

Eating Disorder

Clinical Practice Guideline Summary for Primary Care

CLINICAL ASSESSMENT

Eating Disorders are categorized by severe disturbances in eating behavior with varied clinical presentations. Anorexia Nervosa is characterized by a refusal to maintain a minimally normal body weight and an intense fear of gaining weight. Bulimia Nervosa is characterized by repeated episodes of binge eating following by inappropriate compensatory behaviors such as self-induced vomiting, misuse of laxatives or diuretics, fasting, or excessive exercise. A disturbance in perception of body shape and weight is a primary feature for both Anorexia Nervosa and Bulimia Nervosa. Eating Disorder diagnoses are more common for females; however male incidence of these disorders does occur. It is important to note that the DSM-V published in 2013 includes some revisions for the diagnostic criteria for Anorexia Nervosa, Bulimia Nervosa and Eating Disorder Not Otherwise Specified. You may reference the DSM-V for additional information on diagnostic criteria.

Patients with Anorexia Nervosa or Bulimia Nervosa may exhibit a range of physical complications including: abnormally slow heart rate and low blood pressure, acid reflux, amenorrhea, anemia, arrested skeletal growth, arrested sexual development, cold intolerance and low body temperature, dental erosion, electrolyte imbalance, fainting, fatigue, gastrointestinal issues, lanugo, malaise, malnutrition, muscle weakness, osteopenia or osteoporosis, pitting edema, self-injury, scarring on dorsum of hand, severe constipation, severe dehydration, swollen, enlarged salivary glands and weight loss.

A comprehensive diagnostic evaluation requires careful attention to the patient's behavioral health and medical history and should include the following elements:

- Complete physical examination including vital signs, weight and height, BMI calculation, laboratory analyses, and review of dental examination results
- Current symptoms and history of present illness; use DSM-V criteria to guide diagnosis and identification of target symptoms and behaviors
- Assess specific eating-related behaviors by obtaining a detailed report of food/fluid intake and output as part of nutritional management
- Consider the use of screening tools and/or self-report questionnaires such as the Eating Attitudes Test (EAT-26) to improve the recognition of a patient with an Eating Disorder
- Assessment of patient safety, self-injury and suicidal ideation is essential
- Identify the presence of co-occurring psychiatric signs, symptoms, and conditions

- Assess related psychological symptoms (i.e. obsessional thoughts related to weight, body image and eating)
- Establish the appropriate treatment setting based on the patient's clinical condition, symptoms and safety concerns
- Identify potential stressors that may exacerbate eating disorder symptoms
- Identify family history of eating disorders; assess family dynamics and support
- Determine the patient's insight into the presence of an eating disorder and motivation for change
- Screen for substance use and dependence

POTENTIAL WARNING SIGNS IN TREATING PATIENTS WITH AN EATING DISORDER

- Any significant or sudden change in a patient's mental status, such as a new onset of self-destructive behaviors or violent behaviors, warrant at least consultation with a behavioral health specialist and may require urgent or emergent treatment including hospitalization.
- Patients presenting with eating disorders and risk for self-injury and/or suicide may require hospitalization.
- Patients presenting with eating disorders and compromised medical status may require acute medical intervention and 24 hour monitoring.

EFFECTIVE TREATMENT

Treatment options for Eating Disorders are generally determined by the patient's clinical presentation and severity of symptoms. It is important to avoid level of care determinations based on a single or limited number of physical parameters such as weight loss. Patients presenting with mild to moderate symptoms may be treated effectively and safely in routine outpatient therapy, intensive outpatient, or partial hospitalization services. Psychotropic medications may also be used in conjunction with the aforementioned treatment modalities but are not recommended as a sole or primary treatment. Patients presenting with severe eating disorder symptoms, serious concurrent medical problems and/or comorbid psychiatric issues may require hospitalization or residential treatment.

Comprehensive treatment plans should be developed and reviewed during all phases of treatment and include the following interventions:

- Collaboration with the patient regarding treatment planning and decision making; attend to the patient's preferences and concerns
- Ongoing assessment and monitoring of patient safety, self-injury and suicidal ideation is essential

Harvard Pilgrim/Optum
April 2019

Clinical practice summaries are intended to guide treatment for patients with a specific behavioral health disorder. This summary is not meant to substitute for individualized evaluation and treatment specific to patient needs.

- Establish the appropriate treatment setting based on the patient's clinical condition, symptoms and safety concerns
- Ongoing monitoring of patient's symptoms and response to treatment
- Coordinate care with other treating clinicians including behavioral health providers, dentists, medical specialists, nutritionists, and school personnel to ensure that relevant information is communicated to guide treatment decisions, and treatments are synchronized
- Establish goals for patient to restore healthy weight and normalized eating patterns
- Ongoing monitoring of patient's vital signs and physical complications
- Evaluate patient's need for psychotropic medication
- Provide education to patient/family regarding illness, course of treatment, risk of relapse and the importance of treatment compliance
- Encourage family support and refer patient/family to family therapist when appropriate
- Assess potential treatment barriers including underlying maladaptive thoughts and attitudes such as body image concerns and self-esteem issues.

A multidisciplinary treatment team approach is required to effectively manage the complex needs of patients presenting with an Eating Disorder diagnosis. Primary Care Physicians should maintain regular contact with the patient's treatment team for monitoring of eating disorder symptoms, physical complications and signs of potential relapse.

Medication

It is recommended that clinicians use psychotropic medications in conjunction with other interventions such as outpatient therapy, intensive outpatient, or partial hospitalization services. It is important to identify and monitor potential medication side effects which are more prevalent for malnourished, depressed patients. Patients with Anorexia Nervosa may benefit from antidepressant medication for symptoms of depression and/or anxiety following restorative weight gain. Clinicians may also consider antidepressant medication for patients with Bulimia Nervosa to reduce the frequency of binge eating and vomiting and associated symptoms of depression, anxiety, obsessions and impulsivity. Selective serotonin reuptake inhibitors (SSRIs) are considered to have the most evidence for efficacy and fewer adverse side effects.

Clinicians may consider atypical and low-potency antipsychotics for patients exhibiting more severe eating disorder symptoms such as unrelenting resistance to gaining weight in spite of physical complications, obsessional thinking, and denial that may approach delusional proportions. It is important to monitor patients for potential side effects including laboratory abnormalities.

Harvard Pilgrim/Optum
April 2019

Clinical practice summaries are intended to guide treatment for patients with a specific behavioral health disorder. This summary is not meant to substitute for individualized evaluation and treatment specific to patient needs.

Therapy

Patients with an Eating Disorder diagnosis can benefit from psychosocial interventions such as Cognitive Behavioral Therapy (CBT), Interpersonal Therapy (IPT) and Dialectical Behavioral Therapy (DBT) for the treatment of behavioral and psychological symptoms. Treatment modalities may include individual, family and/or group therapy.

RESOURCES

For further information, see the complete version of the American Psychiatric Association's *Practice Guideline for the Treatment of Patients with Eating Disorders*, Third Edition available at <http://psychiatryonline.org/guidelines>.

OPTUM CONTACT INFORMATION

- Optum Physician Consultation Service (800) 292-2922 to discuss treatment concerns with an Optum psychiatrist.
- Optum Customer Service (888) 777-4742 if you would like to make a referral to a behavioral health professional.
- Optum 24/7 Substance Use Disorder Helpline (855) 780-5955 for education regarding substance use, treatment options and available community support services.

Harvard Pilgrim/Optum
April 2019

Clinical practice summaries are intended to guide treatment for patients with a specific behavioral health disorder. This summary is not meant to substitute for individualized evaluation and treatment specific to patient needs.