Eating disorders in children and adolescents: How many patients do we have?

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| Challenge | **Recent advancements in pediatric eating disorder outpatient and inpatient treatments improved recovery rate and long-term prognosis, but there are no data on how many children may be eligible for these treatments.** |
| Existing Evidence | Based on study with small sample sizes, the incidence of pediatric eating disorders in girls are 104, 289 and 343/100,000 for Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder, respectively. |
| Target Population | Children age 8-18 |
| Intervention or Exposure | Medical center, year, age, sex, eating disorder type, weight, comorbid mental health conditions (suicidal ideations, anxiety, mood, and substance use) |
| **Outcomes/Key Findings** | **The incidence of children diagnosed with an eating disorder within KPNC is approximately 2/1,000 in KPNC with approximately 1000 new cases per year and 5.4% of children required medical hospitalizations**. Incidence (0.64-4.40/1,000) and hospitalization (2.0-9.8%) rates varied significantly by Medical Center. Hispanic/Latinx children were less likely to be hospitalized than white children (AOR 0.62, 95% CI 0.44-0.87) (not stratified by disorder type). Most children were diagnosed with an “unspecified eating disorder” or only had medical diagnoses (e.g. abnormal weight loss and bradycardia) associated with eating disorders with no information on the type of eating disorders. |
| **Resulting Action/Change** | **Results led to the formation of the Pediatric Eating Disorder Steering Workgroup (sponsored by AED for Pediatrics and Women’s Health) and the development of the 2021 Pediatric Eating Disorder Program Priorities.** These priorities include provider training in early detection, diagnosis and coding in Pediatrics, AFM and Psychiatry. |
| Additional Recommendations | Once standardized clinical outcomes have been determined, operational leaders could consider the development of a pediatric eating disorder patient registry for ongoing operational and quality improvement purposes.  Further evaluation of medical center-level variance could elucidate if this is from true variation in disease vs. differences in diagnosis. |
| Implementation Tools | Manually validated codes for diagnosis (can also be used in additional studies) |
| Implementation Measurement | Rates of diagnosis, hospitalization, and variation across medical center. |
| Reference | |