



Systematically Developing and Piloting an Eating Disorder Screening Process at a Large Pediatric Diabetes Clinic

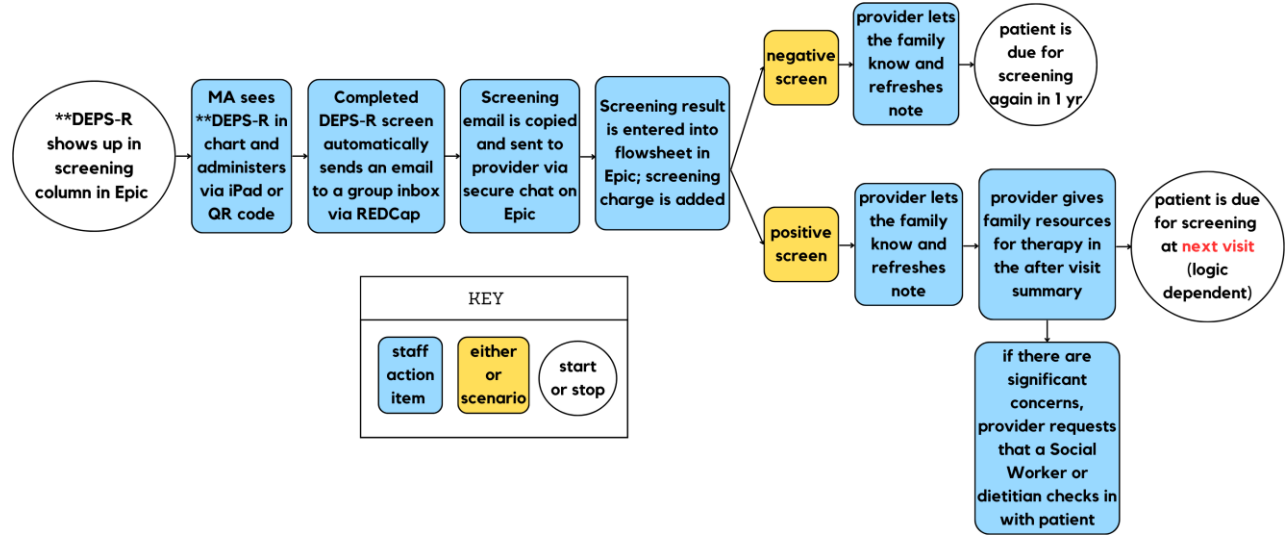
Paige Trojanowski, PhD, Bailey Tanner, BS, Rebecca Campbell, BS, G. Todd Alonso, MD, Holly K. O'Donnell, PhD
Barbara Davis Center for Diabetes, University of Colorado Anschutz Medical Campus
Aurora, CO, US



Introduction

- People with type 1 diabetes (T1D) are at increased risk for eating disorders, which can lead to medical complications and compromised diabetes care.
- Few pediatric diabetes clinics routinely screen for disordered eating or use a validated measure.
- Aims: 1) describe the process for developing an eating disorder screening protocol at a large pediatric diabetes clinic, 2) report preliminary results piloting the protocol, and 3) describe provider response to screening.

Process Map



Methods

- We completed a gap analysis, selected a validated measure of disordered eating and method of administration, developed a screening process (including templated documentation), and trained providers on screening procedures.
- Cycles included biweekly multidisciplinary team meetings, gathering feedback from diabetes providers, and consultation with an expert from an outside institution.

Results and Future Directions

- Gap analysis revealed 0.09% of 3,207 active patients aged 12-25 years had disordered eating documented in their medical record.
- Providers recognized need for screening; however, lack of confidence discussing disordered eating and weight/shape concerns necessitated multiple staff trainings.
- Review of provider notes revealed inconsistency in documentation for one of five providers. Piloting (N=28, M_{age}=17.7, SD=3.1 years) revealed 28.6% positive scores (M=14.4, SD=10.5, range 4-42).

Future Directions

- Eating disorder screening is feasible and will help centers meet American Diabetes Association screening recommendations.
- Increasing provider comfort and confidence addressing elevations is essential to success.