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
Morbidity & Mortality
Financial Burden
Suicide
Poor Response
Prolonged Hospitalization

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

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

Eating Disorder in Psychiatric Patients

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

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

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