What Directions Do Parents Want The Eating Disorder World To Go?

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The Map Ahead
F.E.A.S.T. Symposium
November 4, 2011
Panel Discussion 2-3pm
Eating disorders as developmental, rather than mental, illnesses
Biopsychosocial model of care
AAP Practice and Policy Recommendations
Feedback
René Descartes 1596 -1650
“The patients should be fed at regular intervals, and surrounded by persons who would have moral control over them...”

Sir William Withey Gull, MD  1873
“The patients should be fed at regular intervals, and surrounded by persons who would have moral control over them; relatives and friends being generally the worst attendants.”

Sir William Witheey Gull, MD  1873
The Clinical Application of the Biopsychosocial Model
George L. Engel American J of Psychiatry 137:1980, p 537
“An eating disorder is an illness that causes serious disturbances to your everyday diet, such as eating extremely small of food or severely overeating.”
2. Parents/guardians are the frontline help-seekers for children/adolescents with EDs. **Trust their concerns.** Even a single consultation about a child’s eating behavior or weight/shape concerns is a strong predictor of the presence or potential development of an ED.

3. Help families understand that *they did not cause the illness*; neither did their child/family member *choose to have it.* This recognition facilitates acceptance of the diagnosis, treatment, referral, interventions, and minimizes stigma associated with having the illness.
“Pediatricians are called on to become involved in the identification and management of eating disorders in several settings and at several critical points in the illness. In the primary care pediatrician’s practice, early detection, initial evaluation, and ongoing management can play a significant role in preventing the illness from progressing to a more severe or chronic state...
In the subspecialty setting, management of medical complications, provision of nutritional rehabilitation, and coordination with the psychosocial and psychiatric aspects of care are often handled by pediatricians, especially those who have experience or expertise in the care of adolescents with eating disorders. In hospital and day program settings, pediatricians are involved in program development, determining appropriate admission and discharge criteria, and provision and coordination of care…

Rome et al. *Pediatrics* 2003; 111(1): 204-211
…Lastly, primary care pediatricians need to be involved at local, state, and national levels in preventive efforts and in providing advocacy for patients and families.”

Rome et al. *Pediatrics* 2003; 111(1): 204-211
Identification and Management of Eating Disorders in Children and Adolescents

- Knowledgeable about risk factors and early signs and symptoms of disordered eating and eating disorders.
- When counseling families on preventing obesity, focus on healthy eating and building self-esteem while still addressing weight concerns.
- Avoid inadvertent enabling of excessive dieting, compulsive exercise, etc.
- Screen patients for disordered eating and related behaviors and be prepared to intervene.

Rosen et al, *Pediatrics* 2010; 125: 1240-1253
http://aappolicy.aappublications.org/cgi/reprint/pediatrics;126/6/1240.pdf
Identification and Management of Eating Disorders in Children and Adolescents

- Monitor or refer patients with eating disorders for medical and nutritional complications.
- Be familiar with treatment resources in community to coordinate or facilitate multidisciplinary care.
- Play a role in primary prevention during office visits and through school-based and community interventions with a focus on education, early screening, and advocacy.
- Advocate for legislation and policy changes that ensure appropriate services for patients with eating disorders, including medical care, nutritional intervention, mental health treatment, and care coordination, in appropriate settings.

Rosen et al, *Pediatrics* 2010; 125: 1240-1253
http://aappolicy.aappublications.org/cgi/reprint/pediatrics;126/6/1240.pdf
We don’t see things as they are, We see things as WE are.

Anaïs Nin  1903-1977
Review

- **Pediatric developmental perspective**
  - Assume parents are doing the best they can
  - Be authoritative, advisory “executor of parents will”
  - Nurture healthy autonomy in child/adolescent
  - Listen twice as much as you talk…

- **Biopsychosocial model of care**
  - Predisposing, precipitating & perpetuating factors
  - All organ systems function to serve the brain (mind)
  - Medicine = Food

- **AAP Practice and Policy Recommendations**
  - Early recognition and intervention
  - Prevention
  - Advocacy
Thank You