



ADVANCING INTEGRATED HEALTHCARE

Restrictive Eating Disorders ECHO[®]

Session 7: Partnering with Caregivers Exercise Restriction & FBT with Binge/ Purge

Date: March 28th, 2023

PLEASE NOTE: Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any clinician and any patient whose case is being presented in a project ECHO setting

Care Transformation Collaborative of RI

Welcome

- This session will be recorded for educational and quality improvement purposes
- Please do not provide any protected health information (PHI) during any ECHO session

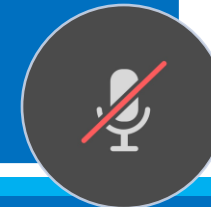
- Please turn on your video
- Please enter your name and organization in the chat box

Introduce Yourself



- Please mute your microphone when not speaking

Microphones



Agenda

Time	Topic	Presenter
7:30 – 7:35 AM	Welcome, Updates, & Case Presentation Schedule	Liz Cantor, PhD
7:35 AM – 8:00 AM	Partnering with Caregivers, Exercise Restriction & FBT with Binge/Purge Presentation	Christina Tortolani, PhD Diane DerMarderosian, MD & Heather Chapman, MD Andrea Goldschmidt, PHD
8:00 – 8:10 AM	Case Presentation	Dinusha Dietrich, MD
8:10-8:25 AM	Discussion	
8:25 AM – 8:30 AM	Wrap Up, Next Meeting	Christina Tortolani, PhD Liz Cantor, PhD

Case Presentation Schedule

Session Title	Date	Presenter	Case Due
Session 8: Collaborative Weighing	April 18 th , 2024	Antoinette Sullivan & Erin Dalton Coastal Medical Narragansett	April 1 st
Session 9: One Team, One Message	May 16 th , 2024	Laura Dawson Maureen McKenna, Coastal Medical Toll Gate	May 1 st
Session 10: Harnessing Parental Anxiety	June 20 th , 2024	Colleen Vitale Atlantic Pediatrics & Laura Beaudry Bald Hill Pediatrics	June 3 rd
Session 11: Navigating Challenging Family Dynamics	July 18 th , 2024	Michelle Beller, Barrington Pediatric Associates	July 1 st
Session 12: Brain Recovery – Success Stories	August 15 th , 2024	Heather Pelletier & Brittany Vose	

CHRISTINA
TORTOLANI, PHD

DIANE
DERMARDEROSIAN,
MD & HEATHER
CHAPMAN, MD

ANDREA
GOLDSCHMIDT,
PHD

PARTNERING WITH
CAREGIVERS,
*EXERCISE RESTRICTION &
FBT WITH BINGE/PURGE
PRESENTATION*

Learning Objectives

- Describe importance of partnering with caregivers
- Identify 1 strategy around partnering with team around exercise guidelines/ restriction
- Identify how FBT is utilized with binge/ purge presentation

The Venus Fly Trap Metaphor: nature versus nurture



How can the person with AN get out?

The environmental and genetic “teeth” hold too much power without equal or increased force countering the teeth-like hold.

Since there is currently no proven device or mechanism to (mechanically) open the flytrap, it must be opened manually.

“We” need to push and pull from the outside of the flytrap to “pry open the petals,” while the client pushes from the inside.

The “WE” in ED treatment is key!

Impact of Family on Disorder vs. Disorder on Family

Historically, families were excluded and blamed for ED



Understanding the family dynamics in the *context* of the ED

Family Reorganization around ED

Centrality of symptom

The ED "saturates family fabric"

Amplification of aspects of family functioning



The TWO main elements of treatment:

Food & LOVE

Why partner with caregivers?

EDs have **profound impact** on sufferers and their families

EDs are multifaceted problems that impinge on **all areas of family life**

Caregivers have been given **a hard job** – helping their child recover.

The stress that accompanies this can impact caregiver **attitudes and behaviors about the ED** in ways that are not always the most helpful or effective; this in turn can have an adverse impact on the ED, and a vicious cycle develops.

Parents often ask for **more support**

In addition to support, parents often say they need **more information**

Parents are not the problem or the cause, and we're not "treating" you.

Caregivers can be your best “tool”

Included: family is the best resource

Empowered: family challenge/ disrupt disordered eating behaviors

Informed: family need necessary information about ED

Prepared: family work together with team to deal with the illness and figure out how to take it away

Equipped: family figure out own mutually agreeable solutions & resources/ strengths

FIRST₃₀DAYS



ADVANCING INTEGRATED HEALTHCARE

Restrictive Eating Disorders ECHO® Case Presentation

Presenter(s): Dinusha W. Dietrich, MD

Date: 3/28/2024

Contact Info: ddietrich@smithpeds.com

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Care Transformation Collaborative of RI

Reasons for Selecting this Case

Do Not Include PHI

Why did you choose this case?	To highlight the challenges of recognizing restrictive eating disorders in patients with obesity
What questions do you have for the group?	<ol style="list-style-type: none">1. How do we decrease the risk of inadvertently creating disordered eating and body dysmorphia when counseling about healthy weight management/need for weight loss?2. What is appropriate target weight?

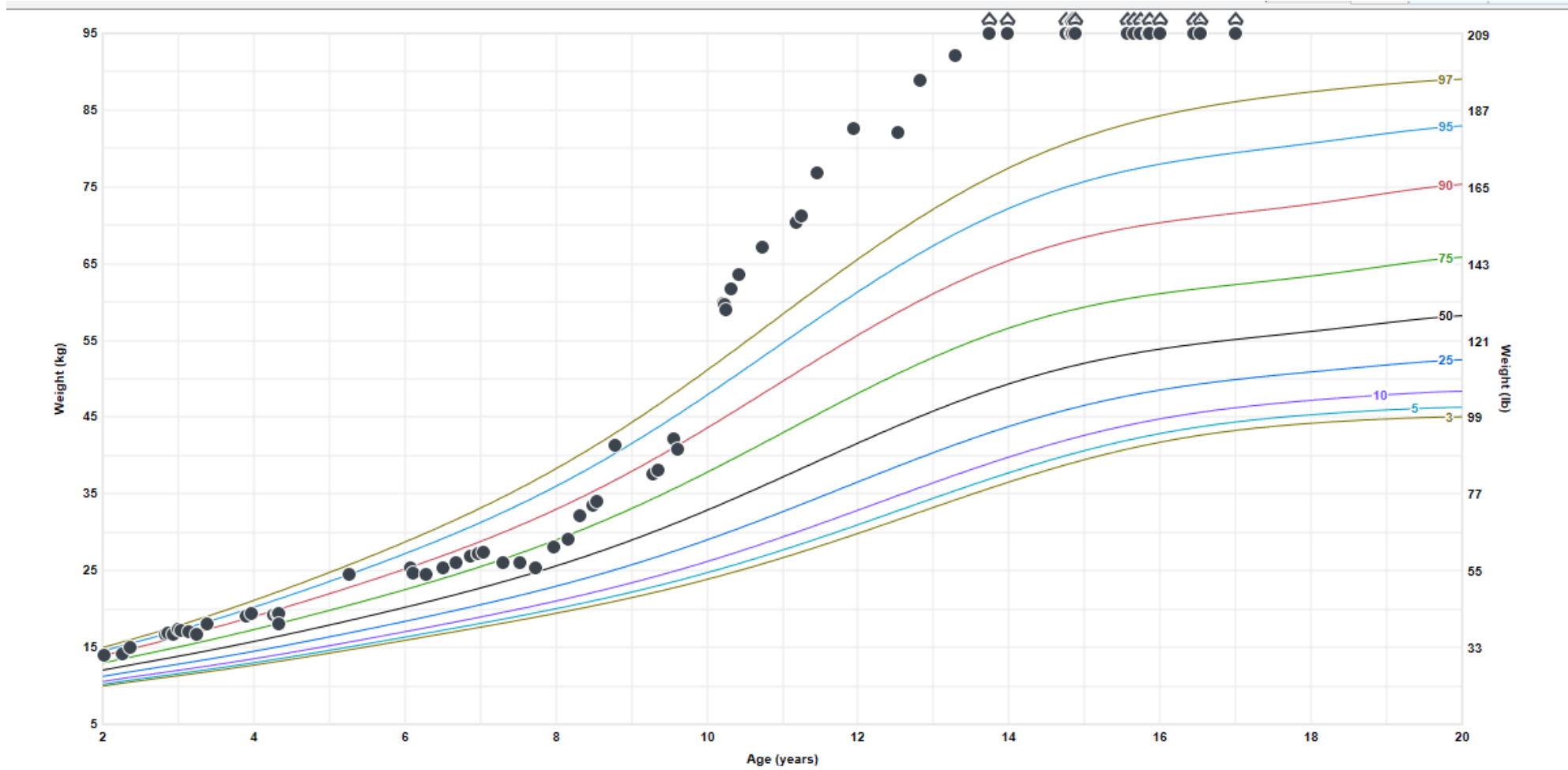
Do Not Include PHI

Basic Patient Information

Age	17 YRS
Gender Identity	FEMALE
Race/Ethnicity	WHITE/NON-HISPANIC
Current Weight and Height	Weight: 237 LBS Height: 5 FT 8.5 IN
	98% BMI (35.51 KG/M2) IBW= 143 LBS?
BMI percentile and expected body weight How long has the patient had concerning growth trends?	Obesity concerns since age 10, which worsened in early pre-teen years due to medication side effects. Disordered eating emerged during the pandemic. First noted clinically by her psychiatrist around Aug 2020. Initially pattern was severe restriction followed by some binging. By 2022, mostly restricting with 30 lb weight loss over a few months
How long has this individual been in your care?	Since birth
Insurance type (Commercial, Medicaid, Uninsured, Other)	BC/BS

Growth Curve

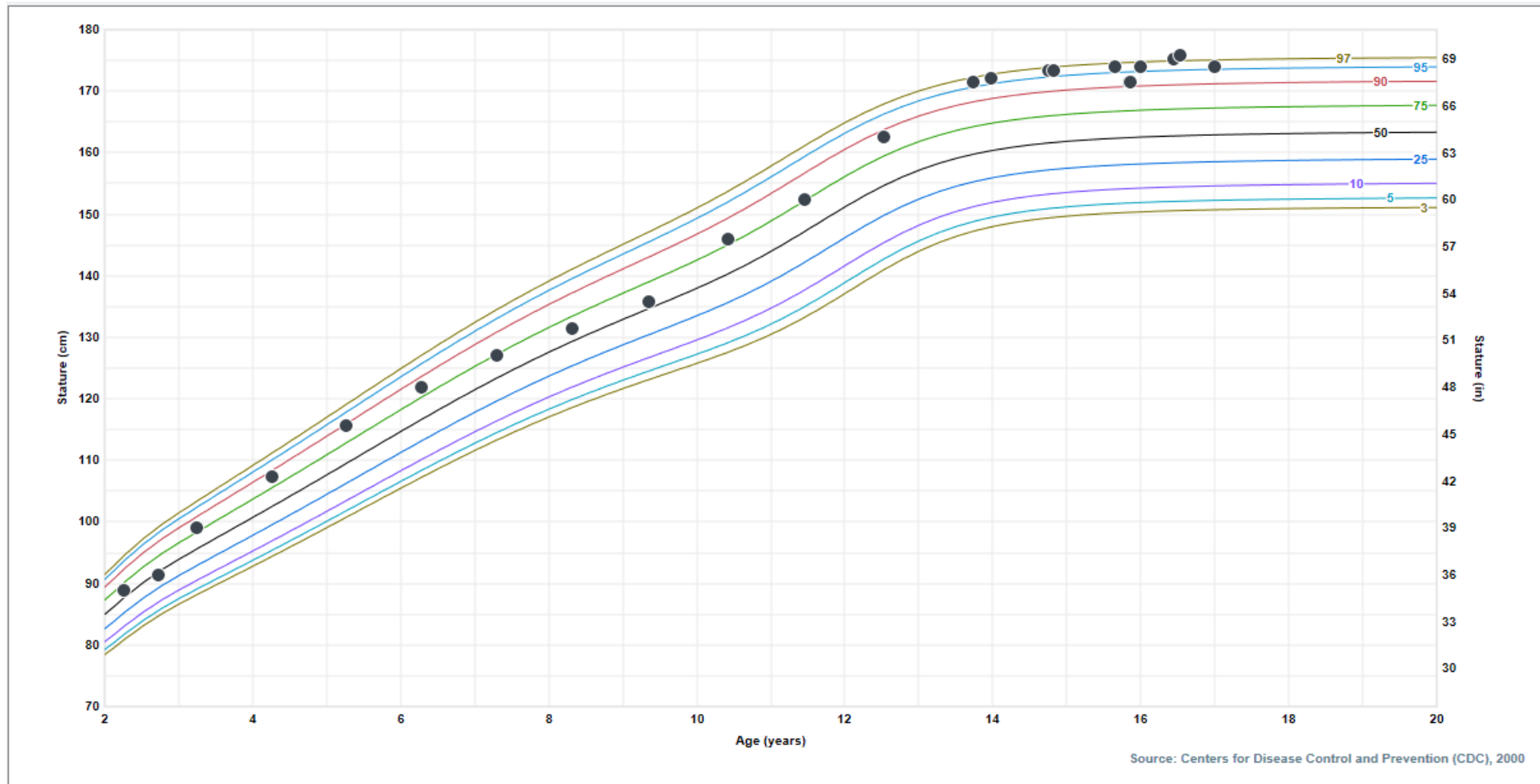
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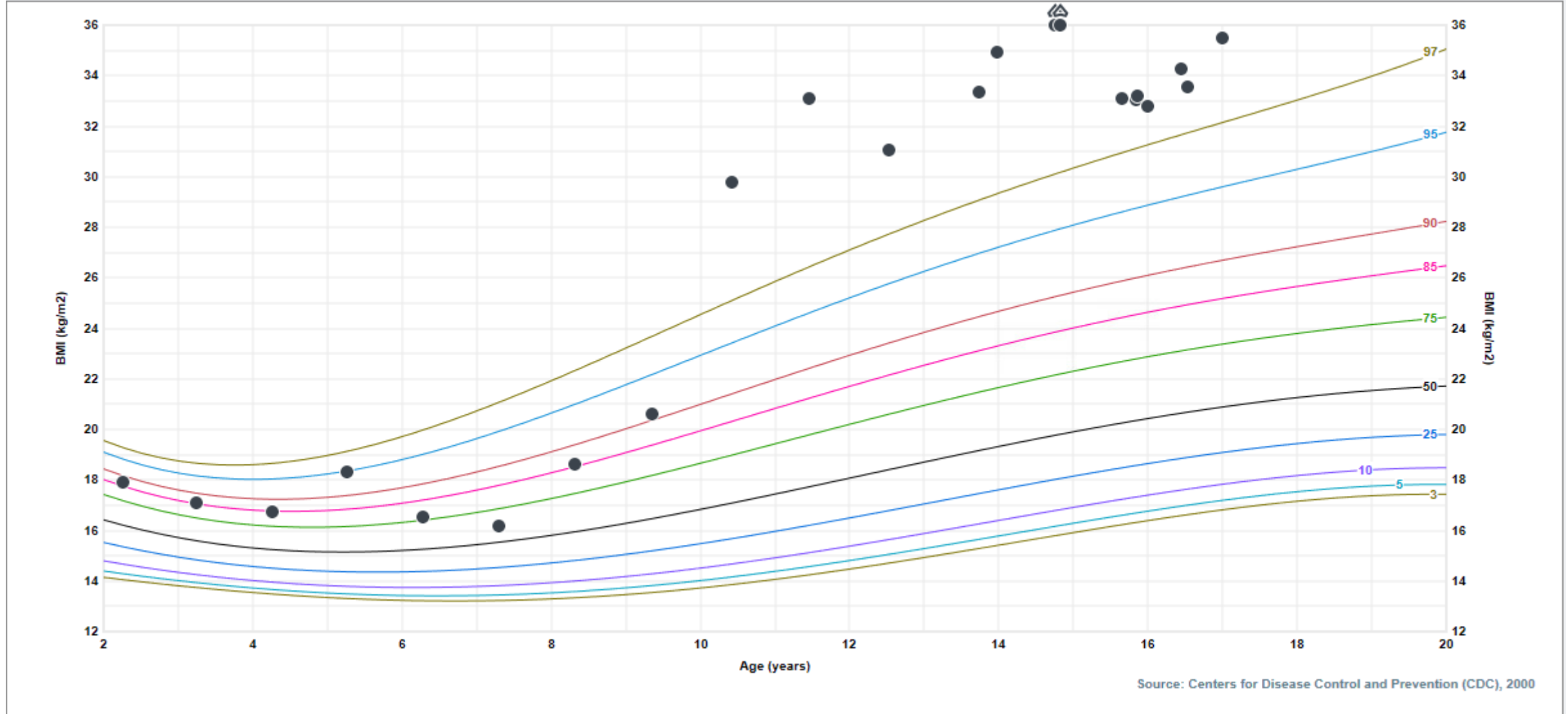
Source: Centers for Disease Control and Prevention (CDC), 2000

Growth Curve

Do Not Include PHI



Source: Centers for Disease Control and Prevention (CDC), 2000



Does the Patient/Family have treatment goals? Please describe.

Do Not Include PHI

- Patient has very limited insight into why her eating behaviors are concerning
- Mother is concerned, but is struggling with her own mental and physical health issues
- Father not very engaged in the process at all

Relevant Background

Do Not Include PHI

Relevant medical and/or behavioral comorbidities	<p>Patient is diagnosed with bipolar disorder, recurrent major depression, PTSD, OCD, GAD, social anxiety, ODD, ADHD. H/o cutting. Possible ASD-”borderline Asperger’s”</p> <p>3 admissions to Bradley, 1 to Butler. Suicide attempt 12/2021</p>
Relevant medications	<p>Sertraline 200 mg daily, Risperdal 0.5 mg QHS</p> <p>Managed by psychiatrist</p>
Relevant lab results	<p>Cholesterol 234 H, triglycerides 191 H, HDL 43 L, non-LDL 189 H. A1C 5.2, BMP normal, ALT 13 L, vit D 33.3, ferritin 54, folate >24 H, B12 241, TSH 2.77</p>
Relevant BH Screening results	<p>Consistently positive PHQ-9=22 and GAD-7=10</p>
Relevant SDOH Screening results	<p>Family identifies significant financial insecurity, some food insecurity, difficulties with transportation at times</p>
Family History of other psychiatric concerns	<p>Strong FH of bipolar disorder, depression, anxiety, OCD, substance use</p>

Relevant Social History

Do Not Include PHI

Family history of disorder eating?	Possibly mother-undiagnosed but frequently dieting and excessive exercise
Family/patient history of trauma?	<p>Patient has h/o being bullied in school by peers starting in 3rd grade and persisting through high school.</p> <p>Some marital conflict for parents, 1 sibling with significant substance abuse disorder</p>
School related concerns?	Did very poorly with distance learning during pandemic. High honors student but struggled with high school math. Feb 2023 developed severe panic attack at school and unable to go back leading to admission to Butler PHP
Other social history concerns?	Mother struggling with her own mental and physical health, inconsistent with follow-up, always hard to reach family-does not answer phone or respond to portal messaging. Incident where patient stole and used mother's medical marijuana.

Eating Disorder Treatment History

Do Not Include PHI

<p>What interventions have been tried (e.g. re-feeding, meal supervision, exercise restriction)</p>	<p>Referrals to Nutrition, Eating disorder Clinic (initially declined by clinic who felt she had more of a binge eating pattern then seen for 2-3 visits starting Oct 2022, but stopped due to inability to afford co-pays), attempted close follow-up in office, but many gaps in care. Numerous recommendations for supervised structured meals, but no consistent implementation</p>
<p>What treatment barriers have the family identified?</p>	<p>Could not afford care, could not get to appointments, lack of motivation by patient to engage in treatment, maternal difficulty in implementing care plans, lack of support by father</p>
<p>What levels of care have been used for treatment?</p>	<p>Outpatient for eating disorder specifically</p>
<p>What is the most recent course of treatment?</p>	<p>No active treatment. Last seen by me on 11/2023. Canceled last 4 appointments at last minute and not responding to outreach. Inconsistently seeing psychiatrist but was seen there in the past month and by report was doing a little bit better and starting to join family for some meals. Supervised meals never implemented. No school supervision of meals, but is attending school regularly</p>
<p>Other concerns with nutrition/eating (such as cultural considerations)?</p>	<p>Patient heavily influenced by social media during pandemic and internalized ideas about “ideal body”</p>

Physical Activity

Do Not Include PHI

Does the patient engage in regular physical activity? (yes/no) Please describe	No, very sedentary outside of gym class
Other concerns with physical activity/exercise (such as physical restrictions, access, environmental safety)?	N/A
What interventions have been tried?	Encouraged to engage in some functional exercise for heart health

Patient /Family Successes and Strengths?

Do Not Include PHI

- Patient and mother are very close and supportive of each other.
- Father did step up more to help take care of family when mother took recent mental health break and went to stay with her own mother for a month.
- Patient also stepped up and helped care for her younger siblings while mother was away, which seems to have helped both her mood and eating behaviors as she was helping with meal prep for the siblings.
- Patient's psychiatrist is very engaged with the family and works collaboratively with me

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Summary & Clarifying Questions



CME Credits

(applied for MDs, PAs, Rx, RNs, NPs, PhD)

- BH clinicians can submit their certification to their accrediting agency for credit equivalency
- CME Credits – Please request session credits when filling out the evaluation at the end of the meeting.
- Evaluation/Credit Request Form: <https://www.surveymonkey.com/r/RSKN6W9>
- Evaluations must be completed to receive credit
- Certificates will be mailed ~ 1 month after event



Thank you!

Next Meeting:

Thursday April 18th, 2024 - 7:30 – 8:30 AM
Collaborative Weighing

Evaluation/Credit Request Form: <https://www.surveymonkey.com/r/RSKN6W9>