

Purpose

To implement and measure the impact of a standardized screening process for identifying previously undiagnosed eating disorders in pediatric patients during well child or mental health encounters.



Background

- Eating disorders (EDs) affect nearly all physiologic systems and can cause hypotension and osteopenia to potentially fatal arrhythmias
- Among people diagnosed with an ED, 95% are between the ages of 12 and 25
- EDs have the highest mortality rate compared to any other mental illness
- Anxiety and depression are the most common co-morbid diagnoses in EDs
- Steady increase in ED rates among children and adolescents since the 1950s
- Early intervention is key in the treatment of EDs as it has the potential to decrease the risk of long-term pathology and disability
- The majority of pediatric patients with an ED present to their pediatrician *first* with symptoms related to disordered eating

IMPLEMENTATION OF EATING DISORDER SCREENING TOOLS IN THE PEDIATRIC PRIMARY CARE SETTING

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Highlight: ChEAT and EAT will be added to our current routine workflow. If a concern for an eating disorder arises after assessment, to follow up with in-house therapist for guidance and to develop a care plan with PCP.



Conclusion

- ED screening tools (ChEAT and EAT) proved to be effective in the identification of previously undiagnosed eating disorders among pediatric primary care patients
- A clinically significant number of patients were diagnosed with an ED during the period of data collection in 2022 compared to 2021
- A clinically significant number of patients were diagnosed earlier, measured by time to diagnose from first mention of concern or symptom onset, during 2022 compared to 2021
- Universal screening for eating disorders among the pediatric primary care population (not limited to well child encounters)
- Provider education, support and resources Team-based approach

Future Implications

Procedures and Results

Overview

- easy access
- project

Data Collection

- prior (Sept-Dec 2021)
- and time to diagnosis

2021	
N = 8	Ν
Mean age = 15.67	Ν
Female (87.5%)	F
White (50%)	V
75% were diagnosed outside of a well child encounter	6 v

2021	
83% reported weight loss as their	8
initial concern to PCP	i
100% of patients referred to	9
therapy	I



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• Led Town Hall meeting with all primary care providers • Created a team of "Super Users" at every site Project documents uploaded to EMR or Basecamp for

Ran reports on the data every 3-4 weeks and then ever 1-2 weeks. Updated all providers on the status of the

• ED ICD-10 codes over a 3-month period (Sept-Dec 2022) compared to the same 3-month period one year

• Also collected demographic data (gender, ethnicity)



Author Contact

References Access: : (QR Scan Code Here)