Introduction to a special issue on child and adolescent feeding and eating disorders and avoidant/restrictive food intake disorder.

Author: Kamryn T. Eddy, Jennifer J. Thomas


Abstract:

OBJECTIVE: We are very pleased to introduce a special issue of the International Journal of Eating Disorders on child and adolescent feeding and eating disorders and avoidant/restrictive food intake disorder (ARFID).

METHOD: Contributions focused on five main themes: (1) the definition and assessment of ARFID; (2) the clinical phenomenology of ARFID; (3) similarities and differences between ARFID and anorexia nervosa (AN); (4) novel treatments for ARFID; and (5) new ideas for improving treatment outcomes in AN.

RESULTS: These papers highlight the importance of clear operationalization and measurement of the ARFID diagnostic criteria. ARFID phenotypes bear both similarities and important differences in clinical profile, course, and outcome from AN. Findings suggest the utility of adapting existing treatments for restrictive eating disorders to apply to ARFID and engender clinical creativity to move beyond existing treatments and develop novel interventions that address the heterogeneity of ARFID. Furthermore, burgeoning understanding of ARFID offers the potential that novel treatments for ARFID may also be applied to improve outcomes for AN.

DISCUSSION: This collection of papers features child and adolescent feeding and eating disorder patient groups that have been understudied and we hope that this catalyzes clinical research in these important presentations.


Parents’ perceptions of parent-child interactions related to eating and body image: an experimental vignette study

Author: Janet A. Lydecker, Paige M. Cunningham, Elizabeth O’Brien

Source: Eating Disorders Journal of Treatment & Prevention 12 April 2019

Abstract:

Parents are key to children’s health because they can influence children’s eating behavior and body image and can make health-related decisions for children. Despite their influence, research on parents’ opinions about parenting practices related to weight and eating is limited. Experimental vignettes examined parents’ perceptions of parent-child interactions around body image, eating, and weight loss. We manipulated vignette-child weight (healthy-weight, overweight) and communication tone (positive, negative, neutral) to assess their influence on parents’ perceptions. Parents (N = 233, 27.5% fathers, 72.5% mothers) were randomly assigned to read one of six vignettes. When the vignette-child had overweight, parents were more likely to recommend seeking help for body image and that the vignette-parent should choose the restaurant food order. Parents were less opposed to commenting on the vignette-child’s weight when tone was positive. Parents were more likely to recommend weight-loss efforts that could be implemented by the family rather than those requiring professional assistance. This study is among the first
Feeding and Eating Disorders in Children
Author: Rachel Byrant-Waugh
Abstract:
This article provides an update based on recently published literature and expert consensus on the current state of knowledge regarding feeding and eating disorders in children aged 2 to 12 years. It covers the 6 main diagnostic categories-pica, rumination disorder, avoidant/restrictive food intake disorder, anorexia nervosa, bulimia nervosa, and binge eating disorder-discussing issues and findings specific to this age group. It highlights the need for ongoing research in a number of key areas, to include improved understanding of etiologic pathways, characterization of presenting disorders, and the development of standardized evidence-based assessment tools and treatment interventions.

Beyond the Binary: Differences in Eating Disorder Prevalence by Gender Identity in a Transgender Sample
Author: Diemer EW, White Hughto JM, Gordon AR, Guss C, Austin SB, Reisner SL
Abstract:
Purpose: To investigate whether the prevalence of eating disorders (EDs) differs across diverse gender identity groups in a transgender sample.
Methods: Secondary analysis of data from Project VOICE, a cross-sectional study of stress and health among 452 transgender adults (ages 18–75 years) residing in Massachusetts. Age-adjusted logistic regression models were fit to compare the prevalence of self-reported lifetime EDs in female-to-male (FTM), male-to-female (MTF), and gender-nonconforming participants assigned male at birth (MBGNC) to gender-nonconforming participants assigned female at birth (FBGNC; referent).
Conclusions: Gender nonconforming individuals assigned a female sex at birth appear to have heightened lifetime risk of EDs relative to MTF participants. Further research into specific biologic and psychosocial ED risk factors and gender-responsive intervention strategies are urgently needed. Training clinical providers and ensuring competency of treatment services beyond the gender binary will be vital to addressing this disparity.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5775111/

Defining compulsive exercise in eating disorders: acknowledging the exercise paradox and exercise obsessions
Author: Bratland-Sanda S, Mathisen TF, Sundgot-Borgen J, Rosenvinge JH.
Abstract: Recently Dittmer et al. (JED 6:1-9, 2018). suggested a transdiagnostic definition and a clinical assessment for compulsive exercise in adolescents and adults with eating disorders. In this letter to the editor, we extend the transdiagnostic bridge to the DSM-5-criteria for obsessive-compulsive disorders and hence raise the issue of exercise obsession without compulsive exercise actions. We argue that, at least among persons with bulimia nervosa or binge eating disorders, a belief in the need to exercise to control food, weight and shape, does not necessarily imply that the actual exercise behaviour is excessive in nature. In our opinion, the high scores displayed on compulsive exercise screening instruments is therefore an exercise paradox. This paradox may call attention to the fact that because such obsessions can impair quality of life, they need to be addressed in the clinical evaluation and treatment. Therefore, we suggest adding "exercise obsession" as a fourth subtype of compulsive exercise.
https://www.ncbi.nlm.nih.gov/pubmed/?term=Defining+compulsive+exercise+in+eating+disorders%3A+acknowledging+the+exercise+paradox+and+exercise+obsessions#

Recovery as an “Act of rebellion”: a qualitative study examining feminism as a motivating factor in eating disorder recovery
Author: Katherine Venturo-Conerly Akash Wasil Rebecca Shingleton & John Weisz
Source: Eating Disorders Journal of Treatment & Prevention 02 April 2019
Abstract: Patients with eating disorders (EDs) often feel ambivalent about recovery, and motivation-enhancement interventions are ineffective for many patients. Identifying new targets for motivational interventions may be
particularly valuable. We interviewed 13 recovered ED patients to identify factors that motivated recovery, applying thematic analysis to identify central themes. Here we discuss exploratory findings about one theme from these interviews: the role of feminist ideas in ED recovery. Forty-six percent (n = 6) of our participants reported that feminist themes helped them recover. Participants described understanding harmful cultural forces (e.g., weight-related stigma), developing strategies to fight these forces (e.g., challenging stigmatizing language), engaging with feminist texts, hearing about feminist ideas from clinicians, and forming relationships with female role models. Interestingly, participants did not all refer to their experiences as “feminist,” and one rejected the label. Our exploratory findings indicate that feminist ideas can motivate ED recovery, suggesting directions for future research.


The Role of Occupational Therapy in the Treatment of Adolescents with Eating Disorders as Perceived by Mental Health Therapists

Author: Elizabeth Kloczko, Moses N. Ikiugu
Source: Occupational Therapy in Mental Health, Volume 22, 2006 - Issue 1
Abstract: The purpose of this study was to explore occupational therapists' perceptions of how they contribute or may contribute to the treatment of adolescents with eating disorders. A naturalistic type inquiry with a phenomenological design was used to complete the study. Three occupational therapists (OTs) participated in the study. The findings of the study indicated that OTs saw their role in the treatment of adolescents with eating disorders as consisting of functioning in a multidisciplinary team setting, addressing co-morbid problems associated with eating disorders, using occupational therapy (OT) interventions to enable clients to cope with and manage symptoms, and using therapeutic relationships in their interventions.
https://www.tandfonline.com/doi/abs/10.1300/J004v22n01_05

Steps of care for adolescents with anorexia nervosa-A Delphi study.

Author: Buchman S, Attia E, Dawson L, Steinglass JE.
Abstract: OBJECTIVE: Anorexia nervosa (AN) commonly develops during adolescence. Existing literature offers some treatment guidelines, but clear clinical criteria for initial recommendations and steps of care are needed. The aim of the present study was to develop expert consensus for a stepped-care algorithm for treatment of adolescents with AN.
METHOD: The Delphi approach was used to identify clinical parameters that guide initial treatment recommendations and recommendations for transitions between levels of care. The Delphi approach provides a useful expert consensus when empirical data are limited. Individuals with at least 10 years of experience in the field of adolescent AN and membership in one of three professional organizations were recruited. Twenty-five panelists participated in three rounds of iterative online questionnaires.
RESULTS: Consensus was achieved on several features of a treatment algorithm. Hospitalization is recommended when medical instability, suicidality, or acute food refusal are present at any point in treatment. Family-based treatment (FBT) is recommended as the first-line treatment, with a few exceptions. Consensus was not reached on when to transit from a higher level of care to a lower level of care.
DISCUSSION: Expert opinion was used to develop a consensus-based algorithm for care of adolescents with AN. Future research is needed to test whether these recommendations can be used to optimize outcomes for adolescents with AN.
https://www.ncbi.nlm.nih.gov/pubmed/?term=Steps+of+care+for+adolescents+with+anorexia+nervosa%E2%80%94+A+Delphi+study

Radcliffe ARFID Workgroup: Toward operationalization of research diagnostic criteria and directions for the field.

Author: Eddy KT, Harshman SG, Becker KR et al
Abstract: OBJECTIVE: Since its introduction to the psychiatric nomenclature in 2013, research on avoidant/restrictive food intake disorder (ARFID) has proliferated highlighting lack of clarity in how ARFID is defined.

METHOD: In September 2018, a small multi-disciplinary pool of international experts in feeding disorder and eating disorder clinical practice and research convened as the Radcliffe ARFID workgroup to consider operationalization of DSM-5 ARFID diagnostic criteria to guide research in this disorder.

RESULTS: By consensus of the Radcliffe ARFID workgroup, ARFID eating is characterized by food avoidance and/or restriction, involving limited volume and/or variety associated with one or more of the following: weight loss or faltering growth (e.g., defined as in anorexia nervosa, or by crossing weight/growth percentiles); nutritional deficiencies (defined by laboratory assay or dietary recall); dependence on tube feeding or nutritional supplements (≥50% of daily caloric intake or any tube feeding not required by a concurrent medical condition); and/or psychosocial impairment.

CONCLUSIONS: This article offers definitions on how best to operationalize ARFID criteria and assessment thereof to be tested in existing clinical populations and to guide future study to advance understanding and treatment of this heterogeneous disorder.


Impact of expanded diagnostic criteria for avoidant/restrictive food intake disorder on clinical comparisons with anorexia nervosa.


Author: Becker KR, Keshishian AC, Liebman RE

Abstract: OBJECTIVE: Avoidant/restrictive food intake disorder (ARFID) and anorexia nervosa (AN) are restrictive eating disorders. There is a proposal before the American Psychiatric Association to broaden the current DSM-5 criteria for ARFID, which currently require dietary intake that is inadequate to support energy or nutritional needs. We compared the clinical presentations of ARFID and AN in an outpatient sample to determine how a more inclusive definition of ARFID, heterogeneous for age and weight status, is distinct from AN.

METHODS: As part of standard care, 138 individuals with AN or ARFID completed an online assessment battery and agreed to include their responses in research.

RESULTS: Individuals with ARFID were younger, reported earlier age of onset, and had higher percent median BMI (%mBMI) than those with AN (all ps < .001). Individuals with ARFID scored lower on measures of eating pathology, depression, anxiety, and clinical impairment (all ps < .05), but did not differ from those with AN on restrictive eating (p = .52), and scored higher on food neophobia (p < .001).

DISCUSSION: Allowing psychosocial impairment to be sufficient for an ARFID diagnosis resulted in a clinical picture of ARFID such that %mBMI was higher (and in the normal range) compared with AN. Differences in gender distribution, age, and age of onset remained consistent with previous research. Both groups reported similar levels of dietary restriction, although ARFID can be distinguished by relatively higher levels of food neophobia. Currently available measures of eating pathology may capture certain ARFID symptoms, but highlight the need for measures of impairment relative to ARFID.


Adapting Dialectical Behavior Therapy For Outpatient Adult Anorexia Nervosa—A Pilot Study

Author: Eunice Y. Chen, Kay Segal, R. Lynch


Abstract: OBJECTIVE: Anorexia Nervosa (AN) is associated with excessive self-control. This iterative case series describes the augmentation of Dialectical Behavior Therapy (DBT) for outpatient adult AN with skills addressing emotional and behavioral overcontrol. An overly controlled style is theorized to develop from the transaction between an individual with heightened threat sensitivity and reduced reward sensitivity, interacting with an environment reinforcing overcontrol and punishing imperfection.

METHOD: Case Series 1 utilized standard DBT, resulting in retention of 5/6 patients and a body mass index (BMI) effect size increase of d = -0.5 from pre- to post-treatment. Case series 2, using standard DBT augmented with skills
addressing overcontrol, resulted in retention of 8/9 patients with an effect size increase in BMI at post-treatment that was maintained at 6- and 12-months follow-up (d = -1.12, d = -0.87, and d = -1.12).

**DISCUSSION:** Findings suggest that skills training targeting rigidity and increasing openness and social connectedness warrant further study of this model and treatment for AN.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5670741/

**Radically Open Dialectical Behavior Therapy (RO DBT) for Anorexia Nervosa: Clinical Applications in a Nutshell**

**Author:** Dr. Julianna Gorder

**Source:** Eating Disorders Resource Catalogue, January 4 2019

**Abstract:** RO DBT is a transdiagnostic treatment model for disorders of overcontrol (OC), which is supported by over 20 years of research. RO DBT has demonstrated efficacy in the treatment of refractory depression (Lynch et al., 2003, 2007), adults with treatment resistant overcontrol (Keogh et al., 2016), adult anorexia nervosa (AN) (Chen et al., 2015; Lynch et al., 2013), and has also demonstrated promise when applied to the treatment of adolescents with AN (Simic, Stewart, & Hunt, 2016). The purpose of this post is to provide an overview of maladaptive overcontrol and the RO DBT treatment model, discuss how RO DBT has been used as a groundbreaking treatment for AN, and highlight several unique aspects that are particularly helpful to emphasize when learning this treatment.

https://www.edcatalogue.com/ro-dbth/ro-dbth-anorexia-nervosa-clinical-applications-nutshell/

**Nasogastric Tube Feeding for Individuals With Anorexia Nervosa: An Integrative Review**

**Author:** Kelly, M., Kelly-Weeder, S.,


**Abstract:** BACKGROUND: The use of nasogastric (NG) feeding in individuals with anorexia nervosa (AN) is endorsed by national professional organizations; however, no guidelines currently exist.

**OBJECTIVES:** The objectives of this review were to identify and evaluate outcomes of NG feedings for individuals with AN and to develop recommendations for future research, policy, and practice.

**DESIGN:** An integrative review of the research literature was conducted.

**RESULTS:** Of the 19 studies reviewed, all indicated short-term weight gain following NG feeding. Four studies examined adherence; nearly 30% of subjects were nonadherent as evidenced by tube manipulation. Seven studies reported psychiatric outcomes, suggesting NG feeding reduces eating disorder behaviors but not overall symptomology.

**CONCLUSIONS:** NG feeding promotes short-term weight gain; however, long-term outcomes are poorly understood. Future research, using rigorous methods, is still needed to inform practice.


**Binge-Eating Disorder in Adults: A Systematic Review and Meta-analysis**

**Author:** Kimberly A. Brownley, Nancy D. Berkman, Cynthia M. Bulik,

**Source:** Annals of internal medicine, 165(6), 409–420. doi:10.7326/M15-2455

**Abstract:** The best treatment options for binge-eating disorder are unclear. To summarize evidence about the benefits and harms of psychological and pharmacologic therapies for adults with binge-eating disorder. Cognitive behavioral therapy, lisdexamfetamine, SGAs, and topiramate reduced binge eating and related psychopathology, and lisdexamfetamine and topiramate reduced weight in adults with binge-eating disorder.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5637727/

**Testing a stepped care model for binge-eating disorder: a two-step randomized controlled trial**

**Author:** A Giorgio A. Tasca, Diana Koszycki, Agostino Brugnera, Livia Chyurlia

**Source:** Psychological Medicine, Volume 49, Issue 4 March 2019, pp. 598-606, doi.org/10.1017/S0033291718001277

**Abstract:** A stepped care approach involves patients first receiving low-intensity treatment followed by higher intensity treatment. This two-step randomized controlled trial investigated the efficacy of a sequential stepped care approach for the psychological treatment of binge-eating disorder (BED).

The findings indicated that a second step of a stepped care approach did not significantly reduce binge-eating symptoms beyond the effects of USH alone. The study provided some evidence for the second step potentially to reduce factors known to maintain binge eating in the long run, such as attachment avoidance and interpersonal problems.
Disordered eating and the perinatal period: A systematic review and best evidence synthesis of mental health and psychosocial correlates

Author: Baskin R, Galligan R.

Abstract: OBJECTIVE: This paper systematically reviews the literature to date on the relationship between disordered eating and mental health, psychological and social factors during pregnancy and the post-partum period, as well as the direction of associations.

METHODS: Peer reviewed articles were sourced from seven databases: PsycINFO, CINAHL, Psychology and Behavioural Sciences Collection, Academic Search Complete, Scopus (MEDLINE), Web of Science, and Proquest. A quality review and best evidence synthesis was conducted.

RESULTS: The final review included 11 prospective cohort and 14 cross sectional/retrospective studies. According to a synthesis of findings, a strong level of evidence supports an association between disordered eating during pregnancy and depressive and anxiety symptoms during pregnancy. There was also a limited level of evidence for the association between disordered eating and obsessive-compulsive symptoms during pregnancy and between disordered eating and depressive symptoms during the post-partum period. No directions of associations could be determined.

CONCLUSIONS: On the basis of initial findings, it is recommended that depressive and anxiety symptoms be monitored in conjunction with any disordered eating concerns during perinatal care. Given the significance of the childbearing years to the health and well-being of both mother and infant, further prospective cohort studies in this area are necessitated.

Enteral Nutrition via Nasogastric Tube for Refeeding Patients With Anorexia Nervosa: A Systematic Review

Author: Rizzo, S.M., Douglas, J. W., Lawrence, J.C.

Abstract: Weight restoration is an important first step in treating patients with anorexia nervosa (AN), because it is essential for medical stabilization and reversal of long-term complications. Tube feeding may help facilitate weight restoration, but its role in treatment remains unclear. This study aimed to review the literature describing the efficacy, safety, tolerance, and long-term effects of nasogastric (NG) refeeding for patients with AN. Four electronic databases were systematically searched through May 2018. Boolean search terms included "anorexia nervosa," "refeeding," and "nasogastric tube feeding." Ten studies were eligible for inclusion: 8 retrospective chart reviews, 1 prospective cohort, and 1 randomized controlled trial. Nine of the studies were performed in-hospital. In 8 studies, NG nutrition resulted in an average rate of weight gain exceeding 1 kg/wk. In 4 of 5 studies including an oral-only control group, mean weekly weight gain and caloric intake were significantly higher in tube-fed patients. Six studies provided prophylactic phosphate supplementation, all with <1% occurrence rate of refeeding hypophosphatemia. Seven studies reported on other physiological disturbances, 6 evaluated medical and gastrointestinal side effects, 3 considered psychological outcomes, and 4 assessed patients postdischarge. Results indicated that NG feeding was not associated with an increased risk for adverse outcomes. Overall, in these studies, NG nutrition was considered safe and well tolerated, and effectively increased caloric intake and rate of weight gain in patients with AN. However, results are limited by weaknesses in study designs, and more rigorous methods are needed for development of evidence-based, standardized refeeding protocols.

Avoidant restrictive food intake disorder: First do no harm

Author: Katzman, D.K., Norris, M. L., Zucker, N.
Source: Abstract: OBJECTIVE: This opinion piece offers some considerations, both medical and psychological, for the use of nasogastric tube (NGT) feedings in the treatment of avoidant restrictive food intake disorder (ARFID) in children and adolescents.
METHOD: Although there is empirical support for the use of NGT feedings in the treatment of anorexia nervosa, this evidence base does not exist for the treatment of ARFID. As such, there is need to delineate pragmatic considerations in the use of this procedure.

RESULTS: Issues of medical necessity notwithstanding, we advise that the use of this procedure be considered more cautiously due to the oral sensitivities inherent in many individuals with ARFID and the potential psychological consequences. These sensitivities may make the experience of NGT feedings particularly aversive, with the potential of creating iatrogenic conditioned food aversions.

DISCUSSION: This article encourages clinicians to give careful thought and attention when considering NGT feedings in children and adolescents with ARFID.


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Eating Disorders: Critical Points for Early Recognition and Medical Risk Management in the Care of Individuals with Eating Disorders 3rd Edition 2016
Academy of Eating Disorders Medical Care Standards Committee


Ignoring the alarms: How NHS Eating Disorder services are failing patients
Parliamentary and Health Service Ombudsman
Presented to Parliament pursuant to Section 14(4) of the Health Service Commissioners Act 1993
Ordered by the House of Commons to be printed on 6 December 2017 HC 634


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