

# UVM Project ECHO School Nurses: Mental Health in the School Setting

## February 10, 2022

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- RECORDING OF SESSION TO BEGIN

# Agenda

- Introductions
- Objectives
- Didactic Presentation (~20-30 min)
- Case presentation
  - Clarifying questions
  - Participants – then faculty panel
- Discussion
- Recommendations
- Summary
- Closing Announcements
  - Submission of new cases
  - Completion of evaluations



# Series Objectives

**Learning objectives for this ECHO series include the ability to:**

- Apply wellness and self-care techniques to personal and professional life.
- Describe best practices in managing anxiety, psychiatric emergencies, oppositionality and disruptive behaviors, and eating disorders.
- Identify ways to apply strategies learned about caring for mental health in the school setting to school nursing practice.
- Use the resources available in your community in school nursing practice.



# CME Disclosures

University of Vermont (UVM) Office of Continuing Medical and Interprofessional Education (CMIE) is approved as a provider of Continuing Medical Education (CME) by the ACCME. UVM designates this internet live activity for a maximum of 1.5 AMA PRA Category 1 Credits.

**UVM CMIE is accredited by the American Nurses Credentialing Center (ANCC) to provide CE for the healthcare team. This program has been reviewed and is acceptable for up to 1.5 Nursing Contact Hours.**

Participants should claim only the credit commensurate with the extent of their participation in the activity.



# CME Disclosures

**Interest Disclosures:** As an organization accredited by the ACCME to sponsor continuing medical education activities, UVMCMIE is required to disclose any real or apparent conflicts of interest (COI) that any speakers may have related to the content of their presentations.

**Meeting Disclaimer:** Regarding materials and information received during this educational event, the views, statements, and recommendations expressed during this activity represent those of the authors and speakers and do not necessarily represent the views of the University of Vermont.



# Eating Disorders: Brief update

Kathy Mariani, MD MPH  
UVM Larner College of Medicine  
Department of Family Medicine



# Session Objectives

- By the end of this activity, the learners should be able to:
- Have increased confidence recognizing disordered eating patterns in students
- Demonstrate greater familiarity with the various eating disorders and their presentation
- Increase confidence responding when students demonstrate eating disordered behavior



# Issues for School Nurses:

- What are some of the early signs that we might see in the school setting?
- How can we differentiate between unusual food preferences and eating behaviors of concern?
- Are there cultural differences we may see in our populations that could be confused with eating disorders?
- What are the current therapies and what can we do in the school setting to support those therapies?
- What information from the school nurse is helpful to the medical team to support students with eating disorders?



# What is the data?

- Estimated Prevalence for 13-18 year olds:
  - AN-0.3%
  - BN-0.9%
  - BED-1.6% up to possible 2-4%
- Mean age of onset 12.5 years
- Males make up 25% of cases of ED but often undiagnosed
- Second highest mortality rate second to opioid addiction. Crude mortality rates were 4% for anorexia nervosa; 3.9% for bulimia nervosa;
- Suicide Rates possible 1 in five of deaths related to suicide



# Screening for Eating Disorders

- Screening high school students-
  - 1 in 4 female + for at least one symptom
  - 1 in 10 male + for at least one symptom
- All ages, race, and socioeconomic levels at risk
- High risk groups:
  - Sexual minority
  - Transgender up to 16 times higher risk
  - Adolescents with chronic medical diseases such as diabetes
  - Athletes-Relative Energy Deficiency of Sports (new name for Female Athlete Triad)



# Talking about Eating Disorders:

- Consider “recommended weight range” versus Ideal Body Weight
- Weight “restoration” not weight gain
- Blind weight
- Communication with families
- Remember the classic question
  - Is there anything else?



# Diagnosis updates with DSM5

- Addition of Binge Eating Disorder (BED) and Avoidant Restrictive Feed Intake Disorder (ARFID)
- Removal of Eating Disorder Not Otherwise Specified (EDNOS)
- Decrease in frequency of behaviors in criteria for bulimia
- Amenorrhea and specific percentiles removed for diagnosis of anorexia



# Avoidant/Restrictive Feed Intake Disorder (ARFID)

Avoiding and restricting food due to:

- Lack of interest
  - Taste, texture or smell issues with food
  - Fear of food after negative experience such as choking
  - Behavior leads to failure to meet nutritional needs
- 
- As a consequence of restricting, dx requires one of these:
    - Weight loss, poor growth or failure to gain
    - Nutritional deficiency
    - Requires supplement feeding
    - Results in impaired psychosocial function
  - Not due to lack of food available
  - Not due to other mental health or medical condition
  - Not due to anorexia, bulimia or distorted body image



# ARFID Treatment

- Very difficult to treat, may not respond to typical eating disorder programs
- Family Based Treatment
- Often lack of insight or concern of weight loss (overwhelming fear of eating)
- Dietician often plays role of “coach”
- Team communication very important
- Diagnosis difficult; over exercise may also exist

# Typical student with ARFID:

- Any age
- Not fearful of weight gain
- Not triggered by weight or scale
- Lacks appetite
- Describes fear of eating, fear of choking, takes excessive amount of time to eat
- No excessive exercise
- Classic “picky” eater



# Anorexia Nervosa-DSM-5 Criteria

- Restricted caloric intake relative to energy requirements, leading to significantly low body weight for age, sex, projected growth, and physical health
- Intense fear of gaining weight or behaviors that consistently interfere with weight gain, despite being at a significantly low weight
- Altered perception of one's body weight or shape, excessive influence of body weight or shape on self-value, or persistent lack of acknowledgment of the seriousness of one's low body weight



# Anorexia Nervosa-DSM-5 Criteria

- Subtypes:
  - restricting type (weight loss is achieved primarily through dieting, fasting, and/or excessive exercise. In the previous 3 mo, there have been no repeated episodes of binge eating or purging);
  - binge-eating/purging type (in the previous 3 mo, there have been repeated episodes of binge eating or purging; ie, self-induced vomiting or misuse of laxatives, diuretics, or enemas)



# Anorexia Nervosa-Treatment

- Nutrition and Psychotherapy including family
- Pharmacology
  - Olanzapine off label use evidence helps with weight restoration when not responding to first line
  - SSRI shows no significant benefit in reduction of AN symptoms
  - No benefit of, cyproheptadine, cannabinoids, lithium, zinc, omega-3 fatty acid supplementation, pre-meal benzo and testosterone



# Bulimia

- Repeated episodes of binge eating characterized by both of the following:
  - Within a distinct period of time (eg, 2 h), eating an amount of food that is clearly larger than what most individuals would eat during a similar period of time
  - Repeated use of inappropriate compensatory behaviors
- On average, the binge eating and compensatory behaviors both occur at least once a week for 3 months
- Self-value is overly influenced by body shape and weight

**Mild:** An average of 1 to 3 episodes of inappropriate compensatory behaviors per week.

**Moderate:** An average of 4 to 7 episodes of inappropriate compensatory behaviors per week.

**Severe:** An average of 8 to 13 episodes of inappropriate compensatory behaviors per week.

**Extreme:** An average of 14 or more episodes of inappropriate compensatory behaviors per week.



# Binge Eating Disorder (BED)

- Recurrent episodes of binge eating.
  - within a distinct period of time (eg, 2 h), eating an amount of food that is clearly larger than what most individuals would eat during a similar period of time include 3 or more of the following:
    - eating much more quickly than normal,
    - eating until uncomfortably full,
    - eating large amounts of food when not feeling hungry,
    - eating alone because of embarrassment at how much one is eating,
    - feeling guilty, disgusted, or depressed afterward
- 



# Binge Eating Disorder (BED)

- Marked anguish is experienced regarding binge eating
- On average, the binge eating occurs at least once a week for 3 months
- The binge eating is not associated with the use of inappropriate compensatory behavior as in BN and does not occur only in the context of BN or AN
- Medication treatments may have more evidence than other eating disorders



**Table 1.** Signs and Symptoms of Eating Disorders

Anorexia	Bulimia	Binge Eating Disorder
<p>Thin and continues to get thinner/unable to gain weight (in younger children)</p> <p>Diets even though not overweight</p> <p>Distorted body image</p> <p>Loss of or thinning hair</p> <p>Excessively discussing food, cooking, or dieting</p> <p>Excessively exercises, even when tired or injured</p> <p>Overemphasis of the importance of body image to self-worth</p> <p>Amenorrhea</p> <p>Dizziness</p> <p>Cold intolerance</p> <p>Fatigue/weakness</p> <p>Lanugo</p>	<p>Engages in binge eating</p> <p>Feels often out of control</p> <p>Uses the bathroom frequently after meals</p> <p>Engages in vomiting, laxative, or exercise abuse</p> <p>Reacts to stress by overeating</p> <p>Experiences frequent fluctuations in weight</p> <p>Overvalues weight as a basis for self-esteem</p> <p>Depressive or varying moods</p> <p>Calluses on back of hands</p> <p>Dental enamel erosion</p> <p>Mouth ulcers</p> <p>Abdominal bloating</p> <p>Lethargy/fatigue</p>	<p>Eats large amounts of food when not physically hungry</p> <p>Turns to food as a way of coping with feelings</p> <p>Eats rapidly or excessively throughout the day</p> <p>Eats to the point of feeling uncomfortably full</p> <p>Often eats alone because of shame or embarrassment</p> <p>Shows signs of depression and withdrawal and has extreme feelings of guilt and shame after eating</p> <p>High blood pressure</p> <p>Severe abdominal discomfort</p>

Source: National Association of Anorexia Nervosa and Associated Disorders (2012).

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## Other diagnosis:

- Atypical AN: all of the criteria for AN yet the individual's weight is within or above the normal range despite significant weight loss
- BN or BED (of low frequency and/or limited duration): All of the criteria, but, behaviors occur less than once a week and/or for <3 mo
- Diabulimia- insulin restriction among people with diabetes
- Other specified feeding or eating disorder (OSFED)
- Purging disorder: recurrent purging behavior (eg, self-induced vomiting; misuse of laxatives, diuretics, or other medications) in the absence of binge eating with the intent to influence weight or body shape



# Eating Disorder Complications

- School and Home:
  - Social isolation
  - Family conflict
  - Decreased athletic and academic performance
- Medical:
  - Fluids and electrolytes
  - Psychiatric
  - Neurologic
  - Cardiac
  - Hematologic

# Out-Patient Treatment Options

- Intensive Out-Patient (IOP)-
  - Three to five days a week 2-4 hours a day
  - Currently in-person and virtual options
- Partial Hospitalization Program (PHP)
  - Daily all day
  - Usually in person, some provide housing

# Indications for Residential Treatment

- Poor motivation for recovery
- Need for structure and supervision to prevent unhealthy behaviors
- Lack of a supportive family environment
- Absence of outpatient treatment options
- Outpatient interventions having been unsuccessful



# Criteria for hospitalization

- <75 median BMI for age and sex
- Acute food refusal
- Uncontrollable binge eating and purging
- Acute medical complications
- Comorbid psychiatric or medical conditions
- Failure of outpatient treatment
- Arrested growth and development
- Hypothermia (body temp < 96F or 35.6C)
- Orthostatic increase in pulse (>20B/min)
- Orthostatic decrease in BP (>20mmhg)
- Severe bradycardia
- Abnormal EKG (prolonged QTc severe brady)
- Dehydration
- Electrolyte disturbance



# Issues for School Nurses:

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# Eating Disorder Resources

- [National Eating Disorder Association \(NEDA\)](#)
- [ANAD](#)
- [Academy for Eating Disorders \(AED\)](#)
- [Renfrew](#)



# Questions and Discussion from the group....



The University of Vermont  
LARNER COLLEGE OF MEDICINE  
OFFICE OF PRIMARY CARE & AHEC PROGRAM



# Cases/HIPAA

- Names
- Address
- DOB
- Phone/Fax #
- Email address
- Social Security #
- Medical Record #



The discussion and materials included in this conference are confidential and privileged pursuant to 26VSA Section 1441-1443. This material is intended for use in improving patient care. It is privileged and strictly confidential and is to be used only for the evaluation and improvement of patient care.



# Case Presentation Format

Case presentation from a participant (*a real-world case, from the field*)

Then

Clarifying questions about the case from group to case presenter

Then

Ideas, suggestions, recommendations from participants

Then

Ideas, suggestions, recommendations from ECHO faculty team

Then

Additional discussion, if any (All)

Then

Summary of case discussion

(course co-directors: Michael Hoffnung, DO and Katherine Mariani, MD, MPH)



- RECORDING TO BE STOPPED FOR CASE PRESENTATION



# Prep for Next Session

Prior to each session, if you have specific questions for our faculty expert(s), please let us know and we will pass along ahead of time.

**\*\*SESSIONS ARE ON THURSDAYS FROM 3:00PM TO 4:30PM\*\***

<b>DATES</b>	<b>SESSION</b>	<b>DIDACTIC TOPICS (in addition to case review)</b>
<b>Jan 13</b>	TeleECHO Session 1	<b>Wellness and Self Care for Ourselves and Our Students</b> (Michael Hoffnung, DO)
<b>Feb 10</b>	TeleECHO Session 2	<b>Eating Disorders</b> (Katherine Mariani, MD)
<b>Mar 10</b>	TeleECHO Session 3	<b>Addressing the Non-compliant Child: Oppositionality and Disruptive Behaviors</b> (Margaret Spottswood, MD and Rebecca Ruid, PhD)
<b>Apr 14</b>	TeleECHO Session 4	<b>Managing Psychiatric Emergencies</b> (Haley McGowan, DO and Yasmeen Abdul-Karim, MD)
<b>May 12</b>	TeleECHO Session 5	<b>Managing Anxiety: What School Nurses Need to Know</b> (Stephanie Fosbenner, MD and Cynthia LaRiviere, PhD)



# Conclusion

- Slides are posted at [www.vtahec.org](http://www.vtahec.org)
- Volunteers to present cases (this is key to the Project ECHO model)
  - Please submit cases to [lizmanzvt@gmail.com](mailto:lizmanzvt@gmail.com)
- Please complete evaluation survey after each session
- Once your completed evaluation is submitted, CE information will be emailed to you.
- Please contact us with any questions, concerns, or suggestions
  - [Michael.Hoffnung@uvmhealth.org](mailto:Michael.Hoffnung@uvmhealth.org)
  - [Elizabeth.Cote@uvm.edu](mailto:Elizabeth.Cote@uvm.edu)

