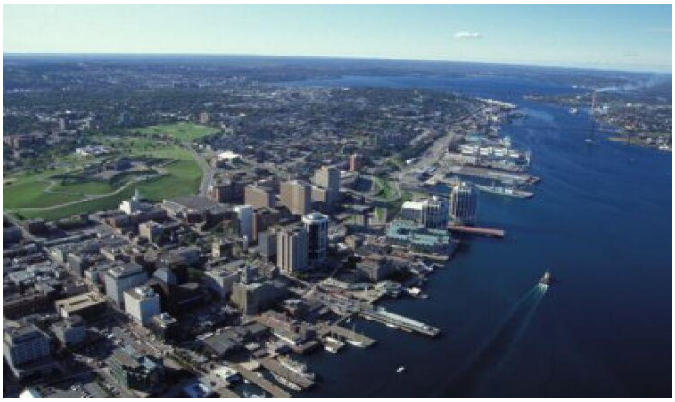

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Eating Disorders Association of Canada

Association des Troubles Alimentaires du Canada

THE EATING DISORDERS ASSOCIATION OF CANADA/ASSOCIATION DES TROUBLES ALIMENTAIRE DU CANADA
3RD BIENNIAL CONFERENCE • OCTOBER 11–12, 2012 • HALIFAX, NOVA SCOTIA

Workshop Session I

Thursday, October 11, 2012
11:00 am – 12:30 pm

When Families Are Supported: There is Improved Hope for Coping with and Recovering from an Eating Disorder

Patricia Nash, M ED, Eating Disorder Foundation of Newfoundland and Labrador, St. John's, NL

Background**:** This presentation will discuss the immense benefits of support groups for families who are supporting a loved one with an eating disorder. It will give the personal story of my daughter's eating disorder in 2000 and how my joining a family support group helped both my daughter and myself during her long road to good recovery. It will trace my journey: from tentatively venturing to my first support group as a very scared mom in 2000; to being one of the founding mothers of the Parents of Hope monthly support group in 2002; and reviving and co-facilitating the Bridge to Hope: Family Education Group in 2005. Both of these groups have grown and become very successful in Newfoundland and Labrador. From its beginning with four moms Parents of Hope now has an email list of about one hundred members facilitated by Nancy White an excellent social worker who works with clients and family members at the Hope Centre Day Treatment program.

The presentation will discuss what is needed for communities to form their own family support groups. It is our hope in Newfoundland and Labrador to expand the family support groups to many areas of the province and not just the capital region. My discussion will show video clips from a wonderful package of material formed by the Community Capacity Building committee to help parents and health professionals know how to begin and continue support groups. The clips demonstrate the types of discussion at the parent groups.

Learning Objectives:

1. Give family members a strong **hope** that with support things can improve in coping with a loved one's eating disorder.
2. Help convince family members and health professionals of the significant benefits of family support groups. Convince health professionals that their jobs are made easier in dealing with the client with the eating disorder and with the family members when families attend support groups.
3. Discuss how to form and nurture a family support group.

Interactive Component/ Discussion**:** Question and Answer session with audience

Physical Activity and Eating Disorders: A Current and Comprehensive Look at Physiotherapy Approach in the Management of Physical Activity in Adolescents with Eating Disorders

Lisa Scott, BScPT, BEd, McMaster Children's Hospital, Hamilton, ON

Background**:** Excessive exercise occurs in persons with anorexic and bulimic-type disorders with prevalence between 30-80%**.** There are currently no specific guidelines addressing excessive exercise for eating disorders (ED). Supervised exercise prescription in EDs has been shown to not adversely affect weight gain or return of menstruation. Additionally, ED patients considered "improving body experience" as a core element of their treatment. Physiotherapists are experts in physical activity prescription and management among a variety of patient populations. Specific to the needs of the ED population, physiotherapy skills include: musculoskeletal assessment and treatment, exercise physiology, exercise prescription and healthy/mindful exercise practice.

Learning Objectives**:**

1. To understand the differences between excessive exercise and overtraining.
2. To learn the components of a comprehensive physical activity assessment in EDs, including The Compulsive Exercise Test.
3. To learn the physical complications of an ED as they apply to exercise prescription/management of physical activity.
4. To understand yoga's usefulness in addressing excessive exercise and the physical complications of an ED.

Case presentation: Physiotherapy approach for inpatient adolescent and outpatient adult with ED.

Interactive Component: Wear comfortable attire and bring a yoga mat to experience physiotherapy techniques.

Discussion: Excessive activity has been recognized as a component of EDs. Recent studies looking at exercise intervention show promising results. This workshop will explore how physiotherapy intervention can assist in management of exercise and the physical complications of an eating disorder.

Teaching Parents the Necessary Skills of Family-Based Therapy (FBT) and Meal Support: A Skills Workshop for Parents Who Are Beginning Family-Based Treatment at BC Children's Hospital

Bertrand Wicholas, MD, British Columbia Children's Hospital, Vancouver, BC
Tom Bauslaugh, MA, British Columbia Children's Hospital, Vancouver, BC

Background: When parents first present to clinic with a child who is not eating they are seeking immediate answers to common questions: "How do I help my child eat?"; "What should I do if my child refuses to eat?" While FBT helps parents discover answers to these questions, it can take weeks for parents to learn the basic skills required to refeed their child. It is usually not until the 3rd week of FBT (after introductory session and family meal) that many of these questions get addressed. Meanwhile, parents are feeling lost and overwhelmed. This parent workshop was designed to download to parents an instant toolkit that helps them make more efficient use of family based treatment. The workshop combines the principles of FBT with the skills of conventional meal support therapy. The workshop is divided in two parts. Part one reviews the principles of FBT and the parent skills needed for meal planning, meal preparation, meal support, and post-meal support. Part two consists of role-playing exercises that help parents problem-solve common eating disorder dilemmas.

Learning Objectives:

1. To teach the skills parents need to refeed their child with an Eating Disorder.
2. To understand how FBT differs from traditional Meal Support Therapy and how both treatments can be combined effectively.
3. To present data analyzing the effectiveness of parent workshops at BC Children's Hospital.

Discussion: This workshop demonstrates a parent workshop developed to teach parents the skills necessary to refeed their child and to make more efficient use of FBT.

Multi-Family Therapy for Adolescents and Adults with Eating Disorders: An Innovative Treatment for Working with Young People and their Families Across the Lifespan

Gina Dimitropoulos, PhD, University Health Network, Toronto, ON
Sheila Bjarnason, MSW, The Hospital for Sick Children, Toronto, ON
Leora Pinhas, MD, FRCPC, The Hospital for Sick Children, Toronto, ON

Background: Multi-family therapy (MFT) has been recognized nationally and internationally as an innovative, effective approach to working with families affected by eating disorders. MFT is a treatment modality that has long been studied in the treatment of mental illnesses including depression and schizophrenia. It has been empirically investigated in families of adolescents and young adults with eating disorders and preliminary results reveal that it contributes to positive outcomes.

Purpose**:** The purpose of this workshop is to provide an overview of how to use multifamily therapy as an adjunct to day or inpatient treatment, or as an outpatient intervention for children, adolescents and adults with anorexia or bulimia nervosa and their families.

Learning Objectives:

1. To learn about the key concepts and theories that underpin MFT.
2. To discuss different models of MFT (short and long term groups) that may be used with children, adolescents and adults in various phases of treatment.
3. To discuss the application of systemic interventions for working with individuals and their families in the context of a group format.

Interactive Component: Throughout the workshop, the presenters will engage the audience in discussions to create activities for working with individuals at different developmental stages (childhood to adulthood) with eating disorders and their family members (including parents, siblings and partners). We will illustrate how to use experiential activities, meals and dyads, triads and smaller groups to engage individuals and their families in the process of changing the eating disorder, improving family communication and preventing relapse.

Exploring the Possibilities: Developing Pan-Canadian Best Practice Guidelines for Involuntary Admission and Treatment of Eating Disorders

Olga Heath, PhD, Memorial University, St. John's, NL
Tanis Adey, MD, Memorial University, St. John's, NL
Pamela Ward, PhD, Eastern Health, St. John's, NL
Denise English, MN, Eastern Health, St. John's, NL
Joanne Simms, MN, Eastern Health, St. John's, NL
Anna Dominic, MD, Memorial University, St. John's, NL
Kelly Maloney, MSc, Eastern Health, St. John's, NL
Susan Pardy, PhD, Eastern Health, St. John's, NL

Background: Involuntary admission and treatment of a client with an eating disorder (ED) is a controversial but potentially life-saving intervention. It is an emotionally charged process for clients, families and practitioners with clinical, ethical and legal implications. The Academy for Eating Disorders has identified a need for guidelines regarding involuntary admission and treatment. To date, these guidelines have not been published. The purpose of this workshop is to provide a forum for discussion

regarding the development of guidelines for involuntary treatment, and to promote discussion about the desirability and feasibility of doing so in the Canadian context.

Learning Objectives:

1. Briefly describe and critique current research findings on involuntary treatment in EDs.
2. Discuss the clinical, ethical, and legal complexities of involuntary treatment in EDs.
3. Explore the possibility of developing best practice guidelines for involuntary treatment of EDs in Canada.

Interactive Component: The workshop will begin with participants actively involved in discussing and critiquing the presented research in this area. Presenters and participants will share experiences with involuntary admission and treatment of clients. Finally, there will be a discussion to gather participant perspectives on the desirability and feasibility of developing guidelines that will support Canadian clinicians facing this challenge.

Discussion: As the EDAC convention is the Canadian gathering of eating disorder practitioners, it is the logical place to begin a discussion about developing best practice guidelines for involuntary treatment of eating disorders. This workshop is proposed as a preliminary step in the process of initiating change and engaging those who are interested in this topic.

Paper Presentations I

Thursday, October 11, 2012
3:30 – 4:30 pm

Peer Coaching: Engaging in a Relationship Beyond ED

Elizabeth Phoenix, MScN, APN, CPMHN(C), London Health Sciences Centre – Victoria Hospital, London, ON
Vanessa Gilmor, RD, BASc, London Health Sciences Centre – Victoria Hospital, London, ON

Background**:** Response to treatment of eating disorders continues to be a challenge with recovery rates varying between 25-70%, with adolescents showing the most encouraging response rates (Guarda, 2007). In addition, treatment refusal and drop out rates are high and relapse is common. Practitioners continue to seek interventions that support engagement in behavioural change and strategies to keep individuals in treatment.

Purpose**:** The concept of peer/consumer support to engage and be successful in treatment has long been utilized in recovery from addictions and is increasingly recognized as an avenue to build in patient to patient reciprocal helping in chronic disease management (Heisler et al, 2010; Travis et al., 2010; Sledge et al., 2011).

Methods**:** In this prospective experimental design, clients will be educated and supported with the process of Peer Coaching at the outset of group treatment. Clients will be randomly assigned to another peer within the group. They will receive direction in how to "be a peer coach" with "do's and don'ts" of coaching. Peer coaches are asked to support each other by telephone at least once between groups with the goal of supporting homework completion, symptom change and the spirit of "moving forward" away from ED symptoms.

Results**:** Measures will be reported on: Group drop out rates, Group Empathy, BDI II, BMI, Peer Coaching Questionnaire, Quality of Life and Patient Satisfaction Questionnaire.

Conclusion**:** This paper will present an explanation of the implementation phase of this study and preliminary data results.

Eating Disorders: An Interdisciplinary Model of Care

Julia Raudzus, MD, FRCPC, St. Paul's Hospital, Vancouver, BC
Grant Millar, MD, FRCPC, St. Paul's Hospital, Vancouver, BC
Jane McKay, MD, FRCPC, St. Paul's Hospital, Vancouver, BC

Background / Educational Objectives:

1. To review the delivery of tertiary eating disorder services.
2. To review an interdisciplinary model of care with both in-patient and out-patient services.
3. To review the benefits of an interdisciplinary model of care for complex medical and psychiatric patients.

Purpose: The St. Paul's Eating Disorder Program provides tertiary in-patient and out-patient services for adults for the province of British Columbia. The mandate includes clinical services, education, research and outreach activities supporting a network of services that span all regions of the province.

The program is an interdisciplinary model of care between psychiatry, internal medicine, nursing, dieticians, occupational therapy and other auxiliary services to provide the most effective treatment services for these patients.

Patients may be seen in a variety of clinical settings including a dedicated 7 bed in-patient unit, interdisciplinary out-patient clinics with case management and in collaborative care on the medicine units for acutely unstable patients admitted for re-feeding.

Over the last several years the St. Paul's program has worked to develop standardized care plans, including involuntary certification under the mental health act, to help manage these complex medical and psychiatric patients.

Specifically behavioural care plans have been instituted for eating disorder patients admitted to the clinical teaching unit at St. Paul's Hospital in attempt to minimize therapy interfering behaviours and shorten the length of hospital time required for medical stabilization.

Methods: A chart review of patients admitted to the clinical teaching unit at St. Paul's Hospital with a primary diagnosis of an eating disorder will be completed for 2010 and 2011. Utilization of the standard care plan and length of stay will be evaluated. These statistics will be compared to the care of eating disorder patients admitted prior to the institution of a standard care plan. An example of a standardized care plan will be provided.

Results: It is our expectation that the utilization of a standard behavioural care plan shortens the length of stay for patients with eating disorders to the clinical teaching unit.

Conclusions: The utilization of case management and care planning has resulted in a more streamlined effective delivery of care where communication, boundary setting and goals (medical and psychiatric stability) are achieved in a timely manner.

This consolidated team approach has been developed to improve the quality of care delivered to these patients.

References:

Halmi, KA et al. Salient components of a comprehensive service for eating disorders. World Psychiatry 2009; 8:3 150-155.

Treasure, J et al. Eating Disorders. Lancet 2010; 375: 583-593.

Building Interprofessional Community Capacity for Eating Disorder Care: Results from a Provincial Workshop in Newfoundland and Labrador, Canada

Olga Heath, PhD, Memorial University, St. John's, NL
Joanne Simms, MN, Eastern Health, St. John's, NL
Pamela Ward, PhD, Eastern Health, St. John's, NL
Denise English, MN, Eastern Health, St. John's, NL
Tanis Adey, MD, Memorial University, St. John's, NL
Anna Dominic, MD, Memorial University, St. John's, NL
Kelly Maloney, MSc, Eastern Health, St. John's, NL
Susan Pardy, PhD, Eastern Health, St. John's, NL
Barbara Young, MSc, Memorial University, St. John's, NL

Background: The Eating Disorder Interprofessional Community Capacity Building Program (EDICCB) was designed to train professionals across the province to work collaboratively to manage the continuum of eating disorder (ED) care. A total of 367 professionals attended a 2 day workshop which included evidence based approaches to working collaboratively in prevention, identification, early uncomplicated intervention, when and how to refer for specialized care and follow-up after specialized care in EDs.

Purpose: To evaluate the impact of the workshop on professionals' knowledge and confidence in managing eating disorders, and evaluate attitudes towards and self-rated skills in interprofessional care.

Methods: Pre and post workshop surveys were completed by 156 participants. Surveys included standardized measures of interprofessional attitudes and skills. Likert scales measured perceived need for continuing education in collaborative care of EDs as well as self assessed knowledge and confidence in working with EDs. Intended practice changes were measured on the post-survey.

Results: Results revealed: strong endorsement for education in collaborative care of EDs; significant impact on self rated knowledge and confidence (large effects) in collaborative management of EDs; positive attitudes toward interprofessional care of EDs (large effect) and self-rated collaborative skills (moderate effect). Most participants (72%) indicated that they planned to make changes in their practice.

Conclusions: The EDICCB workshop increased the capacity and intention of professionals to work collaboratively in managing individuals and families affected by eating disorders across the continuum of care. The activities designed to increase likelihood of implemented practice change are presented.

Factitious Disorder or Eating Disorder? An Argument for Underscoring the Sick Role

Aaron Keshen, MD, FRCPC, Capital Health, Halifax, NS

Patients with factitious disorder deliberately produce or exaggerate symptoms with the unconscious motivation of playing the Sick Role (S.R.). Playing the S.R. is a means to gain nurturance, human connection, and/or to avoid anxiety-provoking situations. Eating disorders are notoriously difficult to treat with post-treatment remission rates reported in some studies as low as 5%-30%. I will argue that identifying some eating disorder non-responders as suffering from factitious disorder may: a) more accurately describe these patients from a diagnostic formulation perspective, b) alert clinicians to iatrogenic maintaining factors (Treasure, 2011), c) draw attention to treatment modalities that more

specifically address the underlying need to maintain the S.R., and d) provide an understanding and acceptance of poor prognosis.

The main focus of the presentation will be to highlight underutilized treatment modalities, which address the underlying need to maintain the S.R. These treatment foci include: a) addressing existential issues that induce patients to maintain the S.R., b) a Disability Training approach (Waller, 2012) that compels patients to confront the consequences of maintaining the S.R., and c) utilization of Acceptance and Commitment Therapy (Hayes, 1995), which directly confronts the avoidance patterns that often predispose and perpetuate the S.R.

This presentation will be based on unpublished work and elements from a Psychiatry Grand Rounds presentation from February 2012 at CDHA in Halifax, Nova Scotia. The conference theme will be represented in the overarching principle captured in the treatment modalities discussed, which is encouraging our patients to tackle a *full life* with all its tensions and ambiguities, rather than the *sick life* which provides a certain safety and comfort.

Psychological Correlates of Body Dissatisfaction in Children Under 12 Years Old

Annie Aimé, PhD, Université du Québec en Outaouais, Saint-Jérôme, QC

Body dissatisfaction among children has been less frequently studied then among adolescents. However, it is reported in children as young as 5 years old and can have considerable implications on a child's psychological development. This study has the main objective to compare body satisfied and body dissatisfied children on individual factors such Body Mass Index (BMI), weight and appearance stigmatization, self-description, and problematic eating attitudes and behaviors. In total, 678 children, aged between 8 and 12 years old participated in the study. They were divided in two groups: 519 of them were satisfied with their body (76.5%) and 159 children were dissatisfied (23.5%). Both groups differed significantly on all psychological correlates, with the body dissatisfied children having a higher BMI, being more frequently victimized in regards to their weight and appearance, perceiving themselves more negatively and being more likely to report problematic eating behaviors. Moreover, BMI, weight and appearance stigmatization and self-description predicted the likelihood to belong to either the body satisfied or dissatisfied group. These results suggest that BMI and stigmatization can act as risk factors for negative body image, while positive self-description might be a protective factor. They also show that, when, dissatisfied with their weight and shape, children under 12 years old are more at risk to adopt problematic eating behaviors.

Trouble de déficit de l'attention/hyperactivité (TDAH) et troubles des conduites alimentaires (TCA)
Attention deficit hyperactivity disorder (ADHD) and eating disorders (ED)

Pierre-Olivier Nadeau, MD, Hôpital Ste-Justine, Montréal, QC

Introduction : Le TDAH et les TCA sont tous deux associés à un taux élevé de comorbidités psychiatriques. De plus, les personnes atteintes de TDAH et celles atteintes de TCA (surtout les types avec comportements boulimiques et purgatifs) présentent des caractéristiques communes, dont de l'impulsivité, une faible estime de soi et un profil neuropsychologique incluant des déficits de l'attention et des fonctions exécutives.

But : Faire une revue de la littérature au sujet de la comorbidité entre le TDAH et les TCA.

Méthode : Une recherche bibliographique est effectuée pour trouver les articles traitant de la comorbidité entre le TDAH et les TCA, publiés en anglais entre 1980 et 2012. Ces articles sont recueillis grâce aux bases de données MEDLINE et psycINFO en cherchant les mots clés « attention deficit hyperactivity disorder », « eating disorders », « anorexia nervosa », « bulimia nervosa », « binge eating disorder » et « obesity ». Les études pertinentes citées en référence dans les articles sont également recueillies.

Résultats : Plusieurs articles traitant de la comorbidité entre le TDAH et les TCA sont recueillis : des études de prévalence, de cas et de série de cas, de cas-témoins et de révision.

Conclusions : Plusieurs études rapportent que le TDAH chez l'enfant est associé à un taux plus élevé d'obésité. L'hyperphagie boulimique (*binge eating disorder)* pourrait en partie expliquer cette association. D'autre part, les femmes (adultes) avec TDAH auraient un risque plus élevé de développer un TCA, surtout la boulimie. Cependant, les études traitant de la comorbidité entre le TDAH et les TCA sont peu nombreuses, petites et comportent des méthodologies différentes, ce qui limite la généralisabilité des résultats.

Outcomes of Intensive Pediatric Eating Disorder Treatment Programs Using a Clinician-Rated Measure

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Nicole Obeid, MA, Children's Hospital of Eastern Ontario, Ottawa, ON
Maeghan C.Y. Fu, Carleton University, Ottawa, ON
Danijela Maras, BSc, Children's Hospital of Eastern Ontario, Ottawa, ON
Annik Mossière, BA, Children's Hospital of Eastern Ontario, Ottawa, ON
Wendy Spettigue, MD, Children's Hospital of Eastern Ontario, Ottawa, ON
Mark Norris, MD, Children's Hospital of Eastern Ontario, Ottawa, ON

Background**:** Research suggests that both intensive inpatient and day hospital programs are effective in adults with eating disorders. Outcomes for pediatric settings are scarce, and this may be attributed to difficulties in monitoring and with inefficiencies of follow-up measures.

Purpose**:** To evaluate the effectiveness of an inpatient and a day treatment program using a clinician-rated measure – the Eating Disorder Symptom Severity Scale (EDS^3) – to track patient progress.

Method**:** 79 male and female patients aged 8.5-18 years (*M*=15.52, *SD* =1.92) were assessed on a weekly basis by clinicians using the EDS^3. Paired sample t-tests were performed on the EDS^3 pre and post-treatment subscale scores and on the overall total. Descriptive statistics were conducted on the patients from both the day hospital and inpatient programs to identify significant change from admission to discharge. Weekly progressions of patients' EDS^3 mean total score per diagnostic category subtype were also created.

Results**:** Pre-post EDS^3 scores revealed that overall symptom severity significantly improved for inpatient ($t(25) = 3.46$, $p = .004$) and day program ($t(15) = 2.95$, $p = .007$), and demonstrated clinically relevant change on key subscales. Patients' improvement in both programs, regardless of diagnostic category, was identified by the general trend of decreasing EDS^3 mean total scores.

Conclusions**:** Specific variables should be targeted for individual program improvement, including some cognitive variables common to both programs. Findings also highlight the clinical utility of the EDS^3 and contribute valuable outcomes information to the desperately lacking literature. Specific results and trends will be presented.

Numbers, Not Feelings: The Use of Measurement in Refining the Assessment Process

Gisele Marcoux-Louie, MSc, Alberta Children's Hospital, Calgary, AB
Monique Jericho, MD, FRCPC, Alberta Children's Hospital, Calgary, AB

Background: In early 2011, the Calgary Eating Disorder Program was faced with approximately 352 referrals annually and wait-times extended beyond 1 year for an adult assessment. We sought to actively respond to this situation, recognizing that eating disorder clients may experience considerable morbidity while awaiting specialized care.

Purpose: To improve access to specialized ED care through the reduction of our wait-times.

Methods: Our program participated in the AIM (Access Improvement Measures) process which provided us with tools and techniques to study, and thereafter revise, our assessment process. We conducted a rigorous and detailed analysis of our assessment process which involved comprehensive mapping and measurement. Having achieved a full and detailed understanding of our existing assessment process, we then focused on making modifications, evaluating all changes quantitatively.

Results: Using a process based in measurement, we have been successful in developing a new standardized assessment protocol which has significantly reduced our wait times and thus has dramatically improved the access to our program. Key aspects of our new protocol include:

- a condensed initial assessment write up
- a consultative model for key members of our multidisciplinary team
- enhanced accountability of the referral source as well as of the clients
- the removal of multiple internal redundancies

Conclusion: A delay in care for individuals suffering from EDs can exact a considerable physical and psychological toll. The success of our assessment protocol has eliminated the need for us to create resources for those awaiting assessment and has significantly reduced the burden of care for primary care providers and families who otherwise would be supporting our clients in the community.

The Value of Including Measures as Part of a Standardized Assessment Protocol

Monique Jericho, MD, FRCPC, Alberta Children's Hospital, Calgary, AB
Gisele Marcoux-Louie, MSc, Alberta Children's Hospital, Calgary, AB

Background: The Calgary Eating Disorder Program has been in existence since 2001 and has expanded in its scope and size since its inception 11 years ago. Currently we deliver inpatient, day-patient, and outpatient services to individuals of all ages with Anorexia Nervosa, Bulimia Nervosa and EDNOS. Since 2006, clients have been completing the EDI-3, as one component of our assessment protocol.

Purpose: Our goal was to use our aggregate data to inform direct patient care as well as to inform program revisions. Specifically, we sought to answer key clinical questions regarding treatment options, and given our broad mandate, how best to allocate resources.

Methods: The EDI-3 profiles of over 900 individuals are contrasted by age and diagnosis. We will discuss whether the needs of clients in these groups differed by age and diagnosis based on T-scores and composite scores for all scales and subscales. We will also review how we've used this data to make quantitatively informed program decisions.

Results: Overall, these profiles have enabled us to make specific treatment and programming decisions based on both qualitative (clinical impression) and quantitative (measurement based) knowledge of our clients. Our data has provided us with a wealth of information and has created opportunities to evaluate the efficacy of our interventions as well as to guide treatment recommendations with more precision.

Conclusions: The use of measures at the time of assessment provides vital information to clinicians in their work with patients and is more broadly useful in conceptualizing, tailoring, and evaluating the services provided to our patients. A standardized use of measures at assessment across multiple programs would create greater opportunities for collaborative efforts in evaluating the efficacy of treatments of Eating Disorders.

The Relationship Between Eating Disorders and Suicide Experiences: Results from a Nationally Representative Sample

Christine A. Henriksen, MA, University of Manitoba, Winnipeg, MB
John Walker, PhD, University of Manitoba, Winnipeg, MB
James Bolton, MD, FRCPC, University of Manitoba, Winnipeg, MB
Patricia Furer, PhD, University of Manitoba, Winnipeg, MB
Jitender Sareen, MD, FRCPC, University of Manitoba, Winnipeg, MB

Background: Clinical studies have found that individuals with anorexia nervosa (AN) and bulimia nervosa (BN) are at an increased risk of suicidal ideation and attempts. These relationships have not, however, been examined in the general population or among those with binge eating disorder (BED).

Purpose: This study aimed to investigate the relationship between suicidality and eating disorders in a large, nationally representative, community sample of adults in the US.

Methods: We used the Collaborative Psychiatric Epidemiologic Surveys (N=20,013), which utilized the World Mental Health Composite Diagnostic Interview to diagnose lifetime Axis I psychiatric disorders according to DSM-IV-TR criteria, including AN, BN, and BED. Respondents were asked about a lifetime history of suicidal ideation, suicide plans, and suicide attempts. Multiple logistic regression analyses examined the relationship between each lifetime eating disorder diagnosis and lifetime suicidality, after controlling for sociodemographic variables and comorbid mental disorders.

Results: Individuals with a lifetime history of BN or BED had an increased likelihood of experiencing suicidal ideation (Adjusted Odds Ratio [AORs] = 1.73 and 1.63, respectively) compared to those without a history of these disorders. Individuals with a history of BED also had an increased likelihood of making a suicide plan (AOR = 1.84).

Conclusions: Suicidality is a significant mental health concern among individuals with an eating disorder in both clinical and community populations. Given that the vast majority of individuals with eating disorders do not seek treatment, it is essential that clinicians screen for suicide experiences among individuals suspected of suffering from an eating disorder.

A Randomized Wait-List Controlled Trial of Dialectical Behaviour Therapy Guided Self-Help for Binge Eating Disorder: Examining Wait-List Participants' Response to Treatment

Philip C. Masson, MSc, University of Calgary, Calgary, AB
Kristin M. von Ranson, PhD, University of Calgary, Calgary, AB
Laurel M. Wallace, MSc, University of Calgary, Calgary, AB
Debra L. Safer, MD, Stanford University, Stanford, CA, US

Background**:** The goal of Dialectical Behavior Therapy for binge eating disorder (DBT-BED) is to decrease binge eating by increasing mindfulness and enhancing one's ability to adaptively regulate one's emotions rather than turning to food to cope with emotions.

Purpose**:** This study examined the effects of a new guided self-help manual based on DBT-BED (GSH-DBT-BED) compared to a wait-list (WL) control group.

Methods**:** Sixty men and women (mean age 42.8 years) were recruited from community advertisements. Individuals with BED were randomized to either GSH-DBT-BED (n=30) or a WL group (n=30). Individuals were assessed at baseline and at the end of treatment. The WL group subsequently was offered treatment. Assessment involved administration of a modified Eating Disorder Examination interview and self-report measures. Treatment included a 40-minute orientation meeting, a copy of the manual, and six 20-minute support phone calls over 13 weeks.

Results**:** At the end of 13 weeks, the GSH DBT-BED group, compared to WL, reported significantly greater binge eating abstinence (54.5% versus 3.7%) and significantly fewer binge eating episodes over the prior 28 days (2.1 versus 12.6). Quality of life and emotional regulation also significantly improved for GSH-DBT-BED versus WL groups. Individuals in the WL group who subsequently received treatment (n =25) reported higher binge eating abstinence rates compared to baseline (4.0% to 68%) and significant improvements in quality of life and emotion regulation.

Conclusions**:** These findings suggest that DBT-BED-GSH may be an effective treatment for binge eating.

Response to Day Hospital Treatment in Males

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Marion P. Olmsted, PhD, University Health Network, Toronto, ON
Wendi Rockert, MEd, University Health Network, Toronto, ON

This paper reports on immediate response to Day Hospital treatment for a sample of 12 males with bulimia nervosa(BN). Before treatment these men had a mean of 40 binge and 58 vomit episodes per month and had profiles similar to those of our female BN patients. 16.7% of the men left treatment early (less than 4 weeks). Of the remaining 10 patients, 60% were abstinent from bingeing and vomiting at the end of treatment and an additional 30% had subthreshold symptom frequencies. This response to treatment compares very favourably to the 50% abstinence rate observed at the end of DH in female BN

patients. There were similar improvements in psychological test scores. These results suggest that men respond well to DH treatment for their ED. Our clinical experience is that the male patients fit in well with the female patients and share similar issues and concerns in intensive group therapy.

The Influence of Anorexia Nervosa on Sibling Relationships: A Qualitative Study of the Perspective of Patients While in Intensive Treatment

Gina Dimitropoulos, PhD, University Health Network, Toronto, ON
Nicole Stonewall, BASc, University Health Network, Toronto, ON
Franca Placenza, PhD, University Health Network, Toronto, ON
Renita Persaud, R BSc (Hons), University of Toronto, Toronto, ON

Background**:** Minimal empirical research is available about how anorexia nervosa affects sibling relationships (Dimitropoulos et al., 2008; Areemit et al., 2010). Siblings describe themselves as taking on a supportive role towards the affected individual especially if they perceive their parents as "burned out" (Dimitropoulos et al., 2008). Research shows that family members typically engage in responses (accommodation and over protection) to AN that may inadvertently contribute to poor treatment outcomes (Treasure et al., 2007). To date, none of this research investigates the perspective of the affected individual with AN and the kind of support that they seek from their siblings during treatment.

Purpose: To develop an understanding of how AN affects the sibling relationship and the kind of support needed from the patient's perspective.

Methods**:** Sixteen patients with AN participated in interviews in the Eating Disorder Program at UHN. Using a grounded theory approach, the interviews were transcribed and analyzed thematically.

Results**:** The average age of patients was 23.1 (±1.2); average duration of illness was 6.1 (±1.3) years; 33% were first born. The following salient themes were gleaned from the qualitative interviews: 1) negative emotional responses from siblings including anger, distancing and frustration; 2) strain in sibling relationships and conflict around meals; 3) suggestions for improving communication and accessing support from siblings.

Conclusions**:** The findings reveal that AN adversely affects the sibling relationship and robs patients of an important source of support. These results may aid in the development of interventions to facilitate effective communication between siblings.

The Influence of Anorexia Nervosa on Sibling Relationships and Family Functioning

Gina Dimitropoulos, PhD, University Health Network, Toronto, ON
Kaitlin Bellai, BA, University Health Network, Toronto, ON

Background**:** Individuals with anorexia nervosa (AN) often rely on family members for support. Despite the important role siblings play in the lives of individuals with AN, this relationship has received little research attention.

Purpose: To identify predictors (eating disorder symptoms and stigma) of family functioning as perceived by siblings and patients, and how social support mediates this relationship.

Methods**:** Regression analyses were conducted on 27 patients with AN and 27 siblings of patients who completed self-report measures.

Results**:** The average age was 25.4 (±7.0) for patients and 24.4 (±8.1) for siblings; average duration of illness for patients was 7.9 (±7.3). For patients, bivariate correlations revealed that lower family functioning is correlated with increased patient perceptions that individuals with AN are stigmatized. For siblings, bivariate correlations revealed that lower family functioning is correlated with higher negative impact of AN on the family, lower social support from family and friends, and higher sibling perceptions that individuals with AN and their families are stigmatized. Hierarchical regression analysis resulted in a model predicting 38% of variance in family functioning. For siblings, results revealed that negative impact of eating disorder symptoms on the family significantly predicted family functioning while support and stigma were not significant predictors above and beyond negative impact of eating disorder behaviours.

Conclusions: Findings reveal that eating disorder behaviors predict poor family functioning from the perspective of siblings. A sibling intervention that aims to address the negative impact of AN and stigma on the sibling relationship and the family are recommended.

What Siblings Think: Siblings' Experience of Multi-Family Group Therapy

Marion Rom, MSW, British Columbia Mental Health and Addiction Services, Vancouver, BC
Kile Brokop, BA, British Columbia Mental Health and Addiction Services, Vancouver, BC

Background: The 2004 National Institute for Clinical Excellence (NICE) guidelines suggest that family interventions directly addressing the eating disorder be offered to children and adolescents with anorexia nervosa.[1] Multi-Family Group Therapy (MFGT) is an emerging best practice that was implemented at the Provincial Specialized Eating Disorder Program for Children and Adolescents in 2009.

Purpose: It has been established that sibling participation in MFGT is valuable. This research investigates the efficacy of MFGT in meeting the needs of siblings.

Methods: A mixed-methods approach was utilised, consisting of a satisfaction survey and focus groups with siblings. Descriptive statistics were run to identify the lowest scoring dimensions of satisfaction for the sibling sub-set. A thematic analysis of the qualitative data was conducted to identify broad trends, followed by a focused analysis linking sibling perceptions to the lowest scoring dimensions in the survey to identify areas for improvement.

Results: 53 surveys were completed by siblings. Siblings indicated satisfaction with MFGT. However, low scoring dimensions of satisfaction included leaving MFGT with tangible strategies to help sibling, willingness to attend future sessions and overall confidence in helping the sibling with eating disorder.

Conclusions: Our research suggests offering age appropriate activities, increasing sibling-only break out groups and ensuring sibling voices are heard as key strategies to increase sibling satisfaction. MFGT must be sensitive to the needs of siblings and future research should evaluate the effectiveness of any changes to delivery for the purpose of increasing sibling satisfaction.

[1]National Institute for Health and Clinical Experience. (2004). Eating disorders: Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders. *NICE Clinical Guidelines, CG9*. London: National Institute for Health and Clinical Excellence.

Workshop Session II

Friday, October 12, 2012
10:30 am – 12:00 pm

A Community-Based Approach in the Province of Quebec: An Innovative Model

Josée Champagne, MSW, Anorexie et boulimie Québec, Pointe-Claire, QC
Justine Thouin, MSc, Anorexie et boulimie Québec, Pointe-Claire, QC

Background: Anorexia and bulimia Quebec (ANEB) is the only provincial organization that guarantees immediate, free and professional support to people affected by eating disorders and their loved ones. Based on a community approach, ANEB has become an essential resource in the continuum of care in the treatment of eating disorders in the province of Quebec.

Learning Objectives:

1. Present a community-based model of support for eating disorders;
2. Describe the services offered at ANEB and their objectives;
3. Discuss the needs of those that we support: people suffering from eating disorders, their loved ones, professionals, etc.;
4. By interactive discussions, evaluate how this model could be applied in other communities: discuss the successes, the limits and the obstacles of our interventions.

Celebrating our 25th year of existence, ANEB has developed a unique model in the area of eating disorder support. The impact and importance of these services in the community can be seen by the continuous augmentation in the number of people who turn to our organization for assistance. Over 14 700 people have turned to ANEB for assistance in 2010-2011. This workshop is a relevant place to discuss how this example of a community based approach to support people touched by an eating disorder can inspire other provinces.

Emotion-Focused Therapy: Creative Applications in the Family-Based Treatment of Eating Disorders and the Supervision of Clinicians

Adele Lafrance Robinson, PhD, Laurentian University, Sudbury, ON
Maria Kostakos, MA, Health Sciences North, Sudbury, ON
Joanne Dolhanty, PhD, Mount Pleasant Therapy Centre, Toronto, ON

Background: The workshop will provide an overview of emotion-focused family-based therapy for eating disorders (FBT+EFT: Lafrance and Dolhanty, 2010). In this approach, the therapist supports carers to assist in the refeeding process and to provide emotion coaching to the sufferer, through family and/or dyadic therapy (Dolhanty and Lafrance, 2012). We have found that clinician "emotional blocks" may influence the delivery of traditional FBT and FBT+EFT similar to Treasure et al (2011) who suggest that therapists can play an inadvertent role in perpetuating eating disorder behaviour. The authors highlight four key domains-interpersonal factors, pro-eating disorder beliefs, emotional style and thinking style. Our model compliments this body of work by examining ways in which clinician 'blocks' may interfere with decision making and/or the implementation of therapy (e.g., setting target weights, recommending separate or conjoint family therapy and/or individual therapy over family-based therapy). Specific emotion-focused techniques will be presented to address these possible blocks with a particular focus on their use in supervision.

Learning Objectives:

1. Understand the general principles of FBT+EFT.
2. Identify the 'emotional blocks' common to clinicians.
3. Gain exposure to EFT techniques used in supervision.

Case Presentation: Video of 2 therapists will be presented to demonstrate use of EFT in supervision.

Interactive Component: Participants will complete a measure to self-identify potential "blocks" in clinical-decision-making and/or the implementation of therapy.

Discussion: Teaching points will include: the use of EFT in FBT; therapist emotional blocks and how they can interfere with treatment; the role of peer of supervision in processing emotional blocks.

To Eat or Not to Eat: That is the Question. A Therapy Group for Mothers

Margaret Bogue, MSW, The Hospital for Sick Children, Toronto, ON
Leora Pinhas, MD, FRCPC, The Hospital for Sick Children, Toronto, ON
Gina Dimitropoulos, PhD, University Health Network, Toronto, ON

Background: While there is agreement in the literature pointing towards the intergenerational transmission of eating disorders from parent to child, there is a dearth of studies discussing how or where to treat mother-child pairs. Little exists on the potential of mothers to effect change within themselves and subsequently their children. This presentation describes the development of a group therapy intervention for mothers with EDs. It will speak to the relational power of mothers to change themselves for the sake of their children by exploring, with other mothers, how their ED is impacting all aspects of their lives.

Learning Objectives:

1. To describe the development of a mother's group for women with ED
2. To describe current group structure and process.
3. To present pilot qualitative data collected through individual feedback sessions.

Case Presentation: To date, we have run 3 cycles of a group for mothers with EDs. Participants report that the group helped them to see the connection between their eating and their child's eating. They describe talking about their ED more openly and have started to think about their relationship to food and their body.

Interactive Component: This workshop format will be interactive discussion where participants will be encouraged to share their experiences of working with mothers in order to expand our understanding of this underserved population.

Discussion: While the results are preliminary, it appears that group therapy may provide a safe, containing context for mothers to confront their ED, thus having the potential to positively impact their children.

Building Capacity in Eating Disorders Prevention: Addressing the Continuum of Weight-Related Disorders in British Columbia

Mimi Hudson, MA, Family Services of the North Shore, North Vancouver, BC
Connie B. Coniglio, EdD, RPsych, British Columbia Mental Health and Addiction Services, Vancouver, BC

Background**:** Strengthened capacity in health promotion and prevention in eating disorders has been identified as a priority in British Columbia. In recent years, provincial eating disorders prevention initiatives have gained momentum and have expanded to include integrated prevention efforts across the continuum of weight-related disorders. A cross-sectoral approach to prevention has been adopted contributing to innovative and collaborative prevention practices in BC.

Current provincial initiatives include *Family FUNdamentals* an early childhood development program which aims to help families foster a joyful and competent parent/child relationship with food and activity; *Being Me: Promoting Positive Body Image* a classroom resource for students in grades kindergarten to grade 9 which aims to support the development of positive body image and self-esteem and to help prevent disordered eating; *Promoting Healthy Weights Working Group* a multidisciplinary stakeholder group with a focus on promoting healthy weights and reducing weight-based stigma.

Learning Objectives**:**

1. Understand system-wide approaches to prevention that integrate the spectrum of weight-related disorders including eating disorders and obesity.
2. Understand cross-sectoral capacity building strategies for the prevention of weight-related disorders.
3. Explore multi-sectoral partnerships and collaboration.

Interactive Components of Workshop**:** Participants will engage in dialogue and knowledge sharing throughout the workshop. Video clips and resources from the newly developed Family FUNdamentals program will be presented.

Summary of Teaching Points**:**

- Overview of context and current prevention activities in British Columbia
- Discussion of integrative prevention initiatives that address the spectrum of weight-related disorders
- Discussion of multi-sectoral partnership development and stakeholder relationships

Paper Presentations II

Friday, October 12, 2012
1:00 – 2:00 pm

Panel Discussion: Provincial Eating Disorder Treatment Networks: A Call to Action

David J. Pilon, PhD, Capital Health, Halifax, NS
Connie B. Coniglio, EdD, RPsych, British Columbia Mental Health and Addiction Services, Vancouver, BC
Gail McVey, PhD, The Hospital For Sick Children, Community Health Systems Resource Group, Toronto, ON
Olga Heath, PhD, Memorial University, St. John's, NL

Background**:** Eating Disorder services exist across Canada and are clustered mostly in larger centres. Four provinces (British Columbia, Ontario, Nova Scotia and Newfoundland) have created provincial entities to coordinate services and to link clinicians in an effort to promote integrated and improved services for those seeking care for an Eating Disorder. This panel discussion assembles the lead of each of these provincial networks to describe the efforts and benefits of linking services and relevant stakeholders to provide a more integrated community of provincial resources. The ensuing discussion will provide a comparison of these networks across the country and will encourage other provinces to consider similar models.

Learning Objectives:

1. To become familiar with the four Eating Disorder networks across Canada
2. To identify the benefits of coordinating provincial Eating Disorder services and resources
3. To encourage interest in expanding a provincial network model to other provinces

Discussion**:** The British Columbia Eating Disorders Network includes clinical and administrative leads from each of the province's health authorities, representatives from the adult and child & adolescent provincial tertiary eating disorders programs, representatives from the Ministries of Children and Family Development and Health and other community partners. The Ontario Community Outreach Program for Eating Disorders spawned a provincial network of clinicians working in paediatric and/or adult eating disorder services, funded by the province. The Nova Scotia Eating Disorder Treatment Network is comprised of the two provincial tertiary Eating Disorder Clinics as well as a clinician from each of the provinces nine health districts. The Newfoundland and Labrador Eating Disorder Interprofessional Community Capacity Building Project evolved from a review of local inpatient services to an initiative to improve eating disorder services across the province and consists of Local Community Facilitation Groups and other Eating Disorder professionals.

These networks provide a venue for: knowledge exchange; interprofessional capacity building; continuing education; peer support and supervision; enhanced consultation; standardization of assessment and treatment initiatives; identification of resource gaps; collective advocacy efforts; integrated research opportunities, etc. We will encourage the consideration of collaborative activities across networks and the implementation of networks in provinces where they do not presently exist.

Interactive Components of Session**:** There will be opportunities for discussion throughout the session.

Integrating "Maudsley" FBT Principles into an Inpatient Program for Youth with Eating Disorders

Wendy Spettigue, MD, Children's Hospital of Eastern Ontario, Ottawa, ON
Katherine Henderson, PhD, Children's Hospital of Eastern Ontario, Ottawa, ON
Annick Buchholz, PhD, Children's Hospital of Eastern Ontario, Ottawa, ON
Mark Norris, MD, Children's Hospital of Eastern Ontario, Ottawa, ON
Nicole Obeid, MA, Children's Hospital of Eastern Ontario, Ottawa, ON

Background**:** In 2006, an inpatient program was established at the Eating Disorder program at the Children's Hospital of Eastern Ontario to provide treatment for youth with severe eating disorders (EDs). The program was based on several guiding principles including integrating the new inpatient services into the specialized care provided by the existing team; having built-in program evaluation to measure its effectiveness; and creating a family-focused approach, as per the Maudsley Family-Based Therapy (FBT) principles.

Objective**:** To describe an inpatient program for youth that was built on the FBT principles, and to present preliminary evidence demonstrating its effectiveness.

Method**:** A description of the program will be followed by a case vignette. Program evaluation will be described, and outcome data will be presented for 94 patients treated over 2-years.

Results**:** Patients (mean age =15.4) were diagnosed as per the DSM-IV: 76.6% with Anorexia Nervosa, 7.4% with Bulimia Nervosa, and16% with EDNOS. At assessment, 78% of patients were also diagnosed with a co-morbid disorder. Overall, there were significant improvements in patients' caloric consumption and significant increases in weight from admission (mean BMI 16.37) to discharge (mean BMI 18.74). Patient and clinician reports demonstrated a decline in eating disordered behaviors and attitudes during hospitalization, as well as in depressive and anxiety scores.

Conclusions**:** This inpatient program addresses the medical, nutritional and psychological needs of patients, using FBT as a cornerstone of treatment. Program evaluation is being used to monitor outcomes. Results to date suggest that FBT can be successfully incorporated into an inpatient setting.

Effect of Non-Select Menus on Weight and Eating Concern in Adolescents Hospitalized with Anorexia Nervosa

Jessica Cane, RD, BASc, Children's Hospital, London Health Sciences Centre, London, ON
Kim Leacy, RD, OCT, BSc, BEd, Middlesex-London Health Unit, London, ON
***presented by Vanessa Gilmor**, RD, BASc, London Health Sciences Centre – Victoria Hospital, London, ON

The objective of this study was to assess the impact of food service menu type (i.e., non-select versus select) on weight restoration and eating concern for adolescent patients hospitalized with Anorexia Nervosa. Charts of 40 adolescents (mean age 13.3 +/- 2.2 years) were reviewed. Rate of weight gain was significantly increased when non-select menus were used (0.95 kg/wk versus 0.72 kg/wk [$p < .03$]). No significant differences in total weight gain, length of stay, or eating concern were observed. Non-select menus significantly increase rate of weight restoration in children and adolescents hospitalized with Anorexia Nervosa.

Stress Eaters and Stress Undereaters: A Field Study

Michael Emond, PhD, Laurentian University, Sudbury, ON
Jessica Carmichael, BA, Laurentian University, Sudbury, ON

When looking at the effects that stress has on food consumption two emerging trends in the literature are that people tend towards more unhealthy food choices during stress and females are more affected by stress than their male counterparts. Studies from our laboratory have also helped identify (through a specialized questionnaire) that there are two major subgroups in the overall population: stress eaters and stress undereaters. This study was designed to help further understand how stress affects the eating patterns of the segments of the population known as stress eaters (people who eat more than usual during times of stress) and stress undereaters (people who eat less than normal during times of stress). Using the latest in App technology, subjects were asked (via e-mail) on eight separate occasions, over an eight week period, to record their stress levels and record what they ate that day. A special App allowed the specifics of the meals to be recorded and the calories of those meals to be assessed. This study was designed to get more true to life data of how day-to-day stress affects the eating habits and food choice of stress eaters and stress undereaters. Results showed that stress undereaters did indeed reduce their caloric intake during periods of perceived stress. As well, the unhealthy food choices of the population also varied with changing stress levels. This study helps further demonstrate the real differences that exist between stress eaters and stress undereaters and continues to help characterize those differences.

Improving the Transition from Paediatric to Adult Care Services for Adolescents with Eating Disorders

Alène Toulany, MD, FRCPC, The Hospital for Sick Children, Toronto, ON
Gina Dimitropoulos, PhD, University Health Network, Toronto, ON
Miriam Kaufman, MD, FRCPC, The Hospital for Sick Children, Toronto, ON
Donna Samuels, RN, The Hospital for Sick Children, Toronto, ON
Joanna Anderson, MSW, The Hospital for Sick Children, Toronto, ON
Tania Turrini, RD, The Hospital for Sick Children, Toronto, ON
Patricia Colton, MD, FRCPC, University Health Network, Toronto, ON
Cathleen Steinegger, MD, The Hospital for Sick Children, Toronto, ON

Background**:** Given the frequently chronic course of eating disorders, many adolescent patients require transition of care from paediatric to adult care service providers for continued management of their illness. There are often significant differences in treatment philosophy and provision between the two types of service, which can cause difficulties for the patient, their family, and their paediatric and adult care providers.

Objective**:** To identify the gaps in the current process of transitioning adolescent patients with eating disorders to adult care services.

Methods**:** A retrospective chart review was performed of all adolescent eating disorder patients transferred from SickKids (Toronto, Canada) to adult care services between January 1, 2009 and December 31, 2011. An interdisciplinary working group of both paediatric and adult care providers was assembled to review the current process of transition for adolescent patients with eating disorders and to design a new transition program for adolescent eating disorder patients >16 years.

Results**:** Thirty patients transferred from paediatric to adult care during the study period. The mean age at first consultation in the paediatric setting was 16.2 years. The mean age at transfer to adult care was 17.8 years. The mean onset of transition related discussions was 7 weeks prior to transfer. Patients were seen an average of 17 times in the year prior to transfer.

Conclusions**:** Transition to adult care for adolescents with eating disorders is often inadequately planned and poorly coordinated. Stronger partnerships between pediatric and adult eating disorder specialists may help facilitate better service transition for patients and their families.

Predictors of Refractory Eating Disorders in a Clinical Sample of Adolescents

Nicole Obeid, MA, Children's Hospital of Eastern Ontario, Ottawa, ON
Katherine Henderson, PhD, Children's Hospital of Eastern Ontario, Ottawa, ON
Mark Norris, MD, Children's Hospital of Eastern Ontario, Ottawa, ON
Danijela Maras, BSc, Children's Hospital of Eastern Ontario, Ottawa, ON
Wendy Spettigue, MD, Children's Hospital of Eastern Ontario, Ottawa, ON

Background: Eating disorders (EDs) are known as a debilitating group of disorders that are often described as chronic and relapse-ridden, requiring several rounds of treatment. Identifying predictors of return to treatment, or what is labeled here as a refractory EDs, is crucial to identifying those at risk of a refractory course of illness.

Purpose**:** To study in a large clinical sample of adolescents with EDs, predictors of refractory versus single-episode EDs using eleven theoretically driven variables.

Methods**:** Participants in this study were 324 adolescents who received intensive ED treatment at a pediatric tertiary care hospital. Of those, 221 (70.4%) were single-episode cases, whereas 93 (29.6%) adolescents were refractory cases. A secondary data analysis of initial intake assessment data was performed. A logistic regression was conducted to examine the predictability of several ED related variables and four variables related to the additional maintenance factors described by Fairburn and colleagues (2003) in his transdiagnostic maintenance model.

Results**:** Eight of the 11 predictors examined were found to significantly predict a refractory ED in this sample. A more acute onset of the ED; higher purging frequency; increased body dissatisfaction, ineffectiveness, interpersonal distrust, and impulsivity; and less depressed mood and perfectionism all significantly predicted refractory EDs with an accuracy rate of 91.7% for the single-episode group and 69.5% for the refractory group.

Conclusions**:** Those at-risk of suffering from a refractory ED can be identified at the initial intake assessment, therefore special attention to this set of indicators should be given. Further clinical implications are discussed.

Short-Term Outcomes of a Day Treatment Program for Youth with Eating Disorders

Katherine Henderson, PhD, Children's Hospital of Eastern Ontario, Ottawa, ON
Nicole Obeid, MA, Children's Hospital of Eastern Ontario, Ottawa, ON
Annick Buchholz, PhD, Children's Hospital of Eastern Ontario, Ottawa, ON
Wendy Spettigue, MD**,** Children's Hospital of Eastern Ontario, Ottawa, ON
Mark Norris, MD, Children's Hospital of Eastern Ontario, Ottawa, ON
Megan Harrison, MD, Children's Hospital of Eastern Ontario, Ottawa, ON
Steve Feder, MD, Children's Hospital of Eastern Ontario, Ottawa, ON
Annik Mossière, BA, Children's Hospital of Eastern Ontario, Ottawa, ON
Danijela Maras, BSc, Children's Hospital of Eastern Ontario, Ottawa, ON

Background**:** Day treatment programs (DTP) have become more common in the management of eating disorders, however, out of the very few studies examining the outcomes of such programs and their effectiveness in meeting treatment goals, none have evaluated youth DTPs.

Purpose**:** To examine the effectiveness of a youth DTP in terms of medical stabilization, normalization of disturbed eating, and improved psychological functioning based on pre to post-treatment and 6-month follow-up outcome measures.

Methods**:** Participants were 65 youth ranging in age from 11-17 years (M=15.00, *SD*=1.34). Youth completed a battery of psychological measures pre-treatment, post-treatment, and at follow-up. These consisted of the Children's Depression Inventory (CDI), the Eating Disorder Inventory-2 (EDI-2), and the Multidimensional Anxiety Scale for Children (MASC). Body Mass Index (BMI) was examined as an indicator of medical rehabilitation. A series of repeated measure ANOVAs were performed to examine changes on the outcome variables from pre and post-treatment to 6-months follow-up.

Results**:** The DTP was successful in meeting short-term goals of medical rehabilitation as measured by BMI [$F(1.72, 101.69)=26.98$, $p< .001$]; and normalization of disturbed eating as measured by EDI drive for thinness [$F(2,80)=12.10$, $p< .001$] and body dissatisfaction [$F(1.64, 65.81)=5.40$, $p= .01$] subscales. The program also demonstrated improved psychological functioning on the CDI [$F(1.78, 83.78)=8.49$, $p=.001$], and the MASC [$F(2, 88)=5.78$, $p=.004$]. Pairwise comparisons revealed that improvements appear to be maintained at follow-up.

Conclusions**:** A comprehensive DTP can successfully facilitate recovery in youth with eating disorders. Detailed results as well as clinical and program implications will be discussed.

r-TMS in Bulimia Nervosa and Anorexia Nervosa: Preliminary Results from a Pilot Trial

Jonathan Downar, MD, FRCPC, University Health Network, Toronto, ON
Patricia Colton, MD, FRCPC, University Health Network, Toronto, ON
Marion P. Olmsted, PhD, University Health Network, Toronto, ON
D. Blake Woodside, MD, FRCPC, University Health Network, Toronto, ON

This paper reports on preliminary results of an ongoing pilot study of repetitive transcranial stimulation(r-TMS) in anorexia nervosa, binge-purging subtype(ANBN), and bulimia nervosa(BN). We have completed two subjects, and are currently treating three others. Both subjects were treated with 20 sessions of high-dose repetitive transcranial magnetic stimulation (rTMS) of the dorsomedial prefrontal cortex (DMPFC) using a novel technique. Both showed complete remissions from their severe

BN by ten sessions. The second subject also reported a cessation of chronic stealing behavriour. Neuroimaging studies suggest that the DMPFC has an important role to play in impulse control, and may be underactive in BN. rTMS may have enhanced these patients' ability to deploy previously acquired strategies to avoid binging and purging via a reduction in impulsivity. We plan to complete a 10-subject pilot study later this year, and larger sham-controlled trial of DMPFC-rTMS for binging-purging behaviour may be warranted.

Seeing is Believing: Can a Naturalistic Visual Scanning Approach to Selective Attention in Anorexia Nervosa Help with Diagnosis?

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Leora Pinhas, MD, FRCPC, The Hospital for Sick Children, Toronto, ON
Kai-Ho Fok, BASc, University of Toronto, Toronto, ON
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Eileen Lam, BEd, The Hospital for Sick Children, Toronto, ON
Larry Grupp, PhD, University of Toronto, Toronto, ON
Moshe Eizenman, PhD, University of Toronto, Toronto, ON

Background: This study explores the potential for visual scanning behavior (VSB) in the diagnosis of anorexia nervosa (AN) in adolescents. VSB is a direct measure of eye movement utilized successfully with other mental health disorders.

Purpose: To explore VSB in the diagnosis of AN.

Methods: This study uses VSB (a direct measure of eye movement) to test attention bias to weight/shape images in female patients aged 12-18 with AN compared to controls. Subjects viewed four competing images (fat and/or thin body images, and social or neutral images) presented simultaneously on a computer screen, and completed the EAT-26. The primary outcome measure was relative time spent viewing the image. Both T-tests and chi-square analyses were performed.

Results: The mean EAT score for patients (n=12) was significantly higher ($p<0.001$) at 37.9 ($\pm$23.31) as compared to 6.8 ($\pm$5.43) for controls (n=17). 8/12 of patients met the clinical cut point score as compared to 0 controls ($p<0.001$). 100% of patients had a viewing preference for thin body images rather than social images while only 30% of controls had this finding ($p<0.001$). 8/12 patients and only 3/17 controls had a viewing preference ($p<0.05$) for fat body images rather that social images ($p<0.05$). When both fat and thin images were presented, 10/12 patients but only 3/17 controls had a preference for either or both fat and thin body images (p+0.001).

Conclusions: Overall, patients demonstrated statistically significant attention bias toward fat and thin images, even for the 30% of patients that scored below clinical range on the EAT-26. This study is thus an important step in developing a non-volitional tool that can objectively and reliably measure presence of AN.

Correlating Mid Upper Arm Circumference (MUAC) with Weight Gain and Physical Recovery in Female Adolescents with Eating Disorders

Peiyoong Lam, MD, FRACP, British Columbia Children's Hospital, Vancouver, BC
Jadine Cairns, MSc, British Columbia Children's Hospital, Vancouver, BC
Lily Farris, British Columbia Children's Hospital, Vancouver, BC
Sheila Marshall, PhD, British Columbia Children's Hospital, Vancouver, BC

Background**:** Methods for tracking physical recovery of adolescents with eating disorders should avoid possible falsification and be cost effective. Mid upper arm circumference (MUAC), used by the World Health Organization to assess malnutrition, is a good predictor of need for medical admission in adolescents with anorexia nervosa. MUAC is inexpensive, non-invasive, and less subject to manipulation than direct weight assessment. We propose MUAC be used with weight measurements to assess progress with re-nutrition.

Purpose**:** To prospectively study relationships between MUAC and weight among adolescents admitted to inpatient (ITS) or day treatment (DTP) settings in an eating disorders program.

Methods**:** ITS and DTP admissions from September 2011 to March 2012 meeting inclusion criteria were approached for recruitment. Inclusion criteria were: female, aged 10-18 years; ammenorheic; diagnosed with Anorexia Nervosa, Bulimia Nervosa or Eating Disorder Not Otherwise Specified; Ideal Body Weight (IBW) of ≤85%; and medical history impacting menses.

Data collected included weekly MUAC and weight (kg) assessments. Correlations were performed to examine relationships between MUAC, weight, and IBW and changes in these values over a 6-week period.

Results**:** Data collection was completed for 21 subjects. Correlations between weekly assessments of MUAC and weight were all >.70 and MUAC and IBW >.60. Correlations between change (admission to week 6) in MUAC and weight and MUAC and IBW were r=.86 and r=.88, respectively.

Conclusions**:** Increases in MUAC correlate consistently with weight gain across the first 6 weeks of treatment. Inaccuracies seen between MUAC and weight may partially represent weight falsification.

References**:**

1. Heyward VH, Wagner DR, Applied Body Composition Assessment, Chapter 3, 2004 2nd Edition.
2. Myatt, M and Duffield, A Weight-for-height and MUAC for estimating the prevalence of acute undernutrition? A review of survey data collected between September 1992 and October 2006. Save the Children UK and IASC Global Nutrition Cluster Report for UNICEF, 22nd October 2007.
3. Fernández, MAL, Delchevalerie, P and Van Herp, M. Accuracy of MUAC in the Detection of Severe Wasting With the New WHO Growth Standards. *Pediatrics* 2010;126;e195-e201
4. Martin, AC, Pascoe, EM and Forbes, DA. Monitoring nutritional status accurately and reliably in adolescents with anorexia nervosa. *Journal of Paediatrics and Child Health* 45 (2009) 53–57

Clinical Practice Guidelines for the BC Eating Disorders Continuum of Services (Bedford Room)

Josie Geller, PhD,
Shawna Goodrich, MSW,
Kathy Chan, MA,
Sarah Cockell, PhD,
Suja Srikameswaran, PhD, Providence Health Care, BC

Format: This presentation will provide an overview of the Clinical Practice Guidelines for eating disorders in BC. This project was funded by the BC Ministry of Health and led by Dr. Josie Geller. Its objective was to develop evidence-based clinical guidelines and tools for professionals providing services along various levels of intensity for individuals with eating disorders in British Columbia. The guidelines were developed in collaboration with key stakeholders, including the Ministry of Health Services, Ministry of Children and Family Development, clinicians and representatives from each of the provincial health authorities, and local and international experts in eating disorders research. A unique feature of the guidelines is the development of the Short Treatment Allocation Tool for Eating Disorders (STATED). This tool is based upon a synthesis of the adult and child literature, and recommends assessing three patient domains to optimally match patients to the most appropriate level of care. The guidelines also provide tools for assessment, primary care, pharmacotherapy, and criteria for assessing patients in order to make use of the STATED levels of care. This presentaiton will provide an overview of the guidelines, and participants will be invited to discuss the potential benefit of creating national guidelines.

Workshop Session III

Friday, October 12, 2012
2:30 – 4:00 pm

Improving Access, Quality and Safety: Implementing LEAN Methodology in Specialized Child and Adolescent Eating Disorder Services at BC Children's Hospital (Bedford Room)

Connie B. Coniglio, EdD, RPsych, British Columbia Mental Health and Addiction Services, Vancouver, BC
Tom Bauslaugh, MA, British Columbia Mental Health and Addiction Services, Vancouver, BC

Background: The Provincial Specialized Eating Disorders Program for Children and Adolescents at BC Children's Hospital received funding in 2008 to increase tertiary care services for intensive inpatient treatment from 10 to 14 beds. Improving access, quality and safety were considered critical elements in the change process. It was determined that LEAN process improvement methodology would be most suitable to support the re-design. 14 Rapid Process Improvement Workshops (RPIWs) have been conducted as of May 2012 working towards high quality and patient/family focused delivery of services. Most recently, workshops have focused on improving the Inpatient Unit meal support process and establishing a family-based approach to meal support therapy education for families and caregivers.

Learning Objectives:

1. Understand how LEAN methodology was applied to improve care, focusing on the transformative effect of RPIW's
2. Begin an assessment of the potential application of LEAN in specific clinical environments for the continuous improvement of eating disorder services
3. Gain familiarity with a new meal support coaching and education process for families and caregivers established through an RPIW and enhanced by the new Family-Based BCCH Meal Support Education Video.

Interactive Components of Workshop: There will be opportunities for discussion throughout the workshop. Video clips from the newly developed meal support education video will be presented.

Summary of Teaching points:

- Highlight LEAN methodology as it applies to a specialized tertiary child and adolescent setting
- The application of LEAN tools to improve the care of patients and their families.
- Provide concrete tools for meal support education
- Understanding family-based service delivery

Cognitive Behavior Therapy and Acceptance and Commitment Therapy: Interventions to Address Body Image Concerns with Eating Disordered Clients (Harbour Suite A)

Valarie Bittner, MA, Westwind Eating Disorder Recovery Centre, Brandon, MB

Background: This workshop will draw upon Cognitive Behavior Therapy (CBT) and Acceptance and Commitment Therapy (ACT) as evidence based treatment approaches for eating disorders. CBT is recognized as the leading treatment approach with the National Institute for Clinical Excellence, and acknowledged in the Cochrane Library as an evidence based treatment. Much research has shown ACT to be effective with treatment anxiety disorders. Therefore using ACT to treat eating disorders could easily be argued as a logical extension of these research findings.

Learning Objectives:

1. Learn about the significance of body image concerns as the core cognitive psychopathology of eating disorders.
2. Learn Cognitive Behavior Therapy and Acceptance and Commitment Therapy approaches to body image concerns.
3. Learn strategies to address the over-evaluation of weight and shape with eating disordered clients.

Case Presentation: N/A

Interactive Component: N/A

Discussion: In order to reach the above stated learning objectives, this workshop will be covering body image concerns, specifically the over-evaluation of shape and weight and their control, as the core psychopathology of eating disorders. In contrast to general body dissatisfaction, which is common in our culture, the over-evaluation of weight and shape cause the eating disordered client to judge their self worth largely in terms of their body and their ability to control it. This workshop will address both cognitive and behavior based strategies for addressing body image concerns in female eating disordered clients. Interventions will be drawn from both Cognitive Behavior and Acceptance and Commitment Therapeutic approaches.

Parental Challenges in Supporting Treatment and Recovery in Adolescent Eating Disorders: The Development of Strength-Based Approaches to Unify Parents and Professionals (Harbour Suite B)

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Increasingly, parents and family members are viewed as integral mediators of change in the recovery of child and adolescent eating disorders. Caregivers, however, enter the treatment context having been exposed to a multitude of messages regarding health, body size, and nutrition from the media, peers, family members, as well as education and health care professions. Faced with a plethora of viewpoints, and in the context of their child's distress, parental understanding may conflict with team perspectives and recommendations, leading in extreme situations, to treatment impasse. The goals of the workshop are twofold. Workshop leaders will invite participants to consider the forces operative in attitudes about nutrition and health. Cases illustrating specific challenges encountered at the Child and Adolescent Eating Disorders Program in Winnipeg will be reviewed and participants will be encouraged to share their own experiences. Clinical and academic research relevant to alliance building, readiness, and attitude change will be presented. Drawing from this literature, workshop leaders will share their team's experience in developing a strength-based approach for caregivers designed to facilitate an effective alliance and the delivery of a unified approach to recovery. A mix of didactic and participant-facilitator interaction is anticipated.

Transition Age Youth with Eating Disorders: Clinical Guidelines and Interventions for Effectively Working with Emerging Adults and Their Families in Various Settings (Maritime Room)

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Joanna Anderson, MSW, Sheena's Place, Toronto, ON

Background**:** Eating Disorders often start in adolescence, and for many individuals persist into adulthood. Despite the wealth of research about transition age youth with chronic physical illnesses, there is a dearth of knowledge about how to prepare, plan and transfer young people with eating disorders from pediatric to adult programs. The purpose of this workshop is to review transition models for chronic physical ailments and highlight the research findings of the presenters on transition age youth with eating disorders.

Learning Objectives:

1. To become familiar with guiding principles for working with transition age youth with eating disorders and their families in the Canadian health care context.
2. To identify facilitators and barriers to the provision of a seamless coordination of efficient and effective services for individuals graduating from pediatric care for their eating disorder and moving into primary, tertiary and community based services for adults with this mental illness.

Interactive Component: Through interactive discussions and structured activities, we will review how to facilitate stronger clinical ties and build partnerships between pediatric and adult eating disorder specialists within and across programs. In break-out sessions and in the larger group, participants will engage in discussions about how to work with families to assist them in gradually shifting their parental responsibility for managing the illness and treatment to the young adult. We will further discuss interventions to promote independence and autonomy in young adults and the skills to enable them to learn how to access and navigate health and mental health services for their eating disorder.

Posters

Does Maudsley Family-Based Therapy Enhance the Weight Gain of Children with Anorexia Nervosa?

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Anna Campbell, PhD, IWK Health Centre, Halifax, NS
Stephanie Casey, MD, FRCPC, IWK Health Centre, Halifax, NS
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Background: Maudsley Family-Based Treatment (MBFT) is an intensive outpatient treatment in which parents play a central role in re-nourishing their child. MBFT has emerged as an effective treatment approach for youth with Anorexia (AN; Eisler et al., 2000, 2007; Le Grange et al., 1992, 1993); however, the body of data supporting this approach is small and most were conducted at the same site (Maudsley Hospital).

Purpose: The purpose of the present study was to examine whether MBFT was more effective than a non-specific supportive family approach (NSF) in promoting weight gain among youth who received treatment for AN in an Atlantic Canadian pediatric hospital.

Methods: Participants were 46 adolescents (43 females, 3 males) under the age of 16 with AN. The weight gain of 14 patients who received NSF (pre-2002) was compared with 32 patients who received MFBT (post-2002). Patient information was gathered from chart review.

Results: At two and three months post-intake, MFBT patients gained significantly more weight than NSF patients [$F(1, 40)= 10.75$, $p<.01$, and $F(1, 39)= 10.29$, $p<.01$), respectively]. Patients who received MFBT were also less likely to be hospitalized on the psychiatry unit than NSF patients (34.4% vs. 78.6%) and for significantly fewer days [$F(1, 42)= 4.26$, $p<.05$]. They were also significantly less likely to be tube-fed [$\chi^2(df=1, N=46)= 9.08$, $p<.01$].

Conclusion: These results suggest that empowering parents to take a central role in re-feeding their children is effective in reversing the starvation of youth with AN and can reduce the need for inpatient hospital stays.

Evaluation of a Nutritional Rehabilitation Protocol in Hospitalized Adolescents with Restrictive Eating Disorders

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Background: Nutritional rehabilitation is an essential part of inpatient treatment for adolescents with restrictive eating disorders. It includes weight restoration while minimizing the risks of underfeeding and refeeding syndrome. Currently, there is no evidence on the most effective inpatient method of refeeding adolescents with restrictive eating disorders (ED).

Objective: To examine weight gain, clinical and laboratory measures and medical complications in hospitalized adolescents with restrictive ED on a structured nutrition rehabilitation protocol (NRP).

Methods: An evidence-based NRP was developed and implemented in June 2011. A retrospective chart review on all adolescents between 12-18 years with a diagnosis of AN or EDNOS, restrictive type, admitted for the first time for medical instability and assigned to the NRP will be evaluated. Patients < 70% of their progress weight, with clinical and laboratory signs of refeeding or having multiple hospital admissions will be excluded. Patients are prescribed 1500kcal taken orally and increased by 250kcal every other day until 2500kcal/d. Thereafter, nutritional adjustments are based on weight gain with a target of 1.0 kg/week. Paired *t* tests will be used to compare daily weights and calories with baseline. Multiple linear regression will evaluate whether calorie level prescribed on admission predicted the rate of change in weight and total number of days in hospital.

Results: Pending.

Conclusion: NRPs need to be evaluated in hospitalized adolescents with restrictive eating disorders. Effective, efficient, and safe NRPs that maximize weight gain will result in shorter periods to medical instability, briefer hospital stays, and lower costs.

University Students' Perceptions of an On-Campus Peer Health Program for Fostering Positive Body Image and Self-Esteem

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Background: Colleges and universities are considered "breeding grounds" for body image concerns and eating problems (Striegel-Moore & Franko, 2002). Thus, on-campus programs targeting positive body image in university students are important. Currently, through their Peer Educators, Brock University's Student Health Services runs an annual two-week program to promote positive body image and self-esteem. The program includes information booths, posters, banners, and the distribution of positive affirmations to individuals on campus.

Purpose: The purpose of this study was to investigate students' perceptions of each element of this program.

Methods: The study assessed the students' perceptions through immediate feedback from individuals receiving an affirmation or visiting the information booth, and through focus groups. Immediate feedback questionnaires were completed by 136 student participants filling out in-person questionnaires; 17 participants took part in focus groups.

Results: Immediate feedback questionnaires showed that participants believed the affirmations and information booth to be effective. Results from focus groups raised several ideas for improving the effectiveness of the campaign. Students considered the program effective for fostering positive body image and self-esteem in university students. Areas for improvement included messaging and appeal of posters and banners, providing more resources, location of banners and booths, utilizing social media and increasing visibility across campus.

Conclusions: Overall, students recognized the program as important and effective at achieving its goals, but believed there was a need to reach a greater portion of the student population. These results can help direct body image and self-esteem programs at colleges and universities in the future.

Body Weight as a Prognostic Factor for Day Hospital Success in Adolescents with Anorexia Nervosa

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Background: The day hospital setting has been shown to be effective in adults with anorexia nervosa (1), but it is less clear if it is effective in the adolescent population. The literature in adult inpatient populations suggests that body weight has a strong association with prognosis and outcome in the treatment of anorexia nervosa (2,3,4). The day hospital setting for the treatment of eating disorders has also found similar associations between low body weight and poorer outcome measures. In some previous studies, adults with a BMI of 19 or less upon admission has been found to be a poor prognostic factor leading to an association with day hospital program failure and inpatient readmission (5,6).

Purpose: To examine whether body weight at admission predicts positive treatment outcome for the day hospital setting in female adolescents with anorexia nervosa.

Methods: Retrospective review of 49 charts of patients with anorexia nervosa to determine success or failure in the day hospital program based on weight above or below 85% of ideal body weight at time of admission.

Results: There was not a greater risk of failure in the day hospital program with ideal body weight below 85% compared to those patients with an ideal body weight of >/= to 85%.

Conclusions: Body weight did not predict day hospital success in adolescents with anorexia nervosa in this study. Further study into factors that predict success at day hospital programs for the female adolescent anorexia nervosa population should be completed to better guide decisions of this treatment setting.

Disclosure statement: The authors have no involvement with industry or other organizations that may influence the presentation of educational material.

References:

1. Fittig E, Jacobi C, Backmund H, Gerlinghoff M, Wittchen H-U: Effectiveness of day hospital treatment for anorexia nervosa and bulimia nervosa. Eur Eat Disorders Rev. 2008; 16:341-351.
2. Baran, SA, Weltzin TE, Kaye WH: Low discharge weight and outcome in anorexia nervosa. Am J Psychiatry 1995; 152: 1070-1072.
3. Hebebrand J, Himmelmann GW, Wewetzer C, Gutenbrunner C, Heseker H, Schafer H, Remschmidt H: Body weight in acute anorexia and at follow-up assessed with percentiles for the body mass index: implications of a low body weight at referral. Int J Eat Disord 1996; 19:347-357.
4. Hebebrand J, Himmelmann GW, Herzog W, Herpertz-Dahlmann BM, Steinhausen H-C, Amstein M, Seidel R, Deter H-C, Remschmidt H, Schafer H: Prediction of low body weight at long-term follow-up in acute anorexia nervosa by low body weight at referral. Am J Psychiatry 1997; 154:566-569.

5. Treat T, McCabe E, Gaskill J, Marcus M: Treatment of anorexia nervosa in a specialty care continuum. Int J Eat Disord 2008; 41:6:564-572.
6. Howard WT, Evans KK, Quintero-Howard CV, Bowers WA, Andersen AE: Predictors of success or failure of transition to day hospital treatment for inpatients with anorexia nervosa. Am J Psychiatry 1999; 156: 1697-1702.

The Connection with Asperger's Syndrome-Genetic Loading, Eating Disorders and Sensory Integration Disorders with Implications for Therapy (unpublished)

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Background: A potential link between anorexia nervosa, autistic spectrum disorder and obsessive compulsive disorder has been suggested in studies (Treasure et al., 2007). This link has been explored using test that measure Gestalt thinking processes and therefore central coherence. Individuals with these disorders have been found to pay attention to minute details and struggle to process information globally (Gillberg et al., 2006). Parallels have also been drawn to the impairment in executive functions in autism and in acquired frontal lesions (Happe & Brickman, 2001).

Weak central coherence may be viewed as a processing bias which has the potential to be exaggerated or minimized depending on specific situations (Happe & Frith, 2006). For example, a person with strong central coherence may be able to pay attention to minute details if prompted to do so, just as a person with weak central coherence may be able to connect detail and identify a larger concept.

Purpose: This client presented with significant sensory integration issues and difficulties with affect regulation that complicated her treatment. She also had a family history of autistic spectrum disorder. The purpose of using a case presentation format is to share therapeutic techniques specific to this situation and encourage discussion in this area.

Method: We explore through case example clinical adaptation of treatment methods to address features of sensory integration disorder, obsessive thinking patterns, poor self-efficacy and difficulties with self-regulation. The client was able to express consistent affect regulation at the time of discharge from treatment.

Conclusion: Further study in this area is necessary to develop effective treatment strategies which accommodate for genetic loading.

Eating Patterns in Response to Different Stressors: A Laboratory Study

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Background: It is well established that experiences of stress are related to changes in eating patterns in both clinical and non-clinical samples (Laessle & Schulz, 2009; Rutter Niewenhuizen, Lemmens, Born, & Westerter-Plantenga, 2008; Zellner et al, 2006). Past studies have explored work-injury (Grunberg and Straub, 1992), frustration (Rutter Niewenhuizen, Lemmens, Born, & Westerter-Plantenga, 2008), and

social (Laessle & Schulz, 2009) types of stress on eating behaviors. Although it is generally accepted that parents do not cause eating disorders (Racine, Root, Klump, & Bulik, 2011), significant relationships have been reported between attachment styles and eating disorders (O`Shaughnessy & Dallos, 2009; Tasca et al. 2009).

Purpose: The present study aimed to build upon laboratory studies examining stress-induced changes on eating patterns induced by different types of stress; academic as well as attachment- or relational.

Methods: Under the guise of critiquing student films, undergraduate students viewed either stress-inducing videos (relational/attachment or academic stress) or a control video (relating to travel) and consumption of an array of food items of varying nutritional content (i.e. grapes, pretzels, cheese, candy, etc.) was recorded.

Results: Preliminary results suggest that the manipulations were effective in inducing stress and that participants in each of the stress conditions consumed more of certain nutrients (i.e. fats, carbohydrates, etc.) than did participants in the control condition. Results provide insight into the role of different types of stress on eating.

Conclusions: Implications for prevention and treatment of eating pathology are discussed.

Working Alliance, Post-Session Changes and Emotion Dysregulation in Group Treatment for Eating Disorders

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Background: Emotion regulation is often cited as a common deficit among clients with eating disorders (ED) (Whiteside et al., 2007). Yet little is known about the treatment factors that contribute to improvements in this domain.

Purpose: To examine how therapeutic alliance and specific treatment factors differentially predict changes in emotion dysregulation.

Method: Early- and late-phase therapy working alliance and task-specific post-session change scores were examined in relation to treatment outcome (EDI-3 Emotion Dysregulation Subscale) in 23 clients undergoing group therapy for eating disorders in an outpatient hospital setting.

Results: Hierarchal regression analyses relating these variables to outcome indicated that results varied depending upon therapy phase and the type of treatment. Late phase therapy post session change scores predicted reductions on the emotion dysregulation subscale above and beyond working alliance. Adding the post session change measure to the regression model resulted in additional 11% of variance in outcome, and combined the two variables predicted 67% ($p = .02$) of variance in emotion dysregulation at termination. Early phase Emotion-Focused group therapy post session change measure predicted 64% ($p = .01$) of outcome variance in emotion dysregulation, but not in late phase therapy. Late phase therapy working alliance predicted 54% ($p = .03$) of variance on the emotion dysregulation, but the results were nonsignificant in the early phase. The regression results for the comparison group, Standard Outpatient Treatment, were nonsignificant.

Conclusions: The role of common and specific factors appears to play out differently depending on the treatment phase. Study limitations and implications of the findings for clinical practice are discussed.

The Contribution of Self-Compassion to Eating Disorder Cognitions

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Background: Self-compassion has been the subject of an explosion of empirical research over the past decade. It is defined as the act of treating oneself kindly during times of hardship. Unlike self-esteem, a related construct, self-compassion is not contingent upon social comparison. Previous research has demonstrated links between eating disorder cognitions and negative affective states such as depressed mood and body dissatisfaction. Despite these demonstrated links, little is known about the contribution of self-compassion to eating disorders cognitions.

Purpose: To examine relations among self-compassion, eating disorder cognitions, BMI, and depression. To determine is self-compassion is associated with three types of body concerns after controlling for depression and BMI: body dissatisfaction, weight bias, and shape and weight based self-esteem.

Methods: Patients (N=61) from a tertiary care eating disorders program in Vancouver, B.C. completed measures of self-compassion, eating disorder symptomatology, psychiatric distress, weight bias, and shape-and-weight based self-esteem.

Results: Multiple regression analyses revealed that self-kindness was significantly associated with a more positive body image and less discriminatory beliefs about weight status, after controlling for BMI and depression. Additionally, mindfulness and connectedness to others was associated with lower shape and weight based self-esteem.

Conclusions: These results suggest that self-compassion may promote resilience to eating disorder cognitions, and that compassion-focused therapy (Gilbert, 2010) may help reduce harmful body related cognitions in individuals with eating disorders.

The HOPE Program Pilot Project: Supporting Clients Who Are Ambivalent About Change

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Individuals with eating disorders are a notoriously difficult population to engage and treat, particularly when they are ambivalent about change, or unable to partake in programming due to medical instability. In the Fall of 2011, the HOPE Program in St John's, NL, began piloting a 10-week program for this population. This modified program built on the motivational interviewing approach by also exploring harm minimization and quality of life. A key aspect of the program was the provision of information and support in a safe and non-judgmental environment, without pressure to make changes or meet any specific goals. As this appears to be the first program of its kind in Canada, feedback from clients and staff was important. Eleven clients were recruited from the pilot program, and were asked to complete a battery of pre and post questionnaires, as well as participate in a focus group at the end of the 10-week program. Of these, seven agreed to participate in a focus group, and one client elected to participate in an individual interview. The program staff was also given the opportunity to participate in pre and post focus groups. Preliminary findings from the focus groups suggest that clients found the

program to be beneficial, and that staff were also encouraged by the success of the program in meeting its goals. Quantitative, as well as qualitative findings will be discussed, as well as suggestions for future directions.