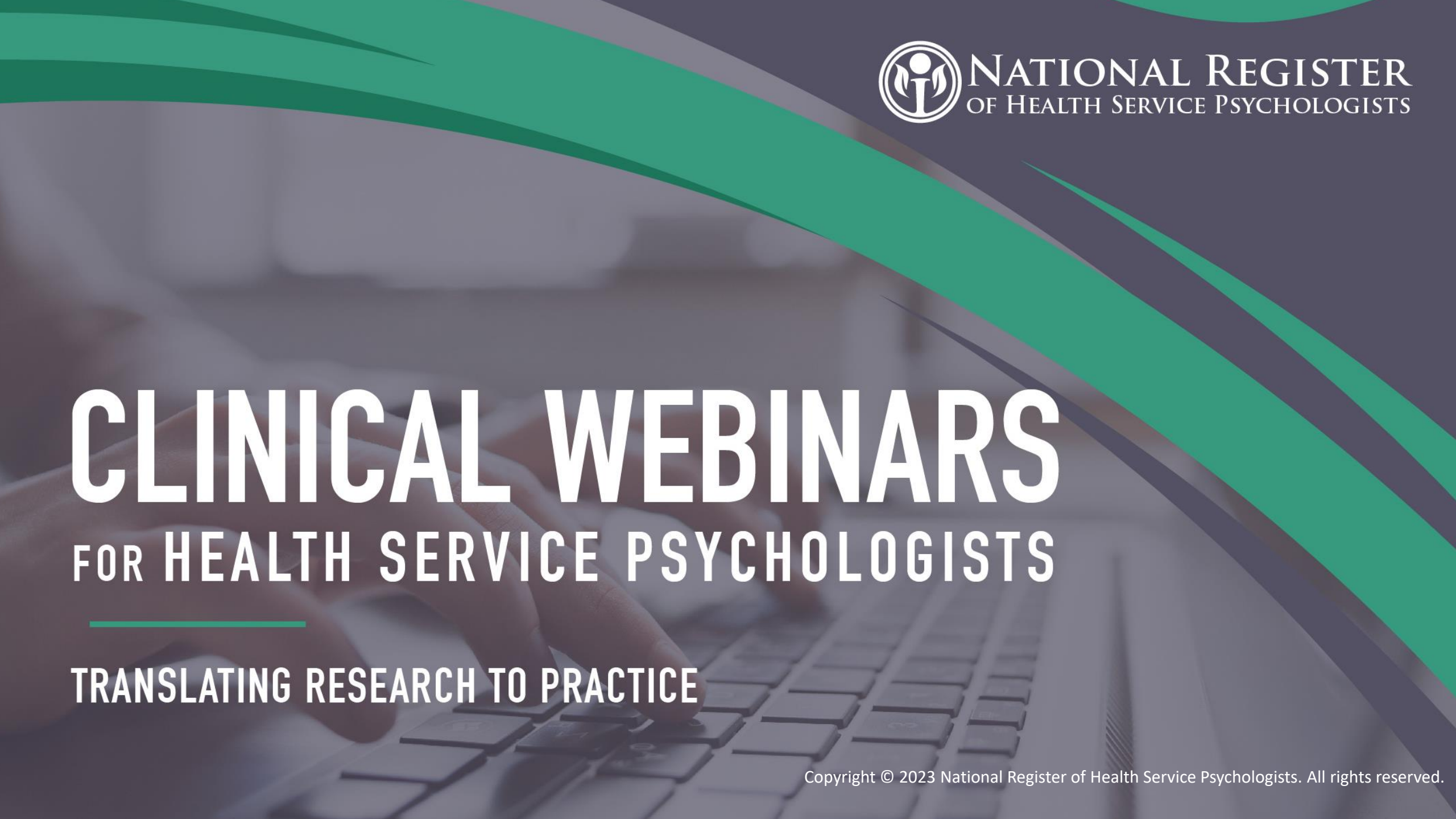


NATIONAL REGISTER OF HEALTH SERVICE PSYCHOLOGISTS

CLINICAL WEBINARS

FOR HEALTH SERVICE PSYCHOLOGISTS

TRANSLATING RESEARCH TO PRACTICE

Assessment and Treatment Considerations for Youth With Atypical Anorexia Nervosa

Rachel Kramer, PhD

University of California, San Francisco

Department of Psychiatry and Behavioral Sciences

Webinar Tips for Attendees

Please review our webinar guidelines for frequently asked questions:
www.nationalregister.org/webinar-tips/

1 CE Credit, Instructional Level: Intermediate
1 Contact Hour (New York Board of Psychology)

The National Register is approved by the American Psychological Association to sponsor continuing education for psychologists. The National Register maintains responsibility for this program and its content.

The National Register of Health Service Psychologists is recognized by the New York State Education Department's State Board for Psychology as an approved provider of continuing education for licensed psychologists #PSY-0010.

NATIONAL REGISTER OF HEALTH SERVICE PSYCHOLOGISTS

Rachel Kramer, PhD

Rachel Kramer, PhD (she/her) is a clinical psychologist and Assistant Professor at the University of California, San Francisco. She has specialized training in evidence-based eating disorders treatment, specifically Family Based Treatment (FBT). On top of providing outpatient FBT and FBT-informed care to youth admitted for medical complications related to their eating disorder, Dr. Kramer's research focuses on evaluating eating disorder symptoms and treatment outcome inclusive of all weight statuses.

NATIONAL REGISTER OF HEALTH SERVICE PSYCHOLOGISTS

Disclosures/Conflicts of Interest

- I have no conflicts of interest to disclose.

NATIONAL REGISTER OF HEALTH SERVICE PSYCHOLOGISTS

Learning Objectives

1. Describe **atypical anorexia nervosa** and the **medical risks** involved.
2. Apply **Family Based Treatment** and **potential adaptations** or considerations throughout eating disorder assessment and treatment with youth diagnosed with **atypical anorexia nervosa**.
3. Identify areas of **weight stigma/bias in the care of patients with eating disorders**, particularly among those with atypical anorexia nervosa.

AAN = Atypical Anorexia Nervosa

AN = Anorexia Nervosa

Medical Complications of Eating Disorders (ED)

General

- Cold Intolerance
- Fatigue
- Presyncope/Syncope
- Weakness

Cardiorespiratory

- Chest pain
- Heart palpitations
- Bradycardia (low heart rate)
- Hypotension (low blood pressure)
- Dyspnea (shortness of breath)
- Edema (swelling)

Gastrointestinal

- Epigastric discomfort
- Abdominal bloating
- Early satiety and nausea
- Heartburn
- Hematemesis (blood in vomit)
- Constipation

Endocrine

- Hypoglycemia*
- Amenorrhea or oligomenorrhea (absent or regular periods)
- Bone fractures
- Infertility

Neuropsychiatric

- Depressive/anxious symptoms and/or behaviors
- Poor concentration
- Memory loss
- Insomnia
- Self-harm/Suicidal ideation/plan/attempts
- Reduced flexibility, creativity
- Seizures

Dermatologic

- Lanugo (hair growth)
- Hair loss
- Carotenoderma (yellowish skin)
- Poor wound healing
- Dry/brittle nails

(Peebles & Siecke, 2019)

Other Considerations about ED

- Causes of ED – multifactorial (Schaumberg et al., 2017)
- EDs do not discriminate
  - All ages, gender identities, sexual orientations, race/ethnicities
  - Under-detection: assessment, diagnosis, and presentation to care

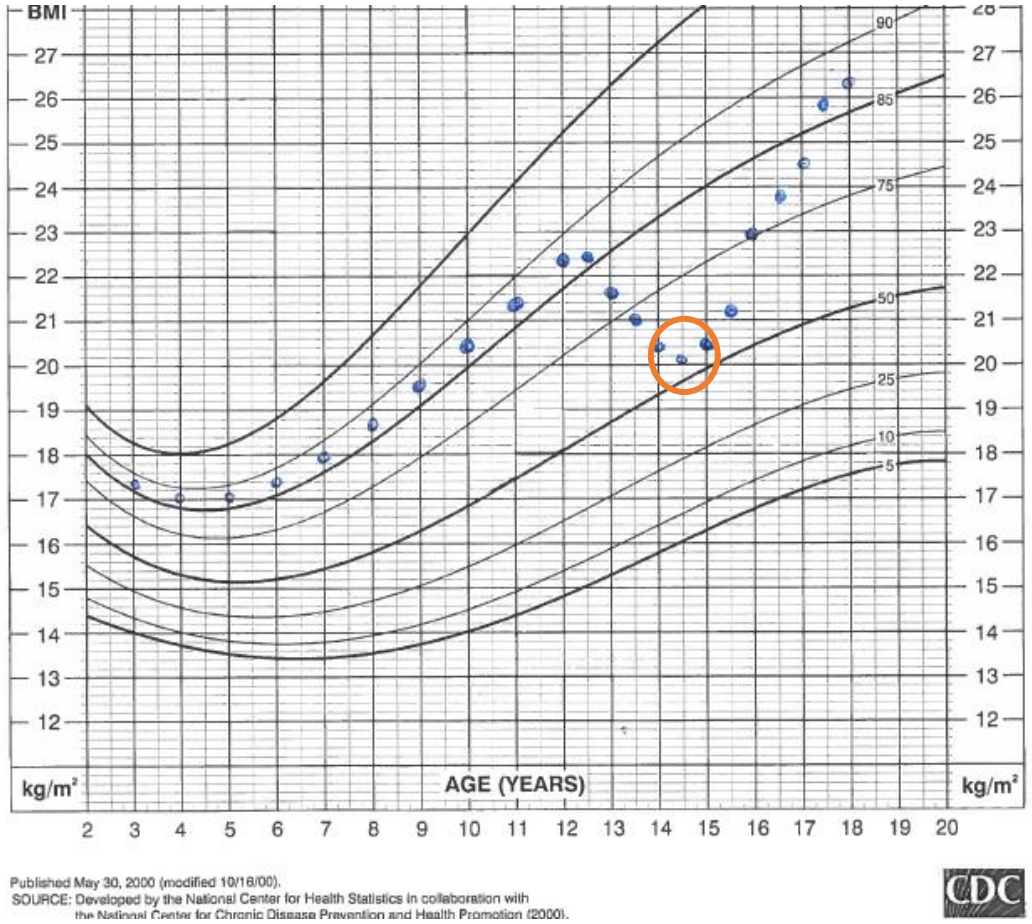
Eating Disorder Diagnosis Review

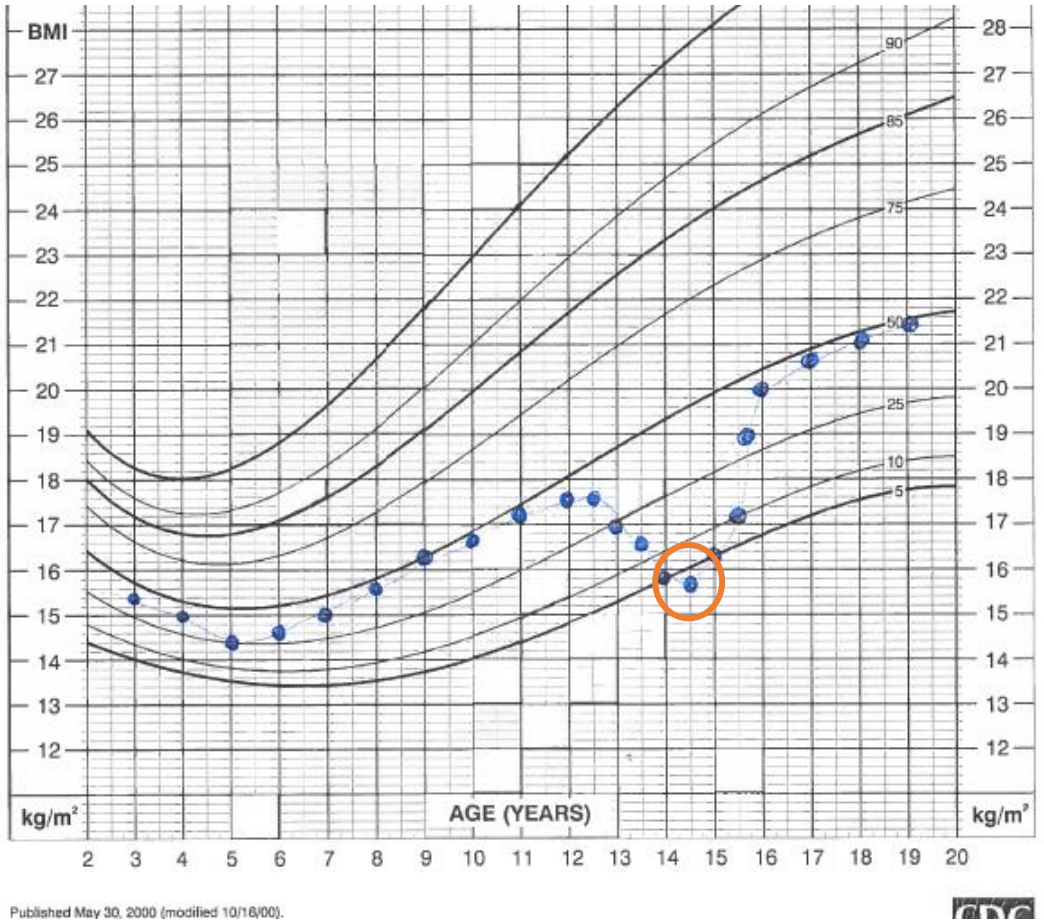
DSM-IV-TR	DSM-5
Anorexia Nervosa (AN)	**Anorexia Nervosa (AN)**
BMI at or below 85% BMI percentile	Restriction relative to needs **Low body weight** per sex/age
Fear of weight gain/fatness	Fear of weight gain/fatness/or interfering behavior
Disturbed by weight/shape, self-worth related to weight/shape, poor recognition of seriousness	Disturbed by weight/shape, self-worth related to weight/shape, poor recognition of seriousness
Loss of menstruation	No stipulation for loss of menstruation

Atypical Anorexia Nervosa: same as DSM-5 AN, but patient is "**at or above normal weight**"

Diagnoses are weight focused, particularly at presentation

Growth Chart Review





NATIONAL REGISTER OF HEALTH SERVICE PSYCHOLOGISTS

Does diagnosis matter?

- **Medical risk:**
  - Rate of weight loss and amount of weight loss (Garber et al., 2019)
  - Degree of restriction or compensatory behaviors
- **Similar, if not higher rates of psychological concerns among individuals with AAN compared to AN** (Sawyer et al., 2016)
  - Anxiety
  - Depression
  - Suicidality
  - ED symptoms and body dissatisfaction
- **YET, AAN**
  - Greater treatment delays and weight loss (Sawyer et al., 2016; Whitelaw et al., 2014)
  - More frequently reported in community samples than AN (Harrop et al., 2021)

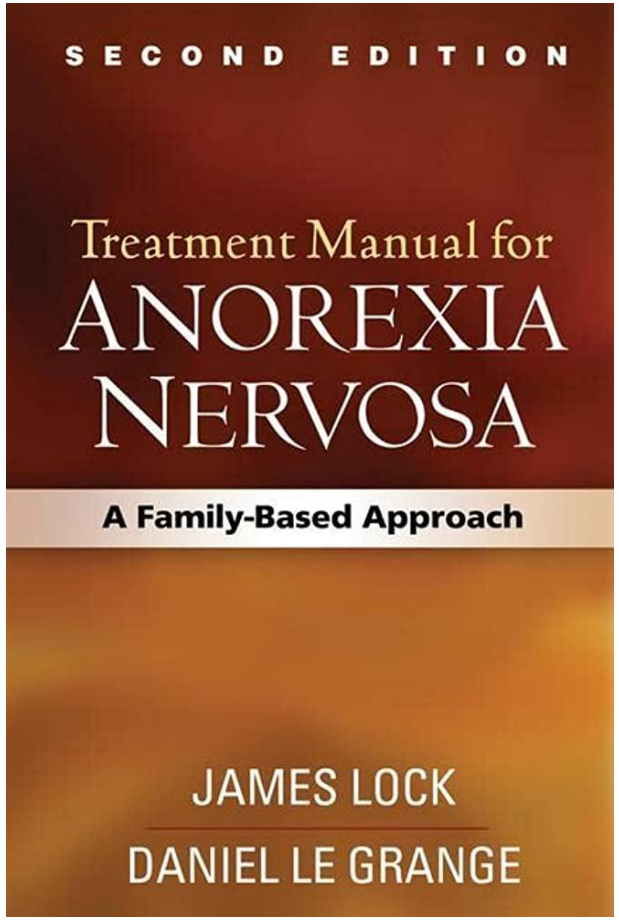
Family Based Treatment

Treatment of choice for AN

- Reduced risk for hospitalization
- Faster weight gain compared to treatment as usual
- Lower rates of relapse

Best predictors of recovery

- Shorter duration of ED
- Rapid restoration of weight



Lock & Le Grange, 2015

NATIONAL REGISTER OF HEALTH SERVICE PSYCHOLOGISTS

Family Based Treatment

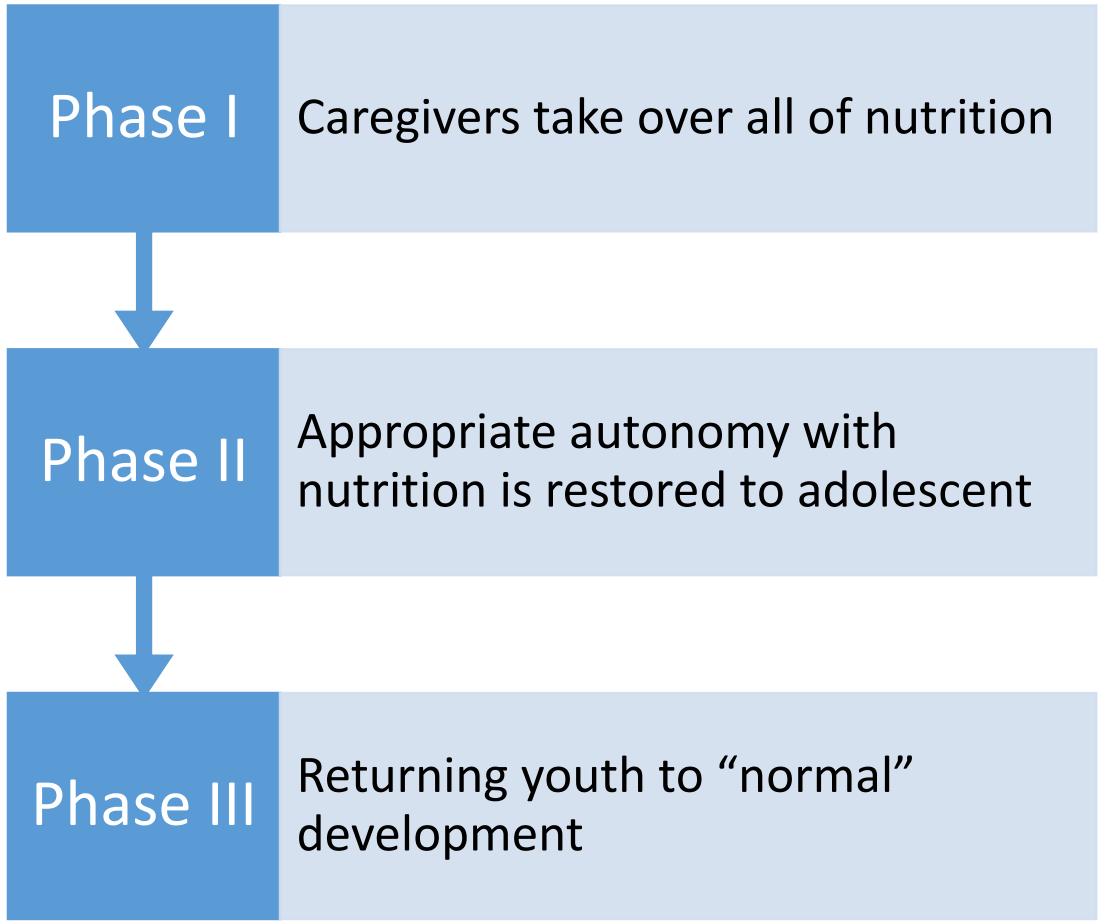
- ED changes cognitive flexibility, nutritional knowledge, psychological functioning
- ED makes choices that go against medical needs
- Poor awareness of actual medical risk and need for care or well-intentioned by high anxiety around weight gain and eating gets in the way of progress (prompt)

FOOD = MEDICINE

Lock & Le Grange, 2015, Schaumberg et al., 2017

NATIONAL REGISTER OF HEALTH SERVICE PSYCHOLOGISTS

Phases of FBT



All family members participate in sessions

Session starts with a short check-in and weigh-in with adolescent alone in the beginning

Main goal = <u>weight restoration</u> versus cognitive change

General recommendation – medical and psychological coordination and care

Lock & Le Grange, 2015

NATIONAL REGISTER OF HEALTH SERVICE PSYCHOLOGISTS

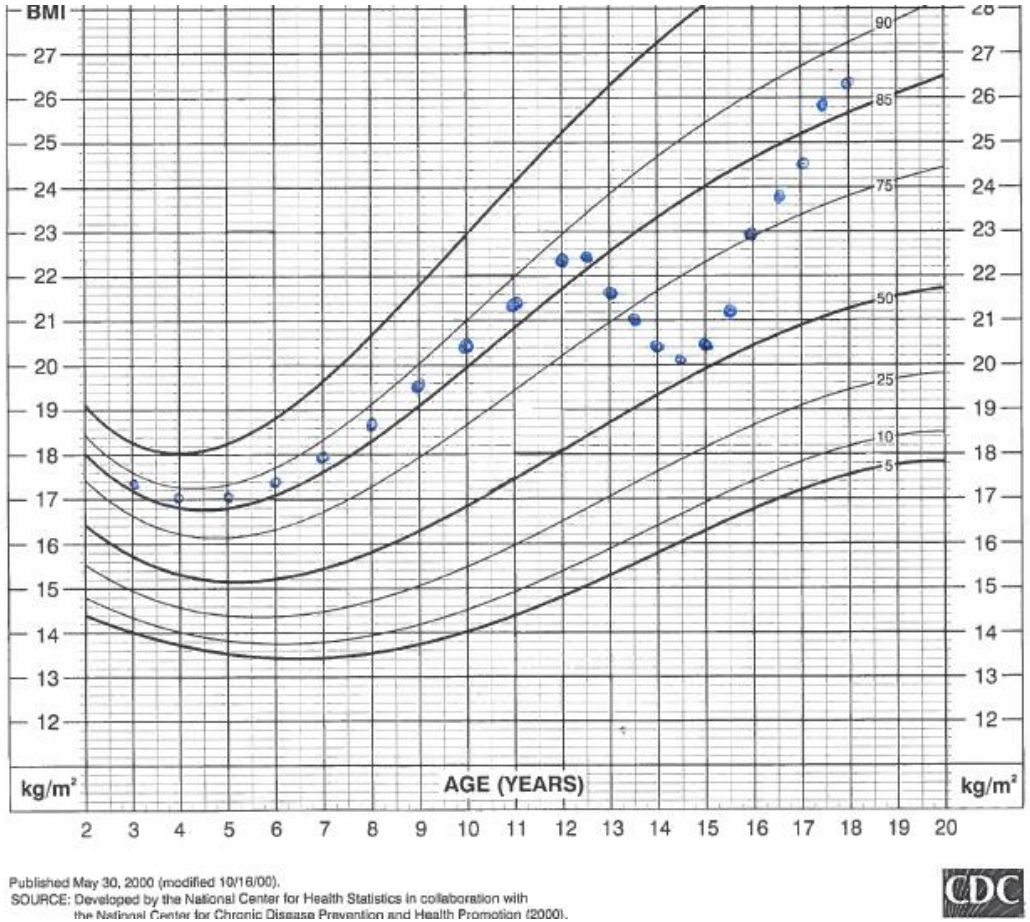
5 Tenets of FBT

1. Provider takes a non-authoritative stance
2. Pragmatic, here and now approach
3. Agnostic view about the cause of eating disorders
4. Increase caregiver self-efficacy
5. Separating adolescents from their eating disorder

Lock & Le Grange, 2015

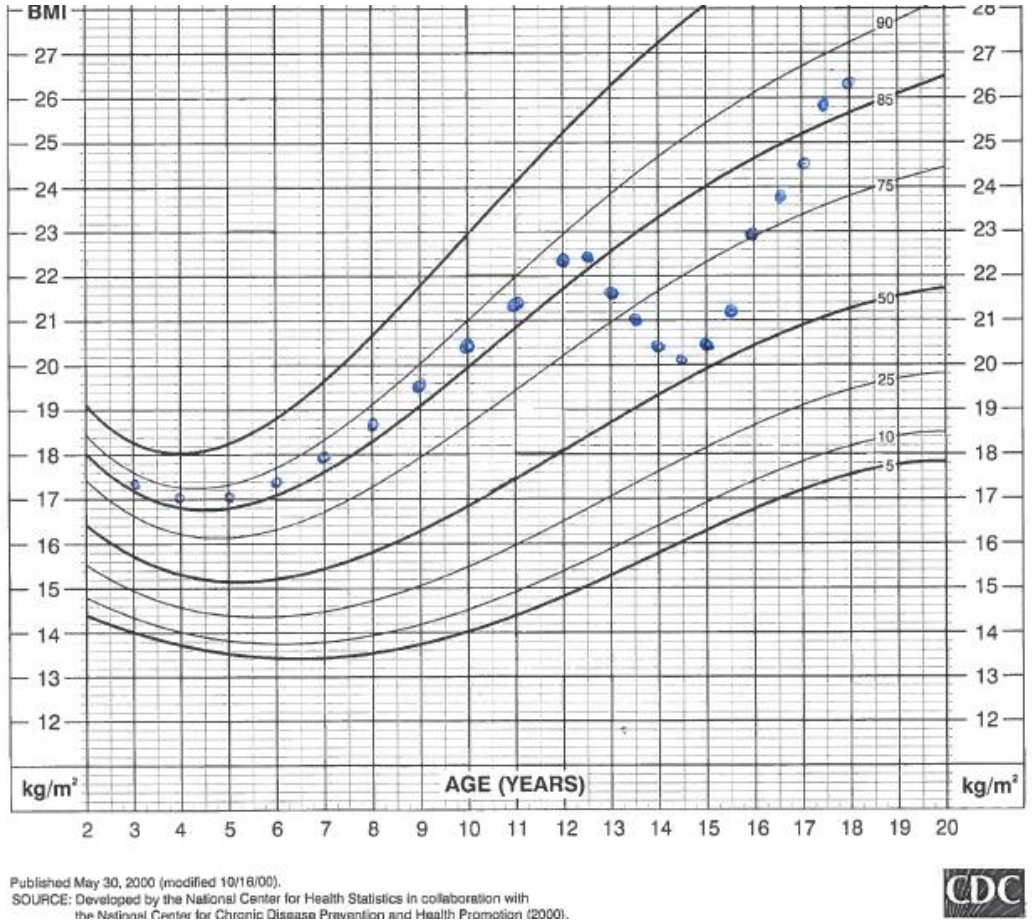
Case Illustration: Nathan

- 15-year-old, cisgender male, Asian American, living with caregivers (mom, dad, younger brother)
- Originally 88th BMI percentile and lost weight to be 50th BMI percentile through restriction and exercise
- Presented at private practice (originally referred by school)
- Wanting to lose weight given peers commenting on weight gain during COVID-19
- Premorbid generalized anxiety disorder



NATIONAL REGISTER OF HEALTH SERVICE PSYCHOLOGISTS

Phase I: FBT



- **Integrated care collaboration**
  - Ensure medical stability
  - Establish/know who the care team is
  - Coordination and agreement to goals
- **Weight status and setting goal weight**
  - Growth chart (historical)
  - Understanding impact of malnutrition on body systems (e.g., menstruation, bone health)

NATIONAL REGISTER OF HEALTH SERVICE PSYCHOLOGISTS

Phase I: FBT

- **Caregiver's understanding of malnutrition and psychoeducation**
  - Explain medical risks and importance of rapid weight recovery
  - Reduce impact of weight stigma
- **Youth distress during this stage**
  - Norm is high anxiety, anger, and/or sadness
  - Anxiety with seeing weight
- **5 FBT tenets key at this stage**

Some concerns during FBT Phase I

Week 2:

- Significant distress at seeing his weight
- Caregivers providing patient's preferred foods
- No weight gain

Week 3:

- Refusal to eat because of fear of seeing his weight
- Hiding food

Week 4:

- Looked up BMI chart

Week 5:

- Weight gain
- Still significant distress but family more communicative

Phase II

- Re-initiating autonomy with food choice
- Weight goal achieved and maintained
- Introduction of activity
- Staying focused on goals

Some concerns in Phase II

- Autonomy all at once
- Frequent comparing of body and weights with peers
- Discussion of wanting to diet

Phase III

- Weight stigma and bias
  - Discussion of diet culture
- Coordination of care
  - Referral to external provider for generalized anxiety disorder

All bodies are good bodies!

Important Considerations

Care coordination with providers	• All agree on weight goal, treatment approach, and definition of medical stability
Assessment of behaviors and consideration of severity	• Restriction and compensatory behavior frequency
Social and medical beliefs about weight	• BMI • Eating behavior
Own biases in care	• Own feelings about eating and body image • Beliefs around nutrition

DEI in Assessment and Treatment

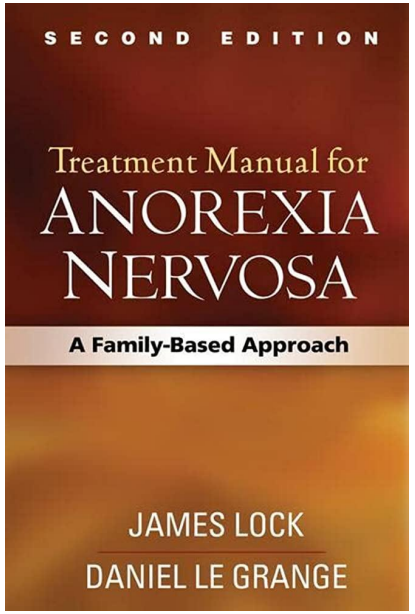
- Do not judge ED severity by weight alone
- BMI is not accurate measure of health
  - Labs, eating behavior, historical growth trends
- Reporting of symptoms may vary by group
  - Eating behaviors
    - Restriction method
    - Foods eaten
  - Body dissatisfaction
    - Body type preference
    - Areas of focus

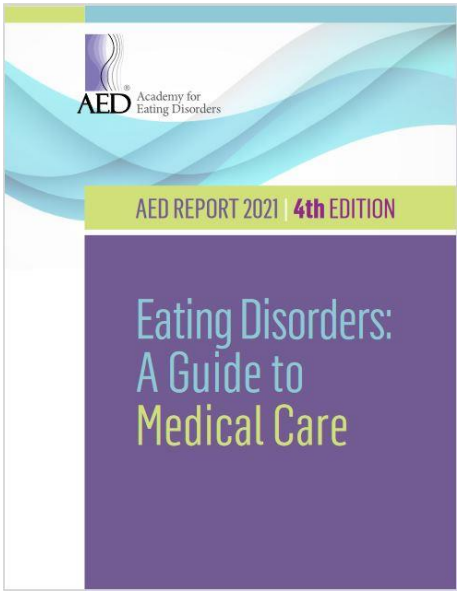
DEI in Assessment and Treatment

- Family Structures vary
- Family responsibilities – consult with families on caregiver roles and what works best
- Different relationships with food depending on culture
- Aware of family resources (time, financial, other supports)

References

- Garber, A. K., Cheng, J., Accurso, E. C., Adams, S. H., Buckelew, S. M., Kapphahn, C. J., Kreiter, A., Le Grange, D., Machen, V. I., Moscicki, A.-B., Saffran, K., Sy, A. F., Wilson, L., & Golden, N. H. (2019). Weight Loss and Illness Severity in Adolescents With Atypical Anorexia Nervosa. *Pediatrics*, *144*(6), e20192339. https://doi.org/10.1542/peds.2019-2339
- Harrop, E. N., Mensinger, J. L., Moore, M., & Lindhorst, T. (2021). Restrictive eating disorders in higher weight persons: A systematic review of atypical anorexia nervosa prevalence and consecutive admission literature. *International Journal of Eating Disorders*, *54*(8), 1328–1357. https://doi.org/10.1002/eat.23519
- Lock, J., & Grange, D. L. (2015). *Treatment Manual for Anorexia Nervosa, Second Edition: A Family-Based Approach* (Vol. 2). Guilford Publications.
- Kimber, M., Dimitropoulos, G., Williams, E. P., Singh, M., Loeb, K. L., Hughes, E. K., Garber, A., Elliott, A., Vyver, E., & Le Grange, D. (2019). Tackling mixed messages: Practitioner reflections on working with adolescents with atypical anorexia and their families. *Eating Disorders*, *27*(5), 436–452. https://doi.org/10.1080/10640266.2018.1542888

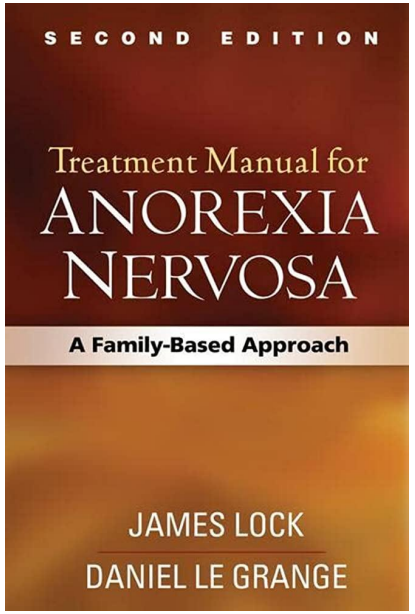


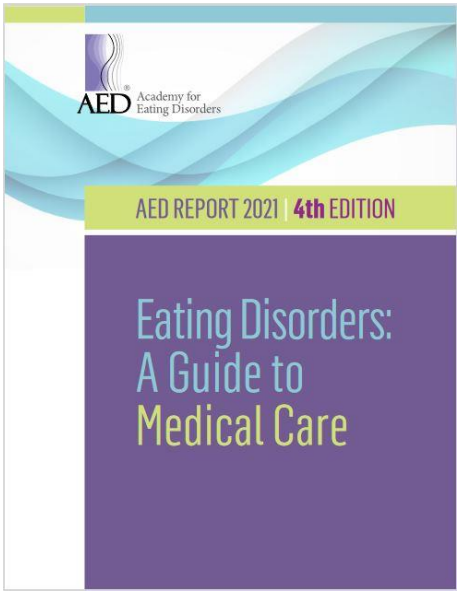


NATIONAL REGISTER OF HEALTH SERVICE PSYCHOLOGISTS

References

- Peebles, R., & Sieke, E. H. (2019). Medical Complications of Eating Disorders in Youth. *Child and Adolescent Psychiatric Clinics of North America*, *28*(4), 593–615. https://doi.org/10.1016/j.chc.2019.05.009
- Sawyer, S. M., Whitelaw, M., Le Grange, D., Yeo, M., & Hughes, E. K. (2016). Physical and Psychological Morbidity in Adolescents With Atypical Anorexia Nervosa. *Pediatrics*, *137*(4), e20154080. https://doi.org/10.1542/peds.2015-4080
- Schaumberg, K., Welch, E., Breithaupt, L., Hübel, C., Baker, J. H., Munn-Chernoff, M. A., Yilmaz, Z., Ehrlich, S., Mustelin, L., Ghaderi, A., Hardaway, A. J., Bulik-Sullivan, E. C., Hedman, A. M., Jangmo, A., Nilsson, I. A. K., Wiklund, C., Yao, S., Seidel, M., & Bulik, C. M. (2017). The Science Behind the Academy for Eating Disorders' Nine Truths About Eating Disorders. *European Eating Disorders Review*, *25*(6), 432–450. https://doi.org/10.1002/erv.2553
- Whitelaw, M., Lee, K. J., Gilbertson, H., & Sawyer, S. M. (2014). Predictors of Complications in Anorexia Nervosa and Atypical Anorexia Nervosa: Degree of Underweight or Extent and Recency of Weight Loss*?*. *Journal of Adolescent Health, 63*(6), 717-723. https://doi.org/10.1016/j.jadohealth.2018.08.019





NATIONAL REGISTER OF HEALTH SERVICE PSYCHOLOGISTS

Additional Resources

- “When Your Teen Has an Eating Disorder” – Lauren Mulheim
- “Family Based Treatment (FBT) for Anorexia Nervosa” – James Lock and Daniel Le Grange
- Article in JHSP: Kramer, R. (2023). Considerations in Evidence-Based Treatment of Adolescents With Atypical Anorexia Nervosa. *Journal of Health Service Psychology, 49*(1), 41-51. https://doi.org/10.1007/s42843-023-00080-1

Q&A With Dr. Kramer

- Dr. Elchert will read select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.

NATIONAL REGISTER OF HEALTH SERVICE PSYCHOLOGISTS