

# Intervention And Screening Tools For Detection Of Eating Disorders In Primary Care Settings



Universidad de Navarra | FACULTAD DE ENFERMERÍA


Author: Yara Urretavizcaya Argaiz  
Tutor: María Jose Hernández Leal

## Introduction:

- Eating disorders are severe, frequently fatal illnesses linked to profound abnormalities in people's eating practices and associated thoughts and feelings (1) .
- We can find different types of ED (2,3) :

Anorexia

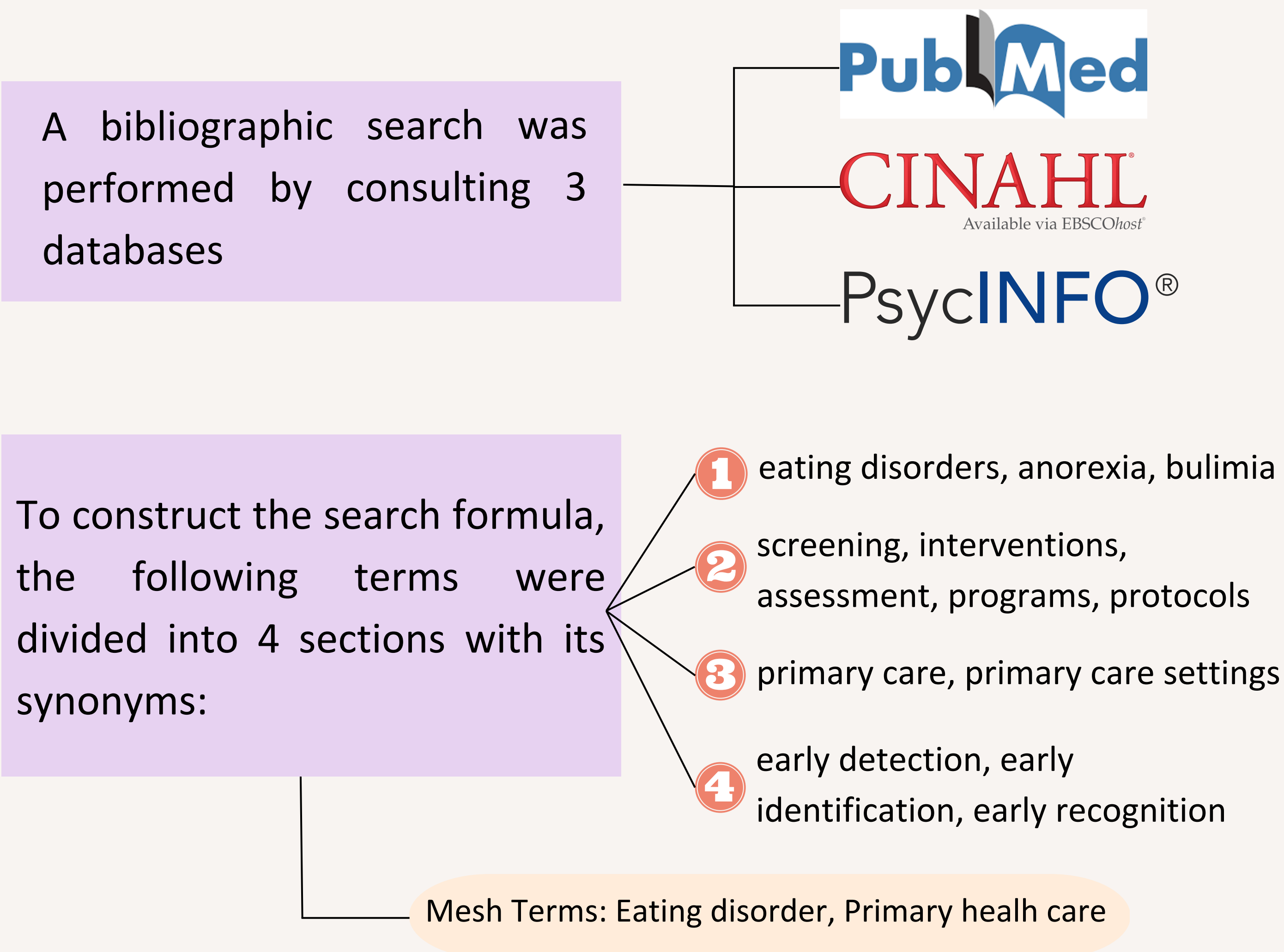
Bulimia

Non-specific ED
- The global prevalence of ED was 4,1 % which 3,07% was related to non-specific eating disorders or incomplete syndromes, 0,76% to bulimia and 0,3% to anorexia (4).
- Nowadays, 1 in 5 children and adolescents  develop eating disorders (5).
- Currently it is the third most prevalent chronic disease among female adolescents and young people in developed nations, and anorexia nervosa has the highest mortality rate of all psychiatric disorders (6) .

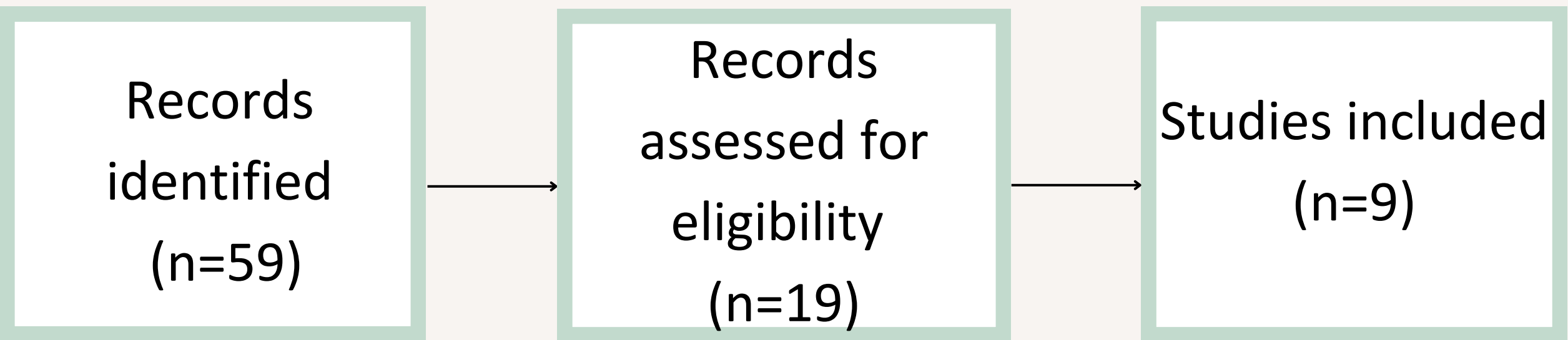
## Aim:

- To improve the ability of nurses to accurately identify patients with disordered eating behaviours.
- To analyse comprehensive assessments and screening tools that can be utilised in primary care settings for early identification of individuals with ED.

## Methodology:


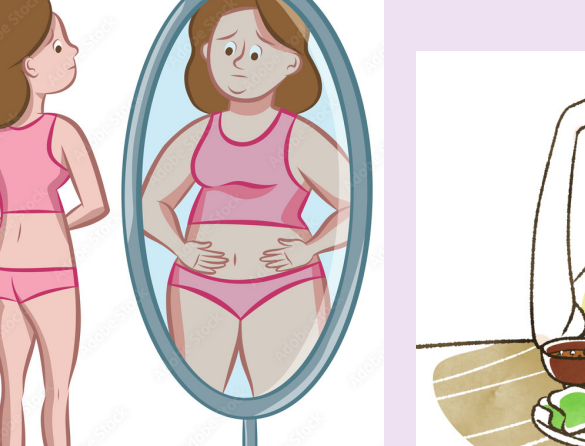
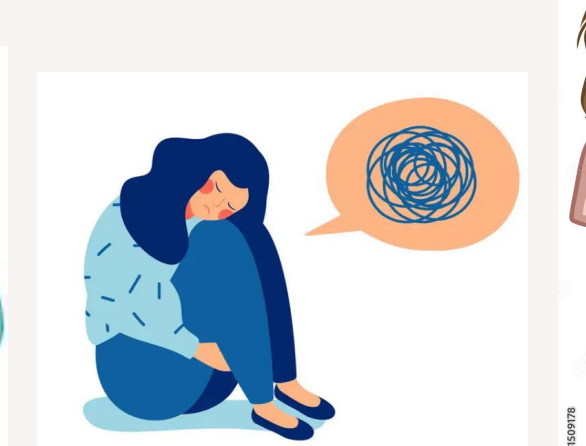
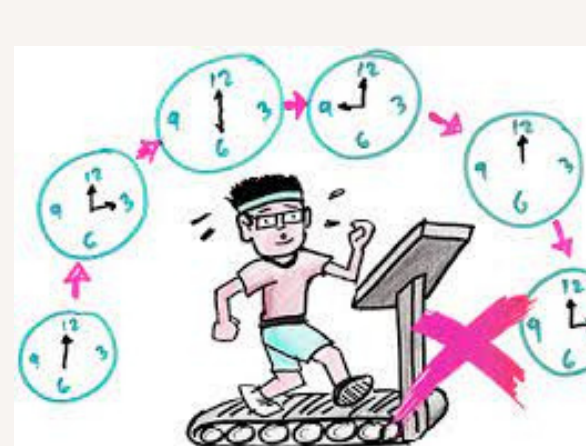



Prisma Flow Chart:



## Results:

- Before a diagnosis is made, individuals with EDs visit their doctor's office more frequently than controls, with a variety of unrelated physical and psychological problems (7).
- Hence, warning signs or symptoms can assist in detecting ED (6):


- A comprehensive assessment should be conducted: medical, psychosocial, physical, etc. (8)
- Screening instruments available for identification of ED in primary care settings:

Screening tools	Notes
Behavior, Belief and Impairment (BBI) (9)	- 3 ED domains: adopted weight loss behaviors, the underlying beliefs driving the disorder and the subsequent psychological and physical impairment.
Eating Attitude Test (EAT-26) (10)	- 26-item questionnaire. - Sensitivity of 25% and a specificity of 96,4%. - Time: 5,15 min
SCOFF (10)	- 5 self-reporting short questions. - Sensitivity of 91,1% and a specificity of 91%. - Time: 3,98 min
Eating Disorder Examination Questionnaire (EDE-Q 6.0) (10)	- 36-question self-administered questionnaire. - Evaluates 4 subscales: restrictive attitude, concerns about food, shape, and weight. - Sensitivity of 99,3% and a specificity of 91,7%. - Time: 15,23 min
Inside Out Screener (IOI-S) (11)	- 6 item digital screener.

- The levels of training, knowledge, and confidence in ED screening could be improved (12): Project ECHO® model of "telementoring" (13).
- This training might lessen the difficulty and stigmas associated with evaluating ED symptoms, promoting early detection and treatment of EDs (12).
- Need to be conscious of the language they use with patients and communicate to them in a way that encourages patient autonomy, gives them the power to make changes, and builds their relationship with them by concentrating on the "whole person" as well as the disease (13) .

## Conclusion:

- Clinicians should consider incorporating screening tools into routine practice considering the limitations of these tools, and using patient assessment to improve accuracy.
- It's crucial to have a solid education that gives the professional the skills and information they need to spot eating disorders as soon as possible.

Bibliography:

