The Value of Outpatient Dietitian Contact Time for Adolescents With Restrictive Eating Disorders
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Background & Significance
- Registered dietitians are credentialed experts in nutrition with training in medical nutrition therapy including assessment, nutrition counseling, and patient education
- Nutrition may not be the focus for visits with non-nutrition providers, limiting time spent on nutrition counseling
- Given the primary role of nutrition in eating disorders, it is crucial that patients are given sufficient time with dietitians to receive nutrition counseling

Objectives
- Compare the differences in treatment progress of patients diagnosed with restrictive eating based on "low," "moderate," and "high" dietitian contact hours over a 12-week period
- Identify potential disparities in dietitian contact time based on patient gender identity, race/ethnicity, and sexual orientation

Subjects & Methods
- Inclusion criteria for chart review:
  - Patients diagnosed with a restrictive eating disorder who participated in the Coordinated Care Model at Seattle Children’s Adolescent Medicine Program between October 1, 2019, and March 9, 2020 (onset of COVID-19)
  - Attended at least one visit with a dietitian
  - Chart included treatment goal weight
- Data collected: dietitian contact time, last documented rate of weight restoration, last documented percent treatment goal weight, hospitalizations at Seattle Children's Hospital for restrictive eating, and demographic information

Results

<table>
<thead>
<tr>
<th>n = 36 patients</th>
<th>Dietitian Contact Time (Hours)</th>
<th>Low: 0.25 – 2.25 hrs (n = 12)</th>
<th>Moderate: 2.5 – 3.5 hrs (n = 12)</th>
<th>High: 3.75 – 6.5 hrs (n = 12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Dietitian Contact Time (Hours)</td>
<td>1.25</td>
<td>3.04</td>
<td>5.33</td>
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<tr>
<td>Patients Who Achieved ≥ 95% Treatment Goal Weight</td>
<td>6 (50%)</td>
<td>4 (33%)</td>
<td>7 (58%)</td>
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<tr>
<td>Rate of Weight Restoration:</td>
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<tr>
<td>&lt; 0.5 pound/week</td>
<td>10 (84%)</td>
<td>8 (67%)</td>
<td>8 (67%)</td>
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<tr>
<td>0.5 – 1 pound/week</td>
<td>1 (8%)</td>
<td>3 (25%)</td>
<td>3 (25%)</td>
<td></td>
</tr>
<tr>
<td>&gt; 1 pound/week</td>
<td>1 (8%)</td>
<td>1 (8%)</td>
<td>1 (8%)</td>
<td></td>
</tr>
<tr>
<td>Hospitalized After Completing Outpatient Care</td>
<td>2 (17%)</td>
<td>1 (8%)</td>
<td>0 (0%)</td>
<td></td>
</tr>
</tbody>
</table>

Conclusions & Discussion
- 7 patients with high dietitian contact time achieved ≥ 95% treatment goal weight compared to 6 with low contact time
- 33% of patients with high contact time had a rate of weight restoration ≥ 0.5 pound/week compared to 16% with low contact time
- Dietitian contact time inversely correlated with hospitalization for restrictive eating
- More patients with low contact time identified as nonfemale (3), BIPOC (4), and queer (3) than those with high contact time
- Black and indigenous patients, except for three multiracial patients, were not encountered during chart review including before applying inclusion criteria (n = 50 patients)

Future Directions
- Initial data suggests that 2.5 – 6.5 contact hours over 12 weeks (~1-3 return visits per month) may support a greater rate of weight restoration
- Reasons for low contact time with dietitians need to be explored
- Identify strategies to overcome barriers to increase engagement with dietitians
- Barriers and solutions to patients identifying as nonfemale, BIPOC, and queer receiving more dietitian counseling time need to be explored by Seattle Children’s
- Barriers and solutions to patients identifying as black and indigenous participating in the Coordinated Care Model need to be explored by Seattle Children’s