

# OUTPATIENT CARE OF ADULTS WITH EATING DISORDERS

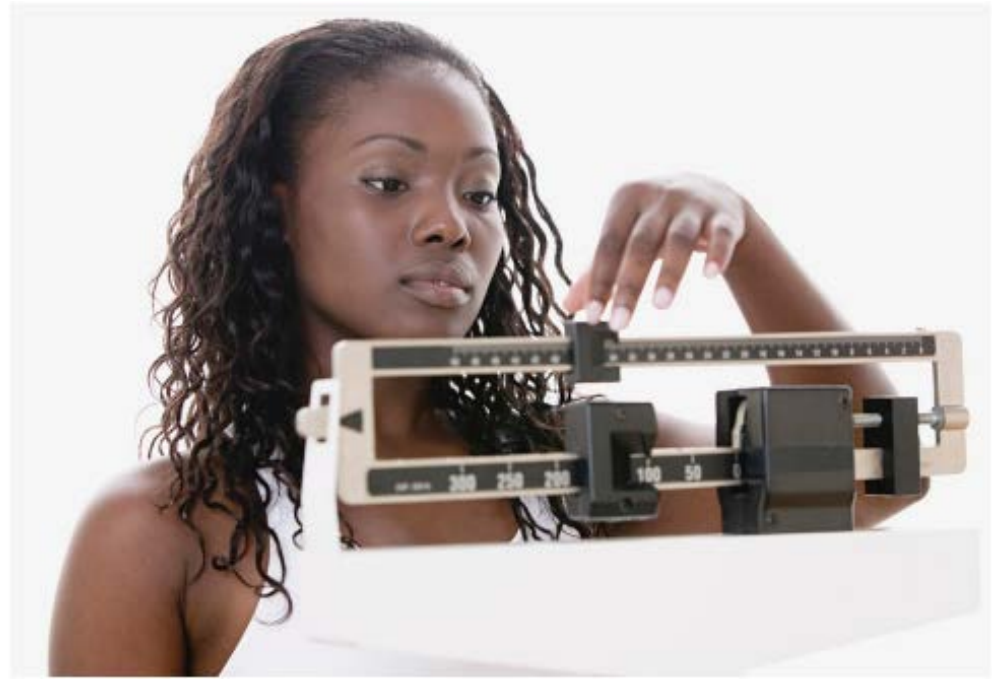
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June 7, 2019

# Pre-visit planning

- 32 year old female with anorexia nervosa is scheduled for a preventive care exam.
- She attends a local intensive outpatient recovery program.
- At her last visit she had gained weight and was following a meal plan.
- Last recorded BMI 18.1



What additional preventive and chronic disease management items should be considered for this patient?

System	Condition	Clinical Pearls
<b>Cardiac</b>	Mitral valve prolapse	Systolic murmur and click on exam Improves with weight gain
<b>Endocrine</b>	Sick euthyroid  Amenorrhea	Low/normal TSH, T4 and low T3 Don't treat this with thyroid replacement  Resumption of menses within 6-9 months of achieving 90% of ideal body weight or 2kg more than weight at which menses were lost
<b>Gastrointestinal</b>	Gastroparesis  Constipation	Treat with liquid prior to solids, small and frequent meals, metoclopramide 2.5mg TID  Avoid fiber and laxatives; increase water intake
<b>Musculoskeletal</b>	Osteoporosis	Vitamin D + calcium Weight restoration is the mainstay of treatment


# Osteoporosis and Eating Disorders

- National Osteoporosis Foundation (NOF)
  - Obtain DXA for patient requiring intensive treatment (partial inpatient/inpatient) with an active eating disorder > 6 months
  - Repeat DXA every 2 years
- Treatment:
  - Weight restoration and resumption of spontaneous menses
  - Consider bisphosphonates or teriperatide in women
  - Caution with weight bearing exercise
  - No large scale studies in men

How can you arrange this visit to best support her recovery?

# During the visit

- Weigh backwards or not at all
- Avoid commenting on appearance
- Risk of unintentional reinforcement when reviewing results

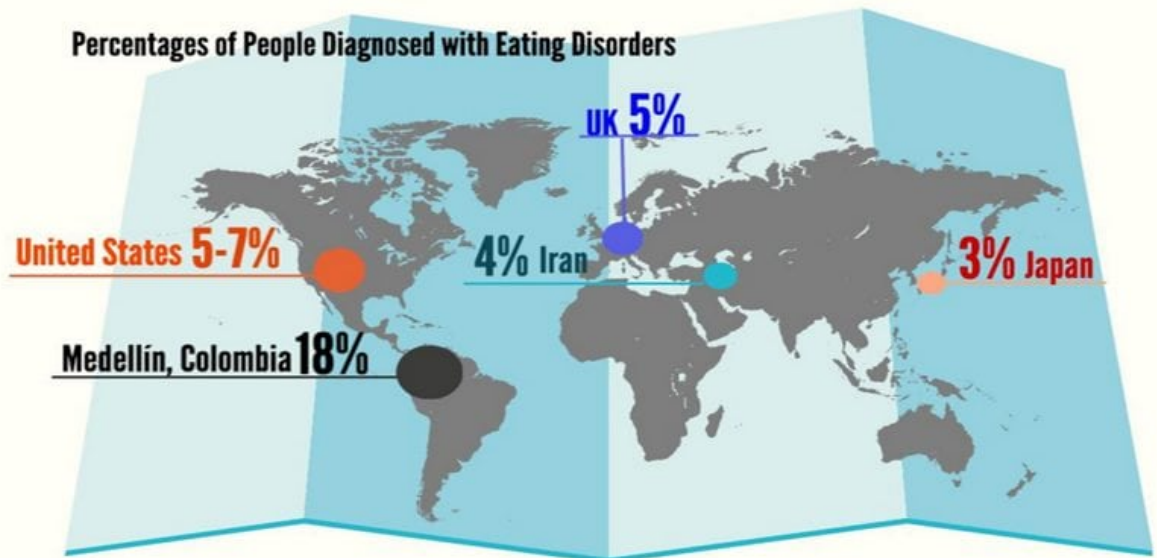


“The results are consistent with your behaviors”

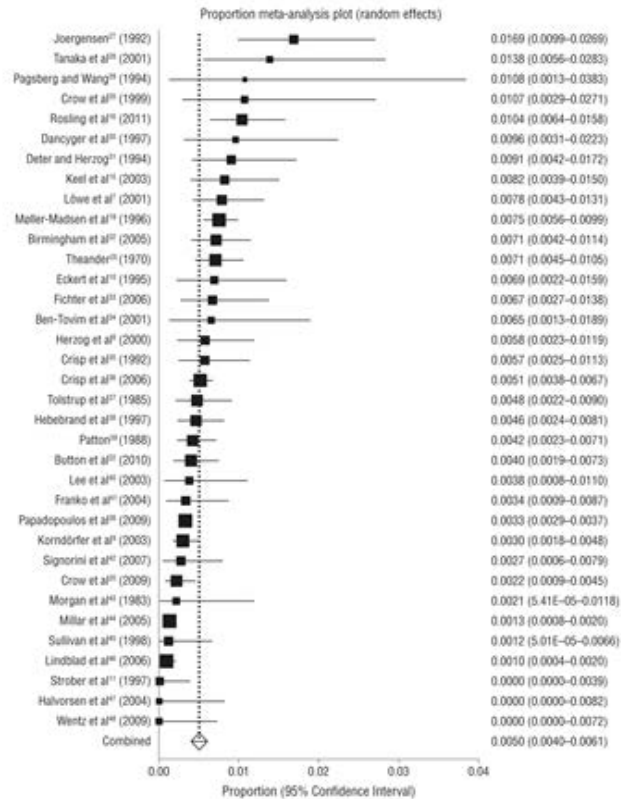
# Magnitude of Eating Disorders

- Approximately 20 million women and 10 million men are affected in the United States
- Sexual minority populations demonstrate higher rates of eating disorders

## 5 MIN GUIDE: PREVALENCE OF EATING DISORDERS







**Anorexia nervosa  
1 in 5 deaths  
attributable to suicide**

## Annual mortality rate per 1000 person-years in anorexia nervosa

Arcelus J. Mortality rates in patients with anorexia nervosa and other eating disorders. A meta-analysis of 36 studies. Arch Gen Psychiatry. 2011; 68(7):724-31.

Is there a validated screening  
tool to assess eating  
disorder risk?

# EAT-26

<b>Part B: Check a response for each of the following statements:</b>		Always	Usually	Often	Some times	Rarely	Never						
1.	Am terrified about being overweight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
2.	Avoid eating when I am hungry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
3.	Find myself preoccupied with food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
4.	Have gone on eating binges where I feel that I may not be able to stop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
5.	Cut my food into small pieces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
6.	Aware of the calorie content of foods that I eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
7.	Particularly avoid food with a high carbohydrate content (i.e. bread, rice, potatoes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
8.	Feel that others would prefer if I ate more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
9.	Vomit after I have eaten.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
10.	Feel extremely guilty after eating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
11.	Am preoccupied with a desire to be thinner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
12.	Think about burning up calories when I exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
13.	Other people think that I am too thin.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
14.	Am preoccupied with	<b>Part C: Behavioral Questions:</b>					Never	Once a month or less	2-3 times a month	Once a week	2-6 times a week	Once a day or more	
15.	Take longer than other	<b>In the past 6 months have you:</b>											
16.	Avoid foods with sugar	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"/>	<input type="checkbox"/>
17.	Eat diet foods.	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"/>	<input type="checkbox"/>
18.	Feel that food controls	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"/>	<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"/>	<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

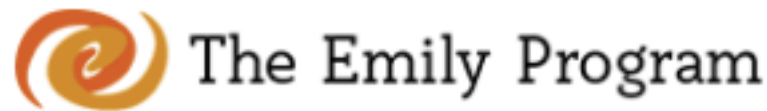
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# Treatment of Eating Disorders

- Multidisciplinary team approach



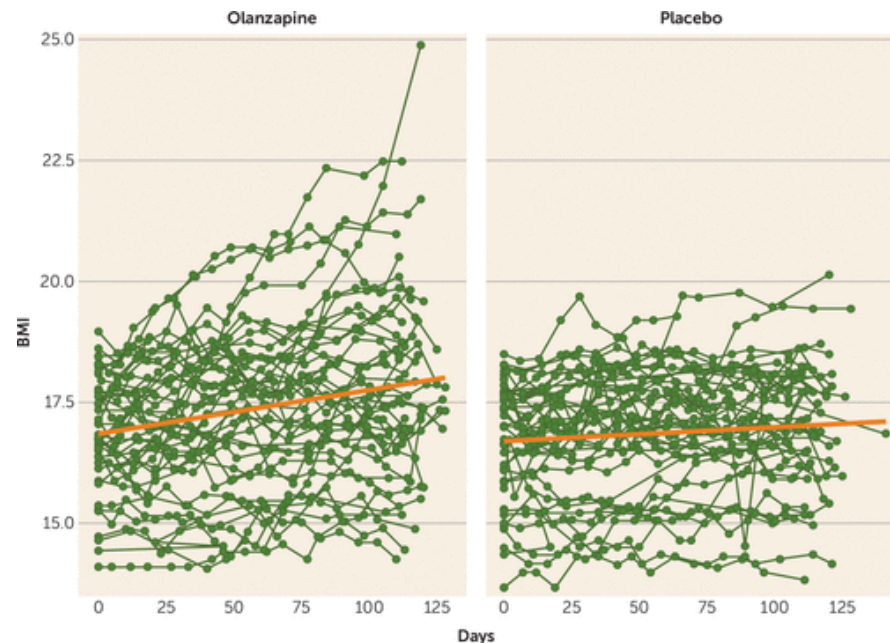
food+body wisdom



What are the primary  
pharmacotherapy options  
for anorexia nervosa?

# Olanzapine in Anorexia Nervosa

- Three randomized double-blind placebo-controlled trials
- Olanzapine resulted in increased weight gain, earlier achievement of target BMI and greater decrease in obsessive symptoms



Change in body mass index (BMI) in a randomized clinical trial of olanzapine compared with placebo in adult outpatients with anorexia nervosa

What are the primary  
pharmacotherapy options  
for bulimia nervosa?

# SSRIs in Bulimia Nervosa

- Pharmacotherapy plus psychotherapy is more efficacious than either treatment alone
- **Fluoxetine** improved:
  - Body weight/shape concern
  - Binge/purge frequency
  - Dietary restraint
  - Food preoccupation

Indication	Adult	Pediatric
MDD (2.1)	20 mg/day in am (initial dose)	10 to 20 mg/day (initial dose)
OCD (2.2)	20 mg/day in am (initial	10 mg/day (initial
Bulimia Nervosa (2.3)	60 mg/day in am	
Panic Disorder (2.4)	10 mg/day (initial dose)	
Depressive Episodes Associated with Bipolar I Disorder (2.5)	Oral in combination with olanzapine: 5 mg of oral olanzapine and 20 mg of fluoxetine once daily (initial dose)	Oral in combination with olanzapine: 2.5 mg of oral olanzapine and 20 mg of fluoxetine once daily (initial dose)
Treatment Resistant Depression (2.6)	Oral in combination with olanzapine: 5 mg of oral olanzapine and 20 mg of fluoxetine once daily (initial dose)	



# Take home points

- EAT-26 is a screening tool to assess eating disorder risk.
- Be intentional with your words and visit planning.
- Low TSH and/or T4 are common and do not require thyroid replacement.
- Osteoporosis risk should be assessed early; weight gain is the primary treatment
- Mainstay of treatment is a multidisciplinary approach.
- When choosing pharmacotherapy, consider **fluoxetine** for bulimia nervosa and **olanzapine** for anorexia nervosa.

# References

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