

Feeding & Eating Disorders

Recognition and Intervention
for School Nurses and Staff

Who Am I?

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Objectives

Participants will be able to:

- Recall general knowledge of the different DSM-V eating disorders
- Identify risk factors that make students vulnerable to developing an eating disorder
- Recognize symptoms of an eating disorder
- Describe effective interventions for use in the school setting for students who have been identified to have disordered eating
- Resources to help in coordination of care

DSM-V Eating Disorders

- Recognition and referral basics

“Classic” Eating Disorders

Driven by:

- Body image and/or overvaluation of weight and shape
- Anxiety, avoidance, and desire for control

- **Anorexia Nervosa (AN)**

- Restrictive type
- Binge-purge type

- **Binge Eating Disorder (BED): NO PURGING-**

- **Bulimia Nervosa (BN): PURGING-** Inappropriate compensatory behaviors follow binge eating episodes; i.e. self-induced vomiting, fasting, excessive exercise or laxatives

Lesser-Known Eating Disorders

Driven by:

- Anxiety, avoidance, and desire for control
- Body image concerns do not play a role

- **Avoidant/Restrictive Food Intake Disorder (ARFID):** significant weight loss or failure to gain/grow; nutritional deficiency; dependence on supplements; interference with psychosocial functioning
 - Apparent lack of interest in eating or food subtype
 - Avoidance based on sensory characteristics of food subtype
 - Fear of aversive consequences of eating subtype

Higher-Prevalence Activities

- Activities that traditionally place a high emphasis on body weight and/or shape
- Wrestling
- Track and Cross Country
- Aesthetic competitions:
 - Dance
 - Gymnastics
 - Diving
 - Figure skating
 - Performance arts – show choir, theater, etc.

Other factors contributing to eating disorders

- Social media
- Personality traits- perfectionistic
- Genetic predisposition- family with Hx of eating disorders.
- Hx of anxiety, OCD
- Family discourse
- LGBTQ – feeling unaccepted, bullying

Medical Complications & Nutrition Rehabilitation

Most common signs & symptoms present in Malnutrition

- Weight loss
- Fatigue, weakness
- Cold intolerance
- Abnormal EKG
- Orthostatic blood pressures and heart rates
- Peripheral vasoconstriction and acrocyanosis + cold extremities
- Dizziness/fainting
- Chest pain
- SOB
- N/V
- Constipation
- Abdominal pain
- Muscle & Bone aches & pains
- Arrested Skeletal Growth
- Amenorrhea
- Hypoglycemia

Common Psychiatric signs & symptoms in Malnutrition

- Apathy
- Poor concentration
- Cognitive impairment
- Irritability
- Increased obsessiveness
- Intense fear of gaining weight/ becoming fat
- Depressed mood
- Social withdrawal
- Fatigue
- Restlessness
- Suicidal Ideations
- Self-harm behaviors

Treatment & In-School Interventions

- Trusted adult check-in with student
- Give opportunity for student to open-up
- Express concerns & provide support
- Inform parents
- Recommends check-up with physician to assess & evaluate
- Give resources for possible evaluation & treatment options.

Steps School Nurse can take once eating disorder is identified:

- **Getting into specific care for eating disorders can take time.**
 - **Interventions school nurses can take immediately:**
 - **weigh student** – blind wt – if student is willing. note clothes student has on, time of day, after eating.
 - **orthostatic vitals**- lying then standing – wait 2 minutes after standing
 - *vitals are orthostatic if any: Systolic BP is > 20 pts, Diastolic BP is > 10 pts & Pulse is > 20 bpm.
 - if pulse is bradycardic, running in the 40's to 50's, inform parents & get into PCP
- Many patients are admitted to the Med/Surg Floor of the hospital when in the low 40's, being placed on Telemetry.
- **assess depression, anxiety, suicidal ideations, self-harm**
 - **assess food & fluid intake, purging, abuse of laxatives or other to affect weight or body**
 - **assess for food insecurity**

Levels of Care

- **Outpatient, Partial Hospitalization Program, Inpatient Hospitalization**

- * **Outpatient** – see a Therapist & Dietitian weekly x 1 hour

- * **Partial Hospitalization Program (PHP)** – day program 12 hrs/day for 5 to 7 days a week. Usually 4 to 6 weeks is length of stay

- * **Inpatient Hospitalization/Residential Treatment** – living at a facility 24 hrs/day for 1 to 3 months dependent on severity of illness

Resource Information

Children's Nebraska offers Outpatient & Partial Hospitalization Program

Outpatient care is at Children's Behavioral Health
1000 N. 90th St Omaha, Ne 68114 Ste 200
402-955-3900

Partial Hospitalization Program at Children's Nebraska
1000 N. 90th St Omaha, Ne 68114 Ste 201
402-955-6190

Inpatient/Residential treatment – Out of State

Treatment Interventions while student in treatment & post-treatment

- If student is in PHP or Inpatient/Residential Treatment, the program Resource Educator works with school counselor for continued school participation & assistance with school work & all other school needs.
- Schools are asked to scale back on assignments & expectations. Treatment focus is health 1st, school & other activities 2nd & so forth.
- Once student is progressing in treatment & becoming more stable medically & psychologically, student will transition back to school gradually while still in treatment.
- IE. Student attends morning session at school & leaves before lunch to attend rest of day in program. Student would need a morning snack while at school, being monitored by RN, teacher, administrator, etc.
- If student continues to do well with transition back to school, student will increase time slowly, attending school full-days, up to 2-3x/week. Lunch would need to be monitored possibly in Nurses office or other staff member.
- Availability of Nurse, Counselor, Teacher, Administrator, Coach that student could check-in with or seek out when needed.

Other School Nursing Interventions

Some students are prescribed meds to help with anxiety- Hydroxyzine, Xanax, Ativan

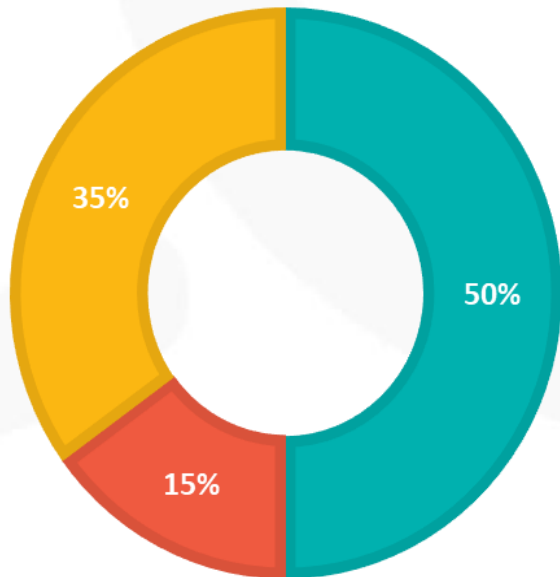
- RN to dispense meds prn

- RN's to educate in Health Classes about eating disorders, balanced nutrition, healthy coping skills

Proper Nutrition – Children, Adolescents, & Adults Alike

PERCENT OF DAILY CALORIC INTAKE

■ Carbohydrates ■ Protein ■ Fat



- Include all macronutrients
 - Carbohydrate, protein, fats
- Include all food groups
- 3 meals per day
 - Including all 3 macronutrients, ideally most or all food groups
- 1-3 snacks per day depending on activity level
 - Including 2 different macronutrients, 2-3 different food groups
- Eating every ~3 hours throughout the day

ALL FOODS FIT

- EVERY SINGLE FOOD PROVIDES SOME AMOUNT OF NUTRITION
- THEREFORE, NO FOOD IS BAD FOOD
- UNLESS IT IS SPOILED/
ROTTEN/
INEDIBLE/
CONTAMINATED



Nutrition Rehabilitation – Recovery

- Very high calorie needs
- Limited movement/ physical activity
- High parental/caretaker involvement and supervision
- Help managing unpleasant GI symptoms
 - *hot packs to abdomen, gas-X*

CONCLUSION: ACTION STEPS

- Collaboration between Education & Treatment Teams are important in the recovery process regarding the eating disorder.
- Communication among school staff regarding best ways to support student in their transition back to school & their educational pursuits.
- Call Children's Eating Disorders Nurse for any questions or assistance:

402-955-6190 / 402-955-6198

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Q & A

References

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