



EATING DISORDER SCREENING DECISION-POINT EXERCISE

Ms. A is a 22 year old female who is admitted to the hospital for syncopal episodes and vomiting after being found in the emergency department to have a potassium level of 2.4. During the medical work-up, they decide to consult the psychiatry consultation-liaison team for evaluation of loss of appetite.

Ms. A reports that her mood has been “okay...I have some days where I feel down.” She states that she is adjusting to life after college as she just graduated with a degree in biology. She has taken a few months off to decide what she wants to do next. She mentions she is upset that she no longer has the structure and routine she used to have. She denies anhedonia and hopelessness. She does report sleep disturbance and poor food intake. She denies symptoms of anxiety, panic, psychosis, and substance use.

Past Medical History: Chronic constipation

Medications: Ondansetron 4 mg PO q8, as needed for nausea

Allergies: Penicillin

Family Psychiatric History: Mother with depression. No family history of substance use disorders, suicide, bipolar illness, or psychotic illness.

Social History: Ms. A reports being single and with a good support system. She states that her parents are very supportive of her. Her little sister is in high school and doing well.

The primary team suspects an eating disorder, but tells you that the patient becomes very angry every time they suggest this to her. Your task is to screen for an eating disorder carefully and sensitively.

Interview:

As you round with the rest of the psychiatry consultation-liaison service, you consider how to approach this patient with questions about her symptoms. Your differential diagnosis includes a gastrointestinal illness, a depressive disorder, or an eating disorder. You opt to ask one the following to try to clarify this question further:

- A. “Tell me more about your depression. You mentioned that graduating from college has been very difficult.”
- B. “You told me you have chronic constipation. What other medical problems have you had in your lifetime?”
- C. “I’m curious about these vomiting episodes you have been having. Could you tell me more?”

PAUSE: Discuss which answer choice your group would prefer.

- A. GO TO PAGE 3
- B. GO TO PAGE 4
- C. GO TO PAGE 5

Ms. A responds that she is unsure as to whether she is truly depressed or not. She describes her sleep disturbance to you as falling asleep around 2 am and waking up at 10 am. She feels well-rested after waking up. She notes that she is frustrated that all of her friends have found jobs and that she still does not know what to do with her life. She notes that she has always felt “very much in control of my life, and now I feel like I don’t have control over anything.” What should your follow-up question be?

A. “Are you having difficulty falling asleep? 2 AM is a very late sleep time for someone your age. What is keeping you awake?”

B. “Do you ever purge as a way of gaining control of your life?”

C. “Tell me more about feeling like you don’t have control over your life.”

PAUSE: Discuss which answer choice your group would prefer.

A. GO TO PAGE 6

B. GO TO PAGE 7

C. GO TO PAGE 8

Ms. A tells you that she has struggled with constipation intermittently throughout her childhood. She notes always having a “nervous gut.” She denies any other significant medical history that she can recall “but you’ll have to ask my mother...she’d tell you for sure.” What should your follow-up questions be?

A. “Tell me about the nervous gut. What do you mean by that?”

B. “Let’s go back to your depression. Tell me more about that.”

C. “Tell me more about the vomiting episodes. Do you ever make yourself throw up?”

PAUSE: Discuss which answer choice your group would prefer.

A. GO TO PAGE 8

B. GO TO PAGE 6

C. GO TO PAGE 7

Ms. A reports that she has been passing out on occasion, which scares her. She is less concerned about the vomiting, which she says is an infrequent occurrence. She mentions that she hasn't been eating much, but this is partly intentional as she is not exercising as much as she used to in college. She is less forthcoming about the vomiting, saying only that it "just happens sometimes." What should you say in response?

A. "You know, not eating is really not a healthy way of losing weight. May I share some better options for healthy living?"

B. "I'd like to hear more about the vomiting. How often is it happening, how many times a day, and how intense is it? Any blood or pus in the emesis?"

C. "Fitness seems to be a big part of your life. Can you tell me more about this? Is body image really important to you?"

PAUSE: Discuss which answer choice your group would prefer.

A. GO TO PAGE 6

B. GO TO PAGE 7

C. GO TO PAGE 8

Ms. A becomes frustrated by the questions about sleep and feels like she is being lectured.

She also feels like you are lecturing her about healthy living and informs you that she “knows more about nutrition than most people in health care.”

She is initially okay with answering questions about her depression, she quickly tires of these questions and states, “I’m feeling pretty tired today...do you think we might be able to talk later?”

PAUSE: Discuss in your small group how you might approach the patient at this point.

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Ms. A becomes angry about her eating disorder and being questioned about her nausea. She does not feel comfortable with the line of questioning and denies behaviors related to directly bingeing or purging.

When asked more targeted questions about how often she vomits and the nature of her emesis, she becomes even angrier, stating, “I know where you’re going with this. You can stop right there.”

She then asks that you leave the room.

PAUSE: Discuss in your small group how you might approach the patient at this point.

GO TO PAGE 8

Ms. A states that she has struggled with gastrointestinal symptoms since she was young. She reports that her symptoms began in her early teenage years and she experiences nausea and constipation frequently.

She feels that her life circumstance leaves her feeling vulnerable. She has always been a perfectionist and she now feels like a failure. She admits that when she has felt this way in the past, “I haven’t always dealt with it in the most positive of ways.”

Regarding her physical fitness, she notes that she has always been “really healthy.” She admits that while she has always been very regular with her diet and exercise, she admits that she always feels inadequate and compares herself often with her peer group.

How would you respond to her?

- A. “When you’ve lost control in the past, have you ever gone overboard with eating, like binge-eating?”
- B. “I’m glad to hear that you’ve always been healthy. And you know, you’re really very thin, so you have nothing to worry about!”
- C. “It sounds like you’ve really struggled with a loss of control over your life, and it’s really taken a toll on you. What areas of your life are you able to control during this difficult time?”

PAUSE: Discuss which answer choice your group would prefer.

- A. GO TO PAGE 9
- B. GO TO PAGE 10
- C. GO TO PAGE 11

Ms. A becomes defensive and asks you if she looks like she is someone who binge-eats. She asks you angrily, “Are you implying that I look fat?”

While it may be tempting to start a more direct line of questioning at this point, Ms. A has vocalized distress and vulnerability. Using direct eating disorder screening questions at this point of the interview is likely to alienate her.

PAUSE: Discuss in your small group how you might approach the patient at this point.

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Ms. A scowls at you and tells you that she doesn't need any commentary about her weight and she is quite aware of her body mass index. She states that you have no idea what you're talking about and that there are "plenty of people who are thinner than I am!"

Reassurance about weight or body image in the setting of a suspected eating disorder is unlikely to be helpful as patients with body image misperceptions typically have cognitive distortions that are strongly entrenched.

PAUSE: Discuss in your small group how you might approach the patient at this point.

GO TO PAGE 11

Ms. A begins to open up with you and starts to talk a little more.

She admits that she sometimes uses food as a way of trying to gain control over her life.

She knows that this is “not the best way to go about things,” but feels that it serves two purposes as she feels that she has gained weight recently from not being as active and states, “It’s not really hurting anything.”

You decide to take a chance and ask a more direct eating disorder screening question. Choose one of the following:

A. “Do you worry that you have lost control over how much you eat?”

B. “Do you believe yourself to be fat when others say you are too thin?”

C. “Are you satisfied with your eating patterns?”

A. GO TO PAGE 12

B. GO TO PAGE 13

C. GO TO PAGE 14

Ms. A breaks down and states that she worries about what has happened to her. She admits that what started as a way of trying to gain control has now evolved into something over which she has no control at all.

She is also very concerned about her syncopal episodes as she has never experienced these before, despite having had periods of restricting and purging as a teenager. She feels that this has defeated the purpose of why she started these behaviors to begin with. She had hoped to regain some control while also losing weight, but now feels that she has even less control than before.

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Ms. A states that she “always” feels like she is not thin enough and feels like she is “the fattest person in the room.” She notes that her friends staged an “intervention” when she was in high school, and she did go to treatment with an eating disorders program at that time. She has since lost touch with that friend group.

Ms. A reports that her mother and father are “just beside themselves” and are concerned that she is too thin. She has a hard time believing them as she feels that she “sees something totally different when I look in the mirror.”

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Ms. A states that she is not at all satisfied with her eating patterns and feels shameful about restricting and purging. At the same time, she notes having been on websites online where others talk about engaging in similar behaviors and in those moments, she feels that she isn't restricting enough.

Her dissatisfaction stems largely from feeling that others can achieve thinness without having to "make themselves throw up all the time," and she feels that it is unfair that she has to do so to stay thin.

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Ms. A decides reluctantly that she wants to try an eating disorder treatment program again. She knows it has been successful in the past, and she knows that her parents will likely insist on a residential treatment facility.

PAUSE: Discuss in your small group specific experiences that you have had with patients with eating disorders, particularly in a non-psychiatric setting.