Study of Eating Disorders in the Commonwealth

Joint Commission on Health Care
Healthy Living/Health Services Subcommittee
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Purpose of Study

- In 2010, Senate Joint Resolution No. 294 (Senator Linda T. Puller) directed the Joint Commission on Health Care to study eating disorders in the Commonwealth.
- The study was left in the House Rules Committee, but agreed to by JCHC members.

Eating Disorders (EDs)

- Serious mental illnesses with often life-threatening physical and psychological complications
- Characterized by a persistent pattern of dysfunctional eating or dieting behavior accompanied by significant emotional, physical, and interpersonal distress
- Can affect persons of any age, gender, or ethnicity.
- Individuals suffering from an eating disorder can be underweight, at a normal weight, or overweight.

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Types of Eating Disorders

- Anorexia Nervosa
  - An inability or unwillingness to maintain a body weight that is normal or expected for one's age and height
  - A pronounced fear of weight gain and a dread of becoming fat even though the individual is markedly underweight
    - The seriousness of the weight loss and its health implications are usually minimized, if not denied, by the individual
  - Highest mortality rate of *all* psychiatric illnesses
    - The death rate among people with anorexia is estimated to be 12 times higher than the annual mortality rate due to all causes of death among females ages 15-24 in the general population
    - Cardiac failure and arrhythmias, starvation and suicide are the leading causes of death

Sources: 1. Academy of Eating Disorders 2. Amy Alson, M.D. University of Virginia, Department of Psychiatry & Neurobehavioral Sciences 3. National Eating Disorders Association

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Types of Eating Disorders

- Bulimia Nervosa
  - Engaging in discrete periods of overeating, followed by compensatory action (self-induced vomiting, misuse of laxatives, enemas, diuretics, severe caloric restriction, or excessive exercising) to avoid weight gain
    - Must occur two or more times per week for at least three months
  - Serious illness and death can result from gastric or esophagus ruptures and electrolyte and chemical imbalances (that can cause irregular heartbeats and heart failure)
- Eating Disorders Not Otherwise Specified (EDNOS)
  - Variants of disordered eating that do not meet one or more essential diagnostic criteria for anorexia nervosa or bulimia nervosa, but nevertheless are EDs requiring treatment
  - Examples include individuals who:
    - regularly purge but do not binge eat
    - meet criteria for anorexia nervosa, but continue to menstruate
    - meet criteria for bulimia nervosa, but binge eat less than twice weekly

Source: Academy of Eating Disorders

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Types of Eating Disorders

- Binge Eating
  - The most common form of EDs in the U.S.
  - The term was officially introduced in 1992 to describe individuals who binge eat but do not regularly use inappropriate compensatory action
  - Involves rapid consumption of food with a sense of loss of control, uncomfortable fullness after eating, and eating large amounts of food when not hungry
  - Often is accompanied by feelings of shame and embarrassment
  - Can result in many of the same health risks associated with clinical obesity, including:
    - High blood pressure
    - High cholesterol levels
    - Heart disease as a result of elevated triglyceride levels
    - Type II diabetes

Sources: 1. Academy of Eating Disorders 2. National Eating Disorders Association

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Prevalence of Eating Disorders

- Eating disorders affect approximately 24 million people in the United States.

Estimated Percent of the U.S. Population with an Eating Disorder in Their Lifetime		
	Females	**Males**
Anorexia Nervosa	0.5-1%	0.3%
Bulimia Nervosa	1.5-3%	0.5%
Binge Eating Disorder	3.5%	2-3%
EDNOS	1-14% *	

*Fifty percent of individuals who present for treatment of an eating disorder receive an EDNOS diagnosis; however, a lack of standardized coding has resulted in a broad range of prevalence estimates.

As with anorexia nervosa and bulimia nervosa, prevalence rates for females are thought to be higher than those for males.

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Prevalence of Eating Disorders

- Eighty-six percent of individuals with an eating disorder report that it began before the age of 20.
  - The age of onset has decreased dramatically in recent years.
    - According to a study by the Agency for Healthcare Research and Quality, hospitalizations for eating disorders for children younger than 12 years of age increased by 72 percent between 1999 and 2009.
  - An estimated 11 percent of high school students have a diagnosable eating disorder, and between 19 and 30 percent of college-age women display bulimic behavior.
- There is widespread agreement among experts that rates of eating disorders are grossly underestimated.

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Sex and Age of Hospitalized ED Patients for U.S. and Virginia (%)

		U.S.	VIRGINIA				
		2008/09	2006	2007	2008	2009	2010
	# of ED Discharges	29,533	303	239	270	283	270
SEX	Female	88%	95%	92.5%	92%	93%	92%
SEX	Male	12%	5%	7.5%	8%	7%	8%
AGE	<12 yrs	3%	1%	2%	2%	1%	1%
AGE	12-18 yrs	19%	33%	28%	23%	26%	29%
AGE	>18 yrs	78%	66%	71%	76%	73%	71%

Sources: 1. Healthcare Cost and Utilization Project, Statistical Brief #120 2. Virginia Health Information

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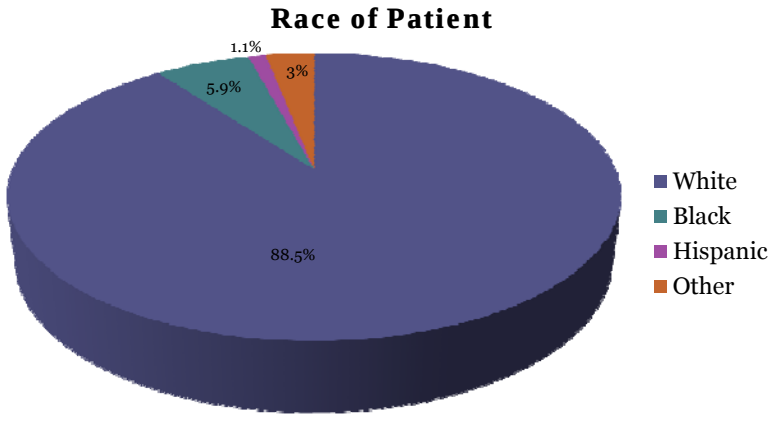
Eating Disorder Hospitalizations in Virginia, 2010



Source: Virginia Health Information

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Cost and Length of Stay for ED Hospitalizations, U.S. and Virginia

	U.S.	VIRGINIA					
	2008/09	2006	2007	2008	2009	2010	All Years (2006-2010)
# of ED Discharges	29,533	303	239	270	283	270	1365
Ave. Length of Stay	8	8	6	7	6	7	7
Ave. Cost per Patient	$9,400	$13,562	$11,529	$14,427	$11,095	$12,706	$12,696
Total Hospital Cost	$277 m	$4.11 m	$2.76 m	$3.90 m	$3.14 m	$3.43 m	$17.33 m

Sources: 1. Healthcare Cost and Utilization Project, Statistical Brief #120 2. Virginia Health Information

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Percent of ED Hospitalization Costs paid by Each Payor, U.S. and Virginia

	U.S.	VIRGINIA				
	2008/09	2006	2007	2008	2009	2010
# of ED Discharges	29,533	303	239	270	283	270
Medicare	20%	12%	11%	14%	11%	13%
Medicaid	19%	11%	11%	11%	12%	12%
Private Insurance	50%	63%	67%	62%	66%	66%
Self Pay	6%	5%	3%	6%	2%	4%
Charity/ Indigent	5%**	2%	4%	1%	1%	2%
Government (Other)*		6%	4%	6%	6%	3%

*Government (Other) includes payor categories: State Government, Local Government, Government Assistance, Other Government, and Jail/Detention

**The National Study only included categories for Medicare, Medicaid, private insurance, and self pay. This remaining 5% of costs was left undefined but most likely was paid by government.

Sources: 1. Healthcare Cost and Utilization Project, Statistical Brief #120 2. Virginia Health Information

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State Costs of Hospitalizations for Eating Disorder Patients for Virginia

	2010		2006-2010	
# of ED Discharges	270		1365	
	Average Cost per Patient	Total Hospital Cost	Average Cost per Patient	Total Hospital Cost
Medicaid	$15,713	$502,809	$12,010	$1,849,246
Government (Other)*	$12,398	$111,583	$17,392	$1,113,111
Charity/ Indigent	$7,441	$29,765	$10,368	$259,200
TOTAL		**$644,157**		**$3,221,557**

*Government (Other) includes payor categories: State Government, Local Government, Government Assistance, Other Government, and Jail/Detention

Source: Virginia Health Information

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Number of Individuals Receiving Treatment for an Eating Disorder at a CSB in Virginia (FY 2011)

Age	Female	Male
6-20 years	153	25
21 years or older	471	40
TOTAL	624	65

* Eating disorders included in data are anorexia nervosa, bulimia nervosa, and EDNOS.
**Due to the small number of individuals, age was divided into two broad categories to protect patient privacy.

Source: Virginia Association of Community Services Boards

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Factors Influencing the Development of Eating Disorders

- Genetics
  - Research has identified gene variations associated with eating disorders
- Psychological Characteristics
  - Include low self-esteem, feelings of inadequacy, non-assertive behavior, people-pleasing , perfectionism, and harm or conflict avoidance
  - Often have a difficult time with change and managing stress
- Trauma or Loss
  - Can range from being picked on in school to severe emotional, physical or sexual abuse
    - Not everyone experiences abuse
    - Genetically or psychologically vulnerable individuals are more likely to develop an eating disorder as a result of trauma

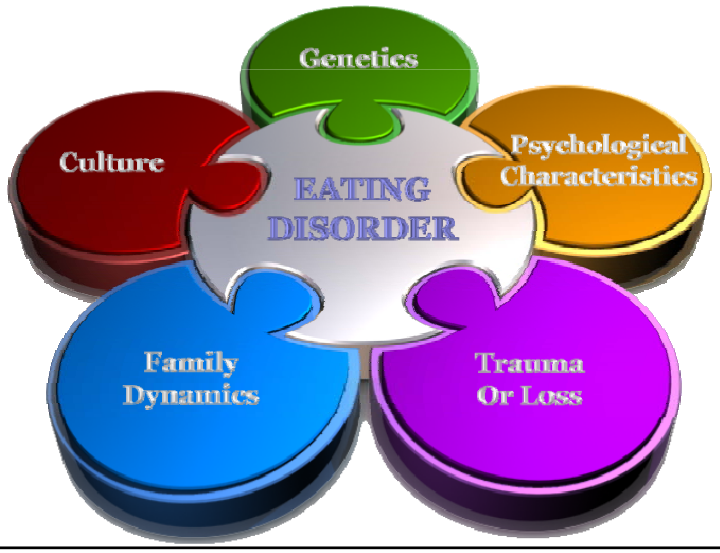
Sources: 1. Tony Paulsen, Ph.D. and Jennifer Lombardi; Huffington Post, February 17, 2011 2. www.dominionhospital.com 15

Factors Influencing the Development of Eating Disorders

- Family Dynamics
  - Families used to be viewed as the primary cause of an eating disorder
    - I.e. an emotionally-distant father or an overly controlling mother
  - While sometimes these dynamics are present, it is most important to understand how the patient views his or her role in the family (i.e., to be the "good kid")
- Culture
  - Culture can create an environment in which eating disorders are more likely to flourish
  - Rates of eating disorders are higher in developed nations where there is an abundance of food and a cultural emphasis on thinness
  - Unrealistic expectations about weight and appearance coupled with unhealthy views about food and dieting can help put the other four puzzle pieces in place

Source: Tony Paulsen, Ph.D. and Jennifer Lombardi; Huffington Post, February 17, 2011 16

Five Pieces of the Eating Disorder Puzzle



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Eating Disorder Treatments

- Most ED patients respond best to treatment involving a multidisciplinary team consisting of a primary care physician, dietitian, and a psychotherapist knowledgeable about eating disorders.
- Many patients with eating disorders also have depression, anxiety disorders, drug and/or alcohol use disorders and other psychiatric problems requiring treatment along with the eating disorder.
- Treatment is best conducted in the least restrictive setting that can provide adequate safety for the individual.
  - Most individuals with eating disorders are treated on an outpatient basis.
  - Individuals with medical complications due to severe weight loss or the effects of binge eating and purging may require hospitalization.
  - Other individuals, for whom outpatient therapy has not been effective, may benefit from day-hospital treatment, hospitalization, or residential placement.
- Psychopharmacology:
  - Medication often is used to treat co-occurring depression and anxiety.
  - Most psychiatric medications are not effective, and potentially dangerous, for severely underweight patients.

Sources: 1. Academy of Eating Disorders 2. Amy Alson, M.D. University of Virginia, Department of Psychiatry & Neurobehavioral Sciences

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Challenges in Treating Eating Disorders

- Due to the secretive nature and stigma of EDs and limited access to care, less than 45 percent of affected individuals seek treatment for their eating disorder.
  - Only 33 percent of people with anorexia nervosa and 6 percent of people with bulimia nervosa receive mental health treatment.
  - Roughly 80 percent of females who receive treatment for their eating disorder do not get the intensity of treatment needed in order to stay in recovery.
  - Males are far less likely to seek treatment and physicians are less likely to recognize ED symptoms in males. As a result, rates are believed to be underestimated.
  - Individuals who do seek treatment most often go to a general medical provider.
- Recovery: With treatment, approximately 1/3 recover fully, 1/3 partially recover or recurrently remit and relapse, and 1/3 remain chronically ill

Sources: 1. Academy of Eating Disorders 2. Amy Alson, M.D. University of Virginia, Department of Psychiatry & Neurobehavioral Sciences

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Challenges in Treating Eating Disorders

- Eating disorders involve both psychological and often serious physical illnesses that must be treated simultaneously
- Inpatient and residential treatment are very costly
- Health plan coverage of eating disorder treatment:
  - To be effective, inpatient and residential treatment stays often need to be longer than what may be covered by health plans
  - For residential treatment, most health plans only reimburse for medical services, not room and board and services not provided by a licensed physician or counselor such as meal planning and structured eating
  - Nutritional counseling by a registered dietician is not covered by most health plans

Sources: 1. Academy of Eating Disorders 2. Amy Alson, M.D. University of Virginia, Department of Psychiatry & Neurobehavioral Sciences

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Challenges in Treating Eating Disorders

- Limited access to appropriate care
  - While there are a few small residential programs, Dominion Hospital in Falls Church has the only inpatient treatment facility specializing in eating disorders in Virginia
  - Most rural areas of the state do not have inpatient, intensive outpatient, day hospital, or residential services; and have few or no mental health professionals specializing in eating disorders
- As a result, most patients with severe eating disorders must go out-of-state to receive care
  - Many patients, especially adolescents and teens, respond better to treatment that involves family therapy and access to their social support network

Sources: 1. Academy of Eating Disorders 2. Amy Alson, M.D. University of Virginia, Department of Psychiatry & Neurobehavioral Sciences

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Impact of Limited Care

- Rates of relapse requiring re-hospitalization range from 25-50%, and research shows that inadequate and truncated care are significant factors in recidivism
- Studies have found that over 50% of anorexia patients who were underweight at time of discharge required re-hospitalization, compared to only 10% of patients who were discharged at normalized weight
- Lack of treatment can be deadly

Mortality Rates for People with Serious Eating Disorders	
Without Treatment	20%
With Treatment	2-3%

Sources: 1. Shepphird, 2009 , via National Eating Disorders Association website 2. "Identification and Management of Eating Disorders in Children And Adolescents" by David S. Rosen. *Pediatrics* 2010; 126; 1240-1253. 3. Anorexia Nervosa and Related Eating Disorders, Inc. 2006

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Prevention and Awareness in Schools

- It is important that eating disorder prevention and awareness efforts include teaching children and adolescents about healthy eating habits, active living, positive body image, and positive life skills (i.e. assertive communication, positive relationships, problem solving)
  - Given the trend of earlier onset of eating disorders in children, it is recommended that the instruction occur during the fourth, fifth, or sixth grade; and information should be age appropriate.
  - An example of the curriculum that could be offered is "Healthy Body Image: Teaching kids to eat and love their bodies too!" available through the National Eating Disorders Association (NEDA).

Sources: 1. http://www.nedic.ca/knowthefacts/preventionhealth.shtml#educators 2. National Eating Disorder Association

Prevention and Awareness in Schools

- Most experts do not recommend teaching students directly about eating disorders as some students may use the instruction to obtain information on restrictive eating and/or binging techniques.
- Teachers and school nurses who have received instruction on EDs can play an important role in the prevention and awareness of these disorders by recognizing symptoms, discussing their concerns with the student, and providing suggestions about how to find help.

http://www.nedic.ca/knowthefacts/preventionhealth.shtml#educators

Prevention and Awareness Training for Medical Practitioners

- Whether an individual with an ED goes to their primary care clinician's office for an unrelated illness or symptoms resulting from their eating disorder, pediatricians, general practitioners, nurse practitioners, and nurses often are the first point of contact in the health care system for individuals suffering from an untreated ED.
- As a result, it is important that medical practitioners receive instruction on EDs during their medical training and through continuing education courses so they are better able to recognize ED symptoms and refer their patients to the most appropriate ED treatment provider.

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Prevention and Awareness Training for Medical Practitioners

- Studies have found a lack of education about EDs among physicians and other medical practitioners.
- All Virginia Medical Schools* provide at least some instruction on the causes, symptoms, diagnosis, and management of eating disorders.
  - EDs are covered in a psychopathology/behavioral science course required of all medical school students (usually 1-2 hours of instruction).
  - Additional instruction is provided to residents in pediatrics in all schools except VCOM, which does not have pediatric residencies.
  - Training also is provided as part of nursing curriculum.

* University of Virginia, Virginia Commonwealth University, Eastern Virginia Medical School, and Edward Via College of Osteopathic Medicine

Sources: 1. "When Ignorance Can Be Deadly" by Allison Kreiger, Florida A&M University College of Law 2. Study conducted by the Alliance for Eating Disorders Awareness (and their new continuing education program on EDs) at www.allianceforeatingdisorders.com/lunch-and-learn.

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Prevention and Awareness Training for Medical Practitioners

- Because of the upward trend of EDs in children, the American Academy of Pediatrics urges pediatricians to perform thorough screenings for EDs during regular visits and seek referrals for their patients to receive specialized treatment
- In 2010, Missouri passed legislation to develop a continuing professional education curriculum for eating disorder awareness and prevention by December 31, 2011

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Policy Options

Option 1: Take no action.

Option 2: Request by letter of the JCHC Chairman that the Virginia Department of Education encourage local school systems to provide homeroom teachers and school nurses within each of their schools with instruction (approved by the American Psychiatric Association, the Academy for Eating Disorders or the National Eating Disorders Association) on how to recognize eating disorders and how to help youth who may be affected receive the care they need.

Option 3: Request by letter of the JCHC Chairman that the Virginia Department of Education encourage local school systems to ensure instruction (approved by the American Psychiatric Association, the Academy for Eating Disorders or the National Eating Disorders Association) on healthy eating habits and positive body image is provided to students at some point during the fourth, fifth, or sixth grade.

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Policy Options

Option 4: Request by letter of the JCHC Chairman that:

(i) The Medical Society of Virginia encourage pediatricians and general practitioners to complete an online continuing education course on eating disorders, such as the new 15 minute, online course created by the American Medical Association.

(ii) The Virginia Nurses Association encourage nurse practitioners and nurses to complete an online continuing education course on eating disorders, such as the new 15 minute, online course created by the American Medical Association.

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Public Comments

- Written public comments on the proposed options may be submitted to JCHC by close of business on October 6, 2011. Comments may be submitted via:
  - E-mail: sreid@jchc.virginia.gov
  - Facsimile: 804-786-5538 or
  - Mail to: Joint Commission on Health Care
    P.O. Box 1322
    Richmond, Virginia 23218
- Comments will be summarized and presented during the JCHC meeting on October 17th.

http://jchc.virginia.gov 30

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