

# First study of eating disorders in teen ER patients suggests an opportunity to spot hidden problems

November 19 2012

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Could the emergency room be a good place to spot undiagnosed eating disorders among teens, and help steer them to treatment? A new study from the University of Michigan suggests that could be the case.

Researchers screened more than 940 teens and [young adults](#) aged 14 years to 20 years for eating disorders, as part of their visit to the U-M [Emergency Department](#) for any non-psychiatric reason.

They found that 16 percent – more than one in every 6 – had indications of an eating disorder. Those that did were also much more likely to also show signs of depression and substance abuse – conditions that often go hand-in-hand with eating disorders.

The results are published in the November issue of the [International Journal of Eating Disorders](#).

The researchers, from the U-M Medical School's Department of [Emergency Medicine](#) and Department of Psychiatry, and the Center for Eating Disorders of Ann Arbor, MI, also noted that more than a quarter of the patients with signs of eating disorders were male – a higher percentage than might be expected.

Contrary to most people's perceptions of eating disorders, but consistent with what experts know about the condition, the patients who screened

positive for eating disorders in the ER were more than three times as likely to be obese than those without eating issues.

Although [anorexia nervosa](#) is the most commonly known eating disorder, and calls to mind images of unhealthily skinny teens, [bulimia](#) and [binge eating](#) are also eating disorders – and are known to be associated with [overweight and obesity](#).

Suzanne Dooley-Hash, M.D., who led the study, works as an [emergency physician](#) at U-M. She started the effort because she had a sense that eating disorders were more common among ER patients than the care teams there might think – it's just that no one was asking about it.

For many teens and young adults, ER visits are more common than regular [doctor visits](#)—or the only form of medical care they get. In fact, teens who received public assistance of some sort were more likely to have signs of eating disorders in the ER study population.

So the idea of screening for eating disorders there, and helping at-risk teens get treatment after they leave the ER, could be an effective way of stemming problems before they become even more serious. Similar approaches have been taken for drug and alcohol abuse, risky driving, and other risky behaviors.

The new study was part of the UConnect study, led by Rebecca Cunningham, M.D., who is senior author of the new paper and an associate professor of emergency medicine, and Maureen Walton, MPH, Ph.D., a co-author of the new paper and research associate professor of psychiatry. Cunningham also holds an associate professorship at the U-M School of Public Health and directs the U-M Injury Center.

The researchers acknowledge that the study represents patients from one hospital, located in a university town, and say that further research would

be needed to confirm the findings' applicability before any interventions are designed.

"They come in for other things – and it's up to health care providers to know what to look for," says Dooley-Hash, an assistant professor of emergency medicine who has worked to educate her fellow emergency physicians about eating disorders and how to spot high-risk teens. "ER teams can be equipped to refer patients for care, just as we do for substance abuse. It could be a wakeup call, a teachable moment, a chance to tell them they need to seek help and direct them to resources."

She notes that many teens with eating disorders may come to their physician or an ER with stomach-related complaints but not want to acknowledge that their symptoms are related to an eating issue. Many go undiagnosed for years. On the other end of the spectrum, she says she has seen teens die in the ER after struggling with eating disorders and the depression and suicidal tendencies that often accompany them.

While treatment for [eating disorders](#) is not a surefire thing, and can take years, the earlier a patient is diagnosed the better their chances are, she says.

**More information:** *International Journal of Eating Disorders*, 45:7 883 2012

Provided by University of Michigan Health System

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