Penn Medicine
Princeton Medical Center

Fall 2020 Newsletter

Stepping back into Life

PRINCETON CENTER FOR EATING DISORDERS

Exploring a Paradigm Shift in Treating Severe and Enduring Anorexia Nervosa

Over the past six months, team members at Princeton Center for Eating Disorders have taken a closer look at the philosophy on treating patients with severe and enduring anorexia nervosa while conducting a thorough examination of the literature. The goal of this undertaking is to consider, refine, and perhaps expand that philosophy to better meet the needs of these patients.

Research shows that despite treatment, a sizable subset of patients with anorexia nervosa experience symptoms over a prolonged period, and approximately 20-25% develop a persistent course with limited to no recovery. In this form of chronic illness, often termed severe and enduring anorexia nervosa (SE-AN), patients typically show long-term impairments in physical, psychological, and social stability despite multiple treatment attempts, paired with diminished quality of life. While the definition of long term lacks firm consensus, some convergence in the literature estimates ongoing chronic illness for at least 7 to 10 years, depending on age of onset.

"As a group, we started to explore if there are other approaches that might be more appropriate for those with SE-AN," says Robbi Alexander, PhD, APN, PMHCNS-BC, Director of Princeton Center for Eating Disorders. "Is there a model that values the patient's lived experience of this disorder in a way that emphasizes their quality of life?"

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A complicating factor for SE-AN is the experience of multiple treatment failures, placing patients with this condition at risk for demoralization, rejection of additional treatment experiences, and an internalized sense of failure.

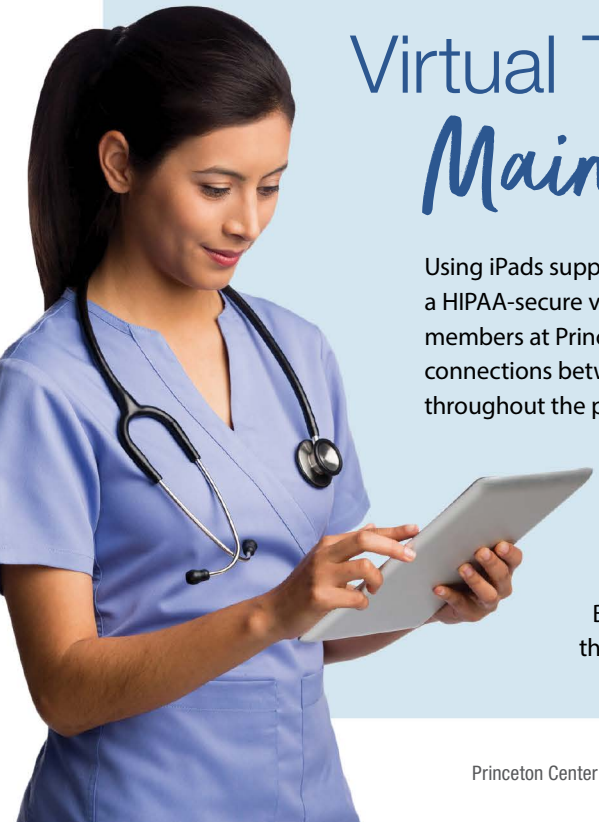
"Part of understanding SE-AN is recognizing that the disorder is treatment resistant, not the patient," explains Melinda Parisi Cummings, PhD, Assistant Professor in the Graduate Programs in Counseling Psychology at Holy Family University, former Director of Princeton Center for Eating Disorders, and collaborative partner on the SE-AN initiative. "For many patients, it's more about terror than resistance, since the weight gain component to recovery involves embracing what they fear most."

The evidence base for the treatment of SE-AN is very limited, and most of the literature is theoretical rather than empirical. Treatment recommendations include widening treatment goals to include improvement in quality of life and psychosocial functioning, taking a more collaborative therapeutic stance, and focusing less explicitly on weight gain and symptom reduction while maintaining clear safety parameters.

"By reframing our approach, we may be able to improve patient engagement and the likelihood that they will continue with treatment," says Dr. Parisi Cummings. "It's a delicate balance, but perhaps we can help these patients make meaningful changes in their lives—or retain them in treatment long enough that recovery may be a viable option—if we formulate and assess protocols focused more on medical stabilization, harm reduction, and quality of life."

"Patients with SE-AN present with complex clinical challenges that are distressing not only to them, but often to the providers who treat them," adds Dr. Alexander. "Feedback from the wider outpatient treatment community is essential to an effective continuum of care for this population. By examining what we know and incorporating these real-life perspectives, we can set collaborative goals and best practices for SE-AN patients that ensure physical stability, function, safety, and meaningful quality of life."

Princeton Center for Eating Disorders is seeking outpatient provider feedback on SE-AN via focus groups to help inform future treatment approaches. For more information or to participate, please call 609.853.7586.



Virtual Technologies *Maintain Connections*

Using iPads supplied by Penn Medicine Princeton Medical Center and a HIPAA-secure videoconferencing platform called BlueJeans, team members at Princeton Center for Eating Disorders have maintained connections between patients and their families and loved ones throughout the pandemic.

"The ability for our patients to have that missing visual connection with their loved ones has been critical, especially for our young patients," says Assistant Nurse Manager Corinne Timberman, RN, BSN, PMHN-BC. "It fosters the hope to get better and the hope to get home."

"We've been able to conduct our weekly family therapy sessions virtually for both children and adults, and it's incredibly helpful to do that via a video connection rather than over the phone," adds Primary Therapist Arielle Cosgrove, LSW. "It has even allowed us to practice family meals with everyone in the family 'present.'"

Finding the Pathways to HOPE

In his well-known hope theory, psychologist C. R. Snyder, PhD defined hope as the perceived capability to derive pathways to desired goals and motivate oneself via agency thinking to use those pathways.

It's a definition that serves as a baseline to examine hope in a new four-week adult psychoeducation group developed and led by nurses at Princeton Center for Eating Disorders. Yet as patients learn in this group, perceptions of hope and the pathways that lead to it are unique and individualized for each person.

Grounded in Research

The group's evidence-based curriculum was developed following an examination of the literature spearheaded by board-certified psychiatric nurses Lisa Sabo, BSN, RN, PMHN-BC and Anna Lybarger, BSN, RN, PMHN-BC. This review included a *Journal of Psychiatric Mental Health Nursing* study co-authored by Princeton Center for Eating Disorders Director Robbi Alexander, PhD, APN, PMHCNS-BC, which found that while patients with eating disorders have low levels of hope, actions by nurses aimed to enhance interpersonal connection and nurse presence could help facilitate hope.

"Many of our patients come to us with little to no hope, and our goal is to help them find the way," says Sabo. "We want them to have the capacity to live their best life, and hope is a key part of that equation."

The curriculum is designed to help patients explore the concept of hope, consider goal-setting as it relates to hope, create something tangible—such as a vision board or storyboard—to illuminate individual pathways to these goals, and examine motivating factors that facilitate progress.

"Roadblocks are common in life, particularly for those struggling with an eating disorder, so we help patients consider alternative or second-tier goals during the planning process," adds Sabo. "The pathway to hope is not always a straight line."

An Integrated Approach

Nurses at Princeton Center for Eating Disorders have been trained in the curriculum, which is included in individual care plans. With this approach, hope-related goal planning becomes an integrated part of the daily dialogue with patients.

"The concept of hope goes beyond serving as part of the coping strategies toolkit that our multidisciplinary team provides," adds Nurse Manager Lauren Firman, MHA, BSN, RN, CNML. "When a person finds hope, it becomes the motivator to have the strength and willpower to use that toolkit. We have exceptionally strong clinical nurses supporting our patients in reaching this goal, and we're committed to broadening our patients' ability to lead more productive, happier lives."

MAGNET RECOGNIZED
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Eating Disorders and Psychiatric Comorbidities IN CHILDREN

With an eating disorder often comes a high incidence of comorbid psychiatric conditions. Below, Madhurani Khare, MD, Medical Director of Child and Adolescent Psychiatry at Penn Medicine Princeton House Behavioral Health, shares her insights on how this correlation pertains to children and teens.

What psychiatric comorbidities are most common among these patients?

A: About 60-70% of children and teens with eating disorders also have a co-occurring psychiatric disorder, most frequently depression or anxiety. Obsessive-compulsive disorder is one of the more common forms of anxiety seen in this population. Other co-existing conditions of note include bipolar disorder and oppositional defiant disorder, particularly in preteens.

Which comes first—the eating disorder or the psychiatric condition?

A: Every patient is different. For some, depression or anxiety may precede the eating disorder, and for others, the reverse may be true. As far as treatment, the best approach is to tackle both simultaneously. If a young patient is suffering from anxiety, it will be nearly impossible to focus on an eating disorder treatment plan without addressing the psychiatric condition.

How does medication play a role in treatment?

A: When warranted and with parental consent, medications can play a key role in enabling patients to participate in a treatment plan. Many also work relatively quickly and can help avoid lost time. For example, the antihistamine hydroxyzine can provide a temporary jump start in reducing panic attacks that may be preventing treatment progress. Medications like fluoxetine in combination with olanzapine or quetiapine can help stabilize the serotonin imbalances characteristic of depression, anxiety, and obsessive-compulsive disorder. For many patients, I generally recommend using these medications for six months before weaning, as this helps with sustained elevation of serotonin levels.

How has the COVID-19 pandemic affected this patient population?

A: We've seen an increase in patients with eating disorders and depression or anxiety since the pandemic began. A prolonged period of isolation paired with a complete disruption of school, sports, and social routines has led to a high incidence of psychiatric issues. As we face continued challenges related to the pandemic, the creation of structure is critical for mental health in children and teens. This includes healthy sleep, eating, and exercise routines.

When should a child or teen be referred for inpatient care?

A: Young people may benefit from an evaluation for a higher level of care if they exhibit certain manifestations in addition to concerning weight trends; these may include delayed puberty, loss of menstrual cycle, concerning growth curves, cardiac irregularities, a lack of progress in outpatient treatment, or noncompliance with existing care. Research demonstrates that early detection and treatment can yield the best outcomes.

As part of Princeton Medical Center, Princeton Center for Eating Disorders offers a continuum of accessible clinical experts and resources to provide specialized treatment for children and teens with eating disorders and co-occurring psychiatric conditions.

Inpatient Care During the COVID-19 Pandemic

Princeton Center for Eating Disorders continues to ensure safe standards for inpatient care, including screening for COVID-19 prior to and at admission, providing PPE for staff and patients, and using only single-occupancy rooms. Please visit **princetonhcs.org** for the latest information and updates related to COVID-19.

In-Person Academics Program Supports Young Patients

Despite many students returning to school virtually this fall, Princeton Center for Eating Disorder patients ages 8 through high school will receive in-person, targeted instruction for at least two hours a day every weekday, which is the typical learning time for hospitalized students. This strong academics program features dedicated teachers who are certified in high school science, math, history, English, Spanish, French, and Italian. With parental consent, the academics team works with school guidance counselors and teachers to ensure continuity in learning and reduce anxiety about falling behind for young patients and their families.

More Nurses Earn Psychiatry Certifications

Princeton Center for Eating Disorders nurses are highly trained in their fields, with 53% having attained specialty certifications and more to follow. Congratulations to the following nurses who recently earned psychiatric-mental health nursing certifications from the American Nurses Credentialing Center, attesting to their commitment to exceptional patient care and the latest evidence-based behavioral health practices.

Daniel Halverson, RN-BC

Laura Hopirtean, RN-BC

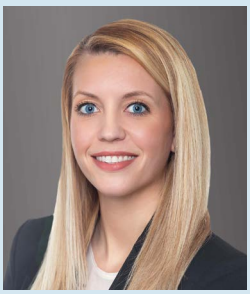
Marissa Harris, RN-BC

Amber Molineaux, RN-BC

Welcoming Back the Medical Director

After a brief role serving with a university system, **Najeeb Riaz, MD**, is returning to Princeton Center for Eating Disorders as Medical Director. A board-certified child and adolescent psychiatrist, Dr. Riaz has been an ongoing asset to patients at the center and has extensive prior experience in locations ranging from Bangor, Maine to Auckland, New Zealand. Dr. Riaz completed his residency at University of Rochester Medical Center and his child and adolescent fellowship at Stony Brook University Hospital.

New Psychiatrist Joins the Team



Kristyn Pecsi, MD has joined Princeton Center for Eating Disorders as a psychiatrist. A Central New Jersey native, Dr. Pecsi recently returned to the region to practice medicine after completing her psychiatry residency at St. John's Episcopal Hospital in Far Rockaway, NY. She has given Grand Rounds and other presentations on eating disorders and women's behavioral health topics.

"I've always been interested in how the physical aspects of medicine merge with behavioral health," says Dr. Pecsi. "I'm looking forward to working with patients here across the lifespan."

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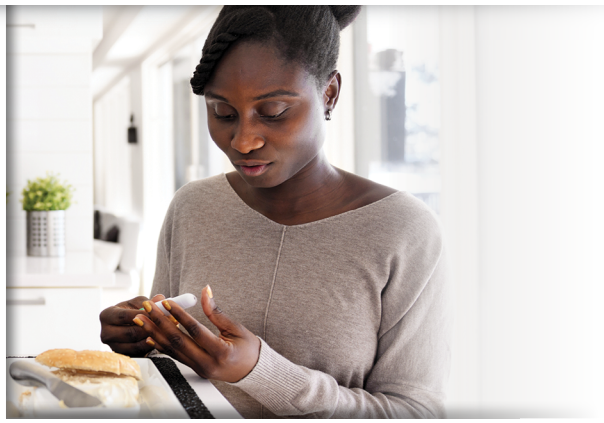
The Diabulimia Protocol in Action



Since the recent development of a multifaceted treatment protocol to care for those with eating disorders and diabetes—often referred to as diabulimia or ED-DMT1 when accompanied by insulin restriction—the Princeton Center for Eating Disorders team has successfully implemented the plan of care for a number of patients. The protocol addresses both medical and psychiatric care in an evidence-based format with expertise from five disciplines: psychiatry, endocrinology, nursing, nutrition, and psychotherapy.

"One of the interesting facets has been the degree of family distress for both adult and adolescent patients due to the complex combination of an eating disorder and diabetes," says Jennifer Campbell, LCSW, Senior Eating Disorders Therapist. "It reinforces our belief that family involvement is essential, and we accomplish this through family psychotherapy and psychoeducation sessions as well as supervised family meals for adolescents."

As part of Princeton Medical Center, Princeton Center for Eating Disorders can effectively address the higher degree of medical comorbidities that can stem from having both conditions. The team also takes into account the fact that individual needs can vary widely in this patient population, and develops the care plan accordingly within the framework of the protocol. One example included a patient with co-occurring Crohn's disease requiring a gluten-free meal plan.

"We're seeing an array of positive outcomes, including improvements in education levels, distress levels related to the ability to care for oneself, and patient/family communication and support," adds Assistant Nurse Manager Corinne Timberman, RN, BSN, PMHN-BC. "As we to continue to collect data, we plan to incorporate findings to make the protocol even more robust."

Warning Signs of Diabulimia

Endocrinologists and other outpatient providers should watch for these potential warning signs of ED-DMT1:

- Unexplained high A1C
- Episodes of diabetic ketoacidosis
- Hypoglycemia
- Reports of excessive exercise, discomfort with eating or taking insulin in front of friends and family, and hoarding food
- Frequent canceled appointments
- Claims of being unable to upload tracked blood glucose information onto data-sharing software
- More test strips, lancets, or other supplies for checking blood glucose than expected

To refer a patient, please call 609.853.7575.