

# Mind Matters ECHO

**Caring for Patients with Feeding and  
Eating Disorders**

March 8, 2023



**Mount  
Sinai  
Health  
Partners**

# Welcome!

- ▶ Hub team introductions
- ▶ Disclosures
- ▶ Questions during presentations



# Caring for Patients with Feeding and Eating Disorders

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Professor of Psychiatry  
Director, Center of Excellence for Eating and  
Weight Disorders

Eve Freidl, MD  
Associate Professor of Psychiatry  
Medical Director, Center of Excellence for Eating  
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# Case and Didactic Presentation



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Professor of Psychiatry  
Icahn School of Medicine at  
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Associate Professor of Psychiatry  
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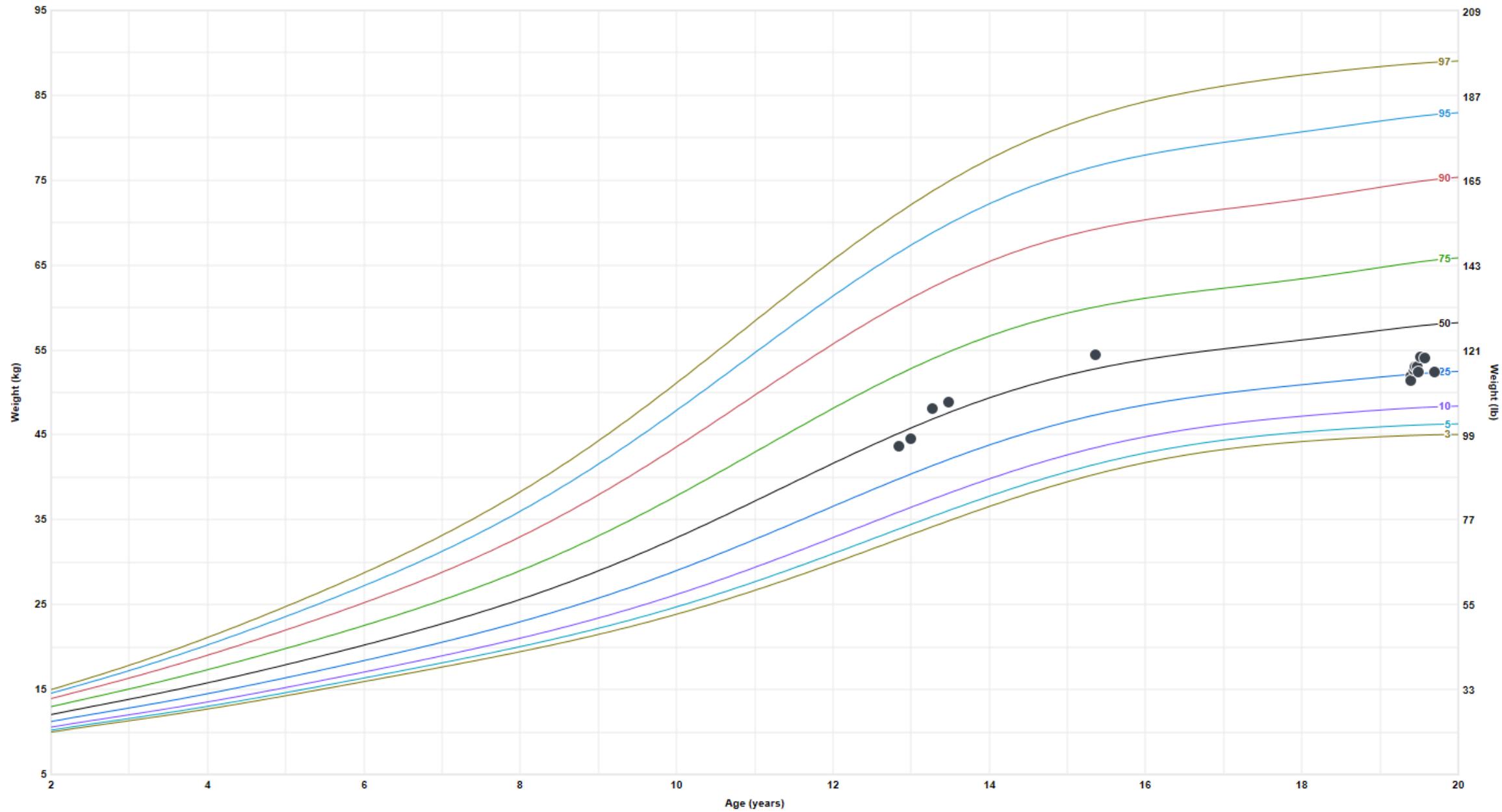
# Outline of Cases for Discussion

## Young Adult ARFID

- Comorbid medical

## Adult Binge Eating Disorder

- CBT+PCOS



Source: Centers for Disease Control and Prevention (CDC), 2000

# Young Adult ARFID

- ▶ 19 y.o. cisgender female presenting for treatment
  - Acute weight loss at school ~17 lbs from premorbid weight
  - Always a “picky eater”, GI discomfort related to most foods
    - Eats hamburgers, mac & cheese, waffles
    - “Complex food” is avoided
    - Frequent loose stool, stomach pain
- ▶ Medical Hx
  - Mild Food Allergies
    - Soy, Sesame, Trees, Pet Dander (2016)
  - Mild Anemia (3/23/23)
  - Herpes (Age 16)
  - Joint Pain

# Psychiatric Symptoms

- ▶ PTSD related to
  - Multiple unwanted sexual encounters (starting age 13)
  - Most recent unconscious at time of encounter (age 19)
- ▶ Personality
  - History of affective lability
  - Parent-child stress
- ▶ Social Functioning
  - Unstable friendship patterns
  - Characterized by sexual choices/few close female friends

# Gastrointestinal Symptoms

Gastric Alimetry Body Surface Gastric Mapping ©2020 Alimetry Ltd

## Report

Name: **FBI-F003 L**  
 ID: **FBI-F003-L**  
 Date of recording: **2022-11-21**  
 Page: **1 of 24**

ANALYSIS SYMPTOMS TECHNICAL SIGNALS GUIDELINES

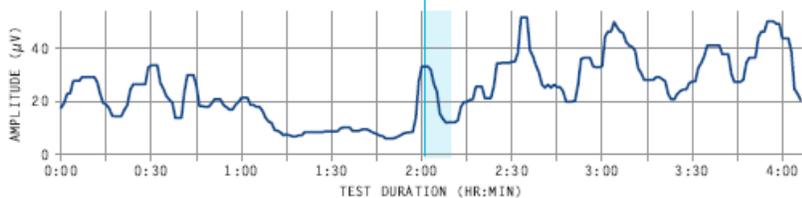
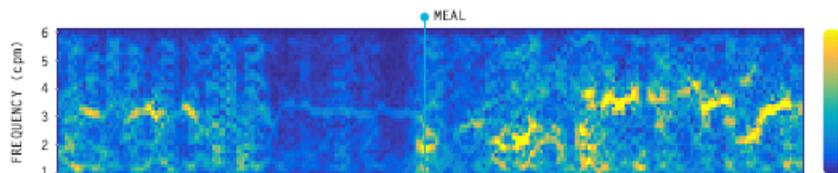
### Recording Summary

|                                |  |
|--------------------------------|--|
| Procedure Start Time           | <b>11:26:38 AM</b>                             |
| Fasting Duration (hr:min)      | <b>02:00</b>                                   |
| Postprandial Duration (hr:min) | <b>02:00</b>                                   |
| Meal Duration (hr:min)         | <b>00:08</b>                                   |
| Test Performed By              | <b>Allison Boyar</b>                           |
| Managing Location              | <b>Icahn School of Medicine at Mount Sinai</b> |
| Responsible Physician          | <b>Alli Boyar</b>                              |

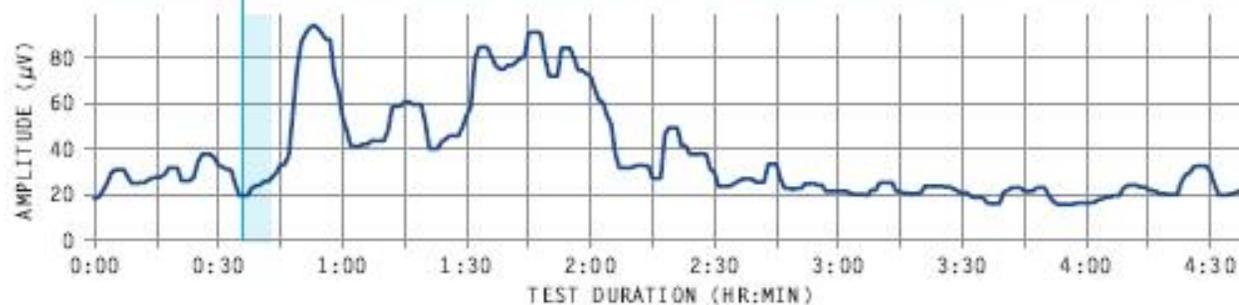
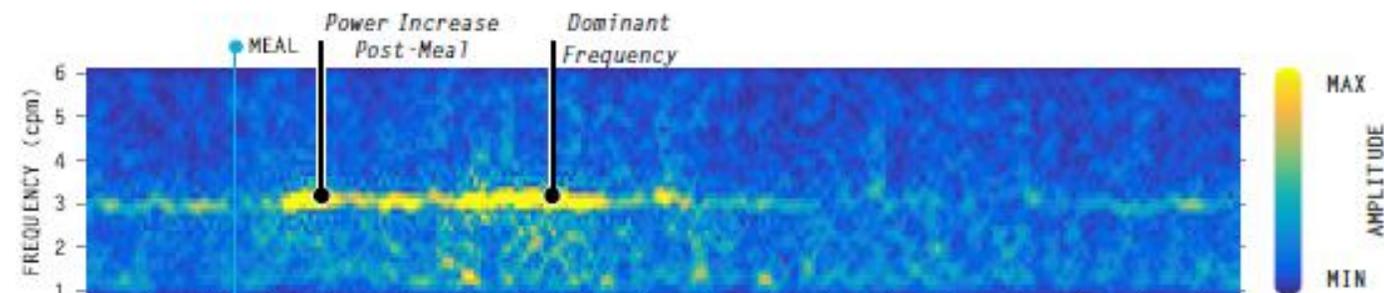
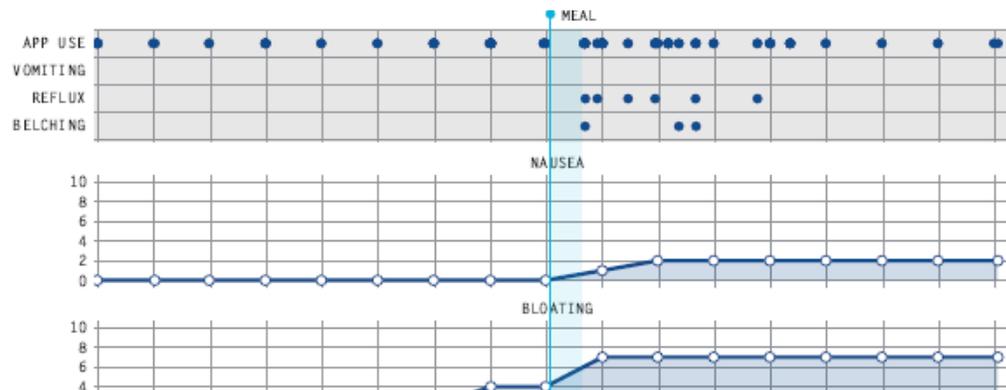
### Patient Information

|              |                   |
|--------------|-------------------|
| Name         | <b>FBI-F003 L</b> |
| ID           | <b>FBI-F003-L</b> |
| Sex          | <b>Female</b>     |
| Age          | <b>19</b>         |
| Height (in)  | <b>64</b>         |
| Weight (lbs) | <b>116.5</b>      |
| BMI          | <b>19.8</b>       |

### Spectral Analysis



|                 | Pre Meal<br>Mean ± std | Post Meal 1 <sup>st</sup> hr<br>Mean ± std | Post Meal 2 <sup>nd</sup> hr<br>Mean ± std | Overall<br>Mean ± std |
|-----------------|------------------------|--|--|-----------------------|
| Amplitude (µV)  | <b>16.3±8.0</b>        | <b>30.1±10.7</b>                           | <b>34.2±8.5</b>                            | <b>24.3±11.9</b>      |
| Frequency (cpm) | <b>2.6±0.8</b>         | <b>2.4±0.7</b>                             | <b>3.2±0.7</b>                             | <b>2.7±0.8</b>        |



# Treatment Trajectory

## ▶ Day Treatment for refeeding

- 5-day evening program + group therapy
- 6-weeks improved functioning in psychiatric symptoms, resolution of starvation, increased flexibility in eating

## ▶ Persistent Gastrointestinal Discomfort

- Motility evaluation scheduled
- Gastroparesis (84% emptying after 4 hrs)

## ▶ Psychiatric medications/Tx

- Taper off medications to reduce GI related side effects/Ineffective for Dx
- Begin PTSD specific treatment

# Discussion Points

## ▶ Premorbid diffuse pain/allergy GI symptoms

- Exacerbated by Trauma
- When to refer to specialist?

## ▶ Resolution of starvation first

- Improved mood and social functioning
- Increases likelihood of identifying underlying GI problem

## ▶ Psychiatric medication options

- To medicate or not?

# Adult Binge Eating Disorder

- ▶ 34 y.o. cisgender female, lives alone in apt, works for newspaper
  - Onset of symptoms (Binge Eating 3-4x/week, no compensatory behavior)
    - Age 19, periods of intense restriction, loss of control eating, body shame
    - Graduated w/honors Performing Arts degree
  - 3 Physician visits and 1 Psychiatrist evaluation before presentation
    - Slightly anemic, recent weight loss of ~10 lbs over last 6 months
    - BMI of 19.4, EKG normal
    - Mood (sad, irritable)
    - On oral contraceptive (high progesterone), Accutane for skin
  - No hx of current past substance use, medical conditions, or prior treatment

# Key Clinical Questions

## ▶ Does anemia pose acute or long term effect on treatment?

- Most robust genetic link for BED is for iron transport

## ▶ Stigma and eating disorders

- All 3 physicians told her “you don’t have an eating disorder, you’re weight is healthy”
- Psychiatrist informed her that “your body is perfect, you don’t need to worry about your eating. If you keep eating healthy and exercising, you wont gain weight”

## ▶ What does her pattern of loss of control eating indicate

- Binge eating occurs after prolonged restriction (8+ hrs.)
- Worsens premenstrual (binge eating amount and frequency)
- Sad and lonely made worse by uncertainty of career path

# Treatment Course and Key points

## ▶ Cognitive-Behavioral Therapy

- Use self-monitoring to establish regular eating
- Diversify food choice, eliminate forbidden foods
- Challenge beliefs that best body comes from control

## ▶ 6 months of treatment

- Reduced symptoms to 1x/month binge eating
- Freedom in food choice, selected different career path

## ▶ 15 years later

- Improvements largely maintained
- Binge symptoms connected to premenstrual window
- Remains slightly anemic, BMI 23.4
- Fertility workup, she is diagnosed with PCOS
- Trial of metformin for 6 months (significantly increases depressive symptoms), discontinued

# Discussion Points

- ▶ Weight as only diagnostic question for eating disorder
  - Systematic evaluation of relationship between symptoms and hormones, environment, and food patterns.
  - Underlying hormonal condition undetected.
- ▶ Long journey with significant improvement acutely, but long-term management of symptoms.
- ▶ Issues with mild anemia may indicate a larger vulnerability to reward processing.

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In appreciation of your  
attention and interest!

**ANY  
QUESTIONS?**

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- <https://www.mountsinai.org/locations/eating-weight-disorders>