A naturalistic study of screening for eating disorder amongst psychiatric patients

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A Naturalistic Study of Screening for Eating Disorders Amongst Psychiatric Patients

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Clinical Challenges

Eating Disorder
Disability
Morbidity & Mortality

Financial Burden
Prolonged Hospitalization

Suicide
Poor Response

Results: Comorbidity

**Risk Factors**

- BMI
- Duration of Illness
- Female Gender
- Comorbidity
- Relationship Break-Up
- Difficulties with Partner
- Legal Problem
- Financial Problems

**EAT-26 Mean Score**

- Mean score: 10
- Male: 3
- Female: 29.8
- Possible EAT > 20: 12.4
- Mean Age: 37.8

**Comorbidity**

- Mood disorder
- Substance abuse
- Anxiety

**Eating Disorder in Psychiatric Patients**

- EAT > 20: 16.5%
- DSM IV Diagnosis: 16.5%
- Electronic Records: 0.4%
- Electronic Records - Bulimia: 2.3%

**Results**

16.5%

Eating Disorders: A Clinical Priority

**Conclusions**

- 60% of Patients with EAT > 20 have a DSM IV Diagnosis of an Eating Disorder
- Patients with the possibility of a Diagnosis of an Eating Disorder (EAT > 20) showed significantly Higher Suicidality than those without it as measured by SIS-MAP brief scanner score (11.1 vs 8.4, p=0.013)

- These patients were having significantly higher suicidality scores and no association with low resilience (CD-RISC Score: n=44, r=0.009, p=0.955)

- Behavioral Traits & Risk Factors of Eating Disorders can be identified

**Incidence (Number & Percentage of Patients Scoring EAT > 20)**

<table>
<thead>
<tr>
<th>EAT &gt; 20</th>
<th>EAT (Mean)</th>
<th>EAT &gt; 20 without DSM IV</th>
<th>EAT &gt; 20 with DSM IV</th>
<th>DSM IV Dx of ED</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EAT &gt; 20</td>
<td>25</td>
<td>20</td>
<td>10</td>
<td>15</td>
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<tr>
<td>n=44</td>
<td>r=0.009</td>
<td>p=0.013</td>
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</table>

Our project is about examining opportunities and barriers for identification and management of Eating Disorders in hospitalized patients. In this study, we examined whether Eating Disorders can be accurately identified by screening the individuals with Psychiatric Disorders.

**Method**

EAT-26 and Assessment for Psychopathology, Suicidality & Resilience using BPRS, HDRS, SIS-MAP-scn & CD-RISC respectively. Data was analyzed by SAS system.

Patients were randomly selected from inpatient & outpatient facilities. Out of 91 subjects, 44 were males and 47 were females.

**Results**

Scores > 20 suggests strong possibility of an Eating Disorder.

**RISK FACTORS**

- **Highest Frequent Responses**

  1. Enjoy trying New rich foods
  2. Cut my food into small pieces
  3. I am preoccupied with desire to be thinner
  4. Feel that food controls my life
  5. Feel that others would prefer if I eat more

Conclusion & Significance:

Policy for patients safety and risk management needs to pay attention to the detection of patients who are either at-risk of or have a diagnosis of an Eating Disorder.

Conclusions:

**OUR STUDY INDICATES:**

- 60% of EAT Positive subjects had confirmed DSM Diagnosis of an Eating Disorder
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**Results**

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Eating Disorders: A Clinical Priority

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