

Key Features of Common Eating Disorders

ANOREXIA NERVOSA

- Weight loss or lack of weight gain, when necessary
- Lack of recognition of seriousness of low body weight or lack of nourishment
- Fear of or resistance to restoring weight
- Inadequate food intake
- Unusual eating habits or rituals
- Vigorous, compulsive, or excessive exercise
- Distortion in perception of body size/shape

BULIMIA NERVOSA

- Eating large amounts of food rapidly, often in secret, and feeling out of control with eating
- Compensation for eating through self-induced vomiting, laxatives, fasting, exercise, or other means
- Unusual eating habits or rituals
- Frequently absent after meals
- Fear of gaining weight
- Vigorous, compulsive, or excessive exercise
- Weight typically within or slightly above normal range

BINGE EATING DISORDER

- Eating large amounts of food rapidly, often in secret, and feeling out of control with eating
- Eating when not hungry, feeling uncomfortably full, disgusted, depressed, and/or guilty about eating
- No regular compensatory behavior after overeating
- Weight frequently above normal range

AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER

- Weight loss and nutritional deficiencies
- Failure to meet growth trajectories
- Emotional dysregulation and high anxiety around mealtimes
- Chronic abdominal pain lacking an apparent cause
- Fears or phobias around illness, choking, or vomiting
- Neutral or positive body image

Source: Diagnostic and Statistical Manual (DSM-5®), Fifth Edition, American Psychiatric Association, 2013. www.dsm5.org

Determining Levels of Care for Individuals with Eating Disorders



Worried About Someone Who Might Be Struggling?

The following questionnaire is a helpful tool to screen for disordered eating behaviors. **If the respondent answers “yes” to two or more questions, contact an eating disorder treatment specialist for a full assessment.**

EATING DISORDER ASSESSMENT TOOL

- Do you worry about your weight and body shape more than other people?
- Do you avoid certain foods for reasons other than allergies or religious reasons?
- Are you often on a diet?
- Do you feel your weight is an important aspect of your identity?
- Are you fearful of gaining weight?
- Do you often feel out of control when you eat?
- Do you regularly eat what others may consider to be a large quantity of food at one time?
- Do you regularly eat until feeling uncomfortably full?
- Do you hide what you eat from others, or eat in secret?
- Do you often feel fat?
- Do you feel guilty or depressed after eating?
- Do you ever make yourself vomit (throw up) after eating?
- Do you use your insulin in ways not prescribed to manage your weight?
- Do you take any medication or supplements to compensate for eating or to give yourself permission to eat?
- Do you exercise for the sole purpose of weight control?
- Have people expressed concern about your relationship with food or your body?

The Emily Program and Veritas Collaborative offer a wide array of services at multiple locations to address difficulties with food, body image, weight, and eating. We will work with the individual to determine the appropriate services and level of care to make recovery possible. **To refer a patient, contact us at (888) 364-5977.**



Determining Levels of Care for Individuals with Eating Disorders ^{1,2,3}

Level of care is determined by many factors, including clinical judgment not captured by these criteria.

	OUTPATIENT	INTENSIVE OUTPATIENT (IOP)	PARTIAL HOSPITAL PROGRAM/INTENSIVE DAY PROGRAM (PHP/IDP)	RESIDENTIAL TREATMENT	INPATIENT HOSPITALIZATION
Medical status	Medically stable	Medically stable	Some medical and/or psychiatric monitoring needed	Medical and/or psychiatric monitoring needed	Acute medical stabilization needed
Structure needed to eat and/or decrease ED behaviors	Self-sufficient For adolescent, intensive family support available	Needs additional structure to manage eating behaviors and/or weight gain	Needs significant structure to manage eating behaviors and/or weight gain	Continual supervision and structure required to manage eating behaviors and/or weight gain	Continual supervision and structure required to maintain safety
Purging/dehydrating behaviors	None	Purging/dehydrating behaviors (vomiting, stimulant laxative and/or diuretic use) not more than once a week	Purging/dehydrating behaviors (vomiting, stimulant laxative and/or diuretic use) 4 or fewer times/week	Purging/dehydrating behaviors (vomiting, stimulant laxative and/or diuretic use) 5 or more times/week	Purging/dehydrating behaviors (vomiting, stimulant laxative and/or diuretic use) 5 or more times/week
% natural body weight or degree of weight change	Typically > 85% or significant weight change over more lengthy time period	Typically > 80% or significant weight change over relatively short time period	Typically > 80% or significant weight change over short time period	Typically > 65% or rapid significant weight change	Typically > 65% or very rapid significant weight change
Motivation for recovery	Fair to good	Fair	Poor to fair	Poor to fair	Very poor to poor
Co-occurring conditions	Co-occurring conditions are minimally impactful	Co-occurring conditions may indicate higher level of care depending on severity and impact	Co-occurring conditions may indicate higher level of care depending on severity and impact	Co-occurring conditions may indicate higher level of care depending on severity and impact	Co-occurring medical and/or psychiatric conditions require acute care
Suicidality	No intent or plan	No intent or plan	Suicidal ideation with possible plan, no intent	Suicidal ideation with possible plan, no intent	Suicidal ideation with possible plan, no intent
Exercise	Able to control compulsive and/or excessive activity	Needs some structure to manage compulsive and/or excessive activity	Needs significant structure to manage compulsive and/or excessive activity	Continual supervision and structure required to manage compulsive and/or excessive activity	Continual supervision and structure required to maintain safety
Social support	Some support	Some support	Limited support	Lacking structure or support outside of treatment setting	Safety compromised

Adapted from (1) American Psychiatric Association Practice guideline for the treatment of patients with eating disorders (revision). Am J Psychiatry 2000 Jan; 157 (1 Suppl): 1-39; (2) Guideline Watch (August 2012): Practice Guideline for the Treatment of Patients with Eating Disorders, 3rd Edition. Yager J, Devlin M, Halmi K, Herzog D, Mitchell J, Powers P, Zerbe K. Focus, Volume 12 Issue 4, Fall 2014, pp. 416-431; and (3) REDC, Level of Care Standards, redcconsortium.org/standards.

Delivering Care That Truly Changes Lives

At Accanto Health, we believe in meeting our clients where they are on their recovery journey and supporting them every step of the way. We operate two eating disorder treatment programs: The **Emily Program** and **Veritas Collaborative**. Together, these networks offer personalized, evidence-based treatment for children, adolescents, and adults of all genders, across all levels of care. For more information about our programs, visit www.emilyprogram.com or veritascollaborative.com.

