EATING DISORDER EXAMINATION QUESTIONNAIRE AS A PREDICTOR OF TREATMENT RESPONSE IN ADOLESCENTS WITH EATING DISORDERS

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INTRODUCTION

• Eating disorders have been introduced to have severe consequences for females and males as evidenced by elevated rates of role impairment, medical complications, comorbidity, mortality and suicide (Swanson, Crow, Le Grange, Swendsen, & Merikangas, 2011).
• In the United States, 20 million women and 10 million men suffer from a clinically significant ED at some time in their life (Wade, Keski-Rahkonen, & Hudson, 2011).
• While recovery is the aim of most treatment for diseases, there is currently no standard in how to best define recovery in eating disorders, as well as no standard in what type of outcome data to collect for comparison (Lock et al., 2013).
• The treatment of eating disorders has changed over time from a focus on physical criteria to including behavioral components of recovery, but did not yet include psychological aspects (Bardone-Cone et al., 2010).
• Including physical, behavioral, and psychological indices into a definition of recovery is still far from the norm and is not being done in any standardized way across studies (Bardone-Cone et al., 2010).

PICOT question:

In females and males ages 10 to 24 years (P), how does score on the Eating Disorder Examination-Questionnaire at discharge (I) from an inpatient eating disorder treatment program predict maintenance of body weight and decrease psychosocial impairment (O) at three-month follow-up (T)?

The primary objectives were to determine:

1. If patients with an Eating Disorder Examination-Questionnaire (EDE-Q) score less than 2.17 at discharge will maintain body weight at 3-month follow-up.
2. If patients with an Eating Disorder Examination-Questionnaire (EDE-Q) scores less than 2.17 at discharge will have decreased Clinical Impairment Assessment (CIA) score at 3-month follow-up.
3. Predictor variables of CIA and BMI at 3-month follow-up.

MATERIALS AND METHODS

• Data was collected from one Midwestern eating disorder center that provides on-site medical and psychiatric management and care combined with individualized psychotherapy.
• Target population was a purposive, convenience sample of males and females aged 10-24 years admitted for inpatient eating disorder treatment.
• The design for this study was a retrospective chart review.
• The following information was collected from discharge records:
  • pencil and paper assessment of Eating Disorder Examination-Questionnaire
  • The following information was collected from 3-month follow-up data:
  • online Clinical Impairment Assessment score
  • reported height and weight to calculate BMI

RESULTS

• The multiple regression model did not statistically significantly predict the BMI at 3-month follow-up, F(8,43) = .446, p > .000, adj. R² = .077. The EDE-Q at discharge is not a statistically valid predictor of BMI at 3-month follow-up.
• The multiple regression model statistically significantly predicted the CIA at 3-month follow-up, F(8,43) = 6.115, p < .000, adj. R² = .532. While not statistically significant, there was a small clinically significant decrease in BMI at 3-month follow-up with a lower EDE-Q score at discharge, t(50) = 1.24, p = .22, 95% CI [-1.05, 4.47], d = .20
• There was a statistically and clinically significant large decrease in scores on the CIA at 3-month follow-up with a lower EDE-Q score at discharge, t(50) = -4.54, p < .000, 95% CI [-22.49, -8.69], d = 8.0

CONCLUSIONS

• The EDE-Q was found to predict psychosocial impairment, but did not predict body weight.
• A score of 2.17 or less was found to predict psychosocial impairment, but did not predict body weight.
• There were not statistically significant interactions for age, gender, race, length of stay, times in treatment, duration of eating disorder, or eating disorder diagnosis on psychosocial impairment or weight at three-month follow-up.
• Recommendations were made regarding the use of the EDE-Q at discharge to determine psychosocial impairment at three-month follow-up. Using a cut-off score of 2.17 on the EDE-Q at discharge may better psychosocial outcomes.
• More research will need to be performed to determine predictors of BMI at follow-up. Including physical, behavioral, psychological, and psychosocial components into the discharge and follow-up assessments would provide important information (Courtirier & Lock, 2006).

REFERENCES


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