National Register of Health Service Psychologists

CLINICAL WEBINARS

FOR HEALTH SERVICE PSYCHOLOGISTS

TRANSLATING RESEARCH TO PRACTICE

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Assessment and Treatment Considerations for Youth With Atypical Anorexia Nervosa

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

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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.

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Disclosures/Conflicts of Interest

- I have no conflicts of interest to disclose.

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

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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)

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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

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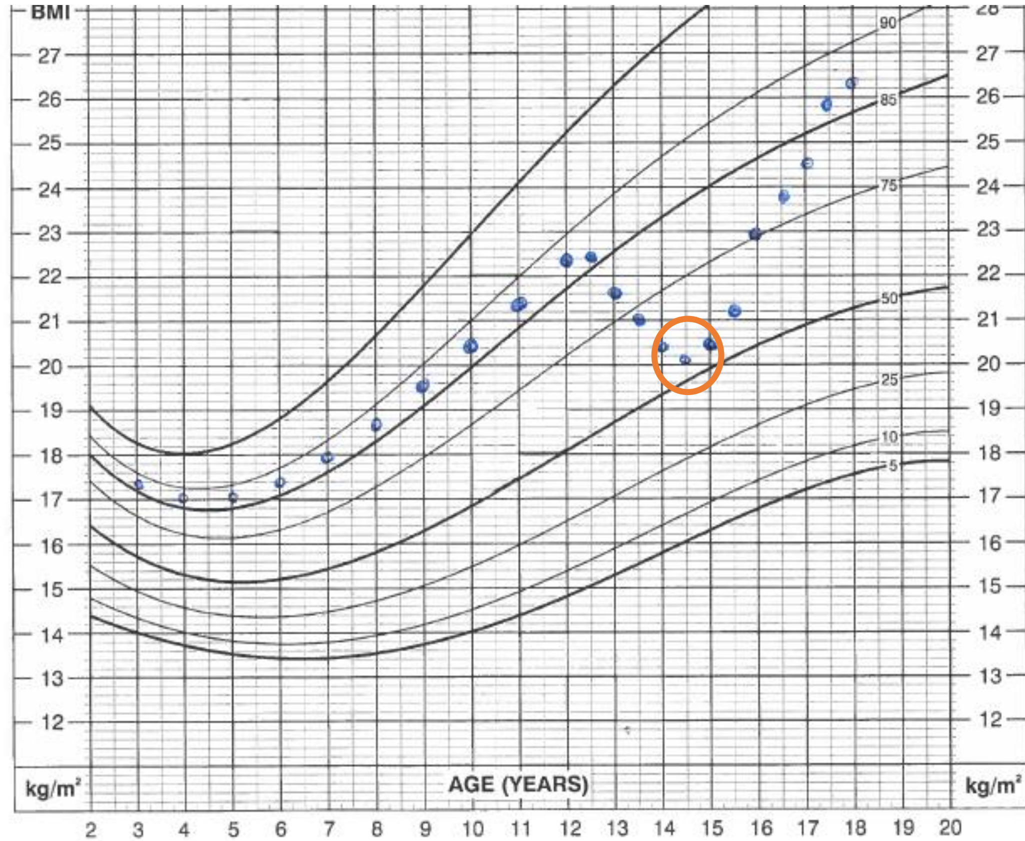
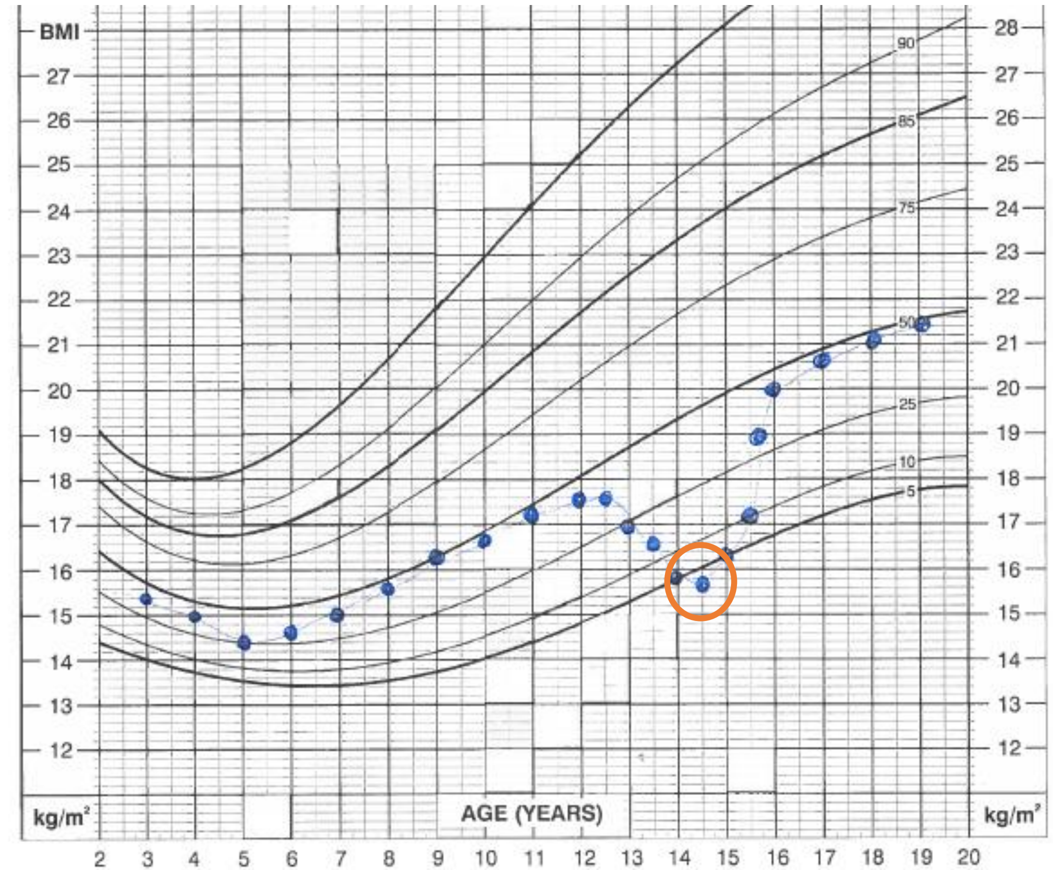
Growth Chart Review





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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)

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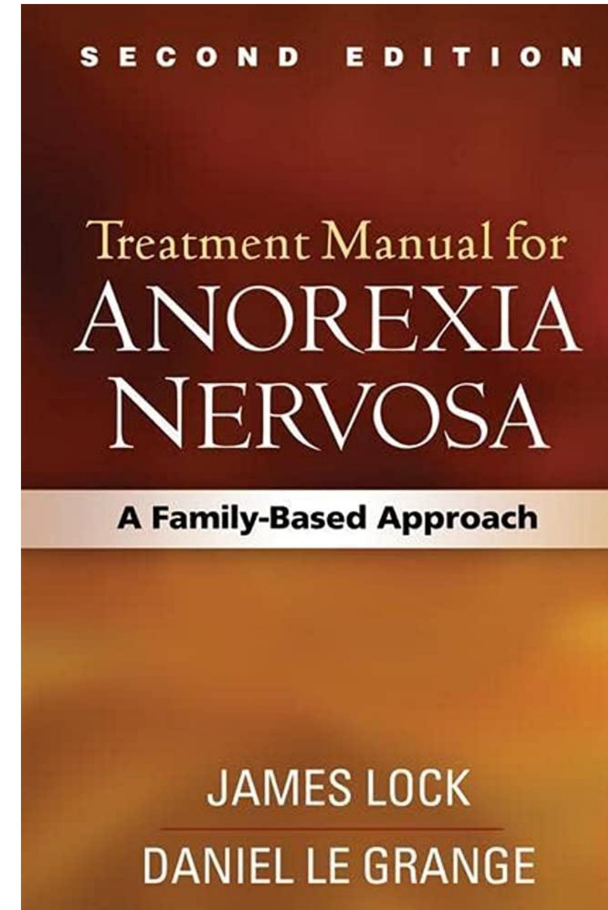
Family Based Treatment

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

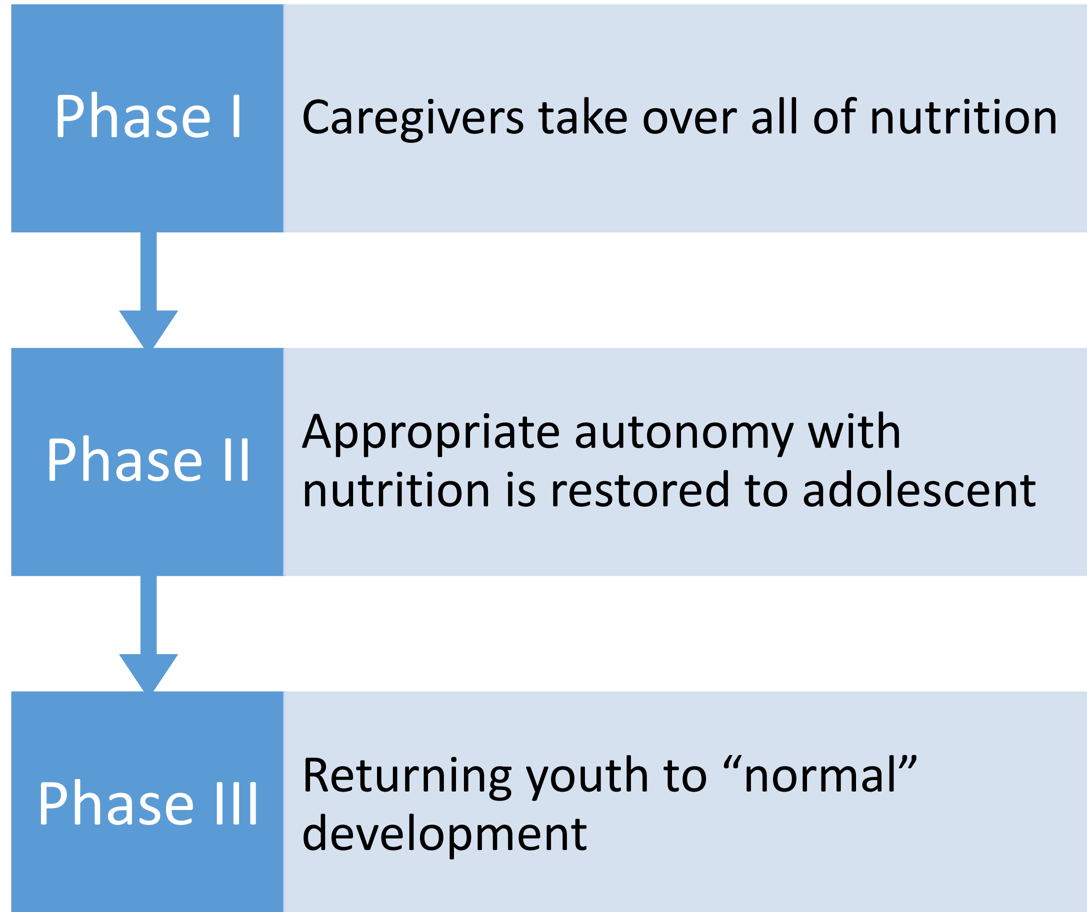
Family Based Treatment

- 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

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

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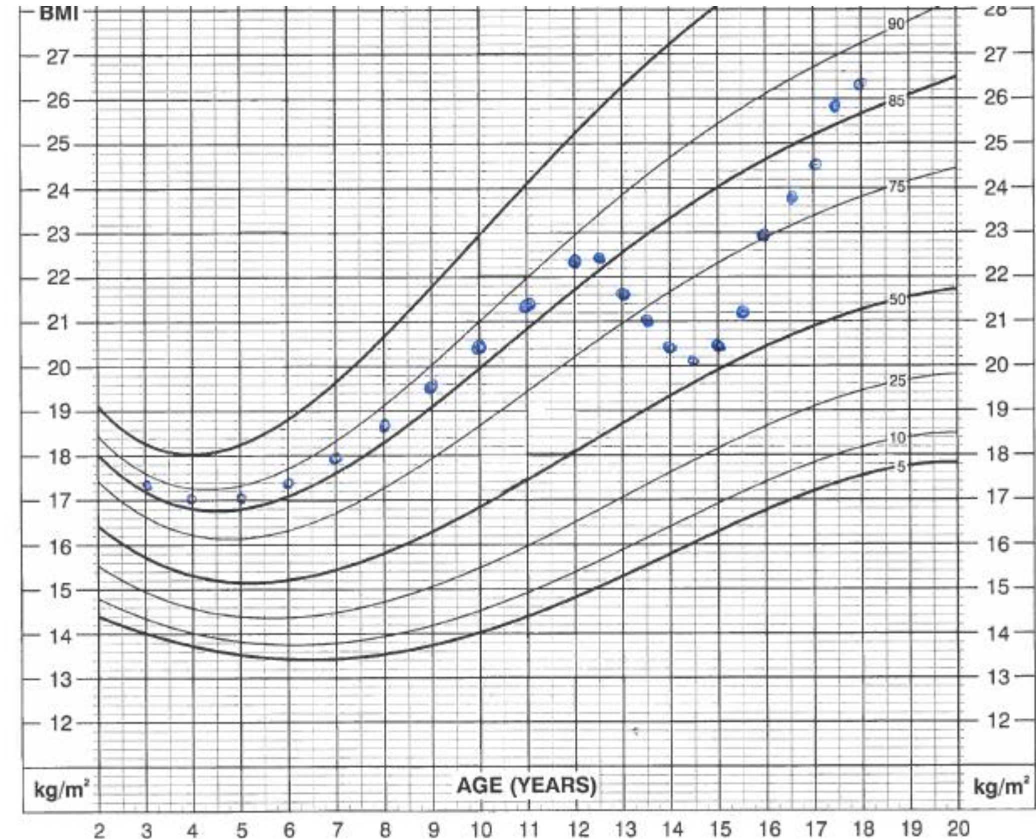
5 Tenets of FBT

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



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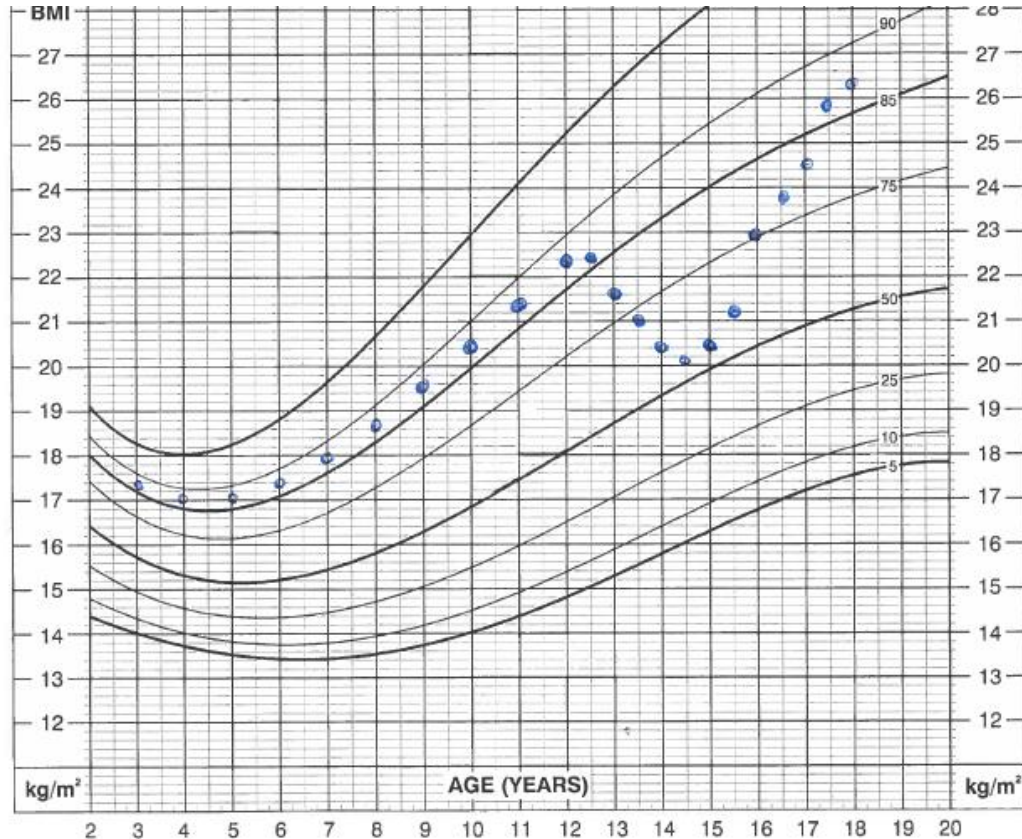
Phase I: FBT



- **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)

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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**

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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

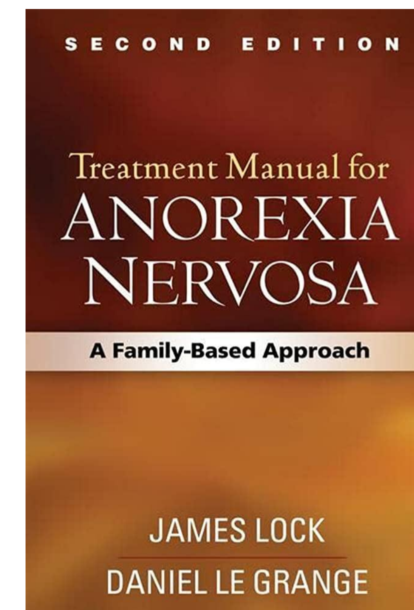
- Do not judge ED severity by weight alone
- BMI is not accurate measure of health
  - Labs, eating behavior, historical growth trends
- Reporting of symptoms may vary by group
  - Eating behaviors
    - Restriction method
    - Foods eaten
  - Body dissatisfaction
    - Body type preference
    - Areas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

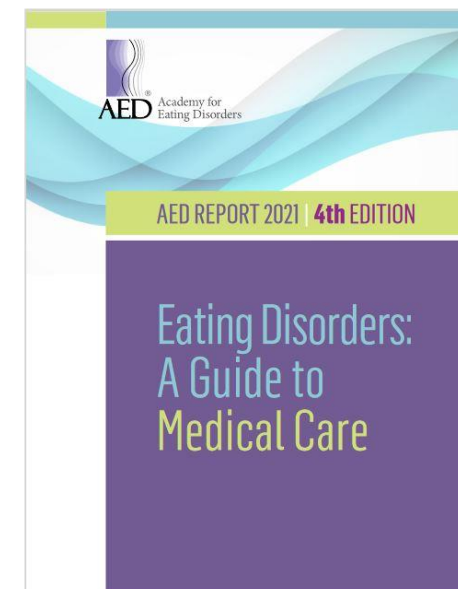
DEI in Assessment and Treatment

- 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





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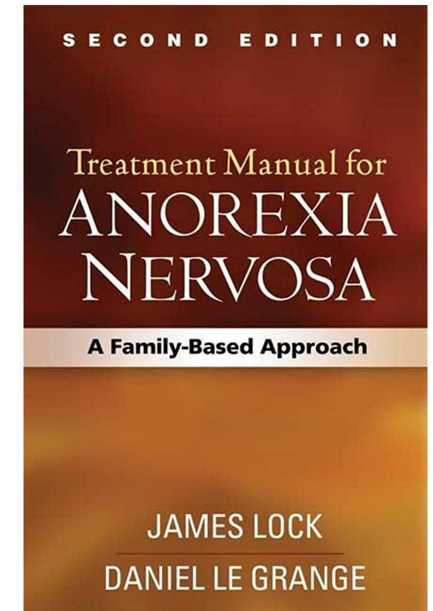
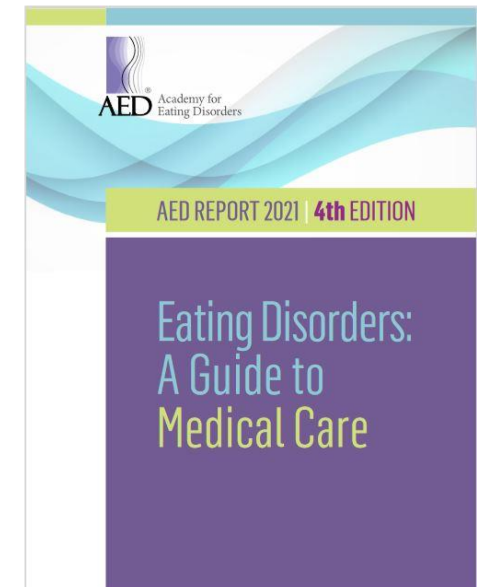
References

- 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





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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.

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