

July 22, 2020

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Reference: Draft Research Plan: Screening for Eating Disorders in Adolescents and Adults

Dear USPSTF Coordinator,

The Academy of Nutrition and Dietetics (the “Academy”) appreciates the opportunity to submit these comments to the United States Preventive Services Task Force relative to its June 25, 2020 *Draft Research Plan: Screening for Eating Disorders in Adolescents and Adults*. Representing more than 107,000 registered dietitian nutritionists (RDNs),¹ nutrition and dietetics practitioners, registered, and advanced-degree nutritionists, the Academy is the largest association of food and nutrition professionals in the world and is committed to a vision of the world where all people thrive through the transformative power of food and nutrition and related support systems. Every day our members provide medical nutrition therapy for patients with any of several behavioral or mental health diagnoses, including depression, addictions and eating disorders.

The Academy supports the Draft Research Plan with modifications to place “harm” in proper context and refine the Research Approach definitions of included populations, screening tools, therapies and outcomes. We offer the below comments and suggestions to enhance the utility of the planned review, inform practice and improve patient outcomes.

I. Proposed Analytic Framework

Generally, the Academy agrees with the Proposed Analytic Framework, with some modifications for the definition and context of “harms.” Verbiage used should come from a trauma-informed lens while assessing “harm.” This means considering the widespread impact of trauma and understanding potential paths for recovery. The goal is to recognize the signs and symptoms of trauma in clients, families, staff, and others involved with the system. Therefore, harms of screening and treatment should be widely interpreted, but the Framework should also indicate recognition that some increase in anxiety is often a necessary step in the process to make therapeutic gains. Thus, some apparent “harm” may actually be a helpful component of therapy.²

II. Proposed Key Question 1

a. Does screening for eating disorders in adolescents and adults improve health outcomes?

¹ The Academy approved the optional use of the credential “registered dietitian nutritionist (RDN)” by “registered dietitians (RDs)” to more accurately convey who they are and what they do as the nation’s food and nutrition experts. The RD and RDN credentials have identical meanings and legal trademark definitions.

² Private conversation with Theresa Carmichael, RD July 21, 2020.

b. Does the effectiveness of screening differ for subgroups defined by age, sex, race/ethnicity, gender identity, or mental health comorbidity?

The Academy agrees with the proposed Key Question 1, and adds that subgroups should also be defined by athlete status and note women who participate in sports have higher rates of eating disorders than those who do not.³

III. Proposed Key Question 2

a. What is the accuracy of primary care–relevant screening tools for eating disorders in adolescents and adults?

b. Does the accuracy of screening tools differ for subgroups defined by age, sex, race/ethnicity, gender identity, or mental health comorbidity?

The Academy generally agrees with Key Question 2, but we note such screening tools and the criteria for evaluation and inclusion should be identified. Additionally, subgroups should also be defined by athlete status; we note women who participate in sports have higher rates of eating disorders than those who do not.⁴ The Academy also observes that bias within the screening questions can directly impact weight stigma in primary care settings, thus affecting screening tool accuracy, in addition to the accuracy of the screening tool itself. Bias of healthcare professionals, whether explicit or implicit, may also impact healthcare overall.⁵

IV. Proposed Key Question 3

a. What are the harms of screening for eating disorders in adolescents and adults?

b. Do the harms of screening differ for subgroups defined by age, sex, race/ethnicity, gender identity, or mental health comorbidity?

The Academy generally agrees with Key Question 3. We add that subgroups should also be defined by athlete status and we note that women who participate in sports have higher rates of eating disorders than those who do not.⁶ The research review should also seek explicit and implicit bias of healthcare professionals, which may also create harms in the form of the client's willingness to seek continued services, as well the as short-term harm due to the screener-client interaction.⁷

The research review should also consider the fact that many commercial insurance plans may cover screening, but will only cover treatment provided in a designated treatment center or

³ Holm-Denoma, Jill M., et al. "Eating Disorder Symptoms among Undergraduate Varsity Athletes, Club Athletes, Independent Exercisers, and Nonexercisers." *International Journal of Eating Disorders*, vol. 42, no. 1, 2009, pp. 47–53., doi:10.1002/eat.20560.

⁴ Ibid.

⁵ Schwartz MB, et al. Weight bias among health professionals specializing in obesity. *Obes Res.* 2003;11(9):1033-1039. doi:10.1038/oby.2003.142

⁶ Holm-Denoma, Jill M., et al. "Eating Disorder Symptoms among Undergraduate Varsity Athletes, Club Athletes, Independent Exercisers, and Nonexercisers." *International Journal of Eating Disorders*, vol. 42, no. 1, 2009, pp. 47–53., doi:10.1002/eat.20560.

⁷ Schwartz MB, et al. Weight bias among health professionals specializing in obesity. *Obes Res.* 2003;11(9):1033-1039. doi:10.1038/oby.2003.142

facility. Thus, screening without access to treatment may induce harm by inducing frustration and anger because of the patient's inability to access the treatment for a confirmed diagnosis. Such limits also reduce access to quality care which could be provided by competent professionals in private practice, but which are outside the insurance coverage limits.

V. Proposed Key Question 4

- a. How effective are interventions for improving health outcomes in screen-detected or previously untreated adolescents and adults with eating disorders?**
- b. Does the effectiveness of treatment differ for subgroups defined by age, sex, race/ethnicity, gender identity, or mental health comorbidity?**

The Academy agrees with this Key Question 4 and has no comment.

VI. Proposed Key Question 5

- a. What are the harms of interventions for eating disorders?**
- b. Do the harms of interventions differ for subgroups defined by age, sex, race/ethnicity, gender identity, or mental health comorbidity?**

The Academy agrees with the Key Question 5, and observes that referred providers are not necessarily competent or adequately trained to properly treat eating disorders. Additionally, many competent providers are in private practice, but since many commercial plans may limit coverage to designated facilities, patients may be forced to pay out-of-pocket, thus suffering economic harm, which may induce mental anguish as a result.

Since harms may be induced by interventions focused on outcomes based on changes in weight or BMI,⁸ harms assessment should include reviews of harms documented in such studies to highlight the need for clinical practice to shift away from such strategies.

VII. Proposed Research Approach

The Academy generally agrees with the Proposed Research Approach, with suggestions as noted below.

RE: Screening: KQs 1-3 (included): Screening questionnaires

We suggest including screenings that include components of a Nutrition Focused Physical Exam. According to a consensus statement from the Academy of Nutrition and Dietetics and the American Society of Parenteral and Enteral Nutrition, characteristics recommended for the diagnosis of adult malnutrition include physical measurements such as loss of muscle mass, loss of subcutaneous fat, localized or generalized fluid accumulation, and diminished functional status as measured by handgrip strength.⁹

⁸ Schaefer JT, Magnuson AB. (2014). A review of interventions that promote eating by internal cues. *Journal of the Academy of Nutrition and Dietetics*, 114(5), 734-760. <https://doi.org/10.1016/j.jand.2013.12.024>

⁹ White JV, Guenter P, Jensen G, et al. Consensus statement: Academy of Nutrition and Dietetics and American Society for Parenteral and Enteral Nutrition: characteristics recommended for the identification and

Screening for eating disorders can include dermatological signs such as xerosis, lanugo-like body hair, telogen effluvium, carotenoderma, acne, hyperpigmentation, seborrheic dermatitis, petechiae, generalized pruritus, slower wound healing, edema, pellagra, and scurvy.¹⁰

RE: Interventions: KQs 4, 5 (included): Therapies

The Academy recommends inclusion of interventions that include Medical Nutrition Therapy. Evidence supports the effectiveness of Medical Nutrition Therapy for eating disorders provided by registered dietitian nutritionists when part of a healthcare team.¹¹

RE: Populations: Excluded: Studies limited to participants undergoing evaluation for bariatric surgery.

Patients undergoing bariatric surgery are just as likely to experience an eating disorder as other adults not undergoing evaluation for bariatric surgery and therefore should be included in a screening protocol.¹²

RE: Outcomes: KQs 1, 4 (excluded): Screening or referral rates, attitudes about screening; intermediate outcomes (e.g., weight change, frequency of menses, frequency of specific behaviors [e.g., change in frequency of binge eating episodes])

The Academy observes that poor screening and referral rates may be related to the effectiveness of the tool. If screening rates are low, then this could indicate that the screening tool is either ineffective, inaccurate, cumbersome, etc. According to the Academy's Evidence Analysis Library, "nutrition screening tools should be quick, easy to use, valid and reliable for the patient, population, setting."¹³ We recommend that such screening tools be referenced as examples in a section highlighting potential concerns or deficiencies with screening tools.

RE: Outcomes KQs 1-5 (included and excluded):

Included studies should meet ethical standards, and focus only on modifiable behaviors where there is evidence that such modification will improve health. Weight is not a behavior and therefore not an appropriate outcome for behavior modification. Outcomes

documentation of adult malnutrition (undernutrition). *JPEN J Parenter Enteral Nutr.* 2012;36(3):275-283. doi:10.1177/0148607112440285

¹⁰ Strumia R. Dermatologic signs in patients with eating disorders. *Am J Clin Dermatol.* 2005;6(3):165-173. doi:10.2165/00128071-200506030-00003

¹¹ Academy of Nutrition and Dietetics Evidence Analysis Library. "What is the effectiveness of MNT (i.e., nutrition assessment, counseling and interventions) provided by a Registered Dietitian Nutritionist (RDN), when part of a healthcare team (i.e., transdisciplinary team, multi-disciplinary team)?" Accessed 13 July 2020: <https://www.andeal.org/topic.cfm?menu=5284&cat=5233>

¹² Vinai P, et al. Psychopathological characteristics of patients seeking for bariatric surgery, either affected or not by binge eating disorder following the criteria of the DSM IV TR and of the DSM 5. *Eat Behav.* 2015;16:1-4. doi: 10.1016/j.eatbeh.2014.10.004.

¹³ Academy of Nutrition and Dietetics Evidence Analysis Library. "Nutrition Screening Adults: Definitions - Nutrition Screening" Accessed 13 July 2020: <https://www.andeal.org/topic.cfm?menu=5382&cat=5929>

of included studies should focus on healthy behaviors, or changes in beliefs or attitudes, while studies primarily or solely focused on outcomes centered on weight management, obesity prevention or clinical parameters should be specifically excluded.

A 2014 review identified twenty studies that used intuitive eating as an intervention to improve psychological and physical well-being, outcomes which should substantially inform the draft research plan. Positive changes in eating habits, body image and lifestyle occurred as well as improved psychological “health,” were sustained as long as two years and with completion rates as high as 92%. The conclusion explains: “Overall, studies that encourage individuals to eat intuitively help participants abandon unhealthy weight control behaviors, improve metabolic fitness, increase body satisfaction, and improve psychological distress.”¹⁴

The Academy appreciates your consideration of our comment for the *Draft Research Plan: Screening for Eating Disorders in Adolescents and Adults*. Please contact either Jeanne Blankenship at 312-899-1730 or by email at jblankenship@eatright.org or Mark Rifkin at 202-775-8277 ext. 6011 or by email at mrifkin@eatright.org with any questions or requests for additional information.

Sincerely,



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¹⁴ Schaefer JT and Magnuson AB. A review of interventions that promote eating by internal cues. *Journal of the Academy of Nutrition and Dietetics*, 114(5), 734-760. <https://doi.org/10.1016/j.jand.2013.12.024>