The adolescents of the new Eating Disorders Residential Program at Ontario Shores

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Background
### Epidemiology of Eating Disorders

<table>
<thead>
<tr>
<th>Population Statistics</th>
<th>Anorexia Nervosa</th>
<th>Bulimia Nervosa</th>
<th>Other Eating Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence</td>
<td>0.5-2.2%</td>
<td>1.0-2.3%</td>
<td>? (Binge Eating 3.0-5.0%)</td>
</tr>
<tr>
<td>Standardized Mortality Ratio</td>
<td>6-10</td>
<td>9</td>
<td>2</td>
</tr>
</tbody>
</table>
Eating Disorder Usual Treatment

Inpatient
- Paediatrics
- Weight gain and medical stabilization
- Staff – generally **NO** mental health training

Day treatment
- Monday-Friday
- Limitations:
  - daily travel
  - resources

Outpatient
- Medical follow-up & nutritionist support
- Psychiatric and evidence-based care limited and inconsistent
Access to Treatment: Stigma

Own fault: did this to self

Could pull self together if wanted

Just doing it to get attention
Access to Treatment

• >80% unmet treatment need

• Longer the eating disorder persists, the harder it is to treat medical, psychological & social complications
Eating Disorders Residential Program at Ontario Shores

Referral, screening, assessment
Pre-admission
Rehabilitation program
Post-discharge
EDRP
Interdisciplinary Team
Opening of the EDRP
Purpose

• To characterize the EDRP’s residents

Objectives

• Determine the types of adolescents admitted to the EDRP
• Ensure fit with Ministry mandate
Methodology
Methodology

- Demographics/History
- Eating Disorder and co-occurring diagnoses
- Questionnaires
  - Patients
  - Parents
Questionnaires

Symptomology and Impact
- Eating Disorder Examination Questionnaire
- Clinical Impairment Assessment
- Eating Disorders Symptoms Impact Scale

Mood
- Children’s Depression Inventory
- Multidimensional Anxiety Scale for Children

Motivation
- The Autonomous and Controlled Motivations for Treatment Questionnaire
### Demographics

<table>
<thead>
<tr>
<th>Eating Disorder Diagnosis ($n$)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Anorexia Nervosa</td>
<td>14</td>
</tr>
<tr>
<td>Bulimia Nervosa</td>
<td>1</td>
</tr>
</tbody>
</table>

| Co-Occurring Diagnoses               | 7     |

<table>
<thead>
<tr>
<th>Age years (SD) (range)</th>
<th>16.2 (0.9) 14-17</th>
</tr>
</thead>
</table>

| Sex # female (%)                     | 14 (93%)         |

<table>
<thead>
<tr>
<th>Ethnic Background</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>13</td>
</tr>
<tr>
<td>Multiracial</td>
<td>2</td>
</tr>
</tbody>
</table>
Family History of Eating Disorder

- Mother: 2
- Sister: 3
- Maternal Grandparents: 0
- Close Relatives (Maternal): 4
Symptomatology and Impact
Eating Disorder Examination Questionnaire

Restraint

Concern

Weight

Concern

Shape

Concern

Global Score

ADM At or Below Norm Score

DIS At or Below Norm Score

ADM Above Norm Score

DIS Above Norm Score
Clinical Impairment Assessment

ADM

DIS
Impact of Eating Disorder Symptoms on the Family

- Social Isolation
- Guilt
- Nutrition
- Dysregulated Behaviour
- Overall Total Score

Mom
Dad
Parent Accommodation

- Avoidance and Modification
- Reassurance Seeking
- Meal Context Ritual
- Control of Family
- Turning a Blind Eye
- Overall Total Score

- Mom
- Dad
Mood
Multidimensional Scale for Anxiety Symptoms - Admission

Ontario Shores
Centre for Mental Health Sciences

- ADM Patient Score 65-69
- ADM Parent Score 65-69
- ADM Patient Score 70+
- ADM Parent Score 70+

Separation Anxiety/Phobias
GAD Index
Social Anxiety (total)
Obessions and Compulsions
Physical Symptoms (total)
Harm Avoidance
Total Score
Multidimensional Scale for Anxiety Symptoms - Discharge

- DIS Patient Score 65-69
- DIS Parent Score 65-69
- DIS Patient Score 70+
- DIS Parent Score 70+

Scores:
- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%

Bars represent different anxiety symptoms and scores.
Children’s Depression Inventory

Emotional Problems
Functional Problems
Total Score

ADM
Patient Score 65-69
ADM Parent Score 65-60
ADM Patient Score 70+
ADM Parent Score 70+
DIS Patient Score 65-69
DIS Parent Score 65-69
DIS Patient Score 70+
DIS Parent Score 70+
Suicidal Ideation

- I do not think about killing myself
- I think about killing myself but would not do it
- I want to kill myself

ADM
DIS
Motivation
Motivation for Treatment (at Admission)

- Autonomous Motivation
- Controlled Motivation
- Total Score

Disagree Agree
Discussion
Summary

• Adolescents admitted to the EDRP:
  • Are severely compromised by their eating disorder and co-occurring diagnoses
• EDRP fills important gap in treatment.
  
  • Previously, teens with these characteristics had to travel to USA for similar treatment.
Future Directions

• Program Evaluation
• Knowledge Translation/Exchange
Thank you!