



VERITAS

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A SPECIALTY HEALTHCARE SYSTEM FOR
THE TREATMENT OF EATING DISORDERS

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Understanding Eating Disorders

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Understanding Eating Disorders

- Approximately 30 million people in the United States struggle with an eating disorder
- Every 62 minutes at least one person dies as a direct result of an eating disorder
- Only 10% of people with an eating disorder seek professional help
- Family and friends often wait until it is too late when a loved one needs help
- Recognizing signs of symptoms of an eating disorder could save a life!

What we know about eating disorders

- Eating disorders are not willful behavior, but are serious mental illnesses
- Eating disorders can be present in people at normal weight
- Eating disorders can affect
 - Children, adolescents and adults
 - Persons of all genders and gender identities
 - People of all ethnicities and backgrounds

How common are eating disorders?

- We know they are very common in adolescent girls in the U. S.
 - Anorexia Nervosa affects an estimated 1 in 100 girls
 - Bulimia Nervosa affects an estimated 2 in 100 girls
- Other eating disorders affect an estimated 14% of the population
- Increasingly recognizing eating disorders in
 - Younger children
 - Males
 - Lesbian, gay, bisexual and transgender individuals
 - Individuals previously diagnosed as medically overweight

Eating Disorders in Children

- Average age of onset of eating disorders is decreasing
 - Cases have been documented as young as 6 years old
- Median age of onset is now 12 to 13 years old
- Rates in young males and ethnic and racial minorities is increasing
- Young children and pre-pubescent adolescents with eating disorders may present differently than adults
 - For example, no loss of periods
 - May stop growing rather than lose weight

Eating Disorders in Males

- Data for males with eating disorders is lacking
 - Initial detection tools had a gender bias
 - Eating disorders have been thought of as a “women’s problem”
- Now increasing awareness but issues with stigma persist
- Most widely cited prevalence rates
 - Lifetime prevalence of anorexia in males in 3 in 1000
 - Lifetime prevalence of bulimia in males in 5 in 1000
 - Lifetime prevalence of binge eating disorders in males is 2 in 100
- Eating disorder rates may be much higher in men than suspected

Effects of Extreme Weight Loss

Ansel Keys and colleagues, *The Biology of Human Starvation*

- Faced the problem of refeeding civilians who had been starved during WWII
- Earliest research on how starvation affects individuals

Described the physical and psychological effects of extreme weight loss

- Nutrition directly affects the mind as well as the body
- Starvation dramatically alters personality
 - Irritability , concentration difficulties, obsessive thoughts about food
- The human body changes with starvation
 - Lower heart rate and blood pressure, anemia and fatigue
- Recovery from starvation took much longer than expected

Eating Disorder Classifications

Anorexia Nervosa

Bulimia Nervosa

Binge-Eating Disorder

Avoidant/Restrictive Food Intake Disorder (ARFID)

Atypical Anorexia Nervosa

Bulimia Nervosa (of low frequency and/or limited duration)

Binge-Eating disorder (of low frequency and/or limited duration)

Purging disorder

Pica

Rumination Disorder

Anorexia Nervosa and Bulimia Nervosa

Anorexia Nervosa

- **Ego-syntonic illness** - patients do not want to give up what they see as acceptable behavior
- Intense fear of gaining weight
- Body image distortion
 - Makes maintaining healthy weight uncomfortable or intolerable
 - Drives fears of weight gain, discomfort with weight and wishes to lose weight
- Denial of seriousness of the illness

Bulimia Nervosa

- **Ego-dystonic illness** - patients do not want their illness, often experience “shame”
- Repeated episodes of binge eating
- Inappropriate compensatory behaviors to prevent weight gain
 - Drives vomiting, purging, and restricting behaviors
- Self-evaluation is unduly influenced by weight and shape

Binge Eating Disorder

- Thought to be the most common eating disorder in the United States
- Lifetime prevalence of 2.8%
- Medical issues may include
 - Chronic back and neck pain or other chronic pain conditions
 - Diabetes
 - Hypertension
 - Chronic headaches
- Average age of onset 18 years
- Up to 40% of individuals with Binge Eating Disorder are men

A “New” Eating Disorder

- Avoidant/Restrictive Food Intake Disorder (ARFID)
- More than just “picky eating”
- These patients have
 - A strong “disgust” response to food and often have issues with food textures and smells
 - Rarely get hungry and can go hours without eating
 - May have a fear related to eating - like choking or vomiting
- Patients have trouble getting in enough volume or variety of food
- Patients can have serious medical consequences and issues with growth

Another New Diagnosis

- Atypical Anorexia Nervosa
- These patients have the same thoughts and behaviors as patients with anorexia nervosa
- However despite significant weight loss, they may remain at or above “normal” weight
- Many of these patients have a prior history of being diagnosed as medically overweight
- These patients may have more severe medical complications and be at more medical risk than patients with anorexia nervosa

What do we know now about eating disorders?

Factors that do not contribute:

- Eating disorders are not about food
- Eating disorders are not willful behavior
- Families do not cause eating disorders

Contributing factors do include:

- Genetic predisposition
- Environmental issues
- Social and cultural factors
- Feeling a loss of control

Common Eating Disorder Warning Signs

- Preoccupation with body or weight
- Obsession with calories, food, or nutrition
- Constant dieting, even when thin
- Rapid, unexplained weight loss or weight gain
- Taking laxatives or diet pills
- Compulsive exercising
- Making excuses to get out of eating
- Avoiding social situations that involve food
- Going to the bathroom right after meals
- Eating alone, at night, or in secret
- Hoarding high-calorie food

Common Eating Disorder Symptoms

- Weight loss or weight gain
- Failure to grow as expected
- Loss of periods or irregular periods
- Delayed puberty
- Abdominal pain
- Constipation
- Fatigue
- Headaches
- Cold intolerance
- Seizures
- Lanugo (fine, downy hair)
- Dizziness or passing out
- Easy bruising
- Delayed wound healing
- Pale, dry, or discolored skin
- Hair loss
- Bruising along the spine
- Swollen cheeks
- Scars or abrasions on knuckles
- Cavities
- Staining of teeth
- Swelling in hands or feet

Medical Complications

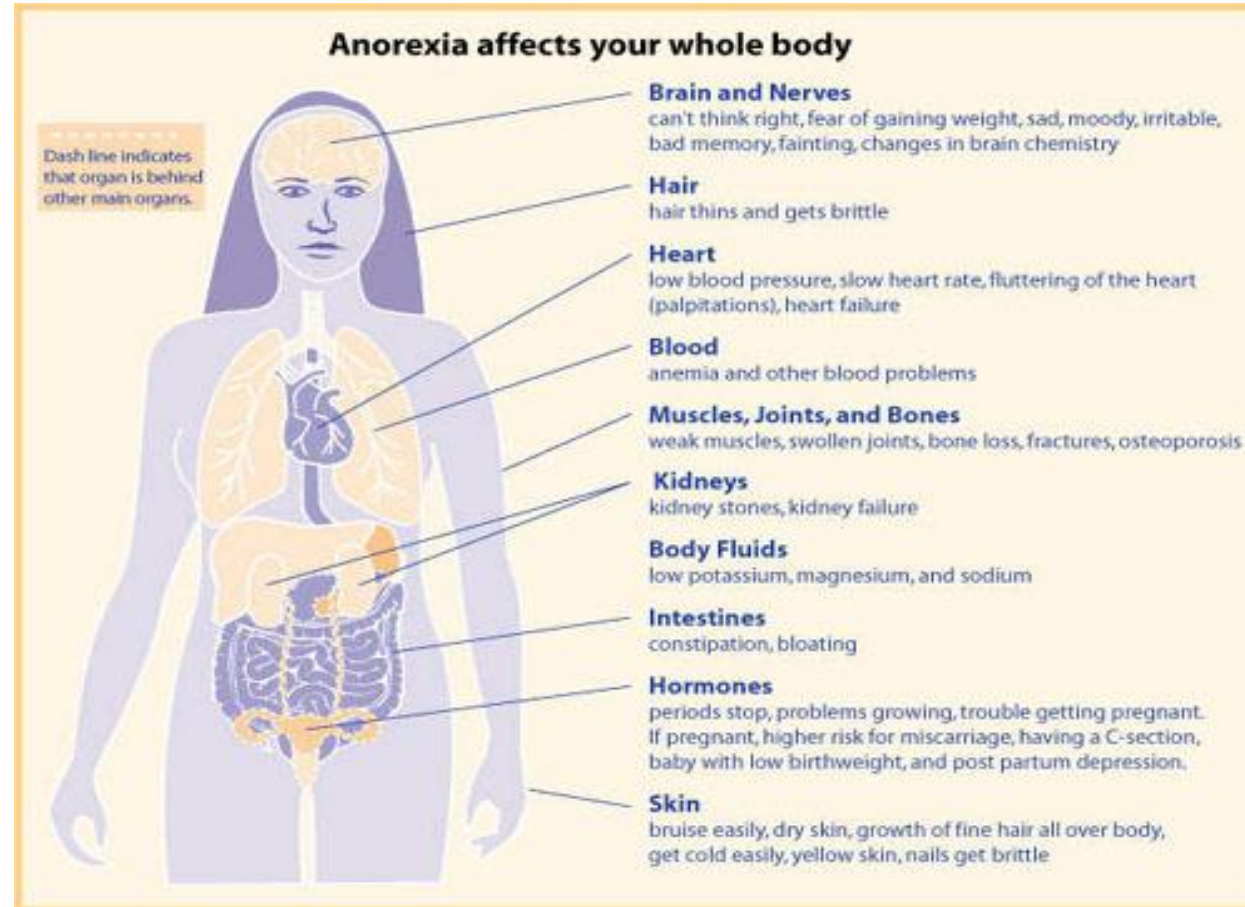
Eating disorders are one of the most lethal psychiatric illnesses

- The overall mortality rate for Anorexia Nervosa is 6%
- Death is often due to the medical complications of starvation

Eating disorders cause serious medical problems

- For patients who restrict, the medical complications are a direct result of starvation
- For patients who purge, the medical complications are a direct result of the method and frequency of purging

Medical Complications of Starvation



Courtesy of the Office on Women's Health, US Department of Health and Human Services

Medical Complications of Starvation

With starvation, the body sustains essential functions only

- Metabolism slows
- Body temperature lowers
- Reproductive systems halt
- In children and adolescents, growth slows or may stop
- Decreased function of bone marrow

With starvation, there is a loss of muscle, especially heart muscle

- Weakness and fatigue
- Low heart rate and low blood pressure

Medical Complications of Starvation

Organ systems are damaged by starvation

- Liver function
- Blood glucose levels
- Stomach and colon function

Some damage may not be fully reversible

- Loss of bone density, which is called osteoporosis or osteopenia
 - Adolescents are at higher risk
- Loss of grey matter and white matter in the brain
- Loss of growth and lack of catch up growth

Medical Risk from Starvation

Some patients with starvation will become medically unstable and may need medical admission for medical stabilization especially for:

- Low heart rate
- Low blood pressure
- Low body temperature

Some patients with starvation risk illness or death with sudden increases in intake

- This is called refeeding syndrome
- Patients have potentially fatal electrolyte changes and risk of cardiovascular collapse
- Younger patients and patients who have lost more weight are at higher risk
- International criteria for risk exist

National Institute for Health and Care Excellence

Patients at high risk for refeeding problems

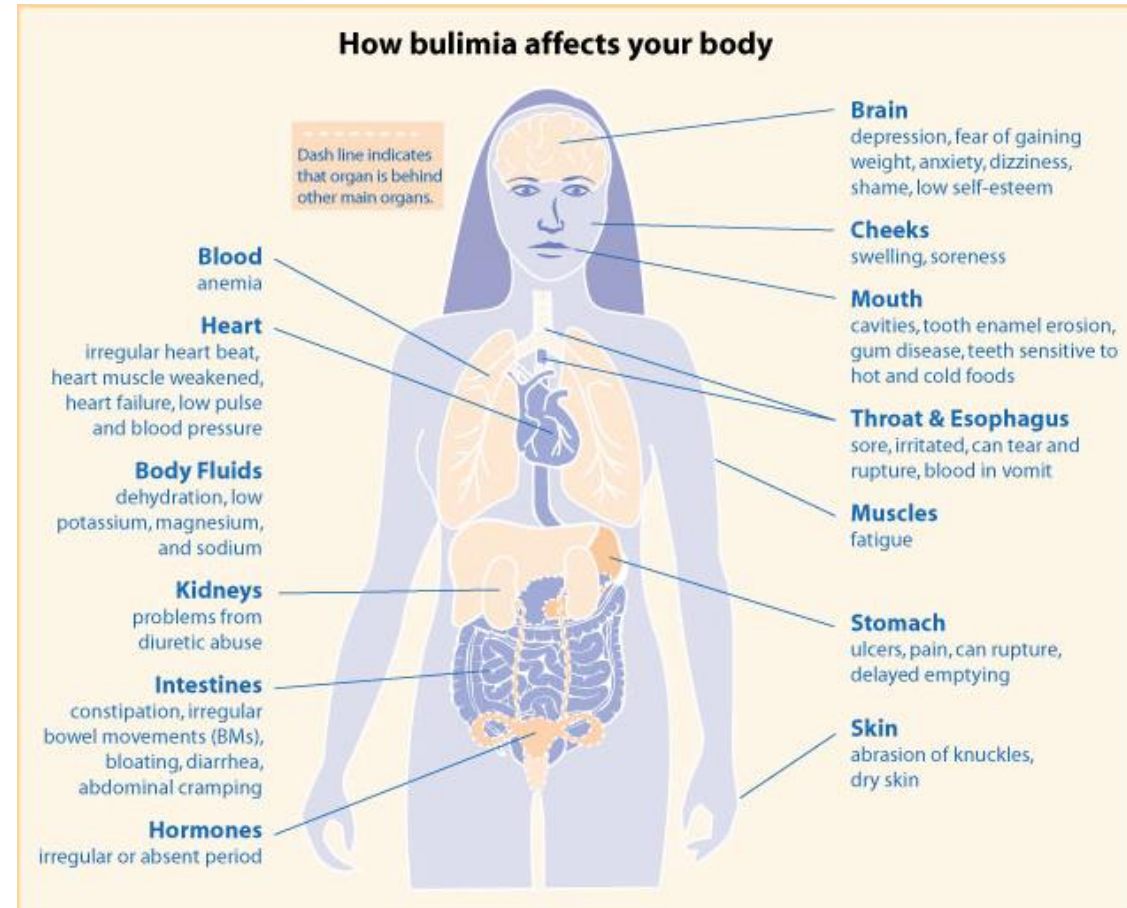
Patient has **one** or more of the following:

- BMI less than 16 kg/m²
- Unintentional weight loss greater than 15% within the last 3-6 months
- Little or no nutritional intake for more than 10 days
- Low levels of potassium, phosphate or magnesium prior to refeeding

OR Patient has **two** or more of the following:

- BMI less than 18.5 kg/m²
- Unintentional weight loss greater than 10% within the last 3-6 months
- Little or no nutritional intake for more than 5 days
- A history of alcohol abuse or drug use including insulin, diuretics, chemotherapy, or antacids

Medical Complications of Purging



Courtesy of the Office on Women's Health, US Department of Health and Human Services

Medical Complications of Purging

Electrolyte imbalances

- Loss of electrolytes from the body as a result of purging behaviors
- Patients can also have chronic dehydration from purging behaviors
- Patients may be at risk for cardiac issues

Damage to organ systems from purging

- Damage to the esophagus from vomiting
- Tooth decay and damage from vomiting
- Damage to the colon possible from chronic laxative use
- Acute kidney injury with purging

Medical Complications of Purging

Patients who purge may need medical support when they try to stop behaviors

- Patients who are vomiting and stop may get swelling of the cheeks
 - Uncomfortable and disfiguring
 - Warm compresses and sour candies can help
 - Improves after several days
- Patients who are purging and stop may get swelling of the hands and feet
 - Some patients may get significant water retention and swelling
 - Some patients may need medical monitoring and medications
 - Improves after several weeks

If you are worried about someone...

How you can help:

- Let them know that you care about them and their health
- Do not comment on how they look
- Avoid power struggles
- Avoid shame, guilt or blame
- Avoid offering simple solutions
- **Help them seek professional help**

Seeking Professional Help

- Understand that some patients will need initial medical support and possibly medical stabilization
- Understand that all patients will need the support of a multidisciplinary team
 - Therapy
 - Nutrition
 - Medicine
 - Psychiatry
- Understand the importance of starting in the right level of care

Levels of Care for Eating Disorders

Initial level of care should be determined by

- Multidisciplinary assessment
 - Medical
 - Nutritional
 - Psychological
- American Psychiatric Association
 - Guidelines 2006



- Acute Medical
- Inpatient
- Residential
- Partial Hospitalization (PHP)
- Intensive Outpatient (IOP)
- Outpatient

Level of Care Guidelines for Patients with Eating Disorders

Criteria include the following factors:

- Medical Status
- Structure needed for eating/gaining weight
- Weight (as a percentage of healthy body weight)
- Purging behaviors
- Motivation to recover (cooperativeness, insight and ability to control obsessive thoughts)
- Ability to control compulsive exercising
- Suicidality
- Environmental stress and support system
- Geographic availability of treatment program

Nine Truths About Eating Disorders

The Academy for Eating Disorders

Truth #1: Many people with eating disorders look healthy yet may be extremely ill.

Truth #2: Families are not to blame and can be the patients' and providers' best allies in treatment.

Truth #3: An eating disorder diagnosis is a health crisis that disrupts personal and family functioning.

Truth #4: Eating disorders are not choices, but serious biologically influenced illnesses.

Truth #5: Eating disorders affect people of all genders, ages, races, ethnicities, body shapes and weights, sexual orientations, and socioeconomic statuses.

Truth #6: Eating disorders carry an increased risk for both suicide and medical complications.

Truth #7: Genes and environment play important roles in the development of eating disorders.

Truth #8: Genes alone do not predict who will develop eating disorders.

Truth #9: Full recovery from an eating disorder is possible. Early detection and intervention are important.

Questions?





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