

A Mixed Methods Approach to Identifying Barriers to Providing Eating Disorder Care in a Rural State

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Purpose

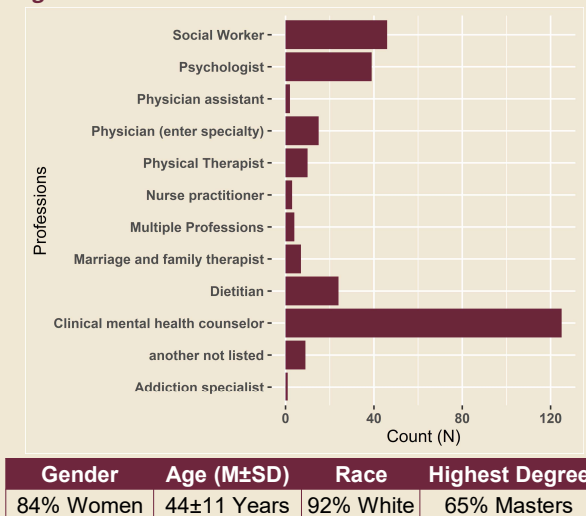
Eating disorders (EDs) are prevalent and severe psychiatric disorders.^{1,2} Only 16-29% of individuals with EDs receive treatment, lower than that of other mental health conditions.³ Given that rural providers usually practice as generalists, ED training experiences, screening, referral, and treatment practices need to be assessed to identify training and clinical recommendations for these providers. Our aims were to:

1. Examine ED knowledge and training experiences among healthcare providers in a rural state.
2. Examine screening and referral practices among healthcare providers in a rural state.
3. Identify barriers to ED assessment and treatment.

Method

- Licensed healthcare providers ($N = 285$) located in a rural state completed a brief survey (see **Figure 1**) to assess their knowledge, training, screening, treatment and referral practices.
- Thematic analysis was used to explore barriers to providing ED treatment.

Figure 1



References

- 1) Arcelus J, Mitchell, A. J., Wales, J., & Nielsen, S. (2011). Mortality rates in patients with anorexia nervosa and other eating disorders. A meta-analysis of 36 studies. Archives of General Psychiatry, 68(7), 724-731. <https://doi.org/10.1001/archgenpsychiatry.2011.74>
- 2) Deloitte Access Economics. (2020). Social and economic cost of eating disorders in the United States of America (p. 92). <https://www.hsph.harvard.edu/stripped/report-economic-costs-of-eating-disorders/>
- 3) Hart, L. M., Granillo, M. T., Jorm, A. F., & Paxton, S. J. (2011). Unmet need for treatment in the eating disorders: A systematic review of eating disorder specific treatment seeking among community cases. Clinical Psychology Review, 31(5), 727-735. <https://doi.org/10.1016/j.cpr.2011.03.004>
- 4) Cotton, M. A., Ball, C., & Robinson, P. (2003). Four simple questions can help screen for eating disorders. Journal of general internal medicine, 18(1), 53-56. <https://doi.org/10.1046/j.1525-1497.2003.20374.x>

Results

ED Knowledge

65%

Clinicians did not correctly identify EDs in the top 2 highest mortality rates for psychiatric disorders

ED Training

49%

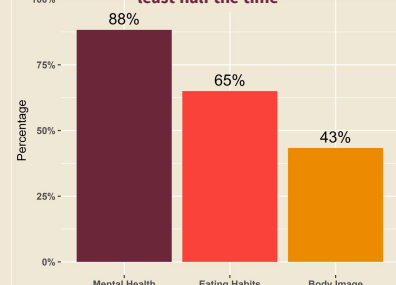
Reported 0 to 4 ED training hours in their career

74%

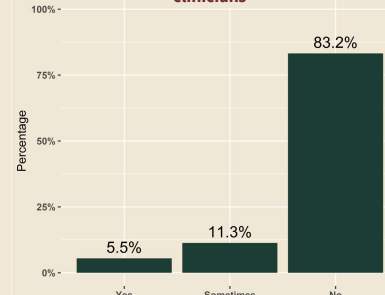
Reported being unsatisfied with the level of their previous ED training

Screening Practices

Percentage of clinicians who asked patients about mental health, eating habits and body image at least half the time

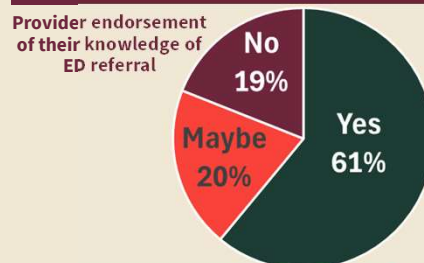


Routine eating disorder screening among clinicians



Referral Practices

Provider endorsement of their knowledge of ED referral

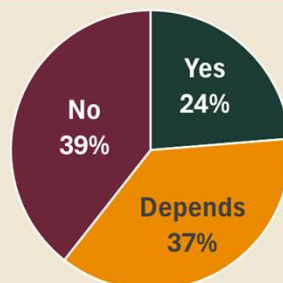


24%

Reported they would refer someone with an ED or suspected ED to weight management

Treatment Practices

Would providers treat someone with an ED?



Treatment Barriers

Two themes were identified

Insufficient/Lack of Training ($n = 48$)

"I do not feel comfortable with my minimal knowledge."

Outside Scope/Requires Specialist ($n = 43$)

"I don't have the skillset - the patient would need to also be referred to a counselor who specializes in eating disorders"

Discussion

- ED training was low among providers.
- Despite eating habits and body image being relevant to mental health, many providers did not specifically ask patients about these concerns.
- Few providers (5.5%) include a routine ED screening in their practice despite the high prevalence of EDs in all treatment settings.
- One-fourth of providers refer individuals with EDs to weight management rather than ED treatment.
- Results suggest that providers typically do not view EDs as part of generalist practice and instead see EDs as a specialist concern.
- With EDs being treated at low rates, views of EDs being specialty can create barriers to care.

Recommendations

- Routine education and training on the dangers, risk factors, screening, and treatment of EDs are needed across healthcare professions and as a standard part of generalist clinical training.
- Clinicians should gain additional training on EDs and weight stigma before making screening or referral decisions, especially to weight management, which may be contraindicated.
- All patients should be routinely screened for EDs (see **example** below).

Example: Eating Disorder Screen for Primary Care (ESP) Adult Version⁴

Please answer Yes or No to the following questions (Positive Screen = 2+ Yes)

Are you satisfied with your eating patterns? (A "no" to this question was classified as an abnormal response).*

Do you ever eat in secret? (A "yes" to this and all other questions was classified as an abnormal response).

Does your weight affect the way you feel about yourself?*

Have any members of your family suffered from an eating disorder?

Do you currently suffer with or have you ever suffered in the past with an eating disorder?

*Item is a good indicator of a possible eating disorder with 100% sensitivity and 71% specificity⁴ and further evaluation is necessary

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