

Introduction

- Eating disorders (ED) are behavioral conditions in which there is a disturbance in normal eating behavior, accompanied by distressing thoughts and emotions¹.
- Several ED patterns exist (see Figure 1).
- 10,200 annual deaths can be attributed to eating disorders³.
- Limited studies available on how much education medical students receive on eating disorders
- **Study Hypothesis:** Medical students have limited knowledge of eating disorders and their treatment

Eating Disorder Subtypes

Anorexia Nervosa (AN): - Severe limitation of food intake - Characteristics including brittle hair, cessation of menstrual periods, dizziness and fainting - ED with highest mortality rate	Bulimia Nervosa (BN): - Binge eating episode followed by compensatory behavior (vomiting, laxative overuse, excessive exercise) - Chronic sore throat, dental decay, unexplained diarrhea, parotid gland swelling
Binge-Eating Disorder: - Consumption of large amounts of food in short time period, without purging pattern - Patients often experience marked distress - Most common eating disorder⁴	Other Specified Eating or Feeding Disorder (OSFED): - Encapsulates 5 EDs that do not meet clinical severity for any other ED diagnosis - Example includes avoidant/restrictive food intake disorder (ARFID)

Figure 1: Eating disorder subtypes^{2,4}

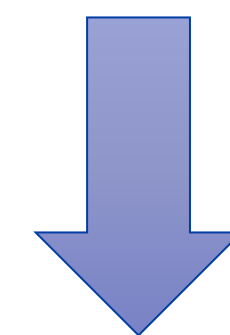
Aims and Objectives

1) Assess knowledge base that current OUWB students have on eating disorders
2) Determine how comfortable students are when approaching and treating patients with eating disorders
3) Gauge how many educational hours are dedicated to EDs in medical school classes
4) Analyze and compare data between preclinical (M1/M2) years and clinical (M3/M4) years
5) Help guide future direction for eating disorder education at OUWB

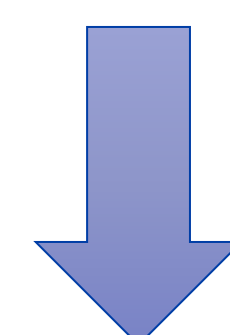
Methods

- Four medical student classes were invited to complete a 52-question survey
- Anonymous responses collected via Qualtrics
- Survey topics included: ED definitions, statistics, treatment guidelines, possible biases, and hours of ED training
- Analyses included:
 - Overall summary
 - Preclinical (M1/M2) and clinical (M3/M4) student comparisons

~ 500 students invited to participate via university email



50 students consented to participate in study



40/50 participants completed survey in full (n=40)
25 pre-clinical, 15 clinical

Survey Question Examples:

- What percentage of adolescents with eating disorders seek treatment?
 - 20%**
 - 30%
 - 42%
 - 50%
- What would justify hospitalization of a patient with a restrictive eating disorder?
 - Dehydration
 - Arrested growth and development
 - Acute food refusal
 - Acute complications of malnutrition such as syncope and seizure
- Any of the above would justify hospitalization**

Results

Table 1: Ability to select correct definition of eating disorder subtypes

	Pre-Clinical (n=25)	Clinical (n=15)	p-value
Anorexia Nervosa	24 (96%)	15 (100%)	1
Bulimia Nervosa	24 (96%)	14 (93.3%)	1
Binge Eating Disorder	24 (96%)	9 (60%)	0.0071
Mean Score of Eating Disorder Definitions and Characteristics	0.98 (0.04)	0.96 (0.04)	0.0508

Table 2: Attitude on ED treatment and common biases (SA = strongly agree, A=agree, SD = strongly disagree, D=disagree)

	Pre-Clinical (SA+A)	Pre-Clinical (SD+D)	Clinical (SA+A)	Clinical (SD+D)	p-value
I can tell that someone has an ED based on their physical appearance	2 (8%)	17 (68%)	1 (6.7%)	13 (86.6%)	0.4615
It is possible to treat EDs with behavioral and medical therapies	18 (72%)	5 (20%)	13 (86.6%)	0 (0%)	0.045
EDs are solely mental health illnesses	0 (0%)	22 (88%)	0 (0%)	12 (80%)	0.8213
As a medical provider, there is very little I can do for people with EDs	0 (0%)	24 (96%)	0 (0%)	15 (100%)	0.3313

Table 3: Educational hours dedicated to learning about eating disorders

	Pre-Clinical (0-2 hours)	Pre-Clinical (2+ hours)	Clinical (0-2 hours)	Clinical (2+Hours)	p-value
How many hours does your medical school spend teaching about eating disorders?	19 (79.2%)	5 (20.8%)	9 (64.2%)	5 (35.7%)	0.2746
How much time do you spend studying eating disorders independently?	18 (75%)	6 (25%)	5 (35.7%)	9 (64.3%)	0.0111

Conclusions

- Participants successfully identified key definitions and characteristics of various eating disorders
- Students were least familiar with binge-eating disorder, which is the most prevalent eating disorder in the United States⁴
- The majority of participants (90%) agreed that it is worthwhile to learn about the treatment of eating disorders
- Overall, students felt that increased ED education would benefit their careers as future physicians
- Study demonstrates that there is room for expansion of eating disorder curriculum in medical school

Future Educational Directions

- Preclinical: **early eating disorder education** in first and second years incorporated into each organ system (i.e. cardiology, dermatology, psychiatry, etc.)
- Clinical: **requirement** to see at least one adolescent eating disorder case while on pediatric inpatient rotation
- Optional **elective** focused on adolescent medicine with dedication to topic of eating disorders
- All years: Increase opportunities to **shadow** eating disorder specialists

Figure 2: Future curriculum suggestions

References

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