

The following pages are from the publication “Putting Eating Disorders on the Radar of Primary Care Providers: Assessment Tools, Guidelines and Resources” developed by the Central West Eating Disorder Program, Oakville, Ontario (2010).

The complete publication, including sections on assessment and diagnosis, ongoing management, self-management support and family support, is available on this website at http://www.shared-care.ca/files/Eating_Disorders_Toolkit.pdf.

SCREENING TOOLS

*“Often the problem presents during the middle of a busy day...
Practitioners need to have some idea of how to do a quick screen to
make the diagnosis and understand that their existing knowledge is
very applicable to the medical management of these patients.”*

Dr. Blake Woodside, MD, FRCPC

Director, Inpatient Eating Disorders Program
The Toronto Hospital

*“Take the time to ask the overweight or obese patient who
comes into your office recurrently asking about weight loss programs:
“Many people overeat in an out of control fashion...
does this happen to you?”*

Dr. Barry Simon, MD, FRCPC

Psychiatrist, Leadership Centre for Diabetes
Mount Sinai Hospital

Quick Screening Tools

These quick screens have been put together to help you to determine whether a more comprehensive assessment for an eating disorder may be warranted. They are not meant to be lengthy or comprehensive; rather they are intended to raise flags for further investigation. Individual screens are on printable sheets designed so that you can use them during an appointment. They include space for name, date and notes.

- 1. Consider asking the general questions of all new patients.**
- 2. Use the General Screen followed by the specific screen where/when warranted.**
- 3. Consider using the screens when these or similar questions are raised:**
 - A mother asks about her daughter who has been hiding food
 - A girl asks about why her periods have stopped
 - A woman expresses concerns about her weight gain
 - You are asked about the long-term impact of laxatives
 - A mother indicates that her daughter is not seeing her friends anymore, spends most of her time doing school work, and is avoiding eating meals with the family
 - A teen has a significant drop in his or her weight, changing the trajectory of his/her growth curve
 - A woman complains about a sudden unexplained weight increase, states it is non-food related and is now dieting to reduce weight (use the screens to link metabolic issues to an eating disorder)
 - A man asks about getting help for his unmanageable nighttime food cravings
- 4. Refer to the 'Possible Signs and Symptoms Accompanying Significant Weight Loss in Eating Disorders' Figures.**

Behavior of Parents and Children that Might be Associated With the Onset of Eating Disorders or Impaired Eating Attitudes and Behaviours: Guideline for Healthcare Providers

1. Parents express degree of worry about child's shape, appearance, or weight that is not supported by the primary care physician's clinical findings or observations.
2. Child expresses dissatisfaction with body shape and weight to parents or pediatrician.
3. Child imposes food restrictions in a variety or quantity that:
 - a. compromises nutritional status
 - b. stimulates family conflict
 - c. suggests child is concerned about body shape or weight or is engaged in a control battle with parents
4. In response to questions about the child/parent interaction around eating, parents or child reveal information that suggests that:
 - a. parent is uncomfortable with child having food preferences or feeding him or herself
 - b. child is reluctant to experiment with food of variable textures, smells, consistency, and taste
 - c. there is no structure to mealtime and few family interactions around food consumption or there is heightened tension in family at mealtimes
 - d. parents anxiety about child's eating behaviours or weight intrudes upon interactions with child around food purchase, preparation, presentation and consumption
 - e. there is an intense emphasis in the family on physical fitness and low-fat eating patterns, which may promote an overly restricted pediatric diet and a child who feels compelled to work-out beyond child's interest, body capacity or need
5. Child sneaks [hoards or hides] food.
6. Child resists parent's efforts to involve them in physical activities, or parents believe child should only engage in physical activities that are of interest to them (parents).
7. Parents express discomfort about establishing expectations and consequences for child regarding eating behaviours. [A helpful benchmark is to compare this to the parent's capacity to instruct regarding toilet training, sleep behaviours and brushing teeth.]
8. There is a history of eating disorders or impaired eating behaviours in the family, including parent, grandparent, siblings or cousins.

Weiner (1999)

General Eating Disorders Quick Screen

Name: _____ **Date:** _____

- 1) Are you unhappy with your body weight and shape?
- 2) Are you dieting? Have you dieted much in the past?
- 3) Have you lost weight?
- 4) Some people eat large quantities of food in an out of control way. Has this ever happened to you?

If yes, continue:

- 5) Many people, after eating in this way, feel very badly about themselves. Do you ever feel badly about yourself after eating in this way?
- 6) Many people then try to compensate for this eating or to get rid of the food somehow. Has this ever happened to you?
- 7) How often do you currently exercise? Do you feel comfortable missing a day here and there? Does your exercise feel out of control?
- 8) Have others expressed concerns about your eating, exercising or weight?
- 9) Are you concerned about your health?

Key

Those with bulimia tend to express concerns for their health unlike those with anorexia who may report that others have indicated concern for their health, but that they, themselves, are not concerned (may be in state of denial). Those struggling with issues related to bulimia or binge eating disorder are more likely to report that they have not told anyone of their struggles and physically there may be less visible evidence of ongoing issues.

Other Notes:

Follow-Up Plan:

Anorexia Nervosa (AN) Quick Screen

Name: _____ **Date:** _____

- 1) What is the most you have ever weighed? When was that?
- 2) What is the least you have ever weighed? When?
- 3) What do you think you should weigh?
- 4) When you look in the mirror do you think you should gain weight, lose weight or stay the same?
- 5) How often do you exercise each week? How long does each session last?
- 6) Is your menstrual cycle regular?

Key

Consider the age of patient and the period of time during which weight loss has occurred and whether menstrual irregularity is present. The most distinguishing feature of AN is a perception that despite being at a healthy weight for age they still see themselves as needing to lose more weight or still feel dissatisfied with their weight and shape.

Notes:

Follow-Up Plan:

Bulimia Nervosa (BN) Quick Screen

Name: _____ **Date:** _____

- 1) Has your weight fluctuated much over the last few years?
- 2) Some people eat large quantities of food in an out of control way. Does this ever happen to you?
- 3) Many people, after eating in this way, feel very badly. Do you ever feel badly about yourself after eating in this way?
- 4) Many people, then try to compensate for this eating by getting rid of the food or compensating for it somehow. Has this ever happened to you?
 - a. Have you ever tried to make yourself sick/vomit?
 - b. Have you ever taken laxatives?
 - c. Have you ever exercised to make up for a meal/snack/binge?
- 5) How frequently do you exercise each week and how long does each session last?
- 6) What is your motivation for exercising?
- 7) Do you feel your exercise is out of control?

Adapted from Mehler & Anderson, A Guide to Medical Care and Complications: Eating Disorders. John Hopkins, 1999

Key

The main difference between BED and BN is that those who struggle with BN purge or try to compensate for the binges in some way. In BN, binges tend to be shorter, but more intense, as compared to those with BED.

Notes:

Follow-Up Plan:

Binge Eating Disorder (BED) Quick Screen

Name: _____ **Date:** _____

- 1) Many people eat large quantities of food in an out of control way. Does this ever happen to you?
How often?
- 2) How long does each eating session last?
- 3) Many people, after eating in this way feel very badly. Do you ever feel badly about yourself after eating in this way? e.g., experience guilt, shame or despair?
- 4) Many people then try to compensate for this eating by getting rid of the food or compensating for it somehow. Has this ever happened to you? E.g. making yourself sick/ exercising/using laxatives?
- 5) Have you undergone any surgery to help with your weight concerns? E.g. Bariatric surgery?

Key

The main difference between BED and BN is that those who struggle with BED do not purge or try to compensate for their binges. Binges also tend to last over a longer period of time as compared to those with BN.

Notes:

Follow-Up Plan:
