Expanding the Registered Dietitian's Role in Eating Disorder Relapse Prevention

Kara Plyler, UW Nutritional Sciences Program, MS-Nutrition Student & Dietetic Intern
Supervisor: Casey McCoy, MPH, RDN, CD, Seattle Children's Adolescent Medicine

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Background

- Eating disorders (EDs) are common among adolescents and highly recurrent (relapse rates 30-50%)
- Family-based treatment (FBT) is first-line, 3-phase approach; families empowered to help child overcome ED
- Historically, FBT exclusively led by therapists
- Outpatient Eating Disorders Program (OPED) at Seattle Children's Hospital includes medical, nutrition, social work support over 12 weeks
- OPED Registered Dietitians (RDs) play key role in FBT - set weight goals, make refeeding plans, provide dietary counseling
- **As families transition to later phases of FBT and beyond, increased focus on relapse prevention by RDs toward the end of OPED may improve outcomes**

Methods

Step 1: Planning and Preparation	• Literature Review • Coordination with psychology team • Review of SCH nutrition education materials
Step 2: Drafting	• Creation of RD facilitation guide for ED support group
Step 3: Change of Plans	• Support group postponed indefinitely • Advice seeking from LEAH faculty, input from social work team
Step 4: Drafting + Feedback Gathering	• Update to OPED Nutrition Standard Work and creation of educational handout • Feedback session with OPED RDs

Intervention

1 Nutrition Standard Work for OPED 5 (final visit)

2 Relapse Prevention Handout + Worksheet

Sample sections of handout from a patient interaction

What can help prevent a relapse?

Some things can make it less likely for a relapse to happen. These are called protective factors. They are often related to nutrition goals of treatment and may include:

- Getting to 100% weight restoration
- Eating a variety of foods that are energy dense
- Being open to trying new foods
- Family support in planning and making meals

My protective factors:

I am honest with my parents about eating.

I am not afraid of being judged or getting in trouble.

Eating & Nutrition Checklist: What do I want to work on?

This checklist has important topics that can help prevent a relapse.

Talk with your dietitian and family about what went well during treatment and what was hard. Then choose at least 2 areas you would like to work on next and check them off below.

- ☐ Understanding how not eating enough (undernutrition) affects the body
- ☑ Listening to your body's hunger and fullness cues
- ☑ Making a plan for meals and snacks
- ☐ Being more flexible with food and trying new things

2. Listening to your body's hunger and fullness cues

- Learning what hunger feels like to you, responding to it consistently, and eating until fullness will help you meet your energy needs over time.
- Use the *Hunger Scale* on page 4 to help you recognize your hunger and fullness cues and practice responding.
- Stress can make hunger signals hard to feel. Do your best to keep a fairly regular eating pattern each day (3 meals and 2 to 3 snacks), even if you are not super hungry.

How I am doing this now:
Noticing hunger at breakfast and dinner time.

How I could do this in the future:
Listening to hunger after my run.
Eating more before I run.

3. Making a plan for meals and snacks

- Planning ahead helps you avoid not eating enough (undernutrition) and running low on energy. This includes packing food or planning where and when you will buy food.
- Keep extra snacks with you in case plans change.
- See *Division of Responsibility: Ages and Stages* in the Resources section below to learn how you and your family can plan meals together.

How I am doing this now:
Helping mom pack my lunch.

How I could do this in the future:
Work on feeling comfortable eating snack in class when others are not eating.

Takeaways and Next Steps

RD Feedback on Handout	• Be mindful of words and reading level • Add *fueling for sport* as a topic
Learnings from trial with patient	• Helpful to involve both patient and parent in topic selection • The more interactive the better • Family may prefer to fill out worksheet at home and bring to final visit
Other Lessons Learned	• Plans change! Backup plan helps, but will not always be prepared and that is okay • Value of continuous feedback gathering
Future Directions	• Standard Work: update per feedback from *new* OPED RDs • Handout: additional topics, input from psychology, continuous updates per feedback from RDs and families once used

See QR codes below for full intervention documents

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For references, please contact Kara Plyler: kplyler@uw.edu