Coping and Calories: Exploring the Relationship Between Meal Completion and Distress in Children and Adolescents with Eating Disorders

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BACKGROUND

- Eating Disorders have the highest mortality rate of any mental illness.
- Anxiety disorders are common in people with anorexia nervosa and bulimia nervosa.
- The Ease of Eating Scale (EOES) was developed to measure Food Avoidance Behaviors (FABs) and meal completion. The EOE score combines FABs and meal completion. A higher score indicates more food avoidance behaviors and difficulty completing meals.

HYPOTHESIS

- Distress and anxiety negatively correlate with meal completion

OBJECTIVES

- Validate the efficacy of the Ease of Eating Scale, meal time coping score, and SUDS score in determining an accurate assessment that exhibits improvement

METHODS

- An IRB approved retrospective chart review was conducted for patients treated in the Eating Disorders Program from 2015 – 2017
- Measures included in the study:
  - Ease of Eating Scale (EOES): rated 3x a day (each meal)
  - Food Avoidance Behaviors (FABs) and meal completion
  - Multidimensional Anxiety Scale for Children (MASC) administered once on admission
  - Self-report measures of anxiety and distress
  - The meal time coping score: rated 3x a day, by the person observing the patient during the meal.
  - Meal scoring: 1 = attempt of coping skills, 2 = successful coping skills
- Inclusion criteria:
  - 3 meals scored a day using the EOE and for ten consecutive days
  - Baseline MASC score
  - Daily SUDS score
  - Meal time coping scored a day

RESULTS

- 100 charts were screened
- 42 subjects met the inclusion criteria
  - 4 males and 38 females with average age of 15 with range of 13-19

CONCLUSIONS

- The hypothesis was supported: higher distress and anxiety was correlated with difficulty completing meals in the program
- The EOE provides a useful measure of FABs in teens with eating disorders
- The EOE score was correlated with measures of anxiety and distress
- Decreased distress (SUDS) was correlated with improvements in meal time coping and ease of eating
- The average MASC score was a 71.25 indicating that children and adolescents in the Eating Disorders Program have elevated anxiety
- Over the course of ten days in program, EOE, and FAB scores decreased significantly, while there were non-significant trends in improvement of meal copmg improved and SUDS

CHALLENGES

- Participants under the age of 12 did not meet criteria for this study because the SUDS was not used by this age group until 2016
- The chart review of the 42 participants was done by hand making human error more possible and time consuming
- In some cases, the SUDS were not in the flowsheet causing extra time to look for SUDS in the nurse’s note
- Different mental health counselors and parents scored meals which could contribute to inconsistency in scoring

FUTURE DIRECTIONS

- Meal time coping will be added to the EOE flowsheet to improve staff charting efficiency
- CAS request submitted for calculations to be done automatically for mental health counselors
- Scoring of Food Avoidance Behaviors for total the total daily EOE score was being done manually by staff. A request has been placed for this to be automated in EPIC, saving staff time and improving accuracy.
- Documentation of who scored the meal (specific staff / parent) will be added to the flow sheet. This will improve awareness of how the child eats with different people and is critical for the prospective validation study

REFERENCES