

# Challenges and Recommendations in the Treatment of Adolescents and Young Adults with Eating Disorders

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## Outline

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- Introduction to providers and services at Hershey
- Clinical features of eating disorders (EDs)
- Treatment recommendations for EDs
- Dilemmas faced when treating EDs



## Objectives

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- Identify various types of EDs and ED symptoms
- Review therapeutic strategies and treatments for EDs
- Describe common ethical dilemmas when treating adolescents and young adults with EDs



## Penn State Hershey: Division of Adolescent Medicine and Eating Disorders

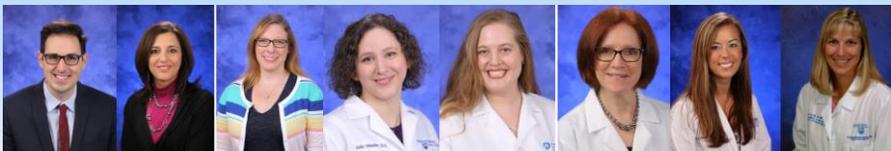
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- Located across the medical center
- Second floor of Briarcrest office



## **Penn State Hershey: Division of Adolescent Medicine and Eating Disorders**

- Interdisciplinary team of providers



## **Penn State Hershey: Division of Adolescent Medicine and Eating Disorders**

- Outpatient services for EDs (ages 8 – 25)
  - Therapy
  - Nutrition
  - Psychiatry
  - Medical
- Adolescent binge-eating disorder program (ages 8 – 18)
  - Interdisciplinary individual and group treatment for adolescents with EDs



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- Pre-COVID
  - Partial hospitalization programs (PHPs)
    - 7 hours per day, 5 days per week
    - Children and adolescents (ages 8 – 16)
    - Young adults (ages 17 – 25)
  - Intensive outpatient program (IOP)
    - 3 hours per day, 3 days per week
    - Young adults (ages 17 – 25)
- March 2020 – Present
  - Virtual and Hybrid IOP
    - Children and adolescents (ages 8 – 16)
    - Young adults (ages 17 – 25)



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## **DSM-5 EDs**

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- Anorexia nervosa
- Bulimia nervosa
- Binge-eating disorder
- Other specified feeding or eating disorder
  - Atypical anorexia nervosa
  - Bulimia nervosa of low frequency
  - Purging disorder
- Avoidant/restrictive food intake disorder



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## Case Example: “Suzie”

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“Suzie” is a 16 year old girl who you are seeing for the first time in your clinic. Suzie states that she was “chubby” and teased about her weight throughout childhood. Several months ago, Suzie decided that she was going to try to lose as much weight as she could. She started skipping breakfast and lunch, and began avoiding “unhealthy” foods. This resulted in gradual weight loss over the next few months. However, Suzie found it more and more difficult to keep herself from eating these foods.



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## Case Example: “Suzie”

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About two to three times per week, Suzie would “give in” to urges to eat an “unhealthy” food, and experienced a lot of guilt. To decrease this guilt, Suzie began making herself throw up immediately after she ate an unhealthy food. Last week, for example, she threw up two times: once after eating a slice of pizza, and once after having two scoops of ice cream for dessert. Suzie says that she wants you to help her better resist these urges and help her overcome this pattern of throwing up. Suzie reports that her BMI is in the “upper end of the normal range,” and that she would like to continue dieting until her weight is in the “lower end of the normal range.”



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## Case Example: “Suzie”

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Based on this information, which diagnosis best describes Suzie’s eating disorder?

1. Anorexia nervosa
2. Bulimia nervosa
3. Binge-eating disorder
4. Other specified feeding or eating disorder
  - Atypical anorexia nervosa
  - Bulimia nervosa of low frequency
  - Purging disorder
5. Avoidant/restrictive food intake disorder



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## Clinical Features of EDs

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- **Anorexia nervosa**
  - Restriction of energy intake leading to significantly low body weight
  - Intense fear of weight gain
  - Undue influence of body weight and shape on self-evaluation



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## Clinical Features of EDs

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- **Bulimia nervosa**
  - Recurrent binge eating
  - Recurrent inappropriate compensatory behaviors
  - Undue influence of body weight and shape on self-evaluation



## Clinical Features of EDs

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- **Binge-eating disorder**
  - Recurrent binge eating
  - Marked distress regarding binge eating



## Clinical Features of EDs

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- **Other specified feeding or eating disorder**
  - Atypical anorexia nervosa
  - Bulimia nervosa of low frequency
  - Purging disorder



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## Clinical Features of EDs

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- **Avoidant/restrictive food intake disorder (ARFID)**
  - Eating disturbance unrelated to drive for thinness or body image
  - Low weight status, nutritional deficiency, dependence on nutritional supplements, and/or impaired psychosocial functioning
  - Heterogeneous clinical presentations
    - Fear of aversive consequences
    - Appetite disturbance
    - Sensitivity to the sensory properties of food



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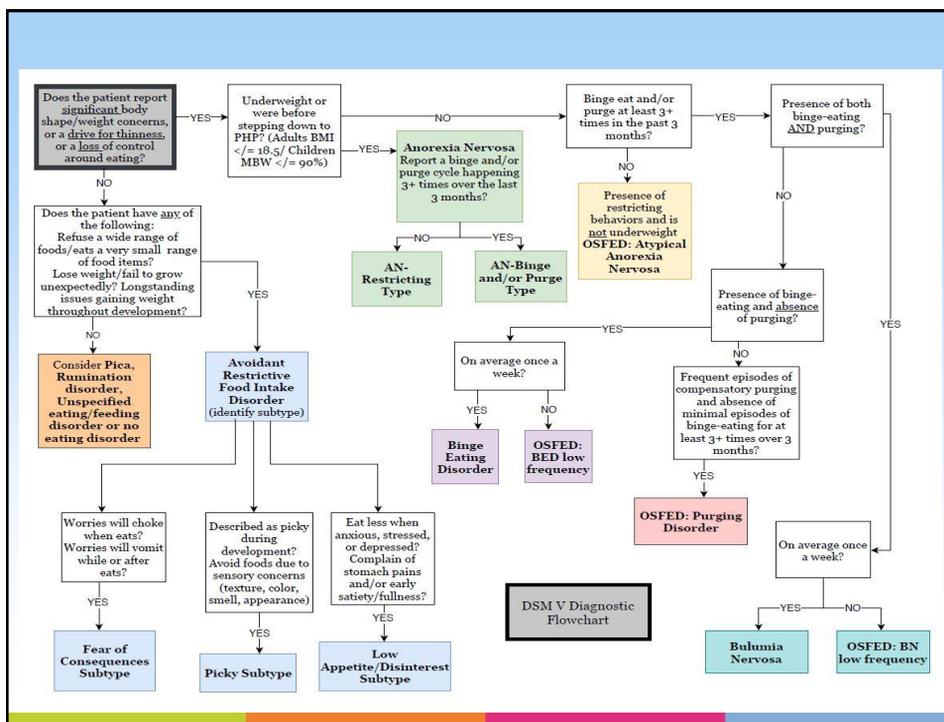


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## Evidence-Based Treatment for EDs

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- Cognitive-behavioral therapy (CBT)
  - Most effective treatment for older adolescents and adults with BN and BED
  - Less effective for adults with AN
- Family-based treatment (FBT)
  - Most effective treatment for adolescents with AN
  - Some evidence for effectiveness for adolescents with BN



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## CBT for EDs

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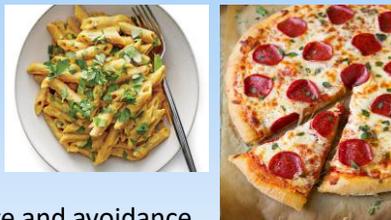
- Psychoeducation
- Enhancing motivation
- Meal planning
- Self-monitoring
- Cognitive restructuring
- Exposure therapy



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## Exposure Therapy for EDs

- Eat feared foods
- Break dietary rules and rituals
  - Eating at certain times of the day
  - Never getting “seconds”
  - Read nutritional content before eating
- Mirror exposure targeting body image and avoidance
- Participating in anxiety-provoking eating situations
  - Eating at a buffet
  - Receiving critical comments while eating
- Interoceptive exposure targeting eating- and body-related sensations
  - Drinking high volume of water
  - Wearing tight belt
  - “Jiggling” legs or stomach
- Open weighing



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## FBT for EDs

### Three phases of treatment:

1. Parents take responsibility for decisions of what, when, and how much the ill patient eats as well as behaviors around food
2. After weight restoration is nearly achieved, control is carefully given back to the patient
3. Finally, the therapist and family work to restore normal and age-appropriate lifestyle and relations between family members



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## Differences between CBT and FBT

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- FBT for adolescents
  - All sessions involve family
  - Conjoint family therapy
  - Parents initially make all food-related decisions for child
  - Focus on external control to change eating behaviors
- CBT for adolescents
  - Some sessions involve family
  - Flexible use of family therapy
  - Child actively involved in decision-making process from the start
  - Focus on internal beliefs to change eating behaviors



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## Common Ethical Dilemmas with EDs

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- Should a mental health provider be allowed to force a hospitalization or coerce feeding?
- When is duty to protect a patient relevant and do these standards differ for children and adults?
- How is competence and capacity determined in patients with EDs?
- Are “restrictive tactics” or use of contingencies ethical (e.g., limiting exercise, bed rest, monitoring food intake and bathroom use, limiting privileges or visitors)?
- How does a provider decide whether they are practicing within their area of competence when treating a patient with ED symptoms?



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## When do clinicians have a duty to protect?

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- Immediate and/or long term physical risk
  - Bradycardia, tachycardia, prolonged QTc, arrhythmias, collapse, electrolyte imbalance, osteoporosis, infertility, permanently stunted growth, etc.
- Rational decision making is impaired secondary to starvation
  - 75% or less IBW
  - Impaired insight and judgement regarding food, weight, and health
  - Reality testing impaired
    - In spite of no suicidal intention verbalized, all of their behaviors will lead to death



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## When does treatment become coercive?

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- Involuntary hospitalization
- Naso-gastric tube feeding
- Supplement use
- Supervision of meals, snacks, bathroom use
- Exercise restriction or bed rest
- Contingent visits or activities based on meeting treatment goals
- Redirection of food rituals
- Behavior contracts
- Measuring foods/calories consumed
- Serving challenging foods



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## Ethical Dilemma – “Lisa”

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“Lisa” is a 15-year-old female patient who you have been treating for anxiety over the past year. In your most recent session, Lisa reveals that she thinks she has an eating disorder. She tells you that she has started binge eating and vomiting about once per day. She also states that she has started using laxatives a few times per week. You become worried about her health, and talk to Lisa about sharing this information with her parents. Lisa says that she’s embarrassed about her eating disorder, and does not want her parents to find out. She says that she’s motivated to stop throwing up and using laxatives, but wants you to keep this information confidential. What do you do?



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## Ethical Dilemma – “Ryan”

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“Ryan” is a 22-year-old male patient who you successfully treated for depression three years ago. He returns to therapy, and you immediately notice that he has lost a significant amount of weight. Ryan opens up to you about developing anorexia nervosa over the last year. He says that his medical doctor thinks he needs to go to an inpatient eating disorder facility, but Ryan says he thinks he can get better in outpatient treatment. He tells you that you are his favorite therapist he has ever worked with, and thinks that you can help him recover from his eating disorder. Ryan promises to you that he will go to an inpatient treatment center if he learns that he can’t improve in outpatient treatment first. What do you do?



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## Ethical Dilemma – “Tina”

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“Tina” is a 17-year-old female patient who you notice has been losing significant weight over the past several months. Tina comes to her next therapy session with her parents, who requested a family session. During this family session, Tina’s parents tell you that Tina has been recently diagnosed with anorexia nervosa. They also tell you that Tina’s doctor would like her to attend a PHP for eating disorders, but Tina is refusing. Tina tells you that she’s on a healthy diet and does not have an eating disorder. Tina’s parents ask you for advice. They mention that they’ve been considering taking away Tina’s phone and not paying for Tina’s tuition at college next year if she continues to refuse treatment, but aren’t sure if those are the appropriate steps to take. What do you do?



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# THANK YOU!



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