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# A naturalistic study of screening for eating disorder amongst psychiatric patients

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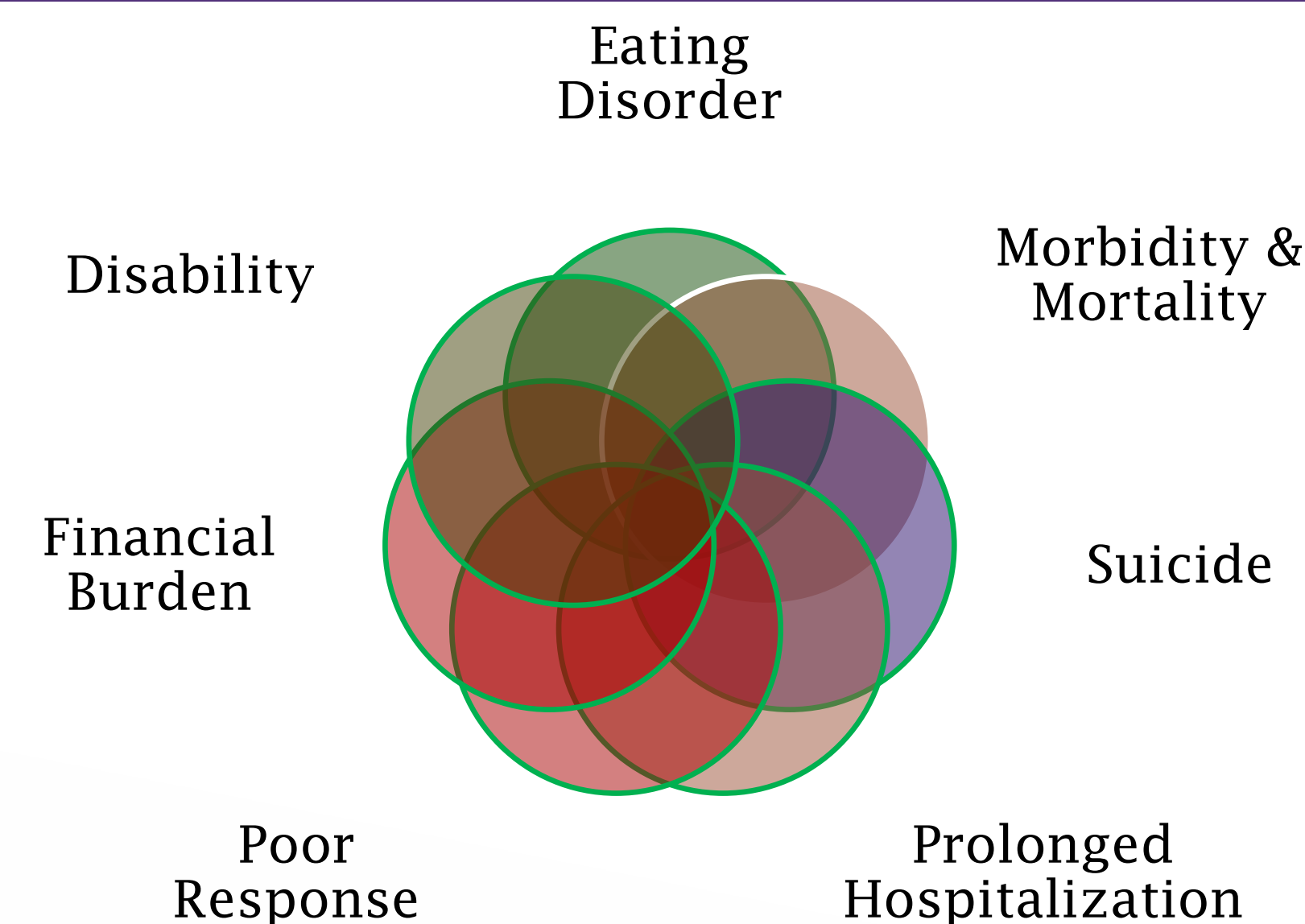
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## Clinical Challenges



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

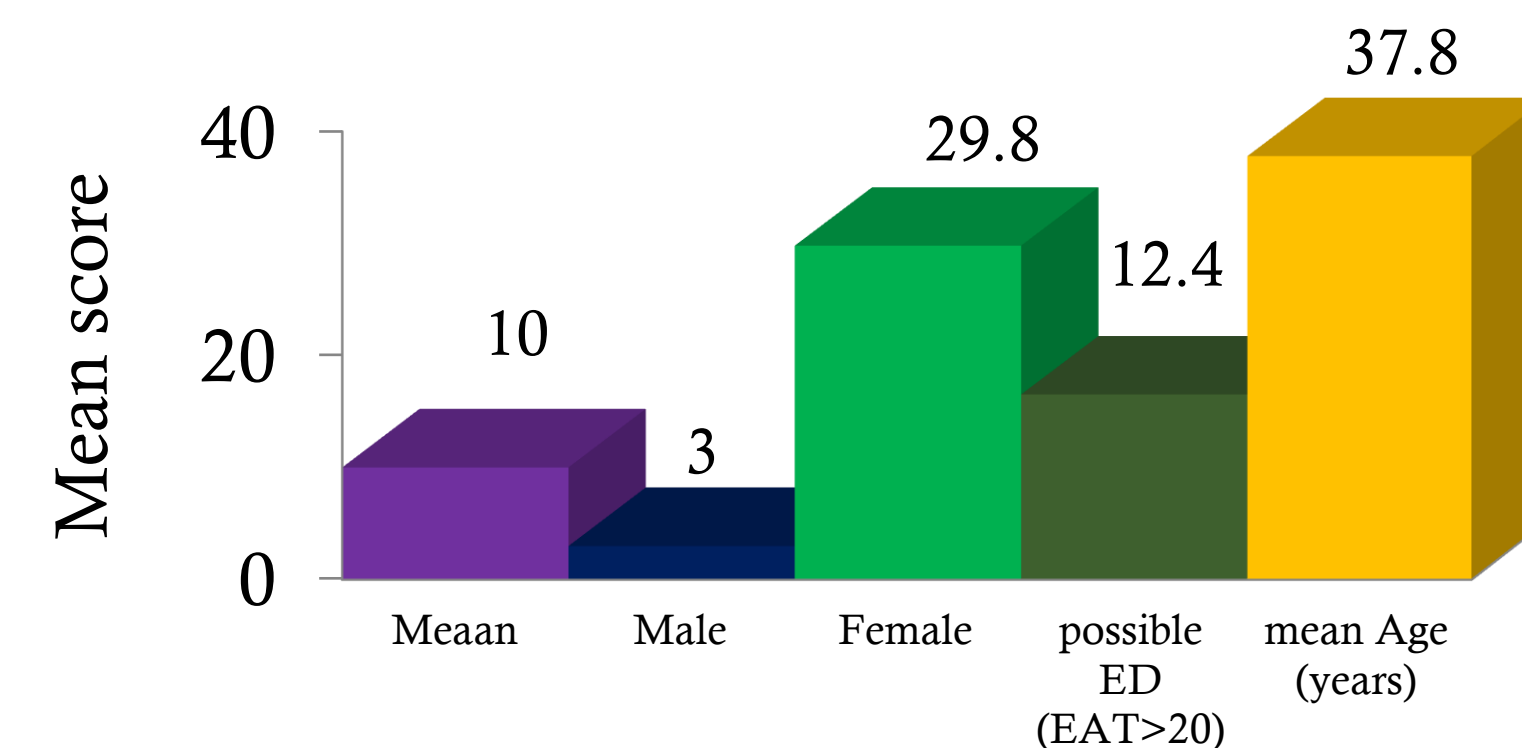
EAT-26 and Assessment for Psychopathology, Suicidality & Resilience using BPRS, HDRS, SIS-MAP-scN & CD-RISC Respectively

Data was analyzed by SAS system

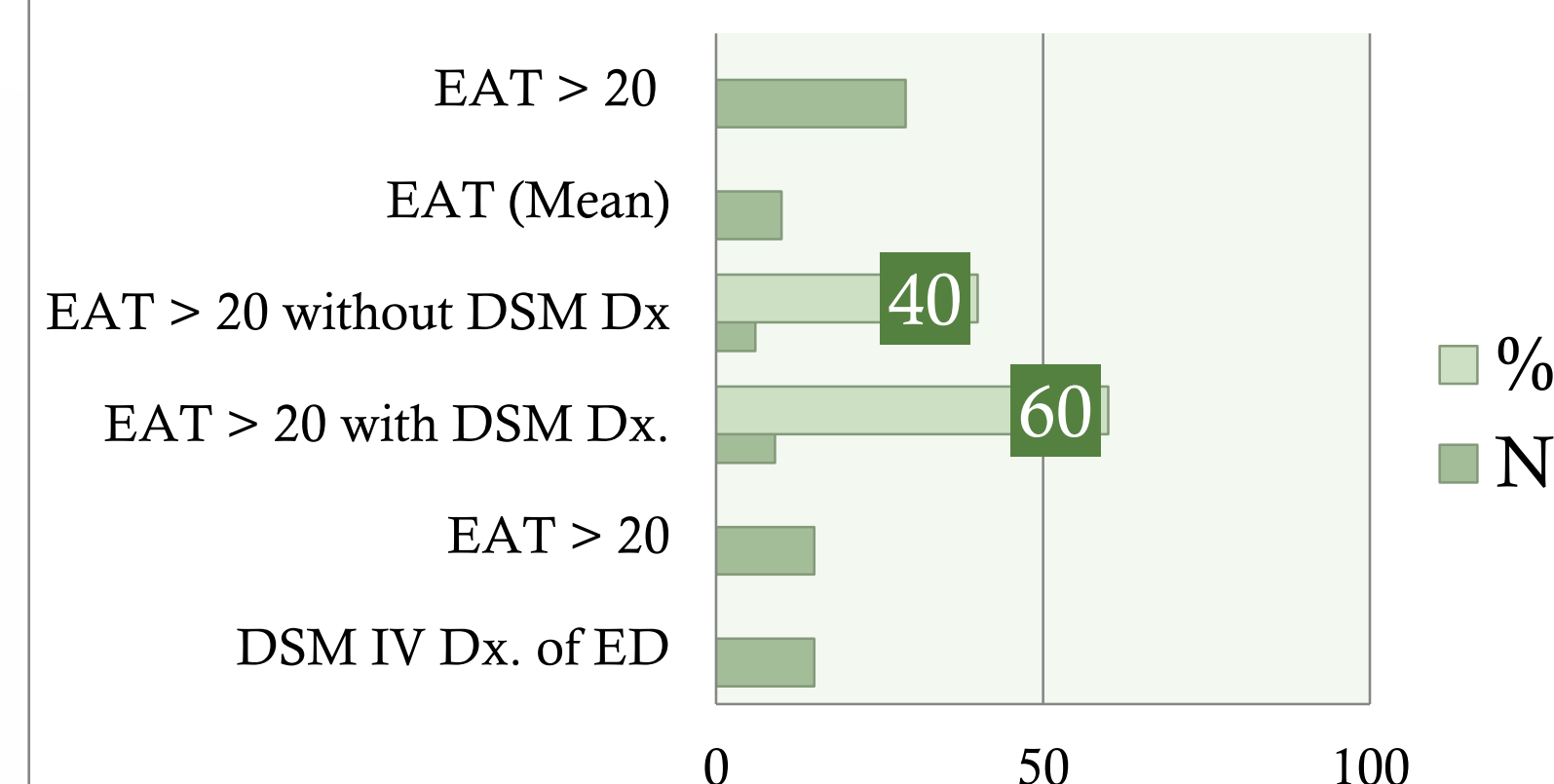
Patients were randomly selected from Inpatient & Outpatient facilities. Out of 91 subjects, 44 were males and 47 were females

## Results

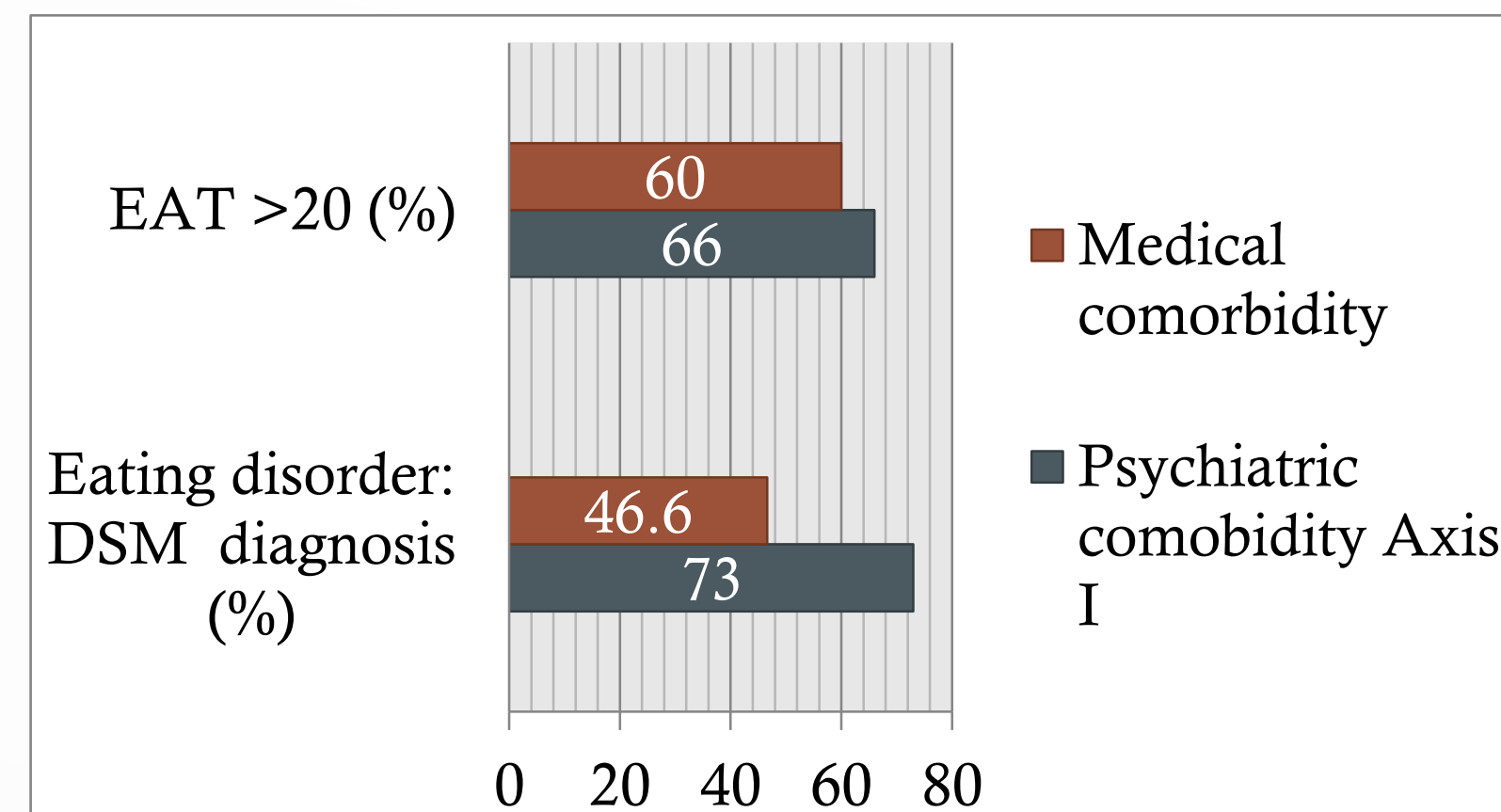
### EAT-26 Mean Score



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

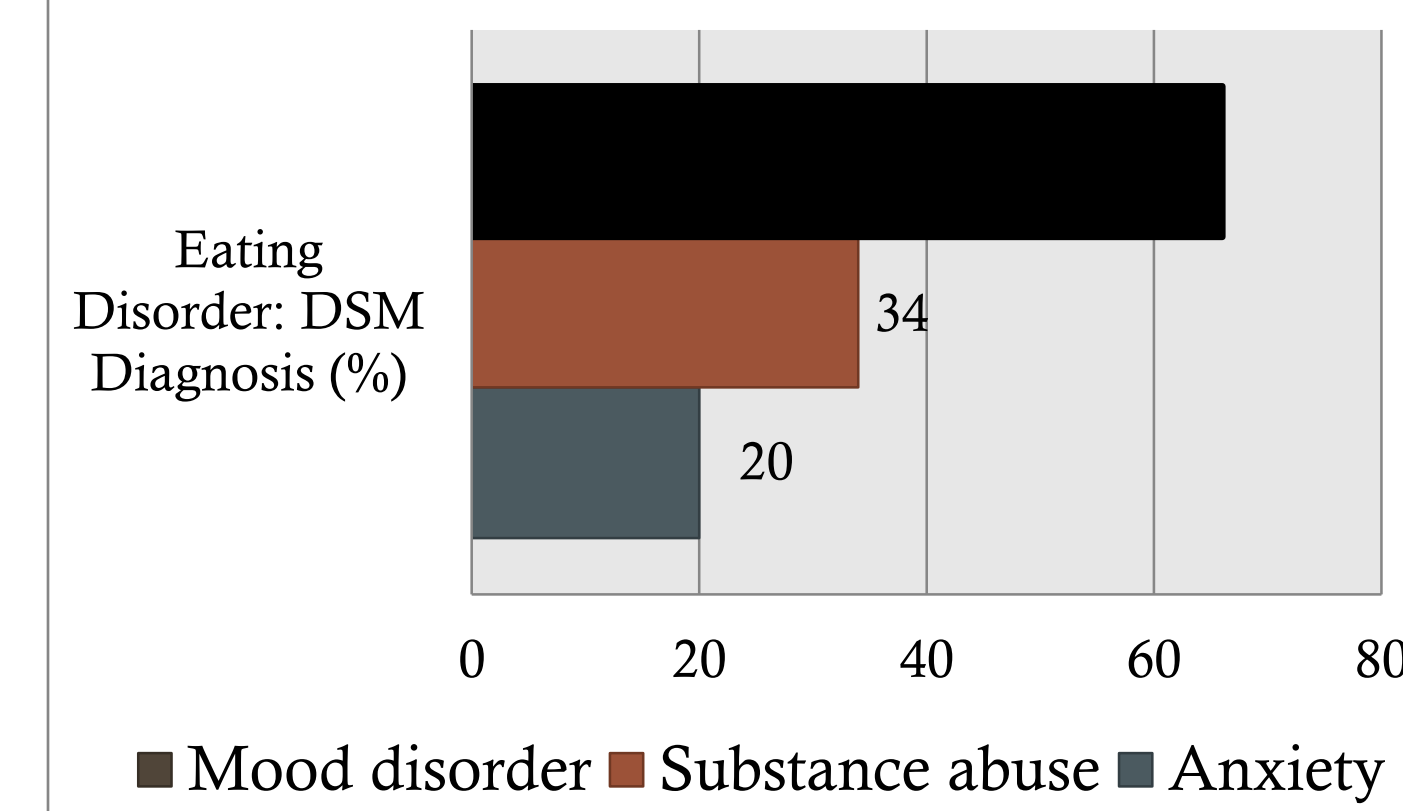


## Results: Comorbidity



Scores > 20 suggests strong possibility of an Eating Disorder

## Comorbidity

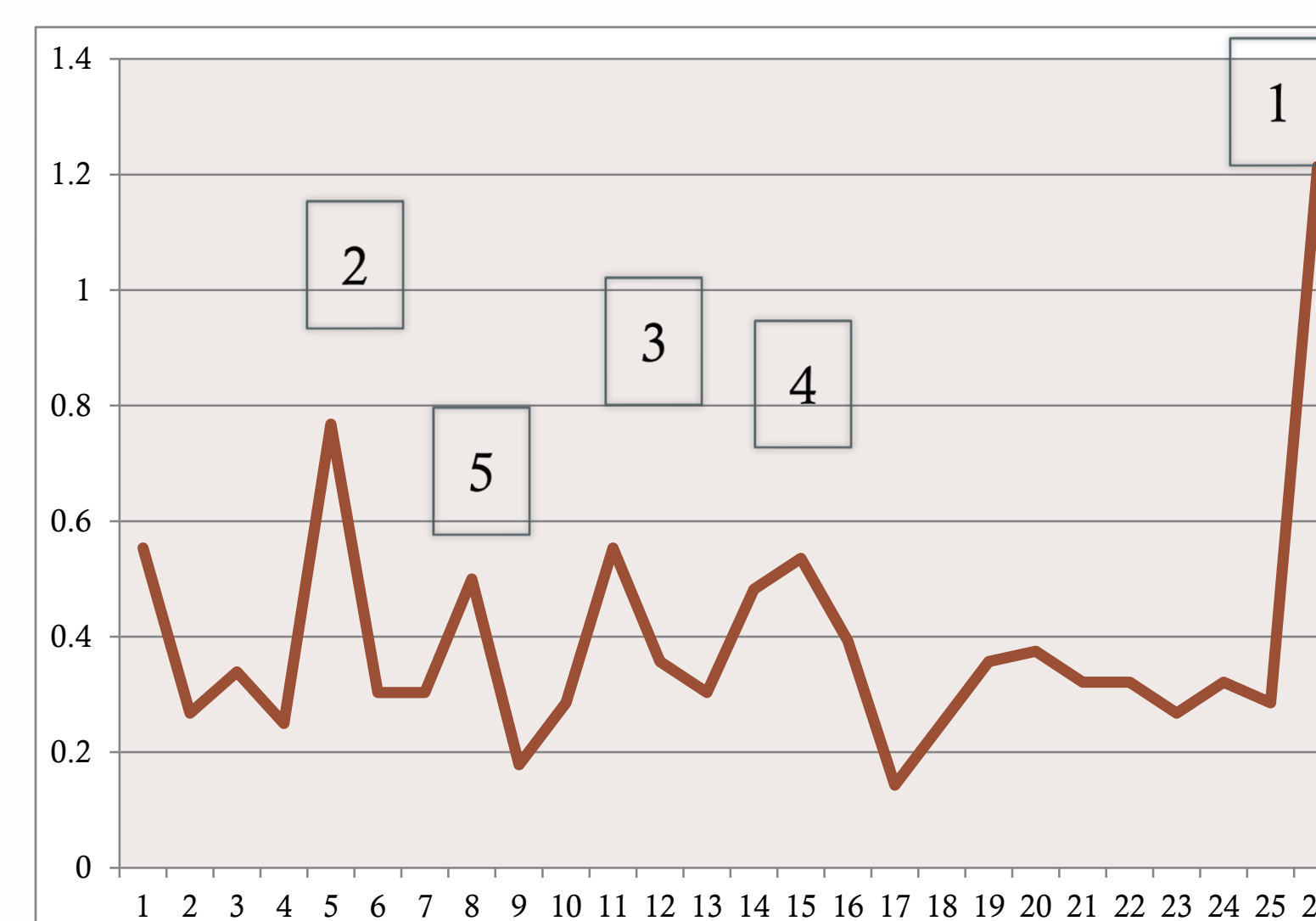


## Eating Disorder in Psychiatric Patients

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

## RISK FACTORS \* P > 0.05

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



## 5 Highest Frequent Responses

26	Enjoy trying New rich foods
5	Cut my food into small pieces
11	I am preoccupied with desire to be thinner
16	Feel that food controls my life
8	Feel that others would prefer if I eat more

## Results

EAT Mean Score is Negatively Correlated with Suicidality, Low health related outcome & Low resilience

16.5% Eating Disorders: EAT>20 (n=15)

60% of Patients with EAT > 20 have a DSM IV Diagnosis of an Eating Disorder

**Eating Disorders:**  
**A Clinical Priority**

## Conclusions

OUR STUDY INDICATES:

- 60% of EAT Positive subjects had confirmed DSM 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

**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**