Eating Disorder Screening
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Abstract

- Eating disorders affect daily lives and have a financial impact with those involved. Recovery can be quite extensive and involves several disciplines. Individuals who do recover and sustain healthy weights and diets are less likely to acquire risk factors related to chronic disease, pregnancy complications, and early death.

- Screening tools exist for eating disorders and are available to healthcare providers, yet there is no standard tool utilized. A universal screening tool would likely increase healthcare professional use, which would lead to increased detection of eating disorders. Studies are lacking that identify how frequently nurse practitioners are screening for eating disorders and what barriers inhibit screening for the disease.

- A pilot study was designed to describe nurse practitioners’ current practices in screening for eating disorders and identify barriers preventing screening. Data revealed insufficient screening practices and associated barriers to screening. Future research in screening for eating disorders and addressing barriers to screening is warranted.

Introduction

- Healthcare professionals are in a position to detect signs of eating disorders; however, the symptoms are often unnoticed or misdiagnosed (National Eating Disorders Association [NEDA], n.d.). Consequently, a prime time to intervene or diagnose the disease is overlooked, and can lead to an exacerbation of the problem.

- This project identifies the pertinent background information of eating disorders and significance of the disease for healthcare providers.

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Participants

The target population was nurse practitioners currently working in the state of Nebraska. This study did not include the use of a control group or an intervention.

Limitations

- Reliability of the research survey was not obtainable
- Convenience sample was limited to Nebraska Nurse Practitioners only
- Due to the small sample size and the nature of a non-experimental design, no power analysis was conducted following the pilot study

Design & Methods

Research Design
- The pilot study was a non-experimental, descriptive study performed using an online survey method.

Population Sample and Setting
- The pilot study was conducted with the use of email and an online survey
- Inclusion criteria consisted of working email, internet, and the willingness to voluntarily participate in the online survey.
- Participation was non-exclusive to clinical experience, degree level, practice setting, gender, age, or ethnicity. Exclusion criteria included anyone who was not currently licensed and practicing as a nurse practitioner in Nebraska.

Measurement Method
- The method used to investigate current screening practices and perceived barriers to screening was the Eating Disorder Screening Survey designed by the researchers.
- The survey was comprised of 16 questions: four close-ended, four yes or no, six Likert-type, and two select all that apply.
- The estimated time needed to complete the Eating Disorder Screening Survey was five minutes.

Results

The Eating Disorder Screening Survey was sent to current NNP members (N = 413) and there was a 3.4% response rate (n=14).

Five barriers to screening were identified:

- The majority of the participants are willing to add a screening tool to their current and none were opposed to adding the tool to their assessment.

Screening Practices

- Comfortable Identifying Eating Disorders
- Uncomfortable Identifying Eating Disorders
- Aware of Referrals for Eating Disorders
- Add a Screening Tool with Education
- Add a Screening Tool with Education
- Add a pre-visit Screening Tool

Barriers to Screening

- Barriers do not Prevent Use
- Not an EMR Feature
- Insufficient Referral Resources
- Unfamiliar with Formal Tools
- Uncomfortable Managing Disorder
- Inadequate Time

Conclusion

The prevalence of eating disorders is difficult to determine due to the nature of the disease, however, incidences are increasing. The burden of eating disorders includes, economic, social and emotional consequences. The signs of eating disorders are often masked as another disease process; therefore, regular screening is a way to potentially diagnose this silent illness. There are formal tools for screening for eating disorders that have shown to be beneficial in the outpatient clinical setting; the SCOFF questionnaire is one such example.

Following a limited survey of nurse practitioners in the state of Nebraska, our study found there are no regular screening practices conducted for eating disorders. There is also limited evidence to support the assumption that barriers are causing this inconsistent screening practice. As a result, more research is needed to determine whether regular screening practices would be reasonable and if such practices would actually reduce the cases of diagnosed eating disorders. Further research could be aimed at discovering associated barriers to screening in order to increase detection of eating disorders. The ultimate goal is to continue to increase the knowledge and practice of screening by nurse practitioners for eating disorders in an effort to decrease the prevalence of this diagnosis in the patient population.

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