

Stepping back into Life

PRINCETON CENTER FOR EATING DISORDERS



New Protocol Tackles the Complex Combination of Eating Disorders AND Diabetes

Patients with eating disorders and those with diabetes have two very distinct sets of nutritional and medical needs. If a patient has both conditions—sometimes referred to as diabulimia when accompanied by insulin restriction—the level of complexity in care increases dramatically, and a multidisciplinary approach is essential to achieve the best outcomes.

At Penn Medicine Princeton Center for Eating Disorders, a multidisciplinary team developed an evidence-based protocol for the optimal clinical and therapeutic management of children and adults with type 1 diabetes and an eating disorder. The initiative brought together five disciplines with eating disorders expertise: psychiatry, endocrinology, nursing, nutrition, and psychotherapy.

“It’s not unusual for people with diabetes to feel sadness, burnout, or a sense of being overcontrolled from the constant need to manage their condition, and an eating disorder can be seen as a way to gain control,” says Assistant Nurse Manager Corinne Timberman, RN, BSN, PMHN-BC. “Through multidisciplinary interventions, we’re helping patients bring back masterful control in a positive way.”

When patients have an eating disorder and diabetes, especially if they are limiting insulin and have dangerous blood sugar levels, complications like diabetic ketoacidosis can quickly intensify and become life-threatening. Longer-term damage can range from neuropathy and retinopathy to kidney failure.

COVID-19 Updates

Please visit princetonhcs.org for the latest information and updates related to COVID-19.

Princeton Center for Eating Disorders is located at Penn Medicine Princeton Medical Center.

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New Protocol Tackles the Complex Combination of Eating Disorders and Diabetes (continued)

At Princeton Center for Eating Disorders, care is structured to help patients build the tools and knowledge necessary to work toward recovery from the eating disorder while managing their diabetes independently—skills they will need upon discharge. Components of the protocol include:

MEDICAL STABILIZATION AND CARE: Patients have seamless access to on-site medical specialists at Princeton Medical Center, and an endocrinologist is consulted upon admission. Throughout a patient's stay, endocrinologists are available for ongoing assessments and precise insulin management, and other specialists can be consulted as needed.

PSYCHIATRIC CARE: Board-certified psychiatrists specializing in eating disorder treatment provide individualized behavioral health care and medication oversight to optimize patient outcomes.

NURSING OVERSIGHT: Giving structure and oversight to the protocol, nurses help manage patient care and monitor blood sugar levels before every meal and snack, once during the night, and as needed. Nurses also provide continual education on diabetes management and disease processes.

NUTRITION MANAGEMENT: From day one, dietitians work with patients to monitor caloric intake and carbohydrate balance with precision while educating them about nutrition needs and menu planning. With this knowledge, patients advance from checking off preselected menu items to writing in their preferences.

THERAPEUTIC INTERVENTIONS: Through individual and group therapy, therapists help patients examine areas like emotion regulation, coping mechanisms, and how to manage urges to withhold insulin. The team has developed a system for tracking mood and other parameters, including blood sugar fluctuation. Each day, patients self-assess areas such as emotional intensity, urges, meal plan compliance, and the ability to care for themselves.

PATIENT AND FAMILY EDUCATION: Education is integrated throughout care, with topics including diabetes and nutrition, how mood states can fluctuate with blood sugar rates, and managing emotional distress. Examining family dynamics and achieving more effective communication with family members are also important components of the program.



Throughout treatment, overall progress is organized in a tiered system. As patients show mastery at each level, such as self-administering insulin with nursing oversight, they move toward greater independence.

“Those with type 1 diabetes and an eating disorder are an extremely vulnerable population, and treatment is a complex balancing act requiring insight from all angles,” says Rajshree “Ria” Patel, MD, a board-certified endocrinologist at Princeton Medical Center. “We’re very unique in New Jersey in our ability to offer this level of multidisciplinary care.”

Team members who have played an integral role in developing the diabetes care protocol at Princeton Center for Eating Disorders include:

Robbi Alexander, PhD, APN, PMHCNS-BC
Director

Jennifer Campbell, LCSW
Senior Eating Disorders Therapist

Jenna Deinzer, RD
Lead Senior Nutrition Therapist

Lauren Firman, RN, MHA, BSN, CNML
Nurse Manager

Kristina Krill, MS, RD
Nutrition Therapist

Allison Lansky, EdS, LMFT, CEDS, NCC
Lead Senior Primary Therapist

Kari Mastro, PhD, RN, NEA-BC
Director of Professional Practice, Innovation, and Research

Rajshree “Ria” Patel, MD
Board-certified endocrinologist

Corinne Timberman, RN, BSN, PMHN-BC
Assistant Nurse Manager

Helping Teen Patients with Academic Pressures

The pressure to keep up grades, tackle honors or AP classes, prepare for exams, consider career interests, and begin the college search process can cause high levels of stress for any high school student when the world is functioning normally. When paired with an eating disorder that requires intensive treatment time—along with the COVID-19 pandemic, which has changed the face of learning across the nation—that pressure and the concern about falling behind can become overwhelming.



Princeton Center for Eating Disorders is well versed in facilitating virtual learning for young patients, helping to alleviate academic concerns so that patients can focus more fully on healing. Designed for children and adolescents from age 8 through high school, this strong academics program features dedicated teachers who are certified in high school science, math, history, English, Spanish, French, and Italian. Even during the current crisis, patients receive targeted assistance for at least two hours a day every weekday.

“We do whatever we can to help patients keep up with academic responsibilities while they’re here to maintain a sense of continuity and normalcy,” says Barbara Moses, a certified K-8 teacher and Academics Coordinator at Princeton Center for Eating Disorders. “For teens, this may even include guidance on writing college application essays.”

With parental consent, the academics team works confidentially with school guidance counselors and, whenever possible, individual teachers to prioritize and access schoolwork and tests. The unit’s

classroom has eight computers, and patients are allowed to use their own laptops within the room. Digital tools like Google Classroom are used whenever possible to streamline the exchange of assignments and completed work.

“Now that teachers are providing virtual assignments for all students, seeing that ‘to-do’ list can provide additional anxiety for patients,” says Moses. “We help manage expectations on all fronts and work with teachers to differentiate daily priorities so they can keep up. In fact, because patients receive one-on-

one assistance, in some cases they may actually work at a faster pace than the school class.”

Finding a Balance

Like all areas of care at Princeton Center for Eating Disorders, the approach to academics benefits from multidisciplinary insight. Teachers and therapists have a fluid relationship, communicating any treatment issues that might impact academic coaching, and vice versa. Likewise, the academics team helps manage expectations with parents, who in some cases may be placing additional pressure on teens to excel academically.

“That extra AP class may not make a difference in the long-term scheme of things,” adds Moses. “These teens may reach their goals on a different timeline or in an alternate way, and that’s OK. We’re supporting them on all levels, with regaining their health as the highest priority.”

EVIDENCE-BASED CARE

Backed by Nursing Research

As a Magnet® organization, Penn Medicine Princeton Medical Center—home of Princeton Center for Eating Disorders—focuses on innovation as an overarching goal. Yet it takes that goal one step further by incorporating nursing research into initiatives like the diabetes and eating disorders protocol.

“Nurses are intimately familiar with best practices for patient care, so they bring a unique, patient- and family-centered perspective to research,” says Kari Mastro, PhD, RN, NEA-BC, Director of Professional Practice, Innovation, and Research at Princeton Medical Center. “By collaborating with various disciplines, examining data retrospectively, and measuring outcomes moving forward, we’re putting structure and evidence behind our protocols.”

In the case of the diabetes protocol, the team examined how the treatment of two distinct conditions—eating disorders and type 1 diabetes—might be best approached when paired together. In the coming year, the team will collect outcomes data on measures ranging from glucose control to patient confidence in self-care, with the intent to fine-tune the protocol and disseminate findings on a national level.



New Senior Clinical Liaison Serves as Resource for Providers

Cassie Carlino, MSW, LSW has joined Princeton Center for Eating Disorders as Senior Clinical Liaison, serving as a point of contact for the many providers and referral sources who treat children, adolescents, and adults of all genders with eating disorders.

With past experience in behavioral health outreach, admissions, and treatment as well as eating disorders outreach, Carlino most recently served as Community Relations Representative for Princeton House Behavioral Health. She describes joining Princeton House, and subsequently Princeton Center for Eating Disorders, as one of the best decisions she’s ever made.

“I’ve always been intrigued by how the mind works, and this new role combines my passion for behavioral health outreach with my interest in eating disorders care,” says Carlino.

“The team here promotes a patient-first environment with evidence-based, clinically rich programs that make a difference for patients. It’s exciting to serve as a link between these programs and the community.”

Carlino is available to provide information about Princeton Center for Eating Disorders, answer questions, or arrange a tour. She can be reached at 609-423-3171 or cassie.carlino@penmedicine.upenn.edu.



The Benefits of Cognitive Behavioral Therapy for Rumination Disorder



Sometimes a habit forms before the conscious mind recognizes it—and once it’s an established behavior, it can be difficult to break. That’s often the case with rumination disorder.

Classified as a DSM-5 feeding and eating disorder, rumination disorder is the regurgitation of food during or soon after eating with a frequency of at least a few times per week, usually daily, for at least one month. Typically, regurgitation occurs without apparent nausea, retching, or concern. Food that may be partially digested is then rechewed, reswallowed, or spit out.

People with rumination disorder have different reasons for maintaining this behavior, such as self-soothing, oral stimulation, relief of abdominal discomfort, or concerns with weight. Yet a common thread is the continuation of the behavior to gain a sense of control when dealing with negative feelings.

“In some cases it may cause embarrassment or social anxiety, yet those with rumination disorder may not want to change the behavior as it brings them comfort,” says Allison Lansky, EdS, LMFT, CEDS, NCC, Lead Senior Primary Therapist at Penn Medicine Princeton Center for Eating Disorders.

An Effective Treatment Protocol

The first step in the assessment of a patient with suspected rumination disorder is an evaluation with a gastroenterologist. When medical reasons for the behavior have been ruled out, those with rumination disorder can benefit from a treatment approach that incorporates cognitive behavioral therapy (CBT).

Through Lansky’s efforts, a five- to eight-session rumination disorder protocol is now available for Princeton Center for Eating Disorders patients. The protocol was modeled after a rumination disorder clinical trial underway at Massachusetts General Hospital and Drexel University. In addition to incorporating CBT theory, the protocol includes specific practical techniques like diaphragmatic breathing, psychotherapy to address underlying issues, and pharmacotherapy if needed.

One of the main goals of treatment is to help patients recognize the premonitory urge that precipitates rumination.

“We work to bring the voluntary component of behavior from the unconscious to the conscious mind,” explains Lansky. “Once patients are aware that they have control, they can use specific techniques to change that behavior. In a short time, patients gain skills they can benefit from for the rest of their lives.”

Candidates for Inpatient Treatment

In severe cases, rumination disorder can lead to malnutrition. Sometimes, it co-occurs with another eating disorder. Patients who have rumination disorder and/or other eating disorders who have medical complications secondary to the use of eating disorder symptoms may meet criteria for inpatient treatment at Princeton Center for Eating Disorders. The center accepts patients of all genders ages 8 and older.

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Pediatrician Vigilance Promotes Early Detection of Eating Disorders

Pediatricians typically have a short time to cover a long list of topics during appointments with children and adolescents. This includes being vigilant for signs of behavioral health issues like an eating disorder.

"Taking the time to explore a concern more closely is important, because the early detection of an eating disorder means better outcomes," says Alicia Brennan, MD, Medical Director, Children's Hospital of Philadelphia (CHOP) Pediatric Care at Penn Medicine Princeton Health. "If there's a red flag, scheduling a separate, longer appointment with the child and family can allow for a more in-depth discussion."

According to Dr. Brennan, physicians should watch for these possible signs of an eating disorder in their pediatric patients:

- Weight trending downward
- Two lines crossing on the growth curve
- The limitation or restriction of certain types of foods
- An increase in obsessive/compulsive behaviors
- Amenorrhea or delays in puberty
- Comorbid issues, like anxiety or school phobias

Lab work can provide additional clues and rule out medical conditions like inflammatory bowel disease or hyperthyroidism.



Proactive Care for Pediatric Admissions

When inpatient care is needed for a child or teen with an eating disorder, communication about care begins even before the patient arrives on site for admission to Princeton Center for Eating Disorders.

"Patients come from all over the country for the unique level of care we provide, and it's part of our role to ensure that they are in the right place before they get here," says Dr. Brennan. "Once they arrive, we establish familiarity, conduct a physical exam, and address any medical issues that may require resolution before eating disorders care begins."

A team of pediatricians affiliated with CHOP, which is ranked No. 2 on *U.S. News & World Report's* 2019-20 Honor Roll of Best Children's Hospitals, is available to eating disorders patients, along with on-site specialists in a variety of other disciplines.

"We have fine-tuned protocols and a team of experts working collaboratively to provide safe, optimal care from pre-admission through discharge," adds Dr. Brennan.

Princeton Center for Eating Disorders treats children ages 8 and older. To discuss whether a patient is a candidate for treatment or to speak with the Admissions Department, please call 609.853.7575.