

Background and significance

Restrictive Eating Disorders in Adolescents

- Adolescents requiring inpatient treatment for Atypical Anorexia Nervosa increased fivefold between 2005 and 2010, highlighting an increase in restrictive eating disorders (EDs) at all weights

Screening for Eating Disorders in Primary Care

- Adolescents should be screened for EDs annually, yet 50% of all EDs go undetected
- Common ED screening tools: Eating Attitudes Test (EAT), Disordered Eating Behavior Questionnaire (DEBQ), McKnight Risk Factor Survey, and SCOFF questionnaire

Presenting Challenge

At SCH Adolescent Medicine Clinic, some providers utilize questions from the Check Yourself screening tool to learn about ED behaviors. However, this screen only occurs at initial medical assessments for patients referred for medical problems other than EDs, thus providers may not view continued screening for EDs as necessary or important.

Project Description and Aims

Project Description

- 5-question survey developed to assess the following across disciplines:
 - Importance of screening for ED at the first visit regardless of reason for referral
 - Familiarity with DSM-5 criteria for Otherwise Spec. Feeding and Eating Disorders
 - Frequency of ED screening among patients who are not referred for EDs
 - Common screening tools
 - Barriers to screening
 - Ideas to improve screening efforts
- Survey administered in person at ADO 411 and psychiatry/psychology dept. meeting

Participant Characteristics

Participant Self-Reported Disciplines and Credentials

Discipline	Medicine	Nursing	Nutrition	Psychiatry	Psychology	Social Work	Total
Credentials	MD, ND	RN, ARNP	RD, CD	MD, ARNP	PsyD, PhD, LMHCA	MSW, LICSW	n = 31
# of Part.	6	4	3	6	9	3	

Participant Experience with ED Training

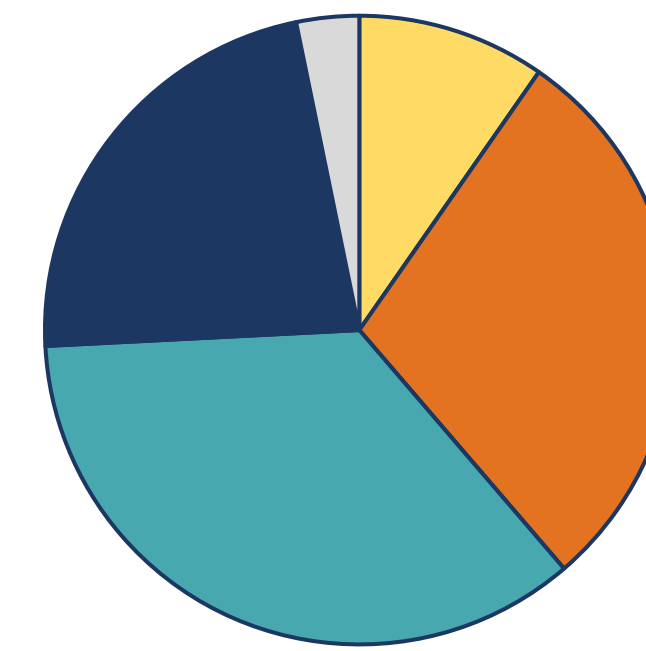
- 87% of participants received some type training
- Training commonly included direct patient care, and continuing education

Importance of Screening at First Visit

Provider Type	Importance of Screening			
	Slightly	Moderately	Important	Very
Psychologists	22%	56%	11%	11%
Social Workers	0%	0%	33%	0%
Nursing Providers	0%	25%	75%	0%
Psychiatrists	17%	17%	50%	17%
Dietitians	0%	33%	0%	67%
Physicians	0%	17%	33%	50%

All Providers

- Slightly important
- Moderately important
- Important
- Very important
- Did Not Answer

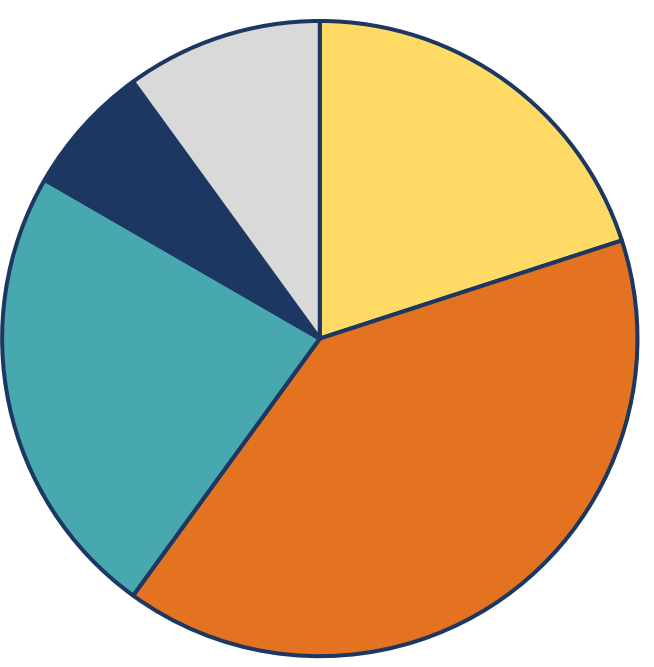


Frequency of Screening Practices

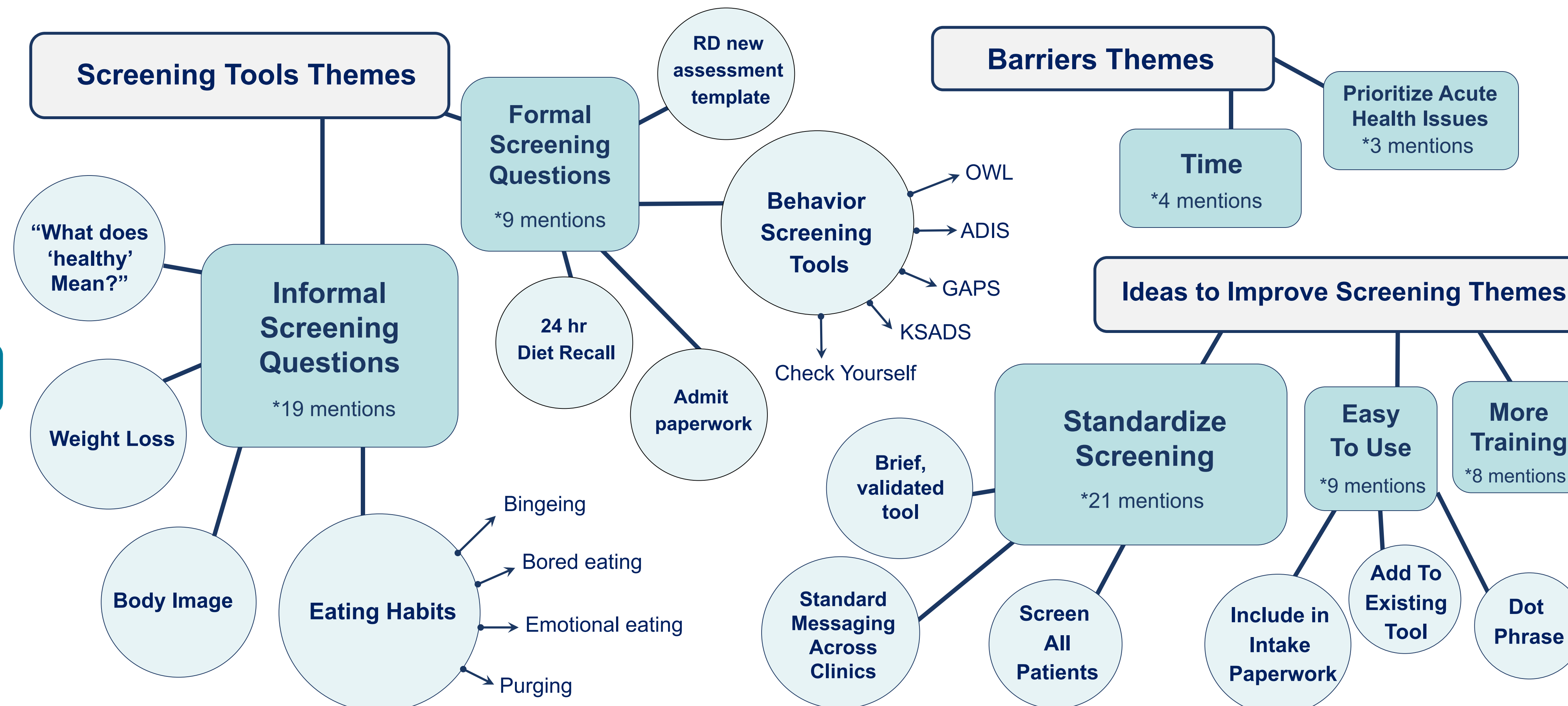
Provider Type	Screening Frequency			
	Rarely	Occasionally	Very Frequently	Always
Psychologists	44%	44%	0%	0%
Social Workers	0%	67%	0%	0%
Nursing Providers	0%	50%	0%	0%
Psychiatrists	17%	50%	33%	0%
Dietitians	0%	0%	100%	0%
Physicians	0%	17%	33%	33%

All Providers

- Rarely
- Occasionally
- Very frequently
- Always
- Did Not Answer



Thematic Analysis: Screening Methods, Barriers to Screening, Ideas to Improve Screening



Recommendations

Next steps

- Interview stakeholders regarding ideal standardized screening protocol
- Create roadmap to roll out new protocol

Proposed New Screening Tool

Behavioral Health Screen (BHS) Assessment

- A brief, validated internet-based screening tool for adolescents
- Includes nutrition and eating assessment

Patient Advantages

- ~12 minutes to complete
- High level of honesty when reporting

Provider Advantages

- Comprehensive behavioral assessment
- Does not require provider participation

Application: SCH Adolescent Medicine Clinic

- Applicable to all adolescent patients
- Include with patients' pre-visit electronic forms