

UCSF Health

Eating Disorders Program



Responding to Eating Disorders in School Settings

Lindsey D. Bruett, PhD

Associate Clinical Professor

Department of Psychiatry & Behavioral Sciences



Disclosures

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Learning Objectives

1. Identify five warning signs for disordered eating behavior.
2. List three facts about eating disorder prevalence rates among various gender identities and racial/ethnic groups.
3. Name two ways to avoid inadvertently promoting diet culture in schools.

Eating disorders lead to
severe medical consequences,
including death

T R U T H S



Important Truths about Eating Disorders

- Eating disorders can present at any weight across the spectrum
 - Eating disorders are not choices, but serious, biologically-influenced illnesses
 - Treatment does not rely on the patient's desire or willingness to recover
 - Families are not to blame but rather critical allies in treatment
- **Recovery is possible**

Evolving Diagnoses

Anorexia Nervosa

Atypical Anorexia Nervosa (OSFED) - *advocacy*

Bulimia Nervosa

Binge Eating Disorder

ARFID

More!



Eating disorders transcend race,
ethnicity, gender, sexual orientation, age,
socioeconomic status, body shape or
size...



Identity & Socioeconomic Correlates of Adolescent Eating Disorders Prevalence

Anorexia Nervosa

Some studies show no group differences, some show trend toward higher rates in non-Latinx White

Bulimia

Latinx & Black with highest prevalence

Binge Eating

Trend towards increased prevalence in non-Latinx Black & Latinx

People of color with eating/weight concerns were significantly less likely than white people to have been asked by a doctor about eating disorder symptoms (Becker, 2003) and given access to evidenced-based care (Marques et al., 2011)

Identity & Socioeconomic Correlates of EDs

Socioeconomic status NOT associated with eating disorders

Food insecurity is associated with increased Eating Disorders

~1 in 3 individuals with eating disorders are boys and men

Eating disorder prevalence higher among sexual and gender minority populations (when compared with cisgender heterosexual populations)

Huryk et al., 2021; Hazzard et al., 2020; Nagata et al., 2020

Current weight alone does NOT indicate whether someone has an eating disorder

MOST eating disorders occur in individuals with body weights in the average or higher categories (Flament et al., 2015)



Journal of the American Academy of Child
& Adolescent Psychiatry
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New research

Weight Status and *DSM-5* Diagnoses of Eating Disorders in Adolescents From the Community

[Martine F. Flament MD, PhD](#)^a, [Katherine Henderson PhD](#)^b,
[Annick Buchholz PhD](#)^c, [Nicole Obeid PhD](#)^d, [Hien N.T. Nguyen MA](#)^e,

Medical complications of weight loss are just as severe in individuals with body weights above and below the “underweight” cutoff (Garber et al., 2019)

Weight Loss and Illness Severity in Adolescents With Atypical Anorexia Nervosa

Andrea K. Garber, PhD, RD,^a Jing Cheng, PhD,^b Erin C. Accurso, PhD,^c Sally H. Adams, PhD,^d Sara M. Buckelew, MD, MPH,^e Cynthia J. Kapphahn, MD,^f Anna Kreiter, PsyD,^g Daniel Le Grange, PhD,^h Vanessa I. Machen, MS, RD,ⁱ Anna-Barbara Moscicki, MD,^j Kristina Saffran, BS,^k Allyson F. Sy, MS, RD,^l Leslie Wilson, PhD,^m Neville H. Golden, MDⁿ

BACKGROUND: Lower weight has historically been equated with more severe illness in anorexia nervosa (AN). Reliance on admission weight to guide clinical concern is challenged by the rise in patients with atypical anorexia nervosa (AAN) requiring hospitalization at normal weight.
METHODS: We examined weight history and illness severity in 12- to 24-year-olds with AN ($n = 66$) and AAN ($n = 50$) in a randomized clinical trial, the Study of Refeeding to Optimize Inpatient Gains (www.clinicaltrials.gov: NCT02488109). Amount of weight loss was the

[abstract](#)

Screening

I have time for 4 questions, what should I ask?

- Are you satisfied with your eating patterns?
- Do you ever eat in secret?
- Does your weight affect the way you feel about yourself?
- Do you currently suffer with or have you ever suffered in the past with an eating disorder?



Early Signs



Cutting back on food intake or skipping meals



Avoiding eating with others/family



Changing food selections (cutting out foods, becoming vegetarian/vegan)



Exercising more



Making comments about body (often brought up by parents)



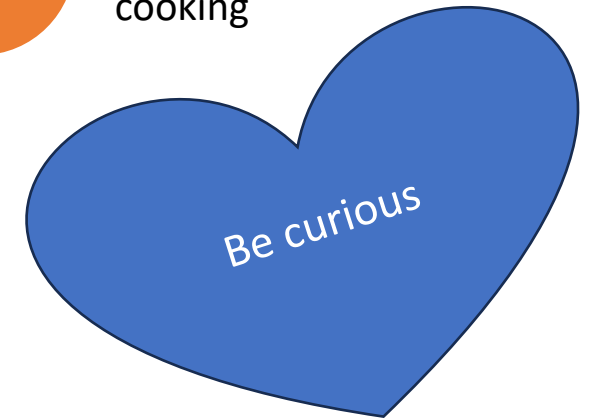
Reading recipe books, getting involved in cooking



Food going missing



Using bathroom after meals / vomit residue in toilet or shower



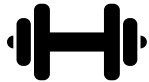
If concerns noted, evaluate:



- Feeling out of control with eating
- Pressure to look a certain way
- Obsessive thinking



24-hour diet recall



Exercise pattern



Goals with eating/exercise pattern changes



What have caregiver(s) done to help?

What is the youth's response?

Any compensatory behaviors

- Vomiting
- Obsessive/compulsive exercise
- Fasting
- Laxatives
- Diet pills
- Other

Note: explicit desire to lose weight or body image concern is not necessary for someone to meet criteria for an eating disorder

Students vs. Caregivers



Patients

- I'm not bingeing
- I'm not vomiting
- I'm getting my period regularly
- I'm an athlete. I'm not exercising to lose weight
- I'm fine with my body
- I'm fine with my weight
- I'm not scared of gaining weight

Caregivers

- I found bags of junk food hidden in her room
- They run to the bathroom right after meals, and we find vomit residue on the toilet
- I haven't bought sanitary products for her in 6 months
- Their coach says they train beyond what their teammates do
- They wear only baggy clothes
- He weighs himself a few times a day
- They won't eat more than 500 kcal per day



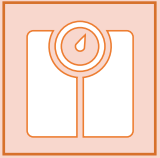
I'm concerned...

- Talk with the student and/or family
 - “I’ve noticed _____ and I’m concerned. You’re not in trouble.”
 - Can provide resources (see later slide)
- Ideally: student has check-up with PCP, who may monitor and/or refer for specialty eating disorders treatment
 - *Check out CAPP Webinar for more clinical tips
- Some schools refer directly to eating disorders treatment
- Follow up: “A few weeks ago we talked about going to your PCP. Were you able to get an appointment? May I help you?”

Psychological eating disorder
symptoms are heavily
influenced by **malnutrition**

(And food is the **ONLY** medicine)

Treatment Goals



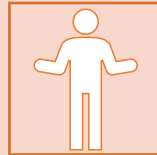
Weight restoration or stabilization



Normalization of eating patterns (regular, sufficient amount, increase variety)



Cessation of binge eating and compensatory behaviors



Later: Reduced weight/shape concerns; body acceptance

- Body image concerns typically do not improve until weight is restored and eating patterns are normalized
 - We cannot “talk someone out of” body image concerns
- Support people can redirect from debate about body shape/size “Right now, I know that the most important thing is that your body needs consistent nutrition”



Weight is just one aspect of recovery, but often coincides with a recovered mind state

How do I support the student if it's hard to get connected to care?

- **Motivational interviewing** about how the ED is getting in the way (to encourage treatment connection)
 - “How, if it at all, is the constant thinking about calories making it hard to do the things you like to do?”
- General **coping** to address distress before/during/after meals, when having urges to engage in compensatory bxs, with wt checks, etc
 - Focus on **active coping** (eg distraction, deep breathing) rather than introspective or passive techniques (eg quiet mindfulness, reading, noticing body sensations)
- **Reinforce** any small changes
 - “That’s awesome that started having breakfast this week – well done”
 - “I’m really glad that you ate your lunch”



Provider + School Staff Tips



- Avoid commenting on appearance
- Do not collude with eating disorder
- Avoid shame
- Adolescents may not like their eating disorder therapist



Benign comments can be loaded:

- “You look so healthy” = “Whoa, you’ve gained a ton of weight”
- “You look fantastic” = “Wow, you’re so fat”
- “You’re made so much progress” = “You’re failing, you shouldn’t be going along with this plan to eat so much food”

“
Diet Culture is
everywhere!

How do we
protect our
students?

Dieting = powerful predictor of eating disorders (and predicts weight gain + weight cycling)

Consider your language and behavior around food + body

No good/bad foods
Adding foods, not restricting

Physical activity for general wellbeing and/or enjoyment

Family meals

Media Literacy

Takeaways

1. Eating disorders are serious, and impact people of all backgrounds
 - Persistent and harmful myths about who is impacted by eating disorders keep folks from receiving appropriate care
2. Caregivers/parents DO NOT cause eating disorders, and are usually an important part of the care team
3. Nutrition and rest are the most important aspects of treatment
 - Body image will not improve until nutrition is restored
4. Schools can play an important role in ED detection and care
5. As role models, we can take a stand against diet culture that can reinforce disordered eating behaviors



Welcome to the UCSF
Benioff Children's
Hospitals Child &
Adolescent Psychiatry
Portal

Connecting for Care

CAPP Resources

<https://capp.ucsf.edu/content/eating-disorders>

- Referral information
- Family and PCP guides for supporting young people with eating disorders

