



# Caring for Eating Disorders in the Primary Care Setting

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# Disclosures

## **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.

# Objectives

- To provide an update on key screening techniques for Eating Disorders from a multidisciplinary perspective
- To present specific management strategies for the outpatient setting
- To review additional resources for busy providers

# Increase in Eating Disorders among Adolescents

## Teens Visiting ER for Eating Disorders Doubled During Pandemic



Rawpixel/Getty Images

- A new report from the CDC found that more children and teens have been going to the emergency department for mental health conditions.

Pediatric Emergency Department Visits Before and During the COVID-19 Pandemic — United States, January 2019–January 2022 | MMWR (cdc.gov)

# Common Provider Questions about Eating Disorders

Which families benefit from Family Based Therapy (FBT)?

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# What are the Causes for the Increase in Eating Disorders?



Otto AK, Jary JM, Sturza J, Miller CA, Prohaska N, Bravender T, Van Huysse J. Medical admissions among adolescents with eating disorders during the COVID-19 pandemic. *Pediatrics*. 2021;148.

# Eating Disorders and Adolescents

- Types: Binge Eating (BE), Anorexia (AN), Bulimia (BN), Avoidant/Restrictive Food Intake (ARFID)
- Linked to early puberty, perfectionism, family hx of eating disorder, mood or anxiety disorders. Alcohol/substance use. Peer group.
- 1/2 of US teen girls, 1/3 of boys admit to unhealthy ways to control weight
- **AN has the highest rate of mortality among all teen mental health issues**



# Screening for Eating Disorders: What should you ask about?

- Obtain a psychosocial history/ HEADSS assessment
- Ask about body image, weight changes, diet, exercise, menses
- Discuss purging, laxative use, social media use like Tik Tok

**\*A common missed diagnosis is ADHD**

**\*Strong association between ED's and having a larger body size, being bullied for weight, being identified as overweight or obese.**

-Hornberger LL, Lane MA; Committee on Adolescence. Identification and management of eating disorders in children and adolescents. Pediatrics. 2021;147(1):e2020040279. doi:10.1542/peds.2020-040279



# The Medical Work Up

## Seizures:

- Hypoglycemia
- Hyponatremia(water intoxication),
- Bupropion

## Cardiac:

- EKG
- BP, HR
- Orthostatic Vitals

## Thyroid:

- TSH, free T4

## Liver:

- Pre-albumin
- LFT

## GU/Renal:

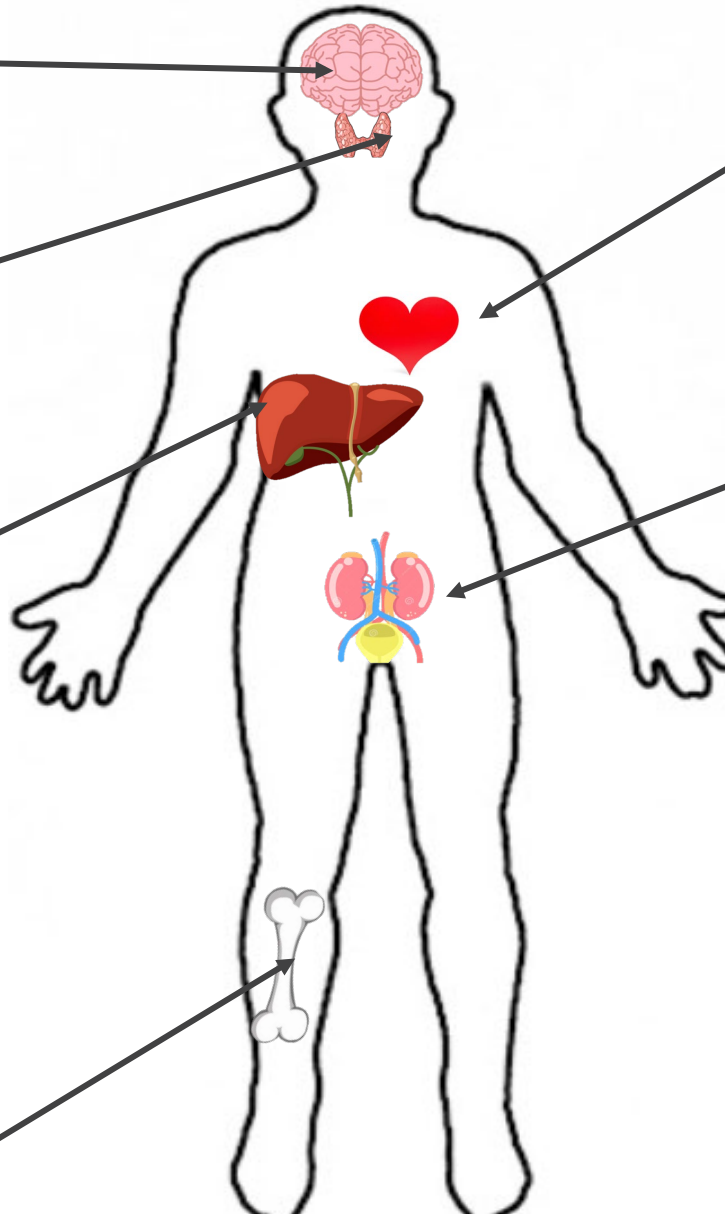
- BMP, Magnesium, Phosphorus
- U/A if concern for dehydration or water loading

## Weight:

- Blinded, gowned, post-void\*

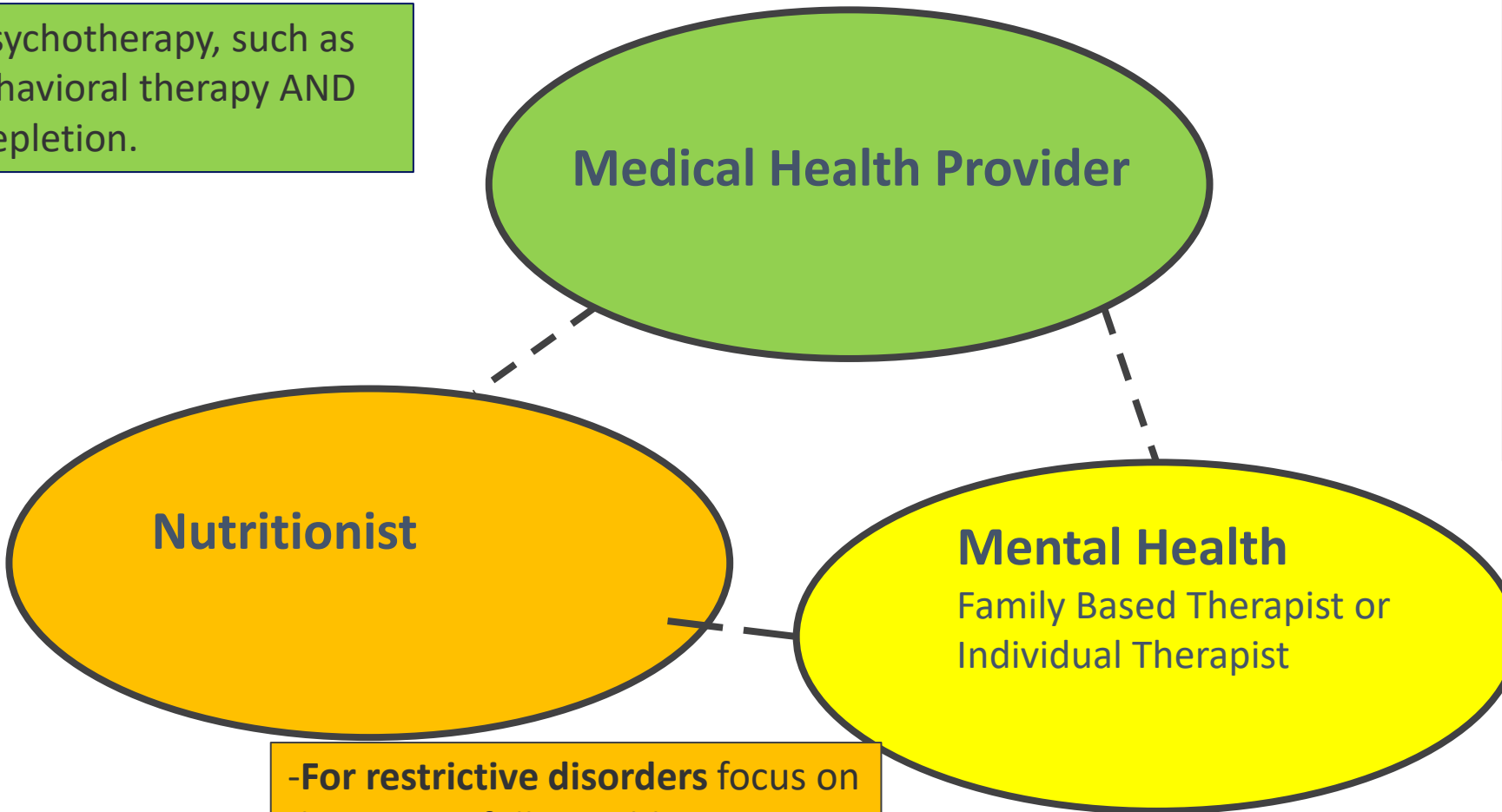
## Bone Health:

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



# Management of Outpatient Eating Disorders

-**First line:** psychotherapy, such as cognitive-behavioral therapy AND nutritional repletion.



**For general anxiety, depression, OCD, ARFID:** Medication can be used as an adjunct (i.e. sertraline and fluoxetine).  
**Premeal Anxiety:** consider olanzapine and hydroxyzine

-**For restrictive disorders** focus on decreasing fullness, bloating- Consider osmotic or bulk forming laxatives such as polyethylene glycol.

# Family Based Therapy

Nutrition is medication.



Don't blame the teen but do externalize the illness



Parents control all nutrition and need to present a unified front



Start with 3 meals /day and add snacks. If losing weight, can try increasing by 300 kcal/day



Eat with someone present and a time limit on meals without negotiation



Can drink 2 cans of supplement if unable to eat a full meal, 1 can supplement for a snack



The parents are not the problem - they are the solution

# Family Based Therapy-What should you consider?

- Involve parents at each visit
- Assess and emphasize parental and patient strengths
- Set weight goals that are adequate for health and consistent with growth before the eating disorder onset
- Prepare patient and parents that weight goals will change with growth and development
- Assess weight, linear height, and vital signs at each visit and share with parents
- Assess safety at every visit and hospitalize if necessary
- Decrease the frequency of medical visits as soon as it is safe to do so
- Support parents and therapists to make common-sense decisions around nutrition and activity

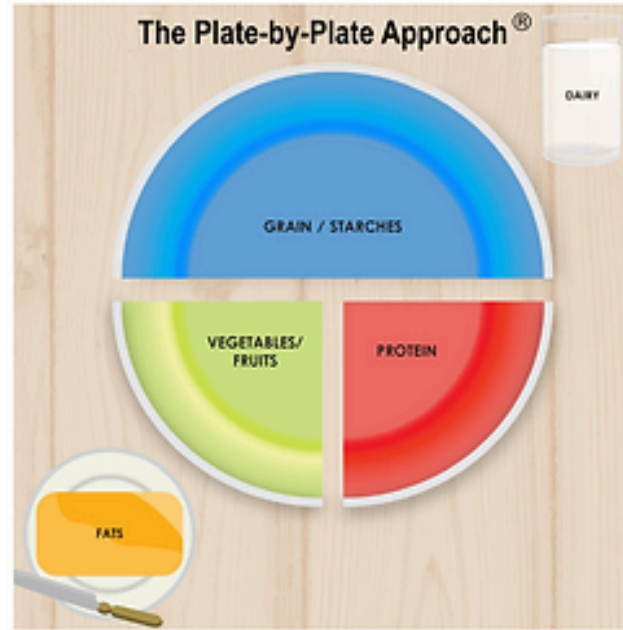
# Family Based Therapy-When do you use it?

- Appropriate for children and adolescents who are medically stable
- Is a team approach involving a therapist, primary care provider, nutritionist +/- a psychiatrist
- Designed to restore weight, decrease bingeing and purging, put the child or teen back on track



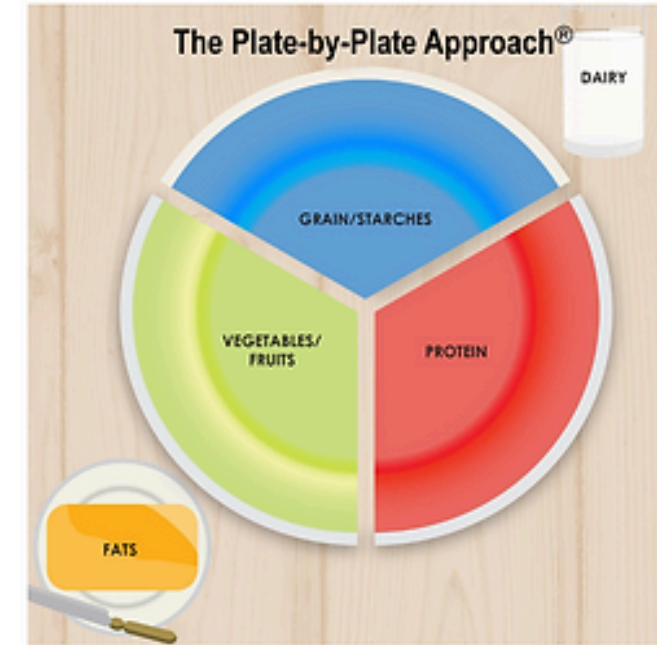


# Nutrition Basics



## “Standard/Adjusted”

- Most teens
- Athletes
- Weight restoration
- Catch up growth
- Anyone eating intuitively

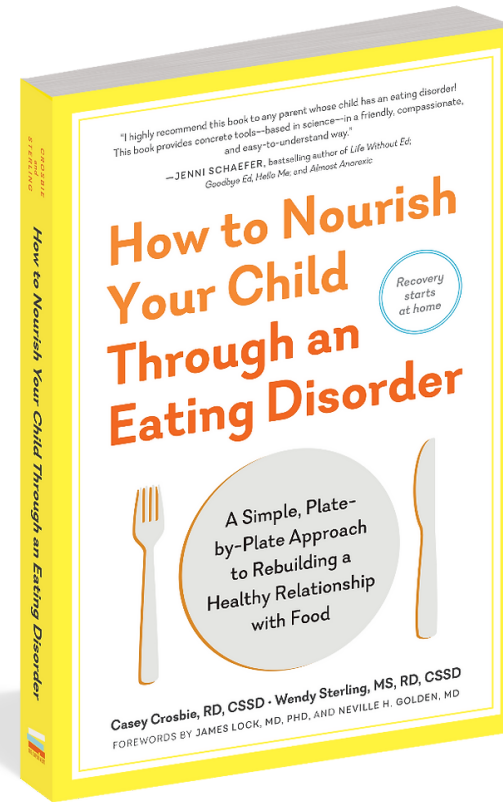


## “33% Plate”

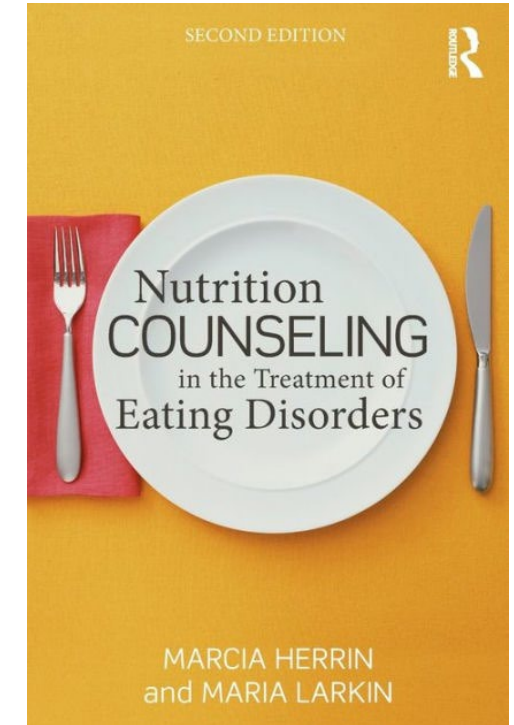
- Lower energy needs
- Younger kids
- Someone who is purging
- For anyone not able to do the other plate right away
- Anyone eating intuitively

# Nutrition Basics

- Use the plate-by-plate method in conjunction with FBT
- Eat every 3-4 hours
- Complete all meals/snacks or supplements
- Know that distractions at meal-times can be supportive
- Use time limits on meals/snacks
- Monitor/restrict bathroom use



Eating Disorder Treatment | The  
Plate-by-Plate Approach  
([platebyplateapproach.com](http://platebyplateapproach.com))



[Find A Counselor](#) | [SonderMind](#)



[About the Book — Gaudiani Clinic](#)

# Nutrition – Repletion

- Address high energy needs
- Provide for protein needs
- Use higher than typically recommended fat needs
- Adjust fluid needs by symptoms



All Food is Good. All Eating Serves a Purpose. - Vincii Tsui,  
RD | Calgary Registered Dietitian



# Levels of Care for Eating Disorders

## INPATIENT

- **Medical Stabilization and treatment of acute malnutrition**
- Assistance with arranging next steps
- Note: Very limited therapy is provided inpatient

## OUTPATIENT

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



### 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

# Donald Delaney Outpatient Eating Disorders Program at Friendship Heights (CNH)



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LICSW



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Clinic number for outpatients: 202-895-3896 ,

Adolescent Medicine provider for acute consults,  
hospitalizations: 202-476-5000 (24/7)

Email: [eatingdisorders@childrensnational.org](mailto:eatingdisorders@childrensnational.org)

Website: [www.childrensnational.org/departments/eating-disorders-clinic](http://www.childrensnational.org/departments/eating-disorders-clinic)

**All Care Services** +

**Eating Disorders Clinic**

Phone number | [202-895-3896](tel:202-895-3896)

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**Make an Appointment**

**Refer a Patient**

Donate to support Eating Disorders Clinic and other lifesaving efforts →

Established in 1970, the Donald Delaney Eating Disorders Clinic is dedicated to the specialized care of preadolescent and adolescent patients ages 10-21 years with suspected eating disorders such as anorexia nervosa, bulimia nervosa and binge eating. Patients should know they are not alone and so should parents.

**Compassionate Care for a Complex Condition**

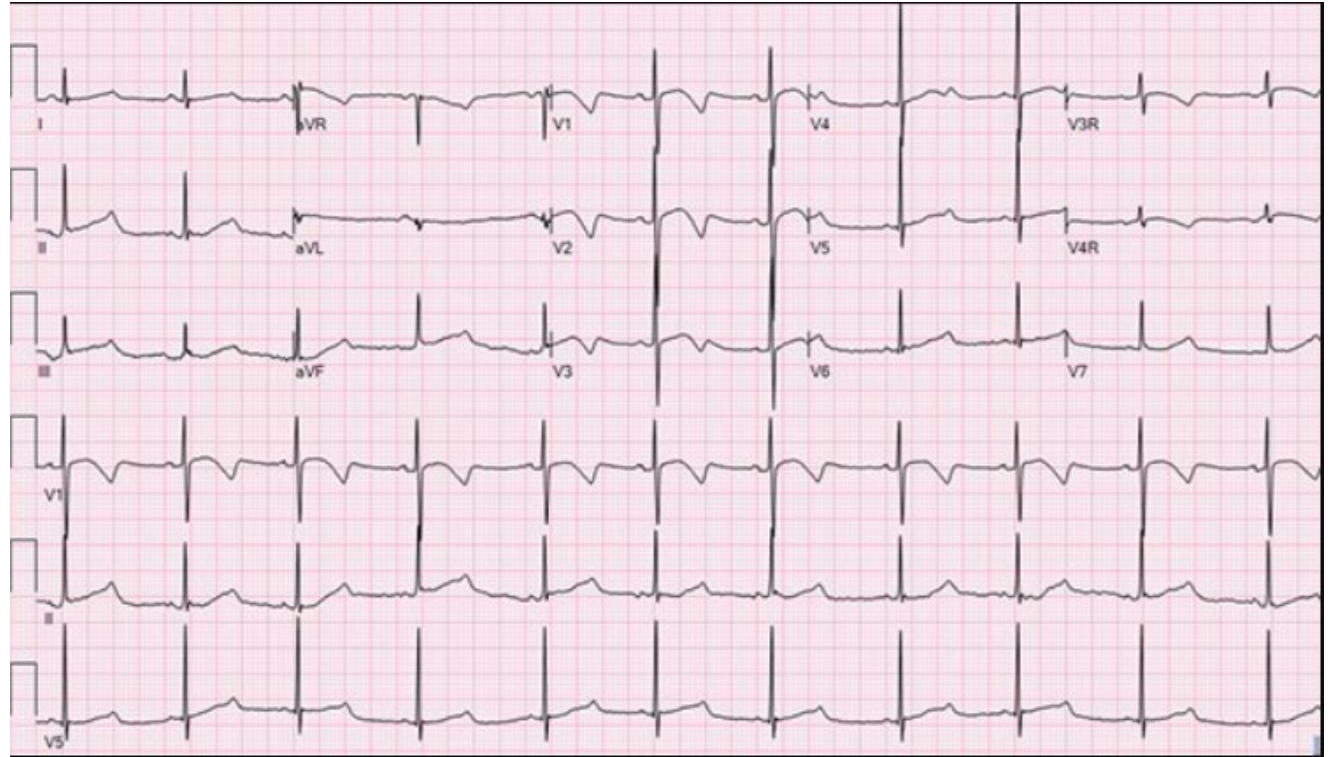
A common misunderstanding is that all who suffer from eating disorders are motivated by a desire to look a particular way. In fact, there are multiple reasons why a teen or even a younger child may have an eating disorder, including social pressures, psychological and biological causes.

Eating disorders can eventually become life threatening in the absence of care, and treatment from health professionals is critical for proper mental and physical development.



# Criteria for Medical Stabilization at Children's National Hospital

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



Society for Adolescent Health and Medicine, Golden NH, Katzman DK, et al. Position Paper of the Society for Adolescent Health and Medicine: medical management of restrictive eating disorders in adolescents and young adults. *J Adolesc Health.* 2015;56(1):121-5

# Inpatient Medical Stabilization Program at CNH: It Takes a Village

Adolescent Medicine

Psychiatry

Hospitalists



Kim Fryer and Barney Pet therapy



Kelsey Lloyd, Nutrition



Erin Holbrook, Social Work



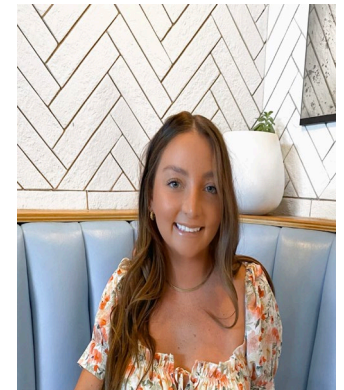
Alicia Fields, CLS



Janet Parry, Case management



Kelly Scaggs, CLS



Claudia Pereira CLS

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# Summary: Caring for Eating Disorders in the Primary Care Setting

- Eating disorders are increasing among children and adolescents
- Don't forget to do a HEADSS assessment
  - Ask about body image, diet, weight changes, exercise, purging, social media use, menses, ADHD and mood disorders
- Consider multidisciplinary treatment
- Assess if a patient is a candidate for Family Based Therapy
- Use the plate-by-plate approach
- Consider levels of care and whether a patient meets criteria for admission
- **Contact our team if you have questions!**



# Additional Resource

## F.E.A.S.T: THE GLOBAL SUPPORT AND EDUCATION COMMUNITY OF AND FOR PARENTS OF THOSE WITH EATING DISORDERS

You've found F.E.A.S.T: the global organization of and serving parents like you around the world. We are here to help you understand your son or daughter's eating disorder, support you in helping them get appropriate treatment, and get you the information you need to help them recover and thrive.

This website is about you. Your learning, your confidence, your resources. No two families have the same needs or path, but we know what kind of information and skills help families be resilient and strong through the process. We can help you discover your unique toolkit.

We believe in families. We believe in full recovery. We believe information is power and good treatment saves lives. Welcome to our community.

AROUND THE  
F.E.A.S.T. TABLE

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VOICES OF LIVED  
EXPERIENCE OF  
EATING DISORDERS

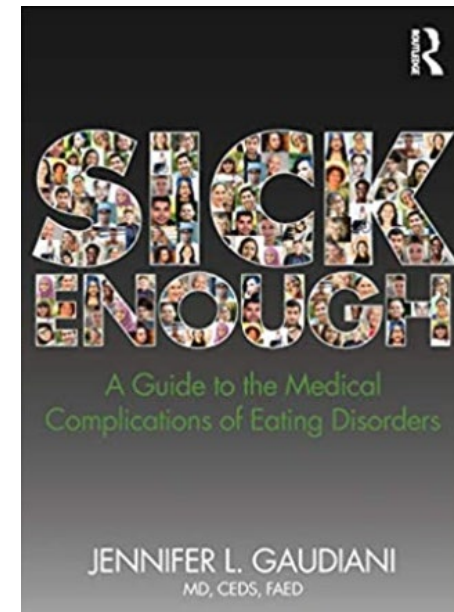
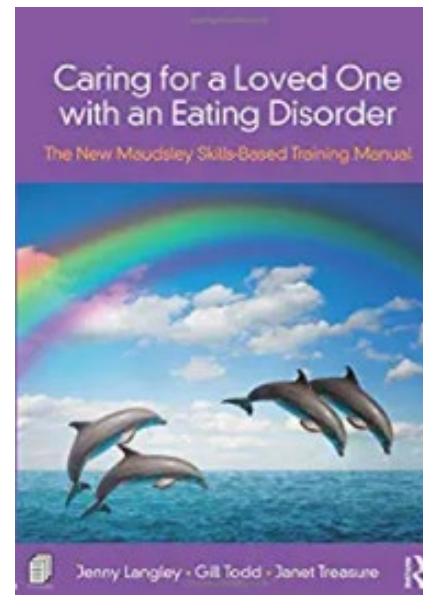
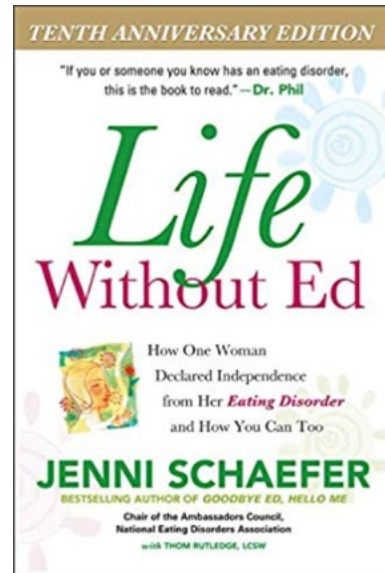
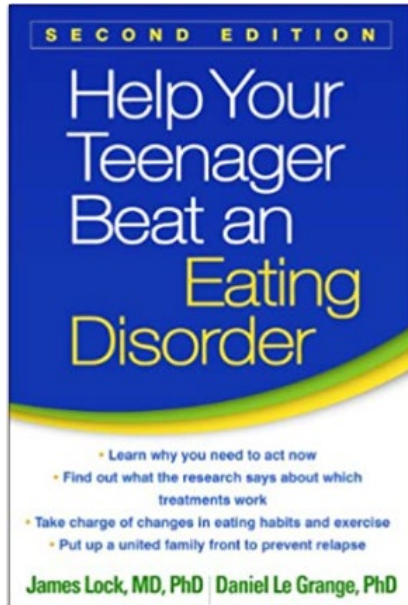
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EXECUTIVE  
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CORNER

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Website:  
[www.childrensnational.org/departments/eating-disorders-clinic](http://www.childrensnational.org/departments/eating-disorders-clinic)

(BACK TO THE) **FUTURE OF PEDIATRICS**





# Thank YOU