

Early Identification and Management of Eating Disorders in the Primary Care Setting

Eating Disorder Center of Excellence

May 13, 2025
1- 2 PM EST



Eating Disorder
Center of Excellence


Welcome!

Housekeeping Notes


Recording

 This webinar will be recorded. By attending, you consent to being recorded.


Questions

 During the webinar, feel free to submit questions and feedback using the Q&A feature. There will be dedicated Q&A time at the end.

Sound/Video

 Participants will be muted upon entry and videos turned off. For technical assistance, please use the chat.

Presentation Materials

 Participants will receive a link to the presentation slides and a recording via email after the webinar.



DISCLAIMER

The views expressed in this webinar do not necessarily represent the views, policies, and positions of the U.S. Department of Health and Human Services

Our Co-Facilitators



Dr. Jean Doak

Executive Subject Matter Expert

RELEVANT EXPERIENCE

- Clinical Director of the UNC Center of Excellence for Eating Disorders
- Licensed psychologist
- Focused on education, training and clinical practice in adolescent medicine/mental health with a specialization in eating disorders
- Expertise in training, program development, research/practice integration and clinical operations
- Previous experience as the Assistant Professor at Baylor College of Medicine/Texas Children's Hospital and Regional Director at Cleveland Center for Eating Disorders/The Emily Program



Dr. Jeffrey Greenberg

Project Director

RELEVANT EXPERIENCE

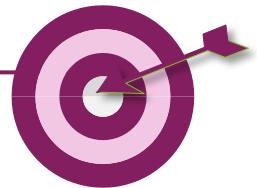



- Clinical psychologist
- Specialized training in PTSD evaluation and treatment
- Experience leading behavioral health initiatives with federal entities such as United States Navy Bureau of Medicine and Surgery (BUMED), Defense Centers of Excellence for Psychological Health and TBI (DCoE), National Center for PTSD, Veterans Health Administration (VHA), and the United States Air Force Medicine
- Experience leading in-person and virtual TTA efforts to implement new behavioral health programs and treatments

Agenda & Learning Objectives

Agenda

1	Introduction & About the ED-CoE
2	Role of Primary & Community Care
3	Quick Facts & Overview of Eating Disorders
4	Patient Journey Scenario in Primary Care Setting
5	3-Step Model: Screening, Identification, & Referral
6	Tools & Tips
7	Recap & Closeout
8	Q&A
9	Resources & Upcoming Events

Objectives

- 
-  Increase awareness of eating disorders and why they are important to understand in a primary care setting
 -  Review the journey through prevention, treatment, and referral to care
 -  Provide tools, resources, and tips to takeaway for real-world application

Our Mission

Serve as the **preeminent federal resource in eating disorders** to advance education, public awareness, prevention, treatment, and recovery.

We will do this by **equipping** healthcare professionals, **educating** unique audiences, **advancing intervention** capabilities, and **accelerating** public health **solutions**.


- ✓ Educational webinars
- ✓ Engaging peer-to-peer communities
- ✓ Tailored resources
- ✓ Comprehensive website




Which of the following statements are true?

Note: More than one statement may be true

- A** Very few males develop eating disorders
- B** Eating disorders have the second highest mortality rate of all behavioral health conditions
- C** People with eating disorders can appear physically healthy and within weight recommendations
- D** Eating disorders are cured following inpatient care
- E** Primary care clinics are important to prevention, early identification, and early intervention for eating disorders



What are you excited to learn about today?



A

Eating disorder facts and myths

B

Eating disorder diagnoses and presentations

C

Treatment for eating disorders

D

Screening Brief Intervention and Referral for Treatment (SBIRT)

E

All the above!

Our Presenter



Lesley Williams, M.D

Family Physician

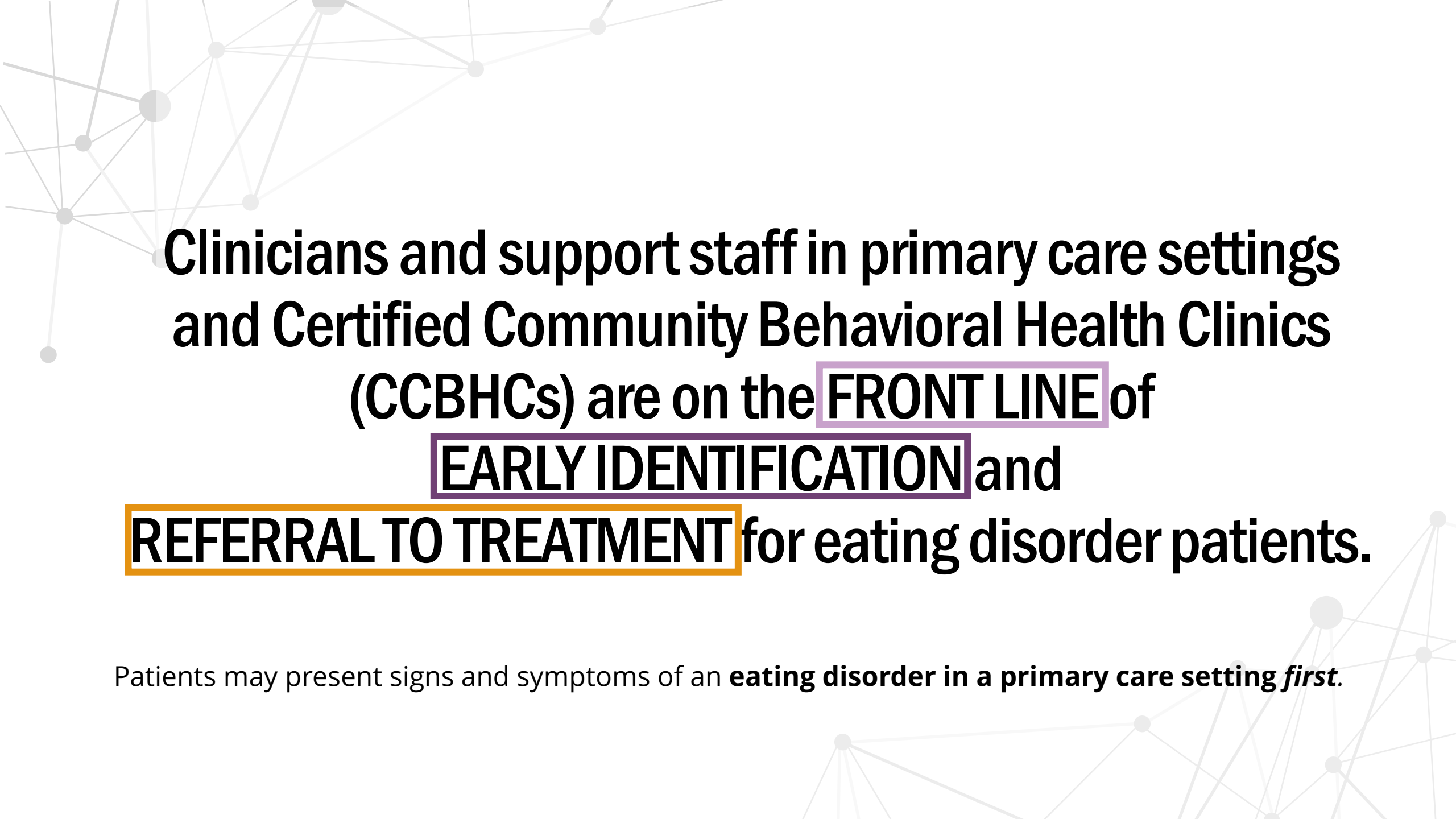
Biography

Dr. Williams is a board-certified Family Medicine physician and eating disorders expert. She received her medical degree from the University of Kentucky College of Medicine and completed her family medicine residency at the Mayo Clinic in Arizona.

Dr. Williams gives national and international lectures on various topics related to eating disorders and is recognized as a clinician leader in the field. Dr. Williams serves on the Academy for Eating Disorders executive board of directors. Her professional passions include midlife care for women, health equity advocacy and weight inclusivity education. She is the award-winning author of the children's book, *Free to Be Me: Self Love For All Sizes* and contributing author to *How to Nourish Yourself Through an Eating Disorder*.

**Your
Understanding,
Involvement, and
Advocacy is Vital
to Addressing
Eating Disorders**



A decorative background consisting of a network of grey lines and dots, resembling a molecular or social network, is positioned in the top-left and bottom-right corners of the slide.

Clinicians and support staff in primary care settings and Certified Community Behavioral Health Clinics (CCBHCs) are on the **FRONT LINE of **EARLY IDENTIFICATION** and **REFERRAL TO TREATMENT** for eating disorder patients.**

Patients may present signs and symptoms of an **eating disorder in a primary care setting *first***.

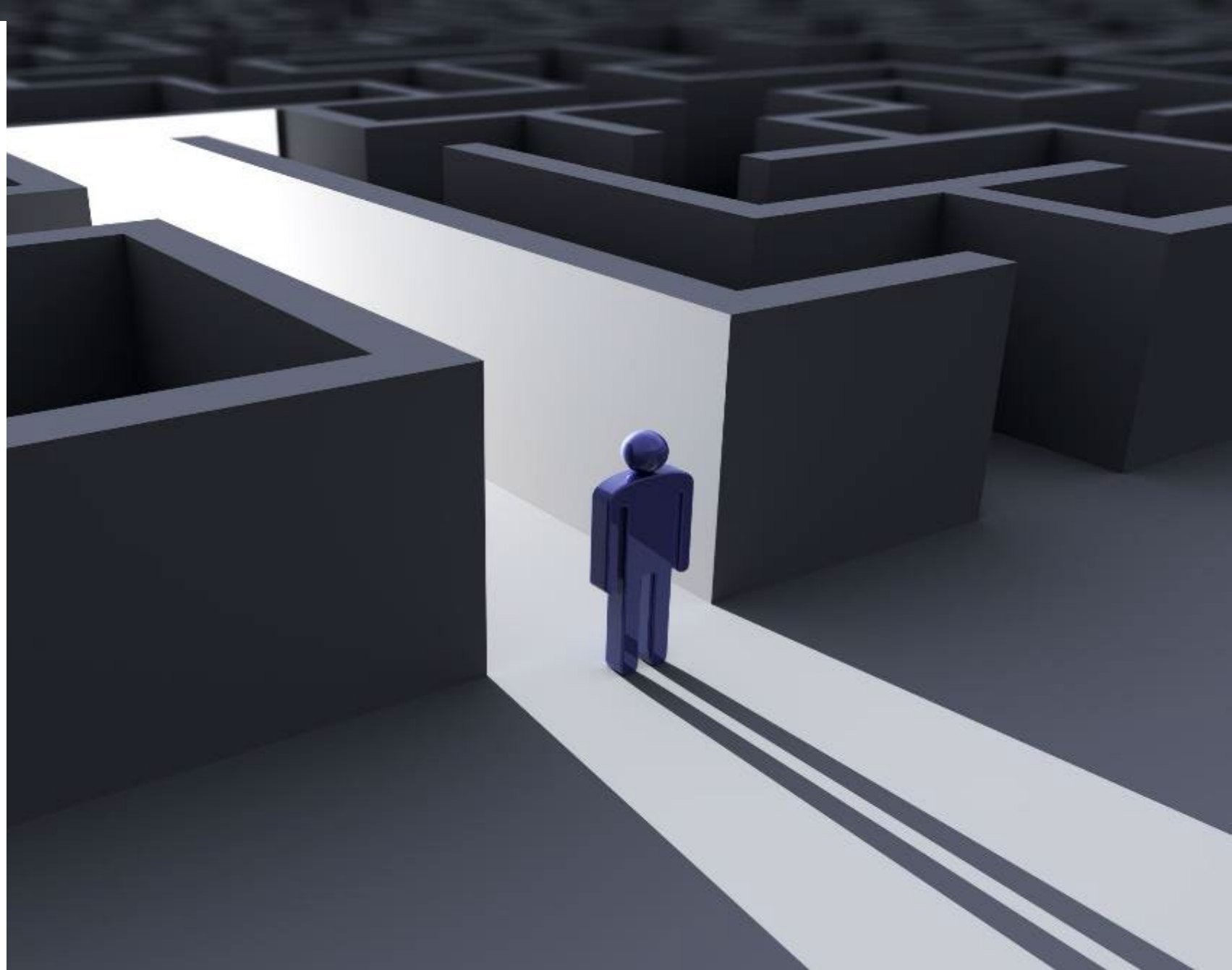
What You Need to Know about Eating Disorders



Eating Disorder Quick Facts



Eating disorders result in over **10,000 deaths** (1 death every 52 minutes) **annually**





Eating disorders
have the **2nd**
highest mortality
rate of any
psychiatric illness

**9% of the
U.S.
Population
will have an
eating
disorder in
their lifetime**





Only about
20% of those
with an eating
disorder ever
receive
treatment

Eating Disorders are Extremely Costly

\$64.7B

annual cost

\$209.7M


spent on 33,560
inpatient
hospitalizations


\$29.3M

spent on 53,913
emergency room
visits


All statistics are based on cost in the U.S. from October 2018-September 2019


8 Myths about Eating Disorders


 People at normal body weight **cannot** have an eating disorder


 Eating disorders are **about vanity or getting attention**

 Young people **grow out of** having an eating disorder

 People with eating disorders are **punishing parents or loved ones**

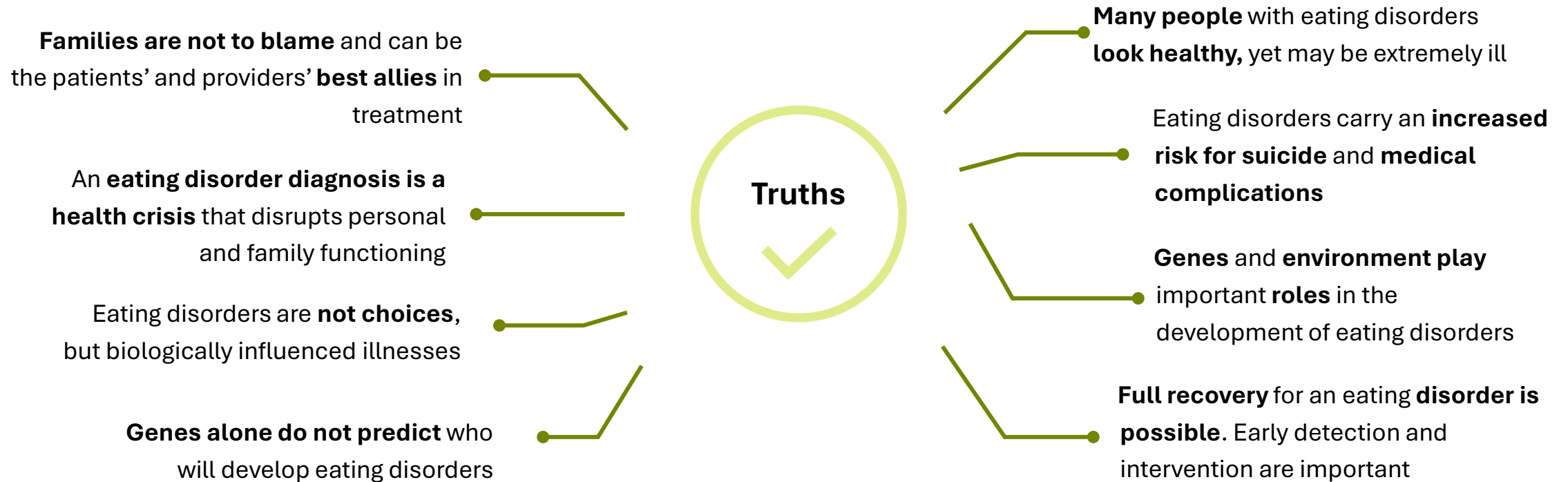
 Getting healthy is **just about eating more or less**

 Eating disorders are a **lifestyle choice**

 After inpatient care, people with eating disorders are **cured**

 **Parents cause** eating disorders

8 Truths about Eating Disorders



Patient Journey with Eating Disorders in a Primary Care Setting



Example Patient Scenario

Patient Background

- **Height/Weight:** 5'4", 190lbs
- **Demographic:** 38-year-old woman
- **Profession:** Works in a higher-level administrative position for a large community organization
- **Medical History:** Treated for hypertension and high cholesterol for the last 5 years

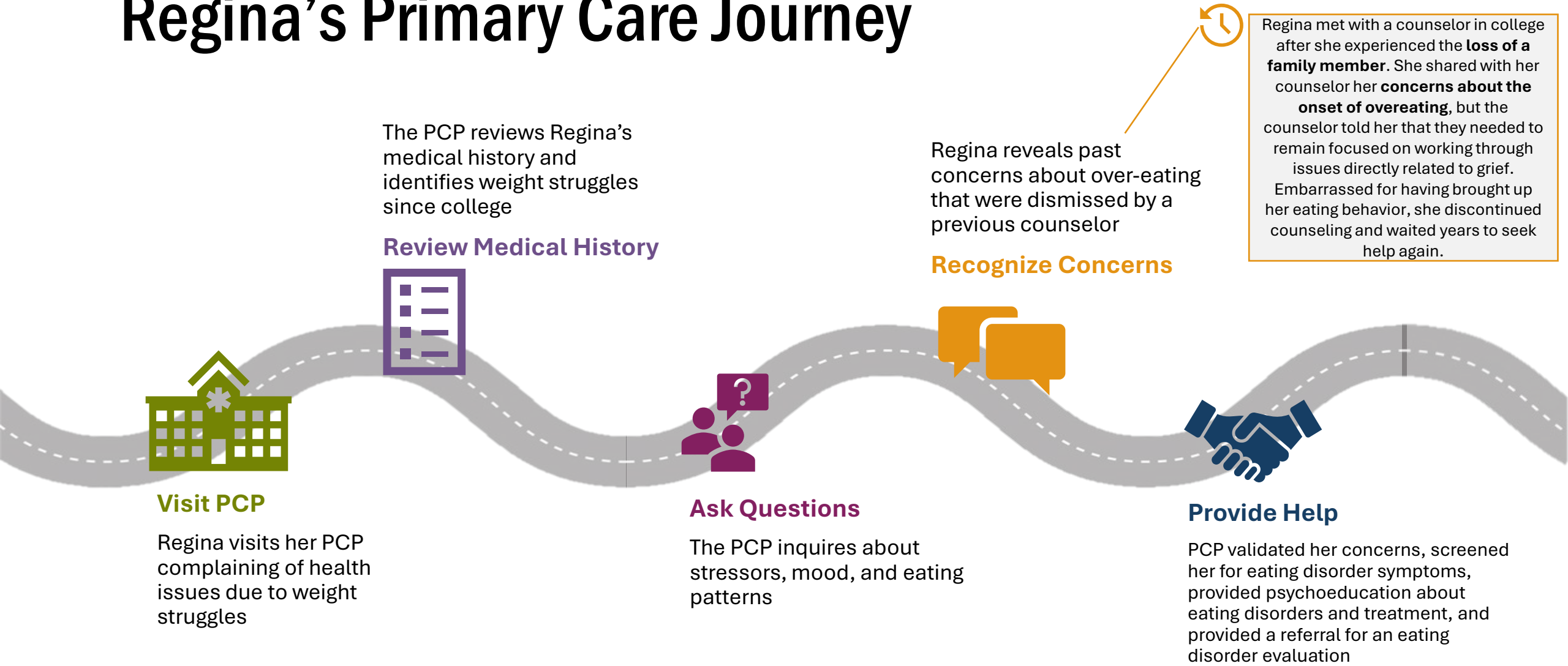
Regina



Current Medical Situation

- **Back & Knee Pain:** Complaining of back and knee pain due to her excess weight with unsuccessful attempts to follow previous medical recommendations of eating less and exercising more
- **Signification Weight Changes:** Identified weight changes since Regina was in college. Regina recalled weighing approximately 135lbs at the start of college and weighing 160lbs by graduation. Since college, she reported struggling with weight fluctuations and/or weight gain

Regina's Primary Care Journey



The PCP reviews Regina's medical history and identifies weight struggles since college

Review Medical History



Visit PCP

Regina visits her PCP complaining of health issues due to weight struggles

Regina reveals past concerns about over-eating that were dismissed by a previous counselor

Recognize Concerns



Ask Questions

The PCP inquires about stressors, mood, and eating patterns



Regina met with a counselor in college after she experienced the **loss of a family member**. She shared with her counselor her **concerns about the onset of overeating**, but the counselor told her that they needed to remain focused on working through issues directly related to grief. Embarrassed for having brought up her eating behavior, she discontinued counseling and waited years to seek help again.



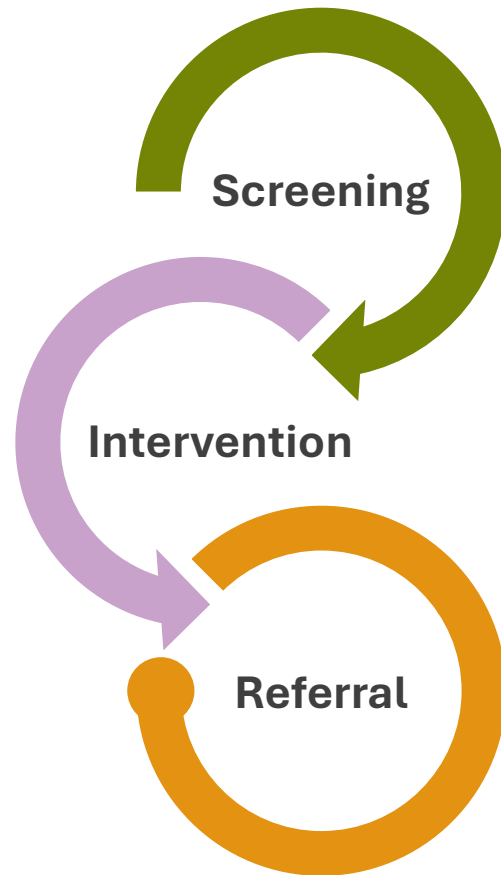
Provide Help

PCP validated her concerns, screened her for eating disorder symptoms, provided psychoeducation about eating disorders and treatment, and provided a referral for an eating disorder evaluation

As a result, Regina **received the appropriate level of care** and **expressed relief** that her concerns are “not just a lack of will power” but is something that is treatable.



Using a 3-Step Model to Kick-Start Treatment



Primary and Community-Based Care may be the **first step in a patient's pathway** to treatment making it critical for clinicians and support staff to understand **common types of eating disorders**, what **signs and symptoms** to look for, and **how to screen** for eating disorders

- Awareness
- Prevention



Primary and Community-Based Care may be on the frontlines of initiating treatment with patients and need to know **how to discuss** eating disorders with patients, different **treatment options**, and the underlying **goals of treatment**

- Addressing EDs
- Treatment options
- Treatment goals



Primary and Community-Based Care may not be able to adequately treat certain patients depending on the severity of their eating disorder. They need to know **when patients need to be referred** and the **process to refer patients to specialists**

- Referral process

Screening



Screening for Eating Disorders in your Practice

Establishing a **baseline understanding** of eating disorders and what to look for will allow you to **implement a screening process** to **promote early identification**



Ask: Know the **right questions** to start asking



Diagnose: Understand if a patient **meets criteria** for an eating disorders



Assess: Understand the severity to identify the appropriate **level of treatment**

Know the Common Types of Eating Disorders*

Other Specified Feeding and Eating Disorder (OSFED)

An eating disorder that does not meet full criteria for one of the other categories but involves specific disordered eating behaviors such as restricting intake, purging and/or binge eating as key features

Binge-Eating Disorder (BED)

Defining feature is eating an unusually large amount of food accompanied by a sense of loss of control

Anorexia Nervosa (AN)

Defining feature is intense fear of gaining weight and restriction of energy intake leading to significantly lower weight or precipitous weight loss

Bulimia Nervosa (BN)

Defining feature is binge-eating episodes and recurrent inappropriate compensatory behavior (ICB)

Avoidant/Restrictive Food Intake Disorder (ARFID)

Defining feature is an eating or feeding disturbance manifested by persistent failure to meet appropriate nutritional and/or energy needs

*List is not exhaustive, refer to DSM-5-TR in resource list for more information







Be Aware of the Warning Signs & Risk Factors

COMMON WARNING SIGNS

- Frequently talking about food, weight, and shape
- Dramatic weight gain or loss
- Abuse of diet pills, laxatives, diuretics, or emetics
- Denial of severity of illness despite the concern of others
- Medical complications: dizziness, fainting, bruising, hair loss, brittle hair, osteoporosis, diarrhea, constipation, dental problems
- Purging, restricting, binge eating, or compulsive eating
- Eating in secret, hiding food, disrupting meals, feeling out of control with food
- Excessive or compulsive exercise patterns



INDIVIDUAL RISK FACTORS

-  Patients in **key transition periods**
-  Adolescents (12-25 years)
-  Patients with medical morbidity
-  Athletes
-  Patients with family history of eating disorders
-  Veterans

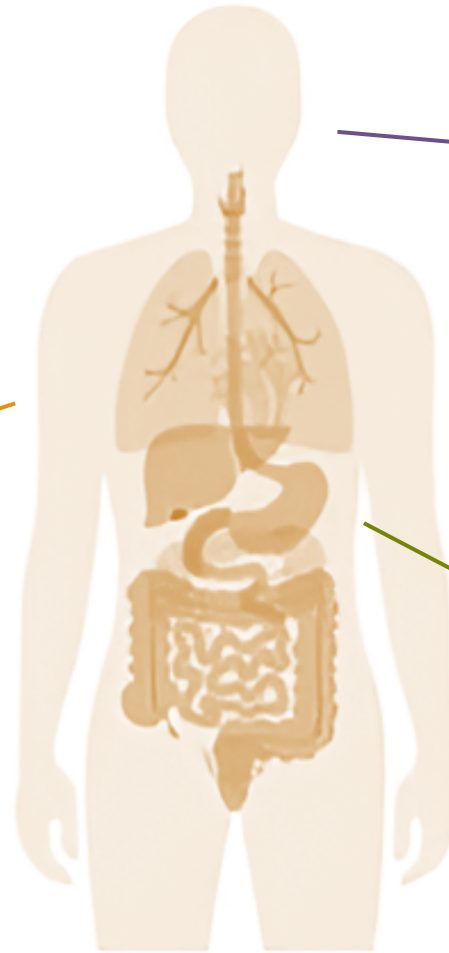
Recognize Common Symptoms (1/2)

General

- Marked weight loss, gain, fluctuations or unexplained change in growth curves or BMI percentiles in a child or adolescent who is still growing and developing
- Weakness
- Fatigue and reduced energy
- Cold intolerance, including hypothermia (low body temperature), general chilliness, or cool hands and feet which may or may not manifest a blue or purple color
- Presyncope (dizziness)
- Syncope (fainting)

Cardiorespiratory

- Chest pain
- Heart palpitations and cardiac arrhythmias
- Bradycardia (low heart rate at rest)
- Hypotension (low blood pressure)
- Dyspnea (shortness of breath)
- Edema (swelling)



Ear/Nose/Throat/Eyes

- Oral trauma, lacerations, petechiae on back of throat
- Perimyolysis (dental erosion on lingual and occlusal tooth surfaces) and dental caries (cavities)
- Parotid gland enlargement and pain
- Cheilosis (cracked, sore skin at the corners of the mouth)
- Dry eyes, blurred vision
- Difficulty swallowing dry foods or liquids

Gastrointestinal & Genitourinary

- Epigastric discomfort
- Abdominal bloating
- Early satiety (fullness) and nausea
- Gastroesophageal reflux (heartburn)
- Hematemesis (blood in vomit)
- Hemorrhoids and rectal prolapse
- Constipation

Recognize Common Symptoms (2/2)

Endocrine

- Shakiness, weakness, sweating, chest pressure, confusion, or nausea, which may signal hypoglycemia (a significant cause of death in eating disorders); hypoglycemia may also be asymptomatic
- Amenorrhea or oligomenorrhea (absent or irregular menses)
- Low sex drive (related to suppressed sex hormone production of estrogen/testosterone)
- Bone fractures, including stress fractures due to low bone mineral density/osteoporosis
- Infertility



Neuropsychiatric

- Depressive/Anxious/Obsessive/Compulsive symptoms and/or behaviors
- Poor concentration or memory loss
- Self-harm
- Suicidal thoughts, plans or attempts
- Reduced flexibility, creativity, spontaneity, with increasing rigidity around social engagements and mealtimes
- Seizures
- Substance use or abuse
- Insomnia

Dermatologic

- Lanugo hair growth
- Russell's sign (calluses or scars on the back of the hand associated with self-induced vomiting)
- Carotenoderma (yellowish discoloration of skin)
- Poor wound healing
- Dry, brittle hair and nails
- Fragile, dry skin that bruises or tears easily
- Sores or bruises over bony prominences
- Hair loss

Intervention



Intervention & Treatment Goals

There are 4 core, goals of treatment for all patients with eating disorders

1 Medical Treatment

- Management of acute and chronic medical conditions (medical stabilization)
- Spontaneous (not hormonally induced) resumption of menses (where appropriate), or resumption of appropriate pubertal progression and gonadal hormone levels

2 Nutritional Rehabilitation

- Weight restoration
- Restore meal patterns that promote health and social connections
- Broaden food repertoire and macronutrient balance

3 Normalization of Eating Behavior

- Cessation of restrictive or binge eating and/or purging behaviors
- Elimination of disordered or ritualistic eating behaviors
- Eating without over-concern about foods; elimination of fears around eating

4 Psychosocial Stabilization

- Evaluation and treatment of any comorbid psychological diagnoses
- Re-establishment of appropriate social engagement
- Improvement in psychological symptoms associated with ED
- Improved body image

Referral





Referral to Care

Considerations

01

Find the Appropriate Level of Care

Identify if the patient is medically and/or psychologically stable to determine if inpatient versus outpatient care is clinically appropriate

02

Consider Patient Preferences

Understand what would be best for the patient and consider their preferences when choosing referral options (Is care available locally?)

03

Continue Care Coordination

Referral should be part of a broader care plan which plans for transition to inpatient/outpatient with aftercare and return to traditional primary care included

Tools & Tips



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Implement the Screening, Brief Intervention, and Referral to Treatment (SBIRT) Approach

SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services



Screening

Quickly assesses the severity and helps identify the appropriate level of treatment



Brief Intervention

Focuses on increasing insight, awareness, and motivation towards behavioral change



Referral to Treatment

Provides those identified as needing more extensive treatment with access to specialty care

Use SBIRT-ED

The SBIRT approach was adopted to build a screening tool for eating disorders (i.e., SBIRT-ED) that serves as an identification tool for risk of ED and provides information on referral to treatment



Overview

- ✓ Built as a **quick** and **easy tool to use** if symptoms are presented or suspected
- ✓ Uses the value of questions from the Sick-Control-One stone-Fat-Food (SCOFF) screening
- ✓ Includes **embedded scripts for providers** on the results page that provide guidance on the appropriate action
- ✓ Developed to be used with **adult patients**
 - *ED-CoE's goal is to develop a tool for adolescents in the future*

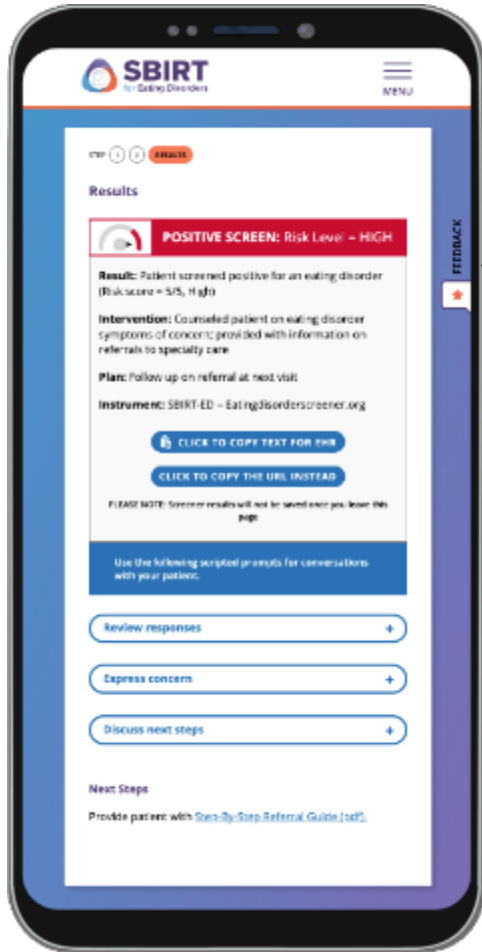


Screening Questions

- 1 Do you make yourself throw up because you feel uncomfortably full?
- 2 Do you worry you have lost control over how much you eat?
- 3 Have you recently lost more than 15 pounds in a 3-month period?
- 4 Do you think you are fat even though others say you are too thin?
- 5 Would you say that food dominates your life?

 *The goal is for all primary and community care providers to utilize SBIRT-ED to screen all adult patients!*

About SBIRT-ED: Results & Guidance



SBIRT-ED is publicly available online

Summary of Results

- Results (i.e., score)
- Recommended intervention
- Recommended plan for next steps

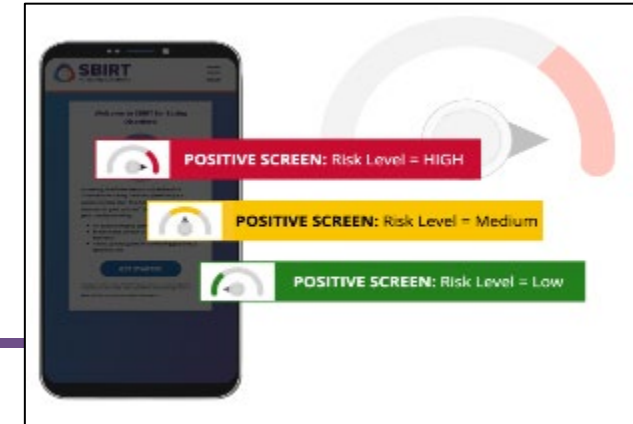
Scripted Prompts

- How to review the responses and results with the patient
- How to express concern by stating potential risks
- What next steps to recommend to the patient

Next Steps

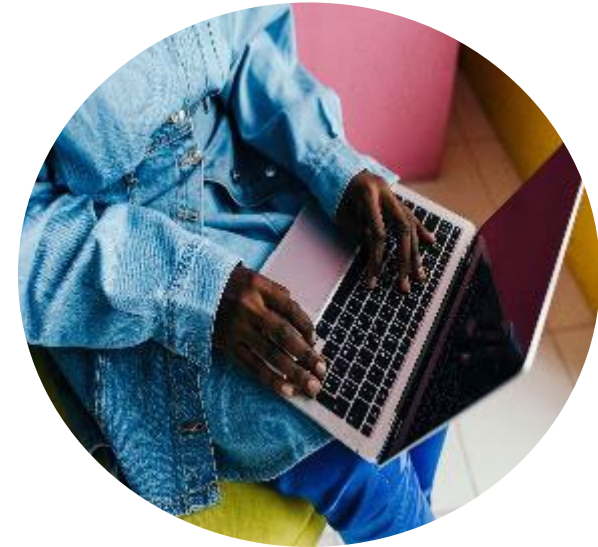
- Referral guide that provides more details on how to find specialized eating disorder treatment

Screening Result Options



Use the link in the chat or scan this QR code to access the tool

For more tools and resources ...



*Check out other
publicly available
resources*

- [National Eating Disorder Association Website](#)
- [Academy for Eating Disorders](#)

Recap & Closeout



Recap of Lessons Learned



Role of Primary & Community Care

Eating disorders may present to primary care providers first so it is important to know how to discuss them



Overview of Eating Disorders

There are many misconceptions and stigma surrounding eating disorders that need to be addressed



Screening, Intervention, and Referral

Early detection and screening for eating disorders initiates the path to recovery by recognizing the signs early and getting patients the proper treatment, including referral to specialists when necessary



SBIRT-ED (Foundational Tool)

The SBIRT-ED should be used to screen for eating disorders and recommends next steps if an eating disorder is detected

PROCESS TO IMPLEMENT IN YOUR PRACTICE

1. **Screen** for ED symptoms using the SBIRT-ED
2. Provide a **brief intervention** and discuss the patient's level of awareness on the topic and willingness to seek additional treatment
3. **Refer** patients to specialized care using the Step-by-Step Guide provided within the SBIRT-ED



Next Steps

1

Continue learning about eating disorders and **seek additional training**

2

Start using the SBIRT-ED in your practice

3

Review other publicly available **resources**

4

Share this information and resources **with your peers**

All of us play a role in increasing awareness and advancing treatment of eating disorders



Please rate your level of agreement with this statement:

“I learned something new about eating disorders.”

- A** Strongly agree
- B** Agree
- C** Neutral
- D** Somewhat disagree
- E** Strongly disagree

Q&A



References

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Thank You




Submit your feedback!

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Eating Disorder
Center of Excellence

Attend SAMHSA's ED-CoE Upcoming Webinars



**Eating Disorders:
The Collaborative
School Community**
1:00-2:00PM EST

**Eating Disorder
Awareness for
School Providers**
1:00-2:00PM EST

**Eating Disorders
and Suicide**
1:00-2:00PM EST

Join the ED-CoE's Peer-to-Peer Learning Community for Clinicians!

Be a leader in advancing eating disorder awareness and care!

About the Program

- Audience:** Tailored for clinicians who provide primary care services
- Purpose:** To learn and exchange experiences from eating disorder experts
- Time:** Four, one-hour facilitated Zoom meetings

Scan this QR code to register!



1. Eating Disorders: Signs and Symptoms

Thursday, June 5th, 2025 – 1:00-2:00PM EST



2. Screening, Brief Intervention, and Referral to Treatment for Eating Disorders (SBIRT-ED)

Thursday, July 17th, 2025 – 1:00-2:00PM EST



3. Brief Intervention for Eating Disorders

Thursday, August 7th, 2025 – 1:00-2:00PM EST



4. Case Consultations

Thursday, September 4th, 2025 – 1:00-2:00PM EST