article, the reader should be able to:

1. Understand the differences between *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* (DSM-5) and prior diagnostic criteria for eating disorders.
2. Recognize clinical presentations characteristic of anorexia nervosa, bulimia nervosa, and binge-eating disorder.
3. Plan appropriate management for anorexia nervosa, bulimia nervosa, and binge-eating disorder.
4. Distinguish avoidant/restrictive food intake disorder from other eating disorders.

INTRODUCTION

Eating disorders are complex illnesses with profound psychosocial and physical consequences, including high rates of mortality. Despite growing recognition of their prevalence and severity, eating disorders remain underdiagnosed and undertreated. This review provides up-to-date information on eating disorder diagnosis, including tips for early recognition and evaluation, along with an overview of potential complications and evidence-based treatments. Pediatricians, in particular, play an important role in providing patients and their families with the care, resources, and guidance they need to reach and maintain recovery.

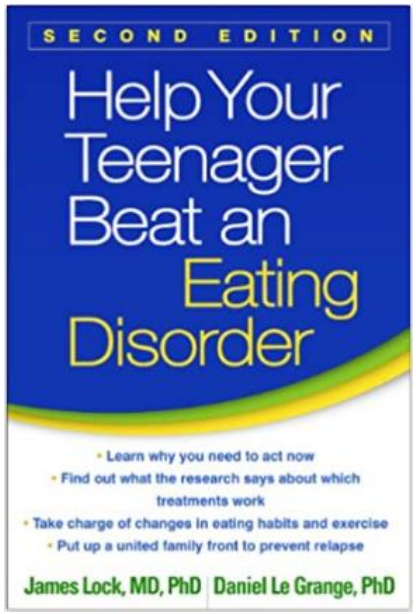
EATING DISORDERS IN THE CONTEXT OF DSM-5

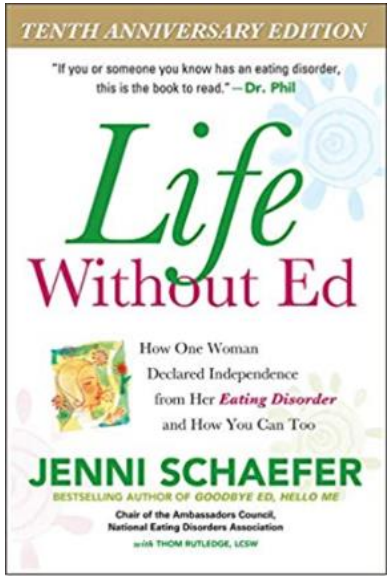
Eating disorder presentation and severity varies widely among individuals. In developing the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), (4) one of the primary goals of the Eating Disorder Work Group was to better describe the spectrum of patient behaviors. Previous editions of DSM only specified 2 eating disorders, anorexia nervosa and bulimia nervosa,

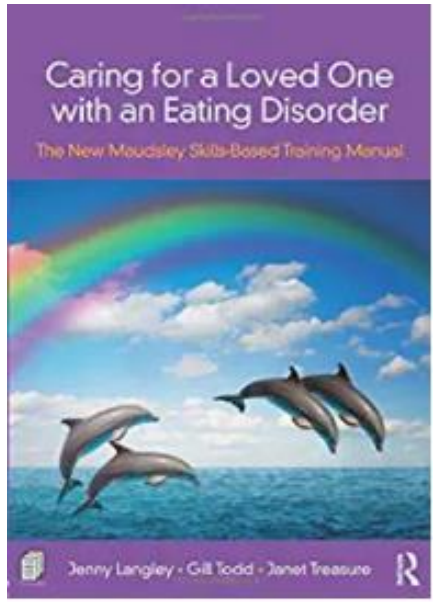
AUTHOR DISCLOSURE Drs Rome and Strandjord have disclosed no financial relationships relevant to this article. This commentary does not contain a discussion of an unapproved/investigative use of a commercial product/device.

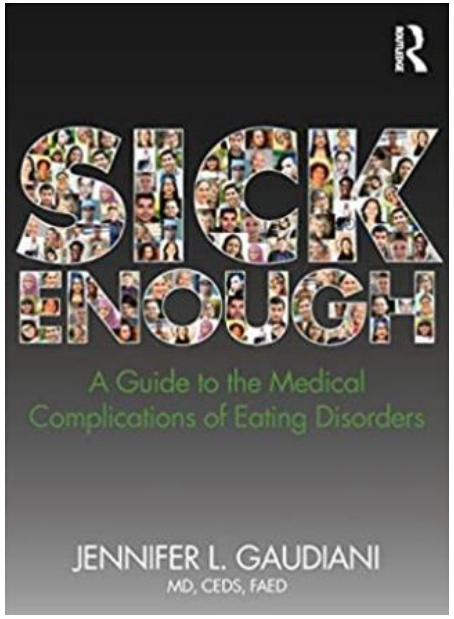
Pediatrics in Review Article

Additional Resources









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- To provide additional ED resources

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www.maudsleyparents.org

www.FEAST-ED.org

https://www.youtube.com/evamusby - Eva Musby videos, especially "Bungee Jump" and "Stuck and Not Eating"

https://www.nationaleatingdisorders.org/

https://www.adolescenthealth.org/Resources/Clinical-Care-Resources/Mental-Health/Mental-Health-Resources-For-Parents-of-Adolescents.aspx

https://www.safeexerciseateverystage.com/

Questions?

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Donald Delaney Outpatient Eating Disorders Program at Children's National


Lisa Tuchman, MD, MPH


Lawrence D'Angelo, MD, MPH


Tomas Silber, MD


Katherine Voglmayr, LICSW

Currently recruiting a nutritionist

- LOCATION: 5028 Wisconsin Avenue, N.W., Suite 310, Washington, D.C (Friendship Heights)
- Pre-registration:
  - Info needed: Patient's full name, DOB, address, insurance policyholder's full name and DOB, parent's cell phone number, parent's employer (if insurance is through job), PCP name/address/contact number
  - Please state if request is for nutrition, medical, or psychology.
- Email above info with front and back of insurance card to peyoung@cnmc.org and ffitzhug@cnmc.org. May fax to 202-237-0694, attn: Petrina Young.
- Once insurance is approved, family will be called for an appointment. Phone number: **202-895-3896**
- To schedule nutrition follow up: eatingdisorders@childrensnational.org