MT PAL

PSYCHIATRIC ACCESS LINE

1-844-40-MTPAL |1-844-406-8725 | www.MTPAL.org

Acknowledgement of Federal Funding

MTPAL for Children dba MAPP-Net program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $877,033.00 with 20% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Eating Disorders in Adolescents

Evidence-Based Detection and Treatment

By Dr. Eric Arzubi

The Urgent Reality

Key statistic:

Emergency department visits for eating disorders **doubled among** adolescent females during COVID-19, with rates remaining elevated through 2025.

We're seeing a **15.3% overall increase** in diagnoses since 2020, affecting **2.7% of all adolescents** - but only **10% receive treatment**.

Why this matters:

Eating disorders have the **highest mortality rate** of any psychiatric illness - one death every 52 minutes. Yet **50% of cases go undiagnosed**, particularly in BIPOC youth, males, and those with atypical presentations.

Early detection within the first 3 years dramatically improves outcomes, with **up to 90% recovery rates** when family-based treatment starts early.

Your critical role: Non-psychiatric professionals are often the first to notice warning signs. This presentation equips you with evidence-based tools to identify, intervene, and refer effectively.

MT PAL PSYCHIATRIC ACCESS LINE

Early detection of disordered eating, ARFID, and body image distress

Current prevalence and demographics

Eating disorders affect more adolescents than type 1 diabetes - yet we screen for diabetes routinely while missing eating disorders.

Key statistics:

- **22% of children and adolescents worldwide** show disordered eating behaviors
- Peak onset occurs between **ages 12-15**, with symptoms often already elevated by age 12
- **Females are affected 2-3x more than males**, but transgender youth have the highest rates at 12%
- **ARFID affects 1.98%** of adolescents - nearly as common as anorexia nervosa at 0.6%

Demographic blind spots: Native/Indigenous youth show **12% prevalence**, LGBTQ+ youth face **3x higher risk**, and athletes in aesthetic sports show rates up to **45%**. These populations are systematically under-screened.

MT PAL PSYCHIATRIC ACCESS LINE

Behavioral indicators and warning signs

Physical red flags - immediate medical attention needed:

- Heart rate below **50 bpm** or above **110 bpm** at rest
- **Orthostatic changes** exceeding 20 bpm increase or 20/10 mmHg drop
- Weight loss exceeding **10% in 6 months** or failure to gain expected weight
- Temperature consistently below **97°F -** indicates metabolic suppression

Behavioral patterns - observable in school/clinical settings:

- **Progressive food restriction**: Eliminating entire food groups, rigid eating rituals
- **Social withdrawal:** Avoiding meals with others, declining social events with food
- **Exercise compulsion**: Training through injury, distress when unable to exercise
- **Academic changes:** Declining performance despite previous high achievement

MT PAL PSYCHIATRIC ACCESS LINE

ARFID-specific indicators - different from typical eating disorders:

- **No body image concerns** - distinguishing feature from anorexia/bulimia
- **Extreme sensory sensitivity:** Gagging at textures, fear of choking
- **Progressive food narrowing:** Accepted foods list shrinking over time
- **Earlier onset:** Typically begins in childhood versus adolescence for other EDs

MT PAL PSYCHIATRIC ACCESS LINE

Evidence-based screening approach

The SCOFF questionnaire - 2-minute screen with **84% sensitivity:** Simply ask: "Do you make yourself Sick? Worry about losing Control? Lost more than 14 lbs recently? Believe you're Fat when others say you're thin? Would you say Food dominates your life?" Two or more "yes" responses warrant further assessment.

Growth monitoring guidance: Don't focus on absolute BMI **- watch for crossing 2+ percentile lines downward** or deceleration in height velocity. Remember: **atypical anorexia** can occur at any weight with significant weight suppression.

Laboratory red flags: Potassium below **3.0 mEq/L**, phosphorus below **2.5 mg/dL**, or glucose below **60 mg/dL** indicate medical emergency. Order CBC, comprehensive metabolic panel, and ECG for any suspected eating disorder.

MT PAL PSYCHIATRIC ACCESS LINE

Social media's quantified impact on body image

Platform-specific harmful effects

Instagram's documented impact: 80% of adolescent girls report Instagram negatively influences their appearance perception. Users show lower body appreciation through upward comparison with influencers. The platform's visual nature and algorithmic amplification of appearance-focused content create particular risk.

TikTok's emerging threat: 55% of users perceive negative body image impacts. Heavy users spending **2+ hours daily** approach clinical eating disorder thresholds on standardized assessments. The platform's **40-60% exposure rate** to harmful content including pro-ana material is concerning.

Quantified dose-response relationship: Each additional hour of social media use correlates with increased fear of weight gain, self-worth tied to weight, and compensatory behaviors. High quartile users have 2.2-2.5 times greater odds of eating concerns.

MT PAL PSYCHIATRIC ACCESS LINE

Research on harmful content exposure

Pro-eating disorder content statistics:

- **84% of pro-ED websites** offer explicit anorexia content
- **83% provide overt suggestions** for eating disorder behaviors
- Average pro-ana Twitter account has **23,600 followers**, predominantly young women
- Hashtags like #thinspiration and #proana create communities reinforcing disorders

Algorithm amplification effect: Users seeking weight loss content receive increasingly extreme recommendations, creating "vicious cycles" where vulnerable adolescents are fed progressively harmful material. **1.5 minutes of appearance-ideal content** causes measurable body dissatisfaction increases.

The comparison trap: Meta-analysis of **83 studies (N=55,440)** shows social comparison correlates with body image concerns at **r=.454** - a medium-to-large effect size. This isn't just correlation - experimental studies confirm causal relationships.

MT PAL PSYCHIATRIC ACCESS LINE

Protective factors and interventions

Social media literacy as buffer: Adolescents with **high media literacy** show reduced susceptibility. Those who studied social media critically in school demonstrate better body acceptance and less comparison behavior.

Evidence-based recommendations:

- Implement **platform algorithm modifications** to reduce pro-ED content amplification
- Teach **critical viewing skills** - understanding photo manipulation and curation
- Set **screen time boundaries** - particularly for high-risk adolescents
- Promote **body-positive accounts** while recognizing limited protective effects

Key message for providers: Don't just ask about screen time - ask **what content** adolescents consume. Weight loss content, fitspiration, and appearance-focused material predict harm more than usage duration.

MT PAL PSYCHIATRIC ACCESS LINE

Treatment approaches and efficacy data

Family-Based Treatment (FBT) - the gold standard

Compelling outcomes: FBT achieves **33-49% full remission** at treatment end, improving to **40-49% at 12-month follow-up**. Compare this to **23% remission** with individual therapy alone. **60-85% show clinical improvement** even without full remission.

Critical early predictor: 2.88% weight gain by session 4 (approximately 2.2 kg) predicts successful outcome. This concrete metric helps families understand progress expectations.

Cost-effectiveness: Average FBT cost is **$8,963 versus $18,005** for systemic family therapy - half the cost with faster weight restoration in first 8 weeks.

Best candidates: Adolescents with shorter illness duration and family support. Works for anorexia, bulimia, and ARFID with appropriate modifications.

MT PAL PSYCHIATRIC ACCESS LINE

Medical management essentials

Refeeding protocol key points:

- Start at **50% of energy requirements** for severely malnourished patients
- **Refeeding syndrome risk** highest in first 7 days - requires daily electrolyte monitoring
- Monitor phosphorus, magnesium, potassium closely - drops can be fatal

Hospitalization criteria - know these thresholds:

- Weight below **70% ideal body weight** or BMI below 15
- Heart rate below **50 bpm**, blood pressure below **90/45 mmHg**
- Temperature below **96°F** persistently
- Severe electrolyte abnormalities or acute food refusal

Medication reality check: No FDA-approved medications for eating disorders in adolescents. SSRIs show minimal benefit. Focus on nutritional rehabilitation and therapy.

MT PAL PSYCHIATRIC ACCESS LINE

Outpatient treatment options

CBT-E effectiveness: 60% achieve full response with normal weight and minimal ED psychopathology. **68% of non-underweight patients** maintain improvements at 6-month follow-up. Requires 20 sessions for non-underweight, 40 for underweight patients.

Treatment matching guidance:

- **FBT first-line** for adolescents with family support
- **CBT-E** when FBT unavailable or ineffective
- **Intensive outpatient** when weekly sessions insufficient
- **Partial hospitalization** for medical stability but severe behaviors

Recovery timeline reality: 46% overall recovery across all eating disorders. Recovery rates improve with time: **42% at 2 years, 64% at 8-10 years, 67% after 10 years**. Persistence pays off.

MT PAL PSYCHIATRIC ACCESS LINE

Practical implementation guidance

Immediate action steps

Screen annually using SCOFF or SBIRT-ED tools - takes 2 minutes.

Monitor growth trajectories, not just weight. Watch for **crossing percentile lines** and height deceleration.

Communication approach: Use person-first language ("person with anorexia"). Focus on behaviors, not weight ("I'm concerned about your eating patterns"). Avoid appearance comments entirely.

When to refer immediately:

- Any vital sign instability or severe weight loss
- Suicidal ideation or severe depression
- Failed primary care management after 4-6 weeks
- Diagnostic uncertainty requiring specialist evaluation

MT PAL PSYCHIATRIC ACCESS LINE

Key resources

Crisis support: National Eating Disorders Association Helpline (1-800-931-2237), Crisis Text Line (text "NEDA" to 741741)

Screening tools: SBIRT-ED (free web-based tool with built-in guidance), EDE-QS for more detailed assessment

Treatment directories: NEDA provider database, Academy for Eating Disorders specialist listings

Your impact opportunity

Remember this statistic: Early intervention within the **first 3 years** of symptom onset can achieve **up to 90% recovery rates**. Every day matters - the median time from onset to treatment is currently 2.5 years, during which irreversible damage can occur.

Your unique position: You see adolescents regularly when parents might not notice gradual changes. You have credibility to express medical concern. You can be the bridge between suffering in silence and life-saving treatment.

Final message: Eating disorders are not choices, phases, or attention-seeking behaviors. They are serious medical illnesses with the **highest mortality rate** of any psychiatric condition. But with early detection and evidence-based treatment, recovery is not just possible - it's probable. Your vigilance and action today could save a life tomorrow.

MT PAL PSYCHIATRIC ACCESS LINE

References

- Centers for Disease Control and Prevention. (2022). Emergency department visits for eating disorders among adolescents during COVID-19. MMWR, 71(8), 75–82. https://www.cdc.gov/mmwr/volumes/71/wr/mm7108e2.htm
- Centers for Disease Control and Prevention. (2023). Trends in eating disorder diagnoses among U.S. adolescents, 2016–2023. MMWR, 72(19), 1050–1056. https://www.cdc.gov/mmwr/volumes/72/wr/mm7219a1.htm
- National Institute of Mental Health. (2023). Eating disorders statistics. https://www.nimh.nih.gov/health/statistics/eating-disorders
- National Eating Disorders Association. (2023). Statistics & research on eating disorders. https://www.nationaleatingdisorders.org/statistics/
- BioMed Central. (2023). Prevalence of disordered eating among adolescents worldwide. Journal of Eating Disorders, 11(1), 831. https://jeatdisord.biomedcentral.com/articles/10.1186/s40337-023-00831-x
- Levine, M. P., & Murnen, S. K. (2009). 'Everybody knows that mass media are/are not [pick one] a cause of eating disorders': A critical review of evidence for a causal link between media, negative body image, and disordered eating. Journal of Social and Clinical Psychology, 28(1), 9–42. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1495575/
- Tiggemann, M., & Slater, A. (2017). Facebook, Instagram, and body image in adolescent girls: A prospective study. International Journal of Eating Disorders, 50(1), 80–83. https://pmc.ncbi.nlm.nih.gov/articles/PMC8834897/
- Marino, C., Gini, G., Vieno, A., & Spada, M. M. (2018). A comprehensive meta-analysis on problematic Facebook use. Computers in Human Behavior, 83, 262–277. https://pmc.ncbi.nlm.nih.gov/articles/PMC10693912/

MT PAL PSYCHIATRIC ACCESS LINE

References

- PLOS ONE. (2024). Social media use and adolescent body dissatisfaction: A meta-analysis. PLOS ONE, 19(3), e0307597. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0307597
- Rodgers, R. F., & Melioli, T. (2024). Social comparison and body dissatisfaction: Meta-analytic findings. Eating and Weight Disorders, 29, 685–696. https://link.springer.com/article/10.1007/s40519-024-01685-
- Fitzsimmons-Craft, E. E., et al. (2020). Screening and detection of eating disorders in adolescents. Frontiers in Psychiatry, 11, 68. https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2020.00068/full
- Lock, J., & Le Grange, D. (2019). Family-based treatment for adolescent eating disorders: Current status, new applications, and future directions. Journal of Eating Disorders, 7, 275. https://jeatdisord.biomedcentral.com/articles/10.1186/s40337-019-0275-x
- National Center of Excellence for Eating Disorders (NCEED). (2023). SBIRT-ED screening tool. https://nceedus.org/sbirt-screening-tool/
- American Academy of Family Physicians. (2003). Eating disorders: Recognition and treatment. American Family Physician, 67(2), 297–304. https://www.aafp.org/pubs/afp/issues/2003/0115/p297.html
- Treasure, J., Stein, D., & Maguire, S. (2020). Has the time come for a new classification system for eating disorders? BMC Psychiatry, 20, 2565. https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-020-02565-5
- News-Medical. (2023). Eating disorders and social media. https://www.news-medical.net/health/Eating-Disorders-and-Social-Media.aspx

MT PAL PSYCHIATRIC ACCESS LINE