

## Q&A

### Providence Virtual Pediatric Grand Rounds: Caring for Teens with Eating Disorders - What Your Patients Want You to Know

1. What is an effective method of intervention for a teen who experiences reinforced disordered eating behavior within her family system?

**This problem is encountered often with our eating disorder patients. We work to engage the entire family system to establish healthy eating and coping behaviors broadly and see a great deal of variability in our family's willingness to implement these changes. This work takes time and multiple discussions/interventions are needed to promote healthy changes.**

2. As a mother and a healthcare provider, I have seen the increase in eating disorders among teens during Covid. living and working in rural Oregon, there are limited resources available and often time is of the essence. I am interested in working with any of your panel who might be willing to help me develop a list of clinical and educational resources and perhaps consider forming outreach in the form of a parent support group facilitated by an RN (I am willing) at our local hospital (Providence Hood River Memorial).  
Jennifer McCauley, RN, IBCLC

**This is a bigger question than can be addressed in this format, if you are interested in further discussion about this, please contact us directly.**

3. Thoughts on to why so much more eating disorders during/after Covid? And why does it seem to be continuing instead of improving?  
Marcie Drury Brown

**The pandemic, in addition to other political/social issues at the time, created a massive increase in stress for nearly everyone. For individuals who are vulnerable to developing an eating disorder, any stressor is a potential trigger to induce the unhealthy coping strategy of disordered eating. Additionally, the public health response to the pandemic disrupted almost all of adolescents' healthy structured activities such as school, sports, music, clubs,**

**and in person socializing. The removal of healthy structure and critically important social interactions was too much for our patients to cope with in a healthy manner.**

4. Anything we can do to help with the back-log of patients. These patients have such a great need and it's hard when the wait time to get in is long.  
Marcie Drury Brown

**Unfortunately, we can only offer unsatisfying recommendations when there are inadequate resources to address a problem. We recommend doing whatever can be done until there is an opening at a proper level of care. This can include monitoring of wts and vital signs, trying to help the family find a psychotherapist, and recommending an outpatient dietitian to offer professional support. During the pandemic, some patients that were referred to partial hospital treatment improved on an outpatient basis. Prior to the pandemic, we would have assumed that these patients would not have recovered unless they admitted to a higher level of care.**

5. Is there a correlation with long term remission/success in regards to how quickly they get up to goal weight. --- in other words does faster initial recovery impact long term recovery rates?  
Megan M Smith

**Yes, there is an association between how quickly a patient restores to a healthy weight and long-term outcomes.**

6. How long does it take for gastroparesis to improve on average?  
Yolanda Domond, MD

**Improvement can take weeks to months. Mehler et al, recommend coaching, encouraging, and educating patients that refusal to eat and regain weight only delay resolution of gastroparesis.**

7. If patients and /or family are not ready to engage in treatments, are there best practices for clinic approaches to try, motivational interviewing, SSRI's, therapy... ?  
Smith, Megan M

**When discussing the care of adolescent patients, the issue of whether the patient or the family are ready for treatment are very different things. It is essential that parents or**



guardians align with the treatment team in order to help their child recover from an eating disorder. Family based treatment remains the gold standard approach to treating eating disorders. If the family does not understand the seriousness of the problem, despite your best efforts, there is little you can do. Nevertheless, you should continue to use motivational interviewing approaches and try to develop a trusting relationship with the patient and family in the hope their perspective will change. The bottom line is that professionals make recommendations, but parents make decisions.

8. Could you talk about atypical anorexia (in the absence of low BMI/weight) and similarities/differences in treatment approaches?

Shaykis, Sylvia

**Neville Golden has written a chapter about this in Mehler and Andersen's, *Eating Disorder's: A comprehensive guide to medical care and complications (2022)*. Briefly, there seem to be more similarities than differences in the treatment approaches, however, establishing a healthy target weight can be challenging in the previously overweight/obese patients. Golden writes that there are slightly more males with AAN (Atypical AN) than AN and the perfectionistic, obsessive harm avoidant personality type may not apply to this subset of patients. Treat these patients with the same clinical approach and degree of concern as a patient with traditional AN.**

9. Tips for broaching or asking about disordered eating in ped patients in which we may have some suspicion but who have not disclosed d/o eating to us?

Thomas, Roxanne J

**Most patients respond to caring expressions of concern about their health. At the same time, they may be defensive about acknowledging behaviors that have become important to them for psychological reasons. Your response at any given time will vary and is contingent upon how ill these patients present. In general, we want to keep a safety net under these patients, both emotionally and medically.**



10. I am confused if aggressive refeeding is now seen as beneficial or not.  
Jennifer M

**Recent studies have shown that severely underwt patients are capable of consuming more calories in the first several days of treatment than previously thought.**

11. What is the cut-off age for your program?  
Margalit, Dafna I

**The adolescent partial hospital eating disorder program serves patients from 13-18. We will evaluate patients who are 12 and may include them in treatment if they are developmentally appropriate for the treatment milieu. Eighteen-year-old patients are treated in the adolescent program if they are attending high school. Eighteen-year-old college students are treated in the adult program.**

12. You mentioned “repeat the same things...sometimes that is what they need”. There were many slides about what not to say. What should we say?  
Domond, Yolanda MD

**Over the course of working with an eating disordered patient, they will repeatedly make false, illogical, and emotionally driven statements. Proper responses may seem repetitive because you will calmly repeat the same basic clinical facts, elements of the treatment plan, and necessary behavioral change to facilitate recovery.**

13. More of a comment that a question here: how do you pick a good family therapist who is eating disorder friendly. I feel like I'm suggesting that families start therapy but it's hard to know where to send them or start.  
Legrand, Kristin (she/her)

**The CREDN website lists providers with an interest in treating eating disorders. That might be a starting point. Like obtaining a therapist for individual therapy, you would probably interview that person to learn more about their theoretical orientation as well as their level of experience. Insurance panels may also have knowledge of therapists working in the field. Finally, professionals working in the field are aware of providers who provide family therapy and you can access their experience.**

14. Are there specific patient populations/ those with certain co-existing conditions that you think the PSV program is better suited to address than Kartini/Monte Nido? Or would you say it's just a matter of insurance/where the patient can get in first? Also, if the initial DEXA is normal would you still repeat in 6 months? Or only if abnormal?

Tiana Won

**We make a practice not to compare the PSV program to other local programs because we are less knowledgeable of the services or quality of care offered in other settings. One strength of the PSV program is the daily availability of our psychiatrists. Most of the patients treated in the program have significant psychiatric comorbidity and patients and families are often relieved by the strong psychiatric presence in the treatment program. Another strength is the in-person partial hospital programming. We use virtual services in a limited way when patients need to quarantine, but the patients and parents value in person treatment.**

15. Are you still recommending patients call to schedule an evaluations on Monday mornings?

Mccarty, Jill R

**Evaluation appointments for the PSV partial adult and adolescent program are released weekly for two weeks after the call. 4-6 evaluation slots are made available each week. Additionally, when individuals have called the call center (503-215-9396) multiple weeks and not been able to obtain an evaluation time, they are encouraged to call the program clinic, 503-216-6220 and request to be placed on a cancellation list. Our front office staff works down the cancellation list when scheduled evaluation times become available due to cancellations or illness. Prospective patients can also attend the free weekly informational group held each Wednesday afternoon from 4:30-5:15 in the clinic (9135 SW Barnes Rd, suite 987).**