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# Learning Objectives

1.

Outline how the COVID 19 pandemic impacted the incidence, prevalence, and severity of eating disorders among children and adolescents

2.

Describe the role of the primary care pediatrician in the identification and management of eating disorders

3.

Explain how an Algorithm and Smartset can help improve eating disorders care

# Eating Disorders in Teens Have 'Exploded' in the Pandemic

-NY Times, April 28,2021

CLINICAL REPORT Guidance for the Clinician in Rendering Pediatric Care



### Identification and Management of Eating Disorders in Children and Adolescents

Laurie L. Hornberger, MD, MPH, FAAP, Margo A. Lane, MD, FRCPC, FAAP, THE COMMITTEE ON ADOLESCENCE

Eating disorders are serious, potentially life-threatening illnesses afflicting individuals through the life span, with a particular impact on both the physical and psychological development of children and adolescents. Because care for children and adolescents with eating disorders can be complex and resources for the treatment of eating disorders are often limited, pediatricians may be called on to not only provide medical supervision for their patients with diagnosed eating disorders but also coordinate care and advocate for appropriate services. This clinical report includes a review of common eating disorders diagnosed in children and adolescents, outlines the medical evaluation of patients suspected of having an eating disorder, presents an overview of treatment strategies, and highlights opportunities for advocacy.

### INTRODUCTION

### Definitions

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### abstract

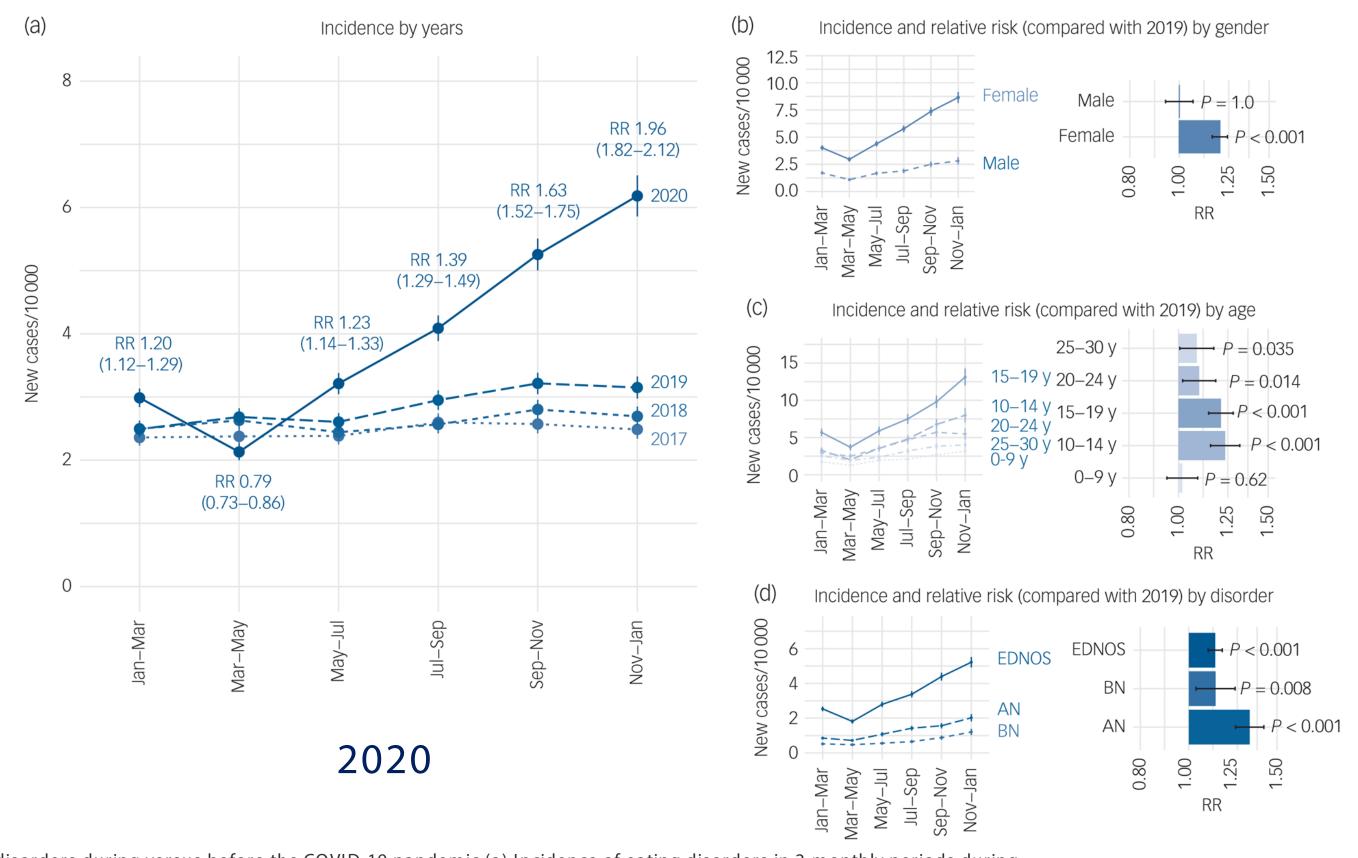
<sup>a</sup>Division of Adolescent Medicine, Children's Mercy Kansas City and School of Medicine, University of Missouri-Kansas City, Kansas City, Missouri; and <sup>b</sup>Department of Pediatrics and Child Health, Max Rady College of Medicine, Rady Faculty of Health Sciences, University of Manitoba, Winnipea, Manitoba

Clinical reports from the American Academy of Pediatrics benefit from expertise and resources of liaisons and internal (AAP) and external reviewers. However, clinical reports from the American Academy of Pediatrics may not reflect the views of the liaisons or the organizations or government agencies that they represent.

Drs Hornberger and Lane were equally responsible for conceptualizing, writing, and revising the manuscript and considering input from all reviewers and the board of directors; and all authors approve the final manuscript as submitted.

The guidance in this report does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

All clinical reports from the American Academy of Pediatrics



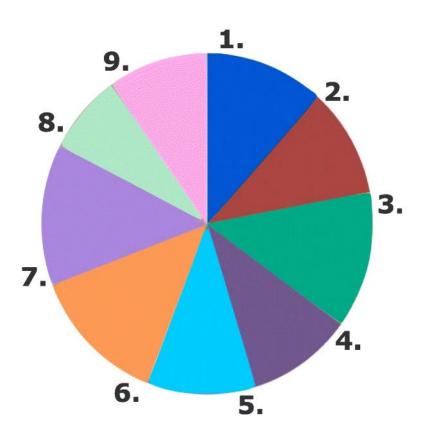
Incidence of eating disorders during versus before the COVID-19 pandemic.(a) Incidence of eating disorders in 2-monthly periods during the pandemic (20 January 2020 to 19 January 2021) compared with previous years (20 January 2017 to 20 January 2019 and 19 January 2018 to 19 January 2020). The relative risks (RR) and their 95% confidence intervals are provided for each 2-monthly period during the pandemic compared with the same period in 2019. (b) Incidence stratified by gender. (c) Incidence stratified by age group. (d) Incidence stratified by eating disorder subtype. RR in each stratum compared with the corresponding stratum in the previous year. RR > 1 indicates a risk that is higher during the pandemic. AN, anorexia nervosa; BN, bulimia nervosa; EDNOS, eating disorder not otherwise specified; Y, year.

Taquet, M., Geddes, J., Luciano, S., & Harrison, P. (2022). Incidence and outcomes of eating disorders during the COVID-19 pandemic. The British Journal of Psychiatry, 220(5), 262-264. doi:10.1192/bjp.2021.105

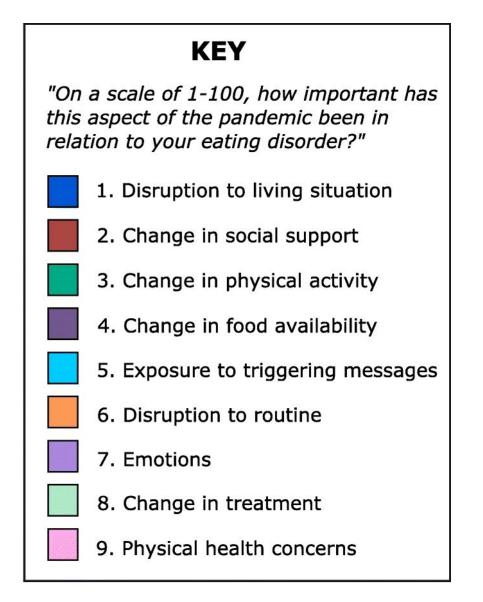
The pandemic worsened the severity of eating disorders for children and adolescents already affected due to several factors.

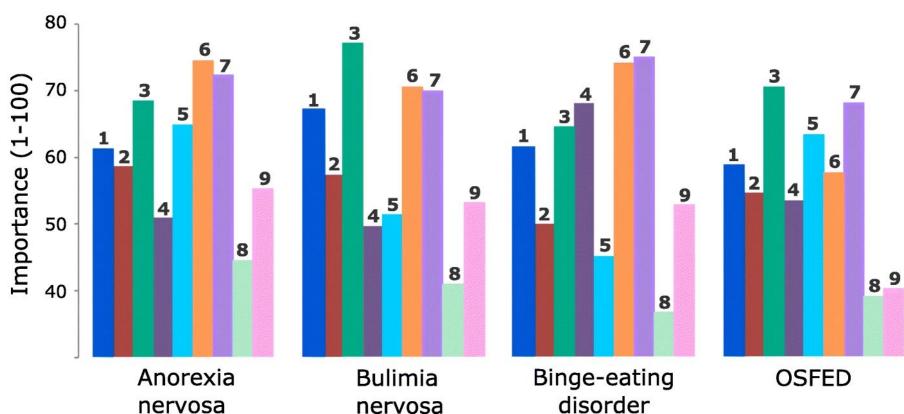
Vuillier, L., May, L., Greville-Harris, M. *et al.* The impact of the COVID-19 pandemic on individuals with eating disorders: the role of emotion regulation and exploration of online treatment experiences. *J Eat Disord* **9**, 10 (2021). https://doi.org/10.1186/s40337-020-00362-9

### A) All participants pooled



### B) Participants split by diagnosis

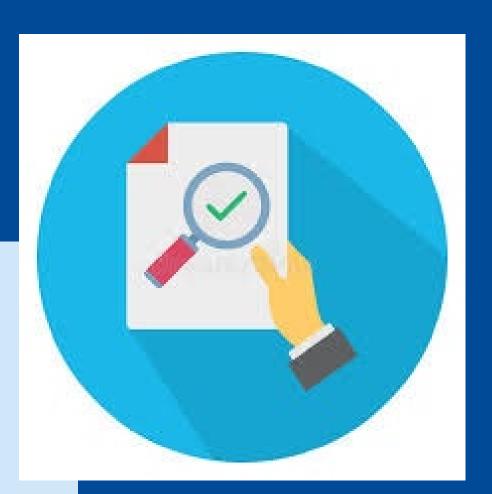




# MOC 4 Quality Improvement Project

- 1. Make it easier for pediatricians to recognize, evaluate, and treat eating disorders
- 2. Increase pediatrician knowledge and confidence
- 3. Connect with community resources





# A Plan for Primary Care

Suspected Eating Disorder 2

Eating
Disorder
Initial Visit

3

Medical Instability? YES? --> L3 INPATIENT

Rady MBU or Loma Linda Children's 4

Medically
Stable -> L1 PCP
Eating Disorder
Follow Up Visit

OR Refer to Rady Adolescent Clinic

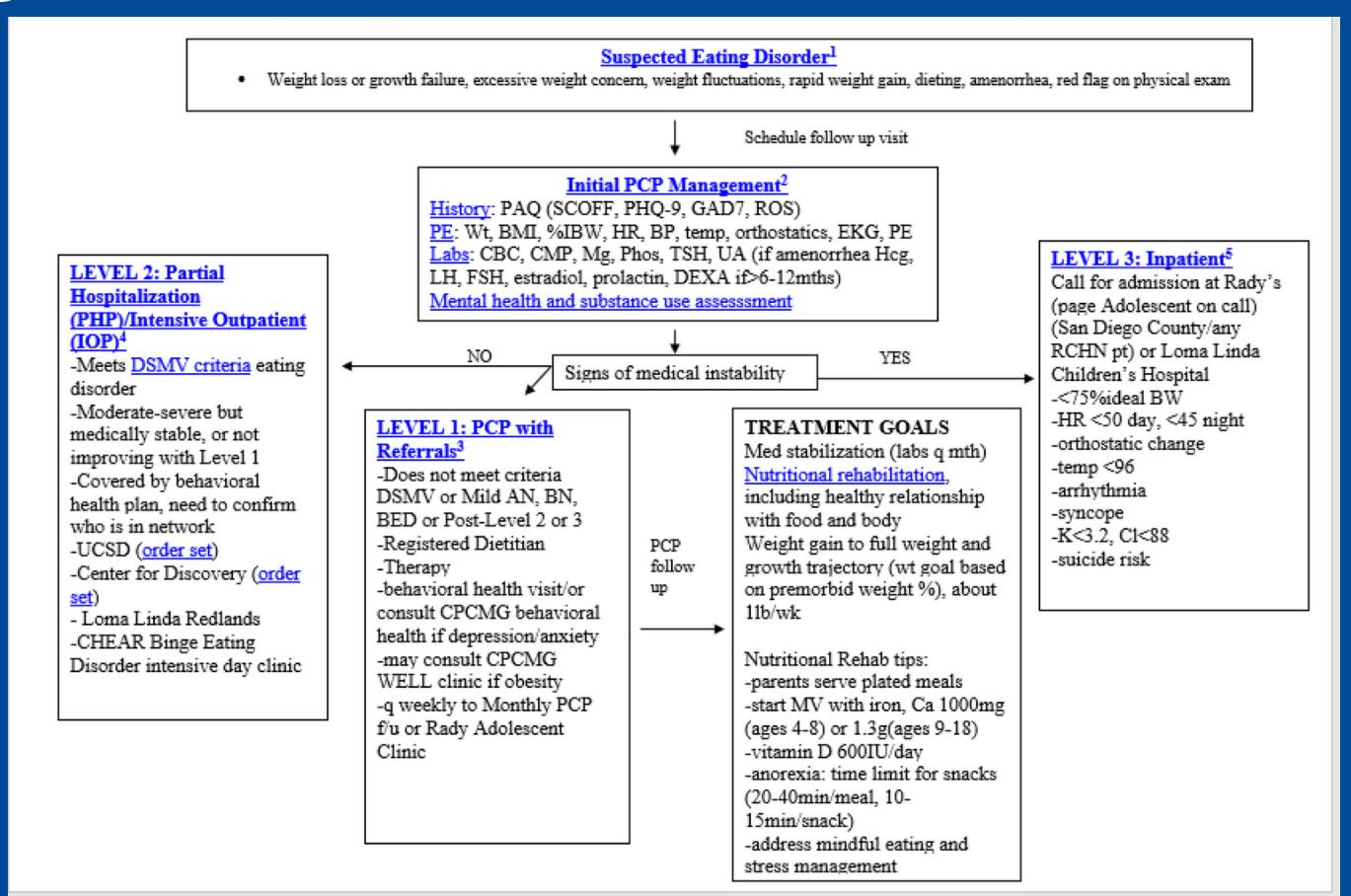
AND Refer RD/Therapist

5

Medically Stable
-> L2 Intensive
Outpatient/
Partial
Hospitalization

UCSD
Center for
Discovery
Loma Linda
Redlands
CHEAR (BED)

## The Algorithm



# EATING DISORDER SMARTSET

### Eating Disorder Initial Visit

With patient-answered questionnaire

### Eating Disorder Follow Up Visit

With patient-answered questionnaire

### AVS

With a list of who and how to refer to Registered Dietitian and Therapists along with additional resources for patients and families

### CPCMG Eating Disorder SmartSet ► Manage User Versions ▼ 🌣

This guideline was developed in conjunction with Dr. Natalie Muth, Co-Chair of Nutrition Subcommittee, as well as in consultation with RCHSD Medical Behavioral Unit as well as Adolescent Medicine. This guideline is meant to support clinical assessment and medical decision-making. It is not intended or meant to replace the provider's professional judgment or establish a professional standard of care. This guideline should be modified based on the provider's professional judgment in considering individual patient's needs.

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- CPCMG Eating Disorder Algorithm (placeholder)
▼ Progress Notes
▼ Progress Notes
Eating Disorder Initial Note
Eating Disorder Follow Up Note
▼ Diagnoses
▼ Diagnoses
Anorexia nervosa, binge-eating purging type [F50.02]
Anorexia nervosa, restricting type [F50.01]
Bulimia nervosa [F50.2]
Binge eating disorder [F50.81]
Avoidant-restrictive food intake disorder (ARFID) [F50.82]
Eating disorder, unspecified [F50.9]
Other disorder of eating [F50.89]
Abnormal weight loss [R63.4]
BMI < 5th percentile in child [Z68.51]

**▼** Level of Service

### Features

### **TEMPLATED NOTE**

Includes physical exam with key PE considerations

Ideal Body Weight based on BMI at 50th% x ht (meters) x ht (meters)

Includes guide for assessment, plan, and referrals

### **ORDERS**

- LABS: UCSD partial hospitalization order set
- Center for Discovery Order Set
- CBC, CMP, Mg, Phos, TSH, UA
- Lab sets for if amenorrhea, if orthostasis, if uncertain diagnosis

### DIAGNOSIS

- Link to DSM V guide including anorexia, bulimia, binge eating, ARFID and variations
- Other options include Eating disorder, unspecified; Other disorder of eating; Abnormal weight loss; BMI<5th%; At high risk for nutritional imbalance

### AFTER VISIT SUMMARY

- Information about eating disorders
- How to find a registered dietitian and list of local dietitians who specialize in eating disorders
- How to find a therapist and list of local therapists who specialize in eating disorders
- Contact info for National Eating Disorders Association (NEDA) helpline

