Eating Disorders:
the shadow pandemic

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Disclosures

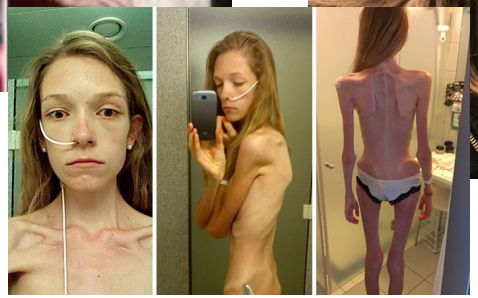
- I HAVE NO CURRENT OR PAST RELATIONSHIPS WITH COMMERCIAL ENTITIES
- I WILL BE DISCUSSING OFF-LABEL USE OF MEDICATION
- I WILL RECEIVE A SPEAKER'S FEE FROM EAST KOOTENAY DIVISIONS OF FAMILY PRACTICE FOR THIS PRESENTATION

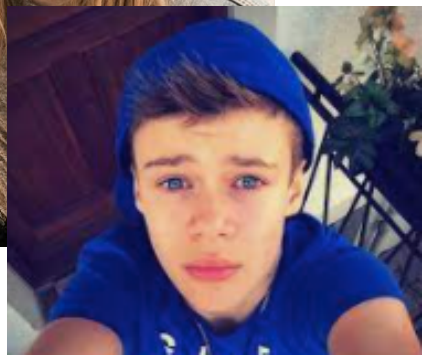
Objectives

By the end of this presentation you will be able to:

1. Recognize the key **presentations** of
2. Follow initial **management** steps for
3. Identify hospitalization **criteria** for
4. Be aware of **treatment** options of

Anorexia: what comes to mind?





"Classic" Anorexia

Female

"Eating healthier"

Perfectionist

Dramatic weight loss

"Sneaky" Anorexia

Male

"Getting fit"

GI symptoms

Weight stable / gaining muscle

"Classic" Bulimia

Female

Binge/purge/restrict cycles

Frequent trips to bathroom

Normal or Overweight

ARFID (Avoidant Restrictive Food Intake Disorder)

Intake ≠ Output → Weight loss / poor growth
Nutrient deficiency
NG or supplement dependence

Nonspecific GI complaints

Possible "triggering" event

NO BODY IMAGE CONCERNS

"Classic" ARFID

Autism

Picky Eating

Parents have "tried everything"

Underweight

"Sneaky" ARFID....

Anxious

Chronic abdominal pain

DENIES Body Image concerns

Weight loss (lots)

Common presentations

GI complaints

- Abdominal pain = #1
- Nausea with food intake
- "Full all the time"

Social:

- Withdrawal
- Isolation
- School avoidance

Psychological:

- Irritable
- Anxious
- Depressed

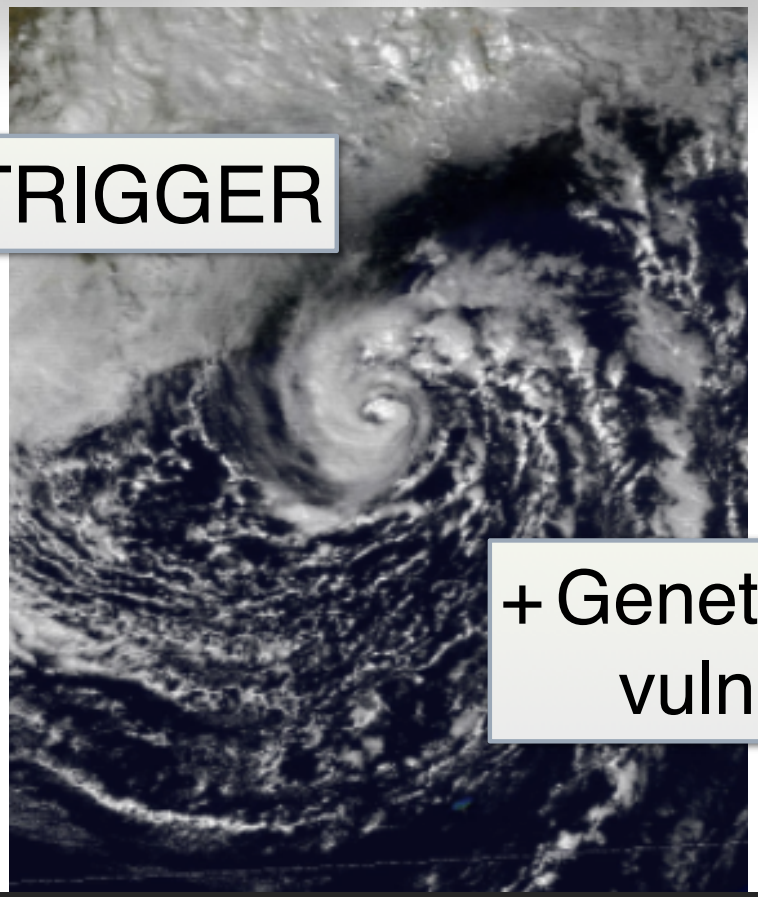
General:

- Fatigue
- Can't focus
- Poor sleep

What Causes an Eating Disorder?

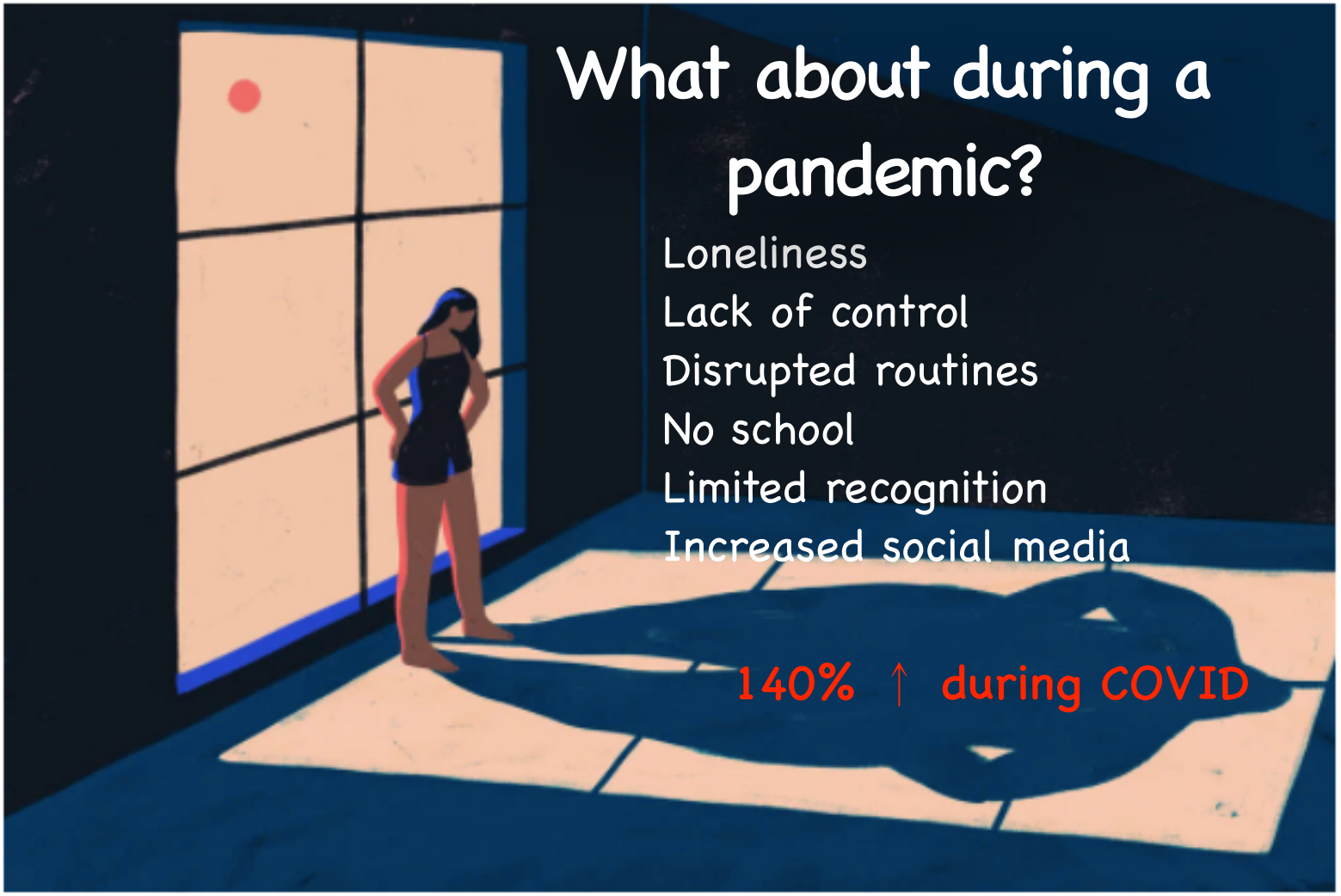
Low self-esteem

+ trigger/TRIGGER



+ Genetic/personal vulnerability

= Eating Disorder


What about during a pandemic?
Loneliness
Lack of control
Disrupted routines
No school
Limited recognition
Increased social media
140% ↑ during COVID

- 3 month history: "eating bothers my stomach"
- nausea after she eats
- dizzy "all the time"
- possible weight loss (not documented)
- more anxious, mood lower
- denies fear of food or body image concerns
- no exercise

On examination:

HR: 48

BP: 98/50

Height and weight not done

Anna, age 12

What would you do with Anna?

a) Tell her she just needs to "eat"

b) Get more information

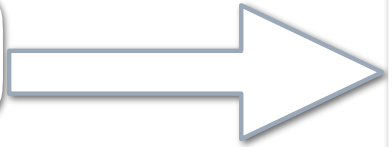
c) Phone for advice

d) Send her for blood work and ECG

e) Send her to ER for admission

What would you do with Anna?

a) Tell her she just needs to "eat"



Avoid dismissal as early detection changes outcomes!

b) Get more information…

c) Phone for advice

- Only 1/4 with ED seek help
- Sub-threshold ED more likely to evolve to full fledged ED (than remit)
- Prolonged illness duration raises mortality risk

d) Send her for blood work and ECG

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What would you do with Anna?

a) Tell her she just needs to "eat"

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How can I screen?

SCOFF

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 lbs) over 3 months?
4. Do you believe yourself to be FAT when others think you are too thin?
5. Would you say that FOOD dominates your life?

ESP (Eating disorder screen for primary care)

1. Are you satisfied with your eating patterns?
2. Do you ever eat in secret?
3. Does your weight affect the way you feel about yourself?
4. Have any members of your family suffered with an eating disorder?
5. Do you currently suffer with or have you ever suffered in the past with an eating disorder?

https://ebn.bmj.com/content/6/4/118

How can I screen…in a busy office?

SCOFF

1. Do you make yourself SICK because you feel uncomfortably full?
2. Do you worry y… much you eat?
3. Have you rece… lbs) over 3 mont…
4. Do you believe… you are too thin?
5. Would you say…

ESP (Eating disorder screen for primary care)

1. Are you satisfied with your eating patterns?
2. Do you ever eat in secret?

…y you feel about

…ily suffered with

…have you ever …g disorder?

Does thinking about food, your body or weight **dominate** your life?

Do you feel anxious when you are not in control of your **eating**?

Have any **friends or family members** commented on your eating?

Do **YOU** think you have an eating disorder?

Pediatrician recommends:

- BLINDED weight, height measurements → BMI (with percentiles)
- Orthostatic vitals (after lying 5 minutes), standing at 1 or 3 minutes

On **further** examination:
HR: 48 (lying), 88 (standing)
BP: 98/52 (lying), 84/40 (standing)
Wt: 29kg (<3rd percentile)
Ht: 150cm
BMI: 13 (<<1st)

What are the most concerning features?

a) low resting HR

b) low resting HR + orthostatic changes

c) Weight + BMI <3rd percentile

d) all of the above

e) none of the above

HR: 48 (lying), 88 (standing)
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a) low resting HR

b) low resting HR + orthostatic changes

c) Weight + BMI <3rd percentile

d) all of the above

e) none of the above

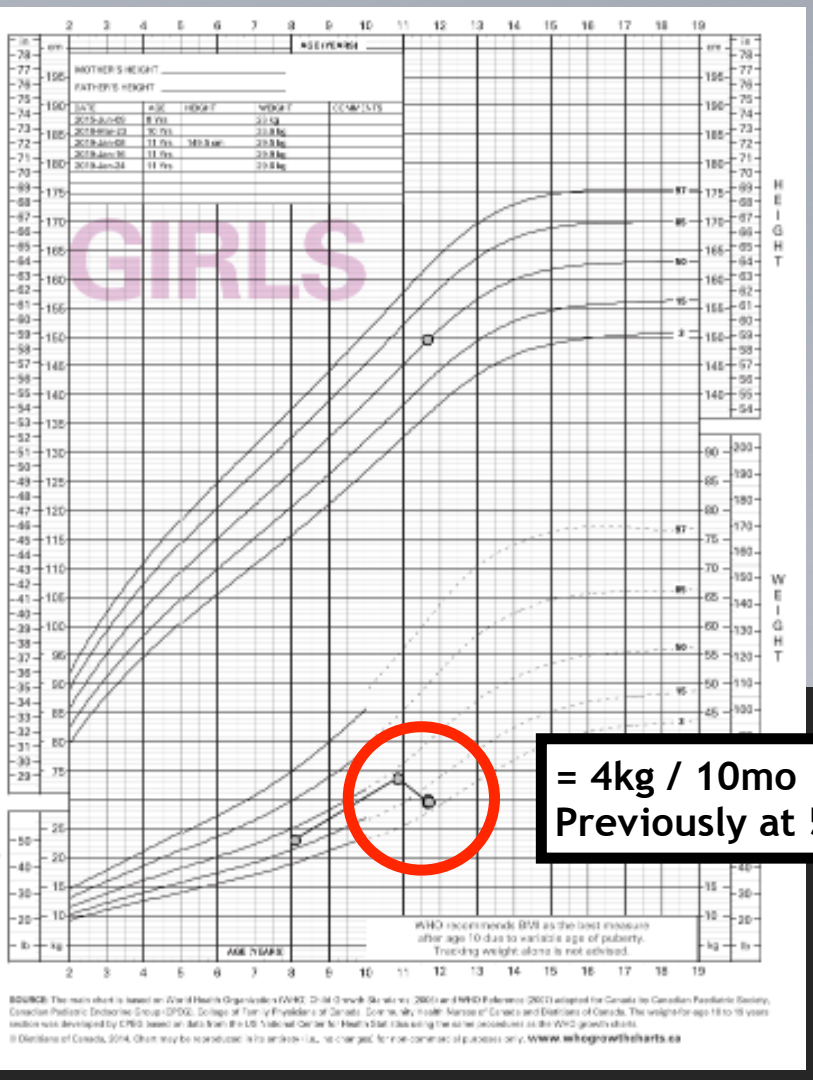
a) sinus bradycardia

b) sinus brady + orthostatic changes (HR ↑ > 35; SBP and DBP drops)

c) NO BMI cut-off - Need timeline and previous percentiles

d) all of the above ARE CONCERNING

BUT only 1 of the above meets admission criteria



On further examination:

HR: 48 (lying), **88** (standing) = **orthostatic tachycardia (HR > 35)**

BP: 98/**52** (lying), 84/**40** (standing) = **orthostatic diastolic hypotension (**SBP drop < 20; **DBP drop >10 mmHg)**

Wt: 29kg (<3rd percentile, previously 50th) = concerning **weight loss**
Ht: 150cm
BMI: 13 (<<1st)

What would you do with Anna?

a) Tell her she just needs to "eat"

b) Get more information

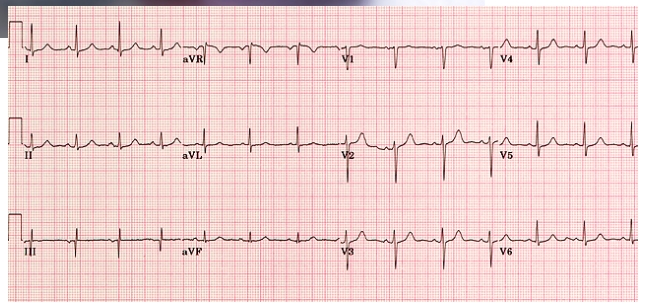
c) Phone for advice

d) Send her for blood work and ECG

e) Send her to ER for admission

What labs should you order?

- CBC, ferritin
- Random glucose
- Extended electrolytes
- +/- LH, FSH, estradiol (if amenorrhea)
- Kidney function: BUN and Cr
- +/- Liver function: ALT
- +/- TSH (if symptomatic)
- +/- Celiac screen (if GI symptoms predominant)
- ECG: confirm HR, ?QTc abnormalities




What was that DBP drop?

What would you do with Anna?

a) Tell her she just needs to "eat"

b) Tell her to take some Tums

c) Phone for advice

d) Send her for blood work and ECG

e) Send her to ER for admissio

WHY?

When do we hospitalize?

- Resting supine HR < 45/min
- Hypotension (<90/45 mmHg)
  - Orthostatic drop in SBP >20mmHg or **DBP >10 mmHg**
- Temperature (oral) < 36°C
- Glucose or potassium <3.0 mmol/L; Phosphate <0.8 mmol/L
- Any ECG abnormalities, including QTc >0.46s
- Acute dehydration, medical complication (eg. syncope)
- Suicidality

BC Children's Hospital™

2 week admission at EKRH
-requires NG tube for weight stabilization
-discloses fear of choking - ?ARFID
-observed ED behaviours/comments

BCCH ED consult to clarify ARFID vs. AN
-discloses ++ body image concerns and ED behaviours
-transferred to BCCH

Anna, age 12

FINAL DIAGNOSIS:
1.Anorexia nervosa, restrictive subtype
2.Social anxiety disorder

Treatments: Refer to CYMH

- **Family based therapy (FBT)**
  - 3 Phases:
    - "Parents in charge"
    - "Transition control"
    - "Return to normal"

- **Emotion focused family therapy (EFFT)**
  - De-escalate
  - Change interactions / engage
  - Consolidate

Treatments: medications

Anorexia: No RCTs supporting evidence for SSRIs

Mood / Anxiety / OCD / PTSD
SSRIs are 1st line
Fluoxetine and Sertraline

Appetite stimulant / sleep
Low dose Mirtazapine (7.5 – 15mg q supper)

Anxiety around food intake / nausea
Off label short term use of low dose Olanzapine

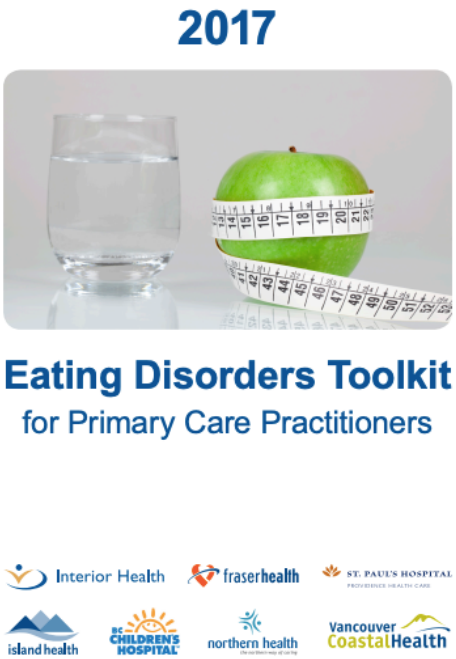
ARFID: Mirtazapine (15 – 60mg q supper)

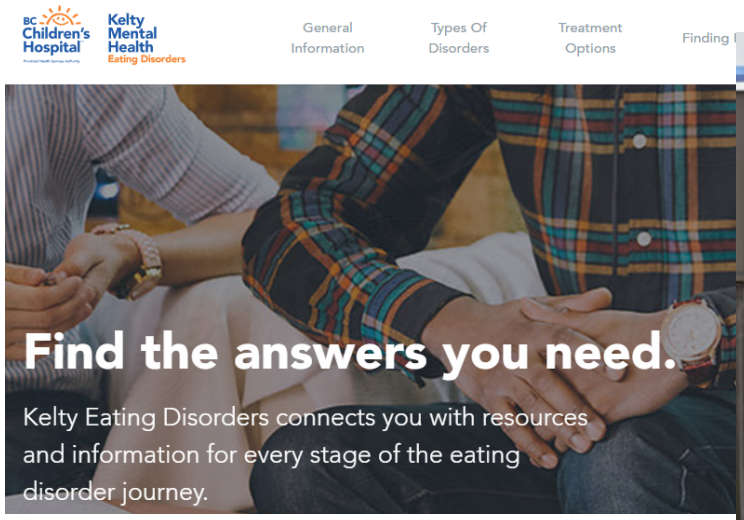
Objectives

Now that we're at the end, you should BE ABLE TO:

1. Recognize the key **presentations** of
2. Follow initial **management** steps for
3. Identify hospitalization **criteria** for
4. Be aware of **treatment** options of

Primary care resources





Final questions?

THANKS!

References

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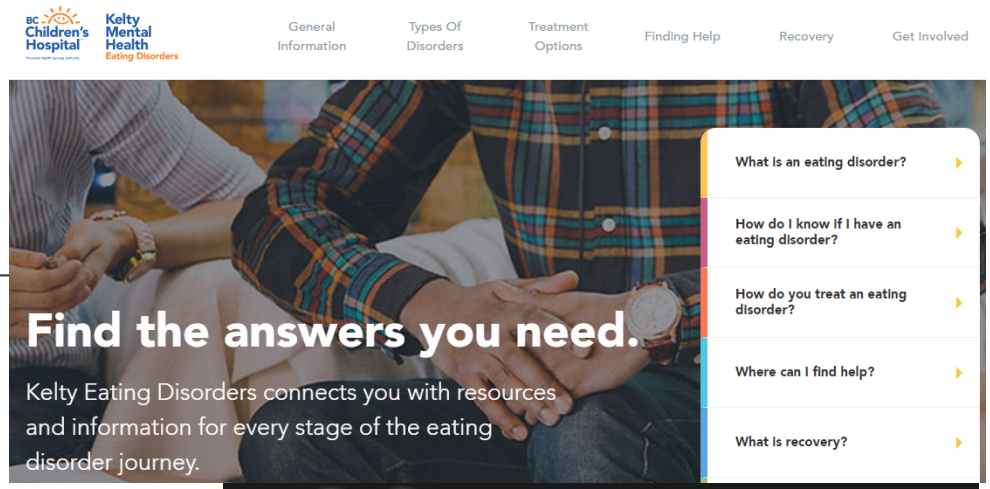
Parent resources

- Kelty Mental Health
  - https://keltyeatingdisorders.ca/
    - Meal support videos
- FEAST
  - https://www.feast-ed.org/ (First 30 days toolkit)
- National Eating Disorder Information Centre (nedic.ca)
- Mental Health Foundations (mentalhealthfoundations.ca)
  - EFFT (Emotion Focused Family Therapy)
    - Webinars/videos
      - Harness the power of your loved one's anger



F·E·A·S·T

nedic

National Eating Disorder Information Centre