HealthPartners Care Coordination

Clinical Care Planning and Resource Guide

EATING DISORDER

The following evidence-based guideline was used in developing this clinical care guide: National Institute of Health (NIH- National Institute of Mental Health) and the National Eating Disorders Association (NEDA).

Documented Health Condition: Eating Disorder, Anorexia Nervosa, Bulimia Nervosa, Binge-eating disorder, other

What is an Eating Disorder?

There is a commonly held view that eating disorders are a lifestyle choice. Eating disorders are actually serious and often fatal illnesses that cause severe disturbances to a person's eating behaviors. Obsessions with food, body weight, and shape may also signal an eating disorder.

Common Causes of Eating Disorder

Researchers are finding that eating disorders are caused by a complex interaction of genetic, biological, behavioral, psychological, and social factors. Researchers are using the latest technology and science to better understand eating disorders.

One approach involves the study of human genes. Eating disorders run in families. Researchers are working to identify DNA variations that are linked to the increased risk of developing eating disorders.

Brain imaging studies are also providing a better understanding of eating disorders. For example, researchers have found differences in patterns of brain activity in women with eating disorders in comparison with healthy women.

Diagnosis and Clinical Indicators

Signs and Symptoms

Anorexia Nervosa

People with anorexia nervosa may see themselves as overweight, even when they are dangerously underweight. People with anorexia nervosa typically weigh themselves repeatedly, severely restrict the amount of food they eat, and eat very small quantities of only certain foods. Anorexia nervosa has the highest mortality rate of any mental disorder.

Symptoms include:

- Extremely restricted eating

- Extreme thinness (emaciation)
- A relentless pursuit of thinness and unwillingness to maintain a normal or healthy weight
- Intense fear of gaining weight
- Distorted body image, a self-esteem that is heavily influenced by perceptions of body weight and shape, or a denial of the seriousness of low body weight

Bulimia

People with bulimia nervosa have recurrent and frequent episodes of eating unusually large amounts of food and feeling a lack of control over these episodes. This binge-eating is followed by behavior that compensates for the overeating such as forced vomiting, excessive use of laxatives or diuretics, fasting, excessive exercise, or a combination of these behaviors. Unlike anorexia nervosa, people with bulimia nervosa usually maintain what is considered a healthy or relatively normal weight.

Symptoms include:

- Chronically inflamed and sore throat
- Swollen salivary glands in the neck and jaw area
- Worn tooth enamel and increasingly sensitive and decaying teeth as a result of exposure to stomach acid
- Acid reflux disorder and other gastrointestinal problems
- Intestinal distress and irritation from laxative abuse
- Severe dehydration from purging of fluids
- Electrolyte imbalance (too low or too high levels of sodium, calcium, potassium and other minerals) which can lead to stroke or heart attack

Binge-eating

People with binge-eating disorder lose control over his or her eating. Unlike bulimia nervosa, periods of binge-eating are not followed by purging, excessive exercise, or fasting. As a result, people with binge-eating disorder often are overweight or obese. Binge-eating disorder is the most common eating disorder in the U.S.

Symptoms include:

- Eating unusually large amounts of food in a specific amount of time

- Eating even when you're full or not hungry
- Eating fast during binge episodes
- Eating until you're uncomfortably full
- Eating alone or in secret to avoid embarrassment
- Feeling distressed, ashamed, or guilty about your eating
- Frequently dieting, possibly without weight loss

Treatment and Self-Care

Adequate nutrition, reducing excessive exercise, and stopping purging behaviors are the foundations of treatment. Treatment plans are tailored to individual needs and may include one or more of the following:

- Individual, group, and/or family psychotherapy
- Medical care and monitoring
- Nutritional counseling
- Medications

Psychotherapies such as a family-based therapy called the Maudsley approach, where parents of adolescents with anorexia nervosa assume responsibility for feeding their child, appear to be very effective in helping people gain weight and improve eating habits and moods.

To reduce or eliminate binge-eating and purging behaviors, people may undergo cognitive behavioral therapy (CBT), which is another type of psychotherapy that helps a person learn how to identify distorted or unhelpful thinking patterns and recognize and change inaccurate beliefs.

Evidence also suggests that medications such as antidepressants, antipsychotics, or mood stabilizers approved by the U.S. Food and Drug Administration (FDA) may also be helpful for treating eating disorders and other co-occurring illnesses such as anxiety or depression.

Definition of Well-managed Eating Disorder

Continued acute outpatient care generally is needed until **1 or more** of the following:

- Acute outpatient care no longer necessary due to adequate patient stabilization or improvement as indicated by **ALL** of the following:
    - Weight recovery sufficient as indicated by **1 or more** of the following:
        - Healthy weight goal achieved and stable
        - Weight recovery optimized as indicated by **ALL** of the following:
            - Weight is less than goal but stable with current treatment.
            - No current plan for significant change in treatment or re-evaluation (eg, second opinion)
    - Purging and other problem behaviors absent or minimal and manageable in maintenance outpatient care
    - Symptoms (eg, intrusive thoughts about body shape) absent or minimal and manageable in maintenance outpatient care

Risk status minimized as indicated by **ALL** of the following:

- No recent Thoughts of suicide or serious Harm to self
- No recent thoughts of homicide or serious Harm to another
- Patient, as appropriate, and supports understand follow-up treatment and crisis plan.

Functional improvement sufficient as indicated by **1 or more** of the following:

- Minimal or no current impairment in self-care or role functioning attributable to psychiatric disorder
- Functioning optimized as indicated by **ALL** of the following:
    - Functioning stable with current treatment and support
    - No current plan for significant change in treatment or re-evaluation

Medical needs absent or manageable at available lower level of care as indicated by **ALL** of the following:

- Adverse medication effects absent or manageable
- Medical comorbidity absent or manageable
- Medical complications absent or manageable (eg, complications of eating disorder)
- Substance-related disorder absent or manageable

Resources

EATING DISORDER

National Institute of Mental Health: Eating Disorders

National Eating Disorders Association

Chronic Care Guideline Goal from MCG	"As evidenced by" (AEB) example	Suggested care plan education from Coach & Communicate
Goal: better understanding of eating disorder diagnosis	As evidenced by patient self-reporting understanding of eating disorder definition and diagnosis.	
	As evidenced by patient self-reporting understanding of concerning symptoms.	
	As evidenced by patient self-reporting comprehension of health education received.	
	As evidenced by patient self-reporting adherence to prescribed plan of care.	
Goal: better understanding of personal harm warning signs and action plan	As evidenced by creation of an emergency plan so family and caregivers know steps to take if personal harm symptoms present.	
	As evidenced by self-identification of risks of suicide or harm to self or others.	
	As evidenced by self-report of awareness of when to call provider or seek emergency help.	
Goal: establish a Medical Home for ongoing patient care	As evidenced by patient/parent successfully following up with behavioral health provider.	
	As evidenced by patient/parent successfully following up with primary MD.	
Goal: develop, implement, and maintain an eating disorder self-management plan	As evidenced by patient self-reporting follow up with primary care provider to develop, review, or evaluate for problems with self-management plan.	

	As evidenced by patient self-reporting adherence to medication regimen and lifestyle changes as necessary for reducing risk of complications.	
Goal: initiate and maintain a Behavioral Health therapy or support plan	As evidenced by identification of coping mechanisms and options for alternative mechanisms (specify).	
	As evidenced by self-report of importance of seeing psychiatrist, psychologist, therapist, or social worker to help address disease symptoms and provide a supervised program.	