

# Screening for Patients with Eating Disorders in Outpatient Primary Care



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# Disclosure Statement

- Jillian Moshay, MD, CEDS has no commercial relationships to disclose.
- No “off label” use of pharmaceuticals or devices will be discussed during the presentation.



# Objectives

- Discuss screening for eating disorders in a primary care setting.



- Eating disorders affect people of all genders, ages, races, ethnicities, body shapes and weights, sexual orientations and socioeconomic statuses



# Screening for Eating Disorders

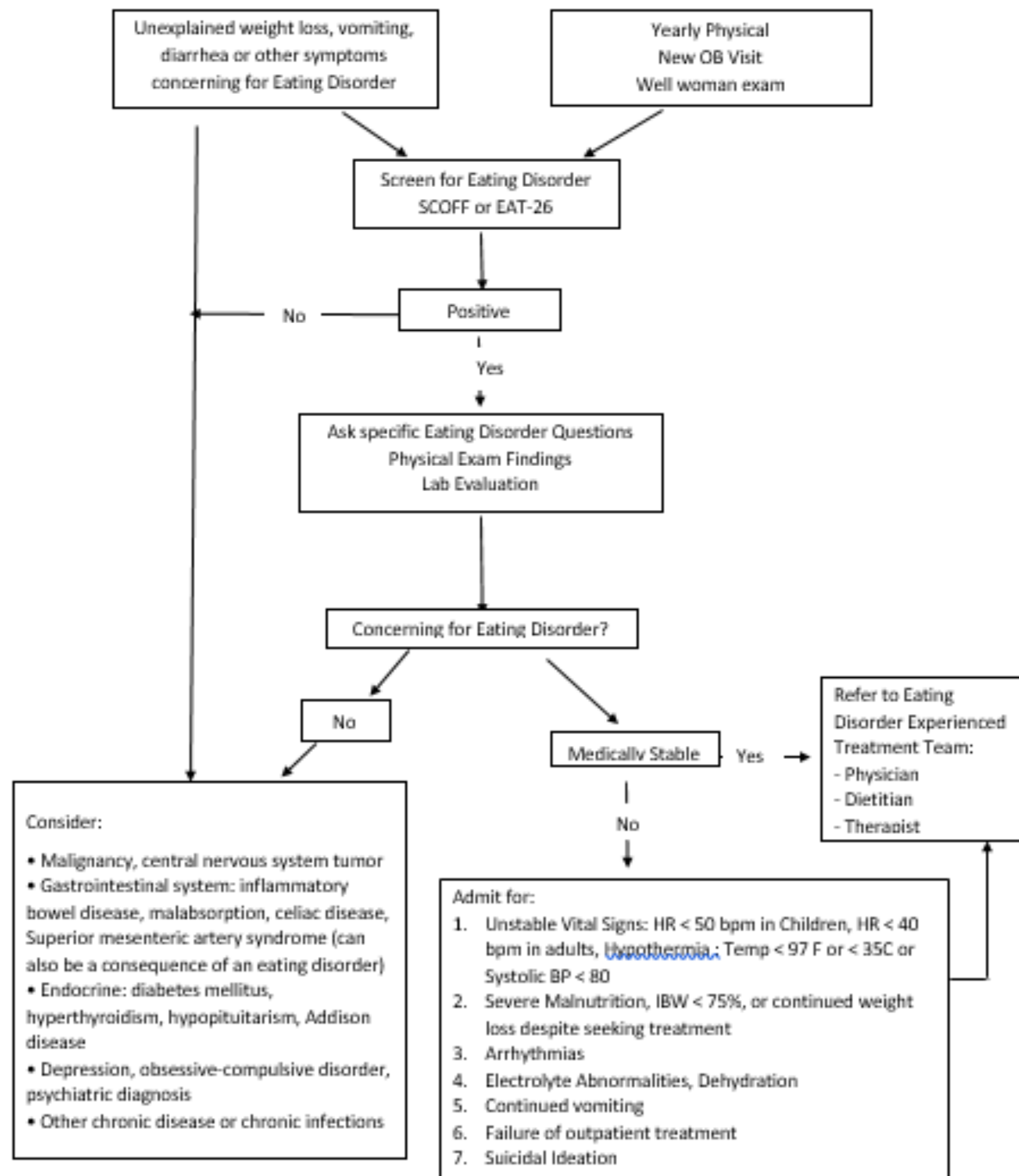
- Screen at all well visits, yearly physicals, new OB visits and well woman exams
- Suspect and screen for any patient who has:
  - Weight loss or trouble gaining weight
  - Unexplained growth stunting or pubertal delay
  - Restrictive, abnormal or recently changed eating behaviors
  - Body image concerns



# Additional patients to consider screening

- Type 1 DM patients
- Stress fractures/overuse injuries
- Secondary amenorrhea/infertility
- Unexplained abnormal labs (especially hypokalemia)
- Athletes in high risk sports (ballet, gymnastics, cross country, crew, wrestling, etc.)
- LGBTQ patients
- Patients presenting with anxiety, depression, ADHD concerns
- Patients presenting with physical symptoms including: fatigue, dizziness, headaches, difficulties concentrating, syncopal episodes, constipation, gastrointestinal symptoms of unclear etiology, etc.
- Family history of eating disorders





# An initial screening tool

**TABLE 1** The SCOFF Questionnaire<sup>a</sup>

- 
1. Do you make yourself Sick because you feel uncomfortably full?
  2. Do you worry you have lost Control over how much you eat?
  3. Have you recently lost more than One stone (14 lb/6.3 kg) in a 3-month period?
  4. Do you believe yourself to be Fat when others say you are too thin?
  5. Would you say that Food dominates your life?
- 

<sup>a</sup> One point for every “yes”; a score of  $\geq 2$  indicates a likely case of anorexia nervosa or bulimia.





**Eating Attitudes Test (EAT-26)<sup>®</sup>**

Instructions: This is a screening measure to help you determine whether you might have an eating disorder that needs professional attention. This screening measure is not designed to make a diagnosis of an eating disorder or take the place of a professional consultation. Please fill out the below form as accurately, honestly and completely as possible. There are no right or wrong answers. All of your responses are confidential.

**Part A: Complete the following questions:**

1) Birth Date	Month:	Day:	Year:	2) Gender:	Male	Female
3) Height	Feet :	Inches:			<input type="checkbox"/>	<input type="checkbox"/>
4) Current Weight (lbs.):	5) Highest Weight (excluding pregnancy):					
6) Lowest Adult Weight:	7: Ideal Weight:					

**Part B: Check a response for each of the following statements:**

[illegible]

### Part C: Behavioral Questions:

**In the past 6 months have you:**

		on less	1 month	2 weeks	1 week	more
A	Gone on eating binges where you feel that you may not be able to stop? *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Ever made yourself sick (vomited) to control your weight or shape?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Ever used laxatives, diet pills or diuretics (water pills) to control your weight or shape?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Exercised more than 60 minutes a day to lose or to control your weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Lost 20 pounds or more in the past 6 months	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

\* Defined as eating much more than most people would under the same circumstances and feeling that eating is out of control

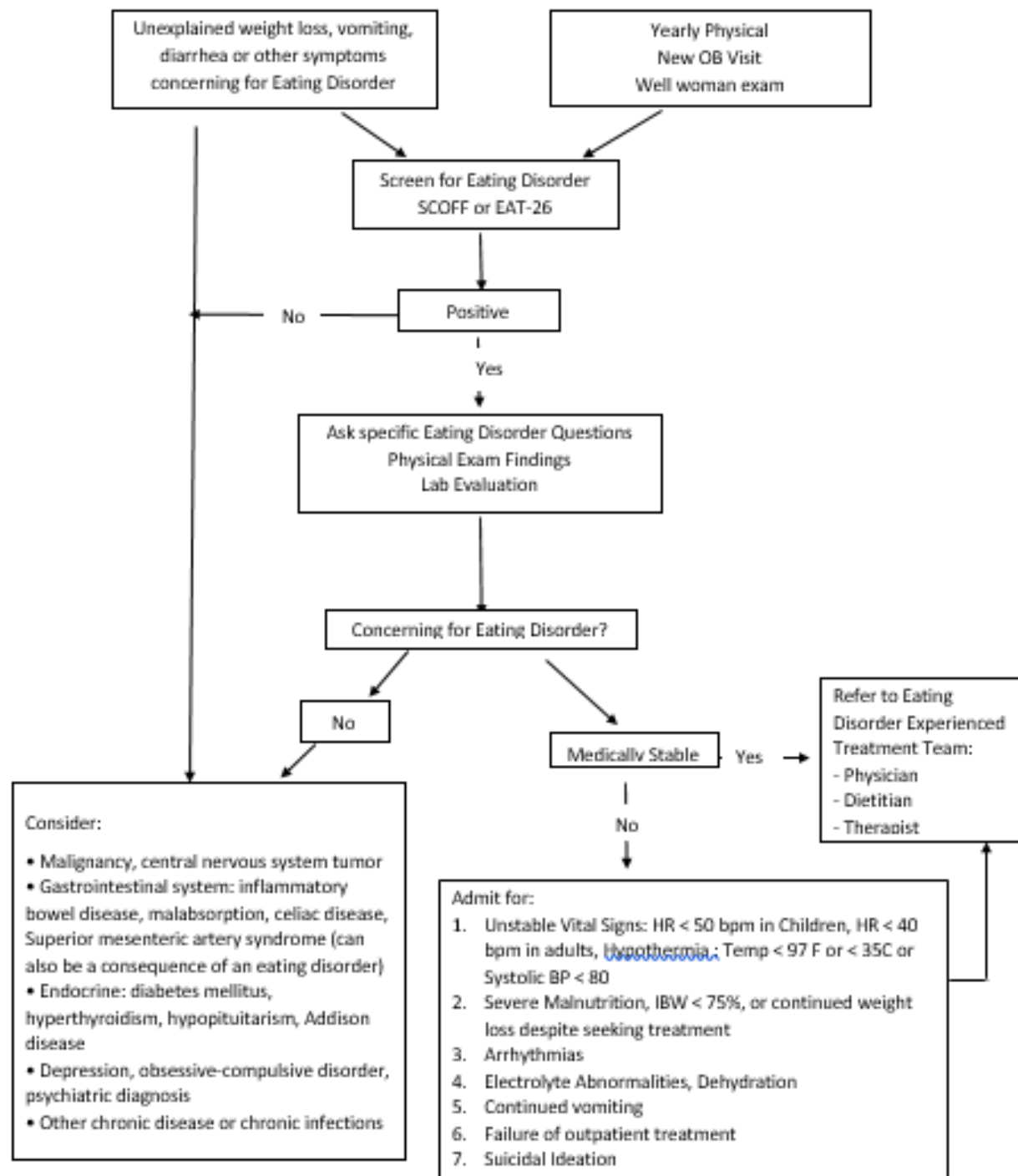
Copyright: EAT-26: (Garner et al. 1982, *Psychological Medicine*, 12, 871-878); adapted by D. Garner with permission.

**EAT-26 SCORE**

EAT-26 SCORE	Scoring System for the EAT-26					
	Always	Usually	Often	Sometimes	Rarely	Never
Score for questions 1-25	3	2	1	0	0	0
Score for question # 26	0	0	0	1	2	3

Garner DM, Olmsted MP, Bohr Y, Garfinkel PE: The Eating Attitudes Test: psychometric features and clinical correlates. *Psychol Med* 1982; 12:871-878





### **Weight Change**

How much?

Over what period?

How often do you weigh?

Goal weight or size?

Fear of weight gain?

Highest weight\_\_\_\_\_ When\_\_\_\_\_

Lowest Weight\_\_\_\_\_ When\_\_\_\_\_

### **Dietary Changes**

Skipping meals?

Count calories? Goal\_\_\_\_\_

Read labels?

- Calories/fat/carbohydrates/protein/other

Avoids certain food groups or foods used to eat?

Avoids eating with family /friends or in social situations [Yes/No]

Do you eat as family?

Secretive Eating Behaviors?

24 hour recall:

### **Exercise**

Type/kind

Frequency

Duration

Compulsive/Rigid

How do you feel if you cannot exercise?

Performance enhancing substances/steroids

### **Body Image**

How do you think your body looks compared to others?

Do you compare yourself to others frequently?

What have others said about your appearance?

How often do you look in mirror?

Body checking?

### **Compensatory Behaviors**

Self-induced vomiting?

- How often and for how long?

- Blood in vomitus?

Laxatives? Diet Pills? Diuretics?

- How often and for how long?

- How many at a time?

OTC supplements?

Insulin Misuse?

Caffeine?

Excessive Gum chewing [yes/no]?

Other means of weight loss/control?

### **Binge Eating Behaviors:**

Do you feel loss of control over food intake?

Do you eat large amounts of food when not feeling hungry?

Do you eat a large amount of food rapidly or over a short period to extreme fullness?

Does this cause you to feel depressed, ashamed, or guilty?

How often does this happen?



# Pertinent Medical History

- Past Medical History
- Previous Psychiatric Diagnoses
- Current/Previous therapy
- Trauma History
- Self Harm
- Suicidal Thoughts/Hx of Suicide Attempt
- Substance Abuse
- Sexually Active
- School/Academic Success
- Family history of Eating Disorders
- Pubertal/Menstrual History:
  - Age at Menarche
  - Changes in cycle/secondary amenorrhea
  - Puberty state
  - Change in libido, hair changes, nocturnal emissions



# What medical evaluation should happen in the office?

- Obtain a height and “blind weight” in gown
- Obtain appropriate Vital Signs
  - HR, Orthostatic BP's, Temp
  - Check heart rate yourself at end of exam
  - EKG and labs



Laboratory Studies	Potential abnormal findings in a patient with an eating disorder
Complete blood count	Leukopenia, anemia, or thrombocytopenia
Comprehensive serum metabolic profile, other electrolytes and enzymes	<p>Glucose: ↓(poor nutrition), ↑(insulin omission)</p> <p>Sodium: ↓(water loading or laxatives)</p> <p>Potassium: ↓(vomiting, laxatives, diuretics, refeeding)</p> <p>Chloride: ↓(vomiting), ↑(laxatives)</p> <p>Blood bicarbonate: ↑(vomiting), ↓(laxatives)</p> <p>Blood urea nitrogen: ↑(dehydration)</p> <p>Creatinine: ↑(dehydration, renal dysfunction), (poor muscle mass). Normal may be “relatively elevated” given low muscle mass.</p> <p>Calcium: slightly ↓ (poor nutrition at the expense of bone)</p> <p>Phosphate: ↓(poor nutrition or refeeding)</p> <p>Magnesium: ↓(poor nutrition, laxatives, refeeding)</p> <p>Total protein/albumin: ↑(in early malnutrition at the expense of muscle mass), ↓(in later malnutrition)</p> <p>Total bilirubin: ↑(liver dysfunction), ↓(poor RBC mass)</p> <p>Aspartate aminotransaminase (AST), Alanine aminotransaminase (ALT): ↑(liver dysfunction)</p> <p>Amylase: ↑(vomiting, pancreatitis)</p> <p>Lipase: ↑(pancreatitis)</p>
Thyroid function tests	Low to normal thyrotropin (TSH), normal or slightly low thyroxine (T4) (sick euthyroid syndrome).

Laboratory Studies	Potential abnormal findings in a patient with an eating disorder
Gonadotropins and sex steroids	Low luteinizing hormone (LH) and follicle-stimulating hormone (FSH). Low estradiol in females, low testosterone in males.
Pregnancy test of women in childbearing years	Low weight females can ovulate and are therefore at risk for becoming pregnant if sexually active.
Lipid panel	This is not recommended as an initial laboratory test since cholesterol may be elevated in early malnutrition or low in advanced malnutrition.
Imaging Studies	Potential abnormal findings in a patient with an eating disorder
Bone mineral density study	Patients with EDs are at risk of low bone mineral density (BMD). There is no evidence that hormone replacement therapy (estrogen/progesterone in females or testosterone in males) improves BMD. Nutritional rehabilitation, weight recovery, and normalization of endogenous sex steroid production are the treatments of choice. A common technique for measuring BMD is dual energy x-ray absorptiometry (DXA), recommended in patients with amenorrhea for 6 months or longer.
Other Tests	Potential abnormal findings in a patient with an eating disorder
Electrocardiogram (ECG)	Bradycardia or other arrhythmias, low-voltage changes, prolonged QTc interval, T-wave inversions, and occasional ST-segment depression.





# Treatment Admission Requirements

- Unstable Vital Signs
  - HR < 50 bpm in Children
  - HR < 40 bpm in adults
  - Hypothermia
    - Temp < 97 F or < 35C
  - Systolic BP < 80
- Continued rapid weight loss
- Severe Malnutrition
- Arrhythmias
- Electrolyte Abnormalities
- Dehydration
- Continued vomiting
- Failure of outpatient treatment
- Suicidal Ideation



# Eating Disorder Programs in Seattle Metro

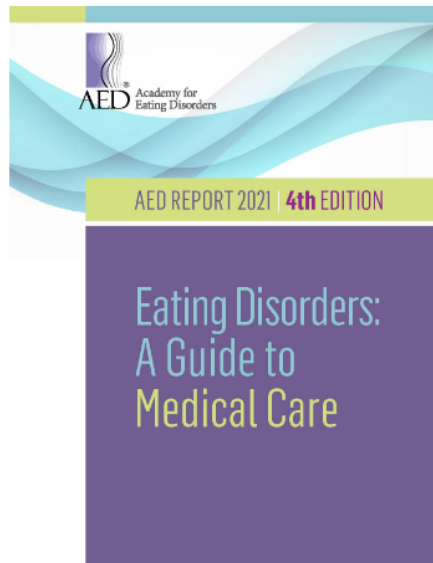
- Eating Recovery Center– Adult, Child and Adolescent Programs
  - The Emily Program
  - Center for Discovery
  - THIRA
  - Opal Food + Body Wisdom
  - Evidence Based Treatment Centers of Seattle
- 
- **Have patient/family contact program directly, each program will have a clinical assessment team**





# Resources

## Eating Disorders: Critical Points for Early Recognition and Medical Risk Management in the Care of Individuals with Eating Disorders



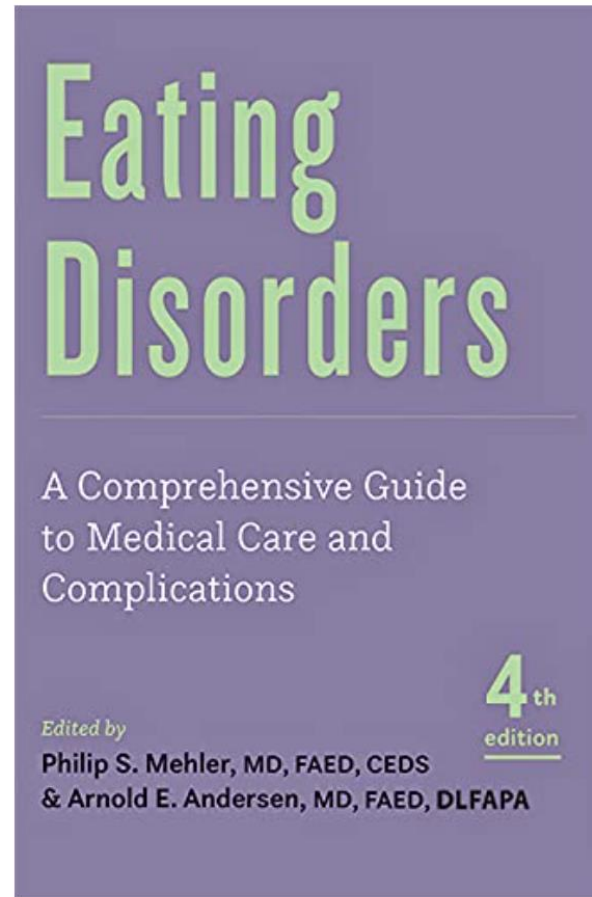
Often referred to as, the purple book, this guide from the Academy for Eating Disorders' (AED) Medical Care Standards Committee, is intended as a resource to promote recognition and risk management in the care of those with eating disorders.

[Access the 4th Edition Here! »](https://www.aedweb.org/publications/medical-care-standards)

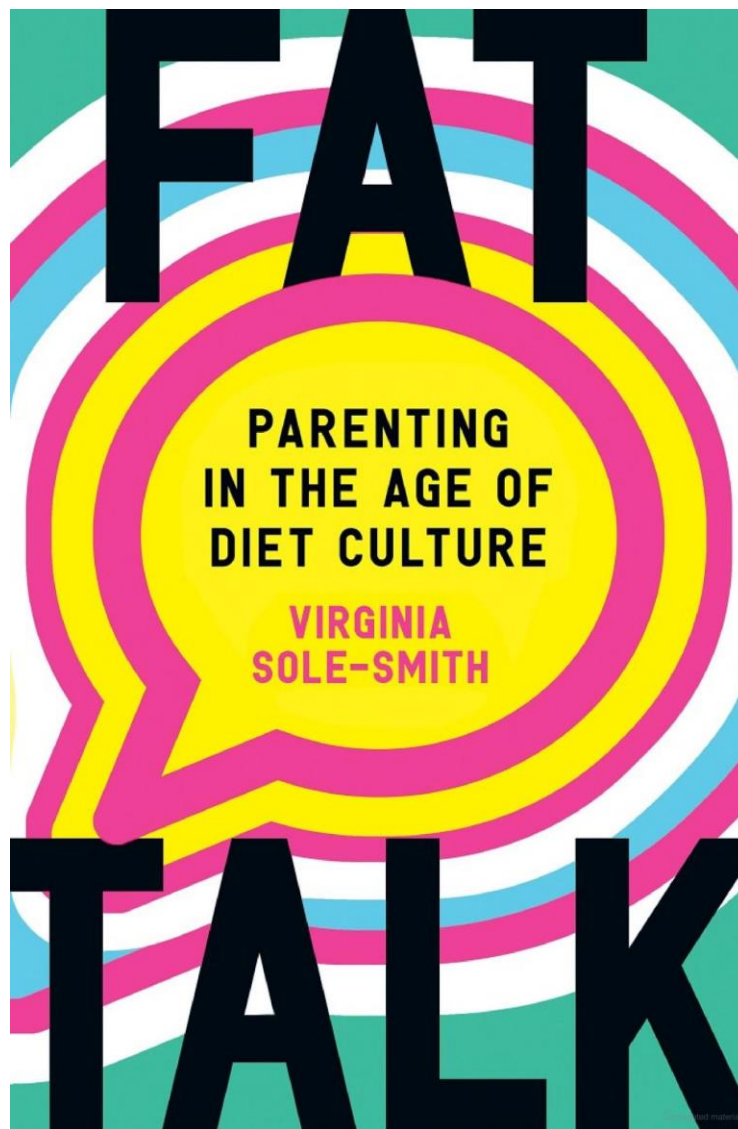
<https://www.aedweb.org/publications/medical-care-standards>

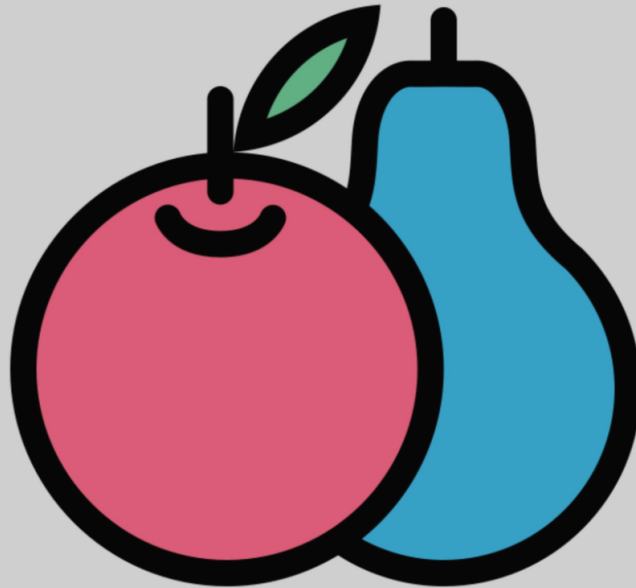


# Resources



# Resources





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# Resources

- Academy for Eating Disorders Report. (2021). Eating Disorders: A Guide to Medical Care (4th ed).
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**THANK YOU**

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