Penn Medicine
Princeton Medical Center

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Princeton Center for Eating Disorders *journeys*

THE FLAWED CONSTRUCT OF "Ideal Body Weight"

A longstanding component of eating disorder treatment is a "target weight" to reach during recovery – also called "ideal body weight." However, the formulas used to calculate these weights are so numerically focused that they limit the ability to consider a bigger, holistic picture in eating disorder recovery.

"There's really no such thing as an ideal body weight," says Rebecca Boswell, PhD, Director of Princeton Center for Eating Disorders and Administrative Director of Psychiatric Services at Penn Medicine Princeton Medical Center. "These calculations are based on mathematical equations and averages, but not on individuals. They're one part of a broader picture, but they don't take into account the specific needs of patients with eating disorders."

"Ideal body weight" equations were developed using biased datasets and unrepresentative samples. Historically, white European male height/weight averages were used to develop a ratio (the Quetelet Index) that was a precursor to body mass index (BMI). Insurance companies began using height and weight to estimate mortality risk for men and women in 1912. A seminal dataset (Met Life Tables) collected by insurance companies factored in one-inch heels when calculating heights, used self-reported weights, and included primarily young white policyholders. In turn, BMI was created with data from white men rather than a representative sample of people.

Even today, BMI standards are relatively arbitrary, according to Dr. Boswell. She notes that "ideal body weight" doesn't tell providers much more, since it's highly correlated with average BMI.

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Dr. Boswell and Lead Dietitian Jenna Deinzer, RD recently conducted a literature review and examined commonly used methods to determine ideal body weight. Among their findings for adults, they noted that:

- Supporting data was often incomplete, with little to no information on whether samples included variation in race, ethnicity, or age.
- Many methods were created by pharmacists to determine dosing regimens for medications.
- Most formulas produce a single body weight rather than a range.
- None of the methods studied addressed or measured body composition or overall medical and nutritional status.

Providers are faced with a challenge: while they can rely on growth charts in children to provide a more complete picture of expected individual weight trajectories, they lack updated data and similar context to establish better weight goals for adults with eating disorders.

When numbers fall short

Because ideal body weight doesn’t incorporate body diversity, age, weight suppression, psychological wellness, metabolism, and individual experience, the resulting calculation may fall short of being optimal for the patient.

“Ideal body weight calculations often result in lower target weight goals than many of our patients need for recovery,” says Dr. Boswell. “Our hypothesis is that relying solely on these formulas may lead to an increased relapse rate in adults with eating disorders.”

Deinzer provides a hypothetical example: A young female patient who was thriving at 140 pounds develops an eating disorder, and her weight drops to 120 pounds. The ideal body weight calculation is also 120 pounds, but the patient’s labs, vitals, and overall health demonstrate that she is struggling. The calculation also sends a mixed message to the patient, who needs a higher weight restoration to recover from the eating disorder, be medically stable, and achieve positive long-term outcomes.

“Our deep dive into the research shines a light on the need to better individualize care so that patients can lead a fuller life,” says Deinzer. “With this knowledge, providers can shift into more flexibility on what defines a sustainable recovery.”

The Princeton Center for Eating Disorders team continues to examine existing practices and patient data with the goal of collaborating with other experts in the field to explore new models of care.

“The world has changed, and older formulas no longer fit,” says Dr. Boswell. “Ideal body weight can be part of our toolkit rather than an absolute recommendation of where someone’s body needs to be to achieve recovery. When we look at the big picture, we can do much better.”

Embracing the Gray

Black and white rules about how ideal body weights are set in clinical practice can be misapplied if not critically examined in a broader context. Knowing that these numbers are antiquated and often biased, it makes sense for decisions to incorporate the gray area. This gray space is important for allowing providers to individualize care and better serve patients.

Sharing Perspectives at iaedp

Dr. Boswell and Deinzer presented **“What Is an ‘Ideal’ Body Weight? A Critical Review”** at the iaedp™ Symposium in Orlando in March. The presentation reviewed the development of ideal body weight methodologies, assessed various methods, and discussed an approach to individualizing ideal body weight based on a holistic interpretation that emphasizes body diversity and psychological, medical, and social wellness.

Rebecca Boswell, PhD

Jenna Deinzer, RD

Family-Based Treatment Empowers Caregivers

Eating disorders treatment typically engages the family in the care of a child, but family-based treatment (FBT) takes this approach to a higher level. In fact, research shows that FBT has some of the best evidence for the recovery of adolescents with anorexia nervosa and bulimia nervosa.

"FBT considers the family as an adolescent's greatest resource, so it's designed to boost their confidence and maximize their strengths," explains Senior Eating Disorders Therapist Alison Locklear, MSW, LCSW, CEDS-C. "With the guidance, support, and insight of the eating disorders treatment team, this approach in turn makes the family the treatment team."

While FBT was created as an outpatient program, Princeton Center for Eating Disorders has developed an FBT model that provides components and structure for this approach in the inpatient setting so that families have a foundation for continuing progress after discharge. This includes:

- In-depth nutrition education with a dietitian that empowers parents to practice coaching, plan menus, bring in prepared or take-out meals, and provide in-person or virtual mealtime support during their child's inpatient stay
- Daily update/coaching calls with therapists
- Regular family meetings with therapists and psychiatrists

SPACE Training

The Princeton Center for Eating Disorders FBT model also incorporates weekly training in Supportive Parenting for Anxious Childhood Emotions (SPACE). This treatment was first developed by Eli Lebowitz, PhD, Associate Professor at the Yale Child Study Center, for parents of children with OCD or severe anxiety. SPACE gives parents tools to identify and adjust what they may have accommodated in the past along with dialogue to validate feelings and convey boundaries in ways their child can understand.

"There's an evolved predisposition for parents to respond instinctively to a child in distress, but it doesn't always work in their favor," explains Locklear, who is a certified SPACE trainer. "When parents swoop in to solve issues, the child doesn't gain the confidence in their own ability to handle challenges."

In the eating disorders setting, an example might be no longer swapping out a food that a child wants to avoid, as removing that item only maintains it as a fear food. The child can choose whether or not to eat that food, but the message no longer implies that the parent lacks confidence in the child's ability to overcome that fear.

Many families of patients at Princeton Center for Eating Disorders have shared their gratitude for these resources, noting an increase in confidence and decrease in anxiety.

"We know eating disorders, but families know their children best," adds Locklear. "By working together closely and consistently, we're helping to ensure the best path forward."

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LEARNING FROM PATIENTS
with Longstanding Anorexia Nervosa

Listening to and learning from patients is a priority at Princeton Center for Eating Disorders – and it's particularly important in care considerations for those with longstanding anorexia nervosa. Even the preferred name of the condition has evolved among eating disorders professionals, with it sometimes referred to in research literature as "severe and enduring anorexia nervosa."

"We're using the language that best fits the lived experience of patients, who feel that the term 'enduring' creates a sense of hopelessness and finality," says Rebecca Boswell, PhD, Director of Princeton Center for Eating Disorders and Administrative Director of Psychiatric Services at Penn Medicine Princeton Medical Center. "Through our research, we've found that many patients with longstanding anorexia nervosa want to maintain hope about the possibility of recovery – and we do, too."

This clinical research protocol – which began recruiting patients in January 2023 and will continue through early 2025 – focuses on how to better adapt treatment approaches to the individual based on insight gained through interviews on the lived experience of longstanding anorexia nervosa among patients at Princeton Center for Eating Disorders. Based on study data, the following adaptive strategies have been implemented for participants:

Patients are considered integral members of the treatment team. Goals are set collaboratively through weekly team meetings.

Patients have more flexibility. For example, if a patient has difficulty completing meals, more options are available in menu planning. Choices might include increasing supplementation, repeating certain menu items more often, or tube feeding so patients don't have to navigate oral intake before they're ready.

The therapeutic viewpoint focuses on both clinical and quality of life goals. Discussions center around the type of changes patients want to see in their lives from week to week across the course of treatment, and how to build in flexibility that can be maintained upon discharge.

Dr. Boswell notes that the team has gained several key insights thus far, including a greater need for trauma-informed care than anticipated to help patients engage more meaningfully in their recovery.

"We've also learned that when patient needs for comfort and safety are accommodated, they tend to stay in treatment longer – and that leads to improved medical and psychiatric stability," adds Dr. Boswell. "In addition, these adjustments to the treatment plan for individuals with longstanding anorexia nervosa have not disrupted the overall treatment milieu."

ATTEND OUR WEBINAR Q&A!

On June 26 from 12-1:30 p.m., Dr. Boswell, Clinical Dietitian Hannah Posluszny, MSPH, RDN, and psychiatrist Kristyn Pecsi, MD will lead a virtual panel discussion to answer questions about longstanding anorexia nervosa. **REGISTER** for this free event at **princetonhouse.org/events**.

ACCESS RESEARCH TO DATE

The Princeton Center for Eating Disorders team has shared findings on longstanding anorexia nervosa at national and international conferences and through published research in the *International Journal of Eating Disorders*. **ACCESS** this study at **doi.org/10.1002/eat.24058**.

NEWS

Alexander Named AVP of Behavioral Health Nursing

Robbi Alexander, PhD, APN, PMHCNS-BC has been named Assistant Vice President of Behavioral Health Nursing for Penn Medicine Princeton Health. In this role, she supervises all psychiatric/mental health nursing staff for the 116-bed inpatient hospital, five outpatient sites, and the 22-bed eating disorders unit. Dr. Alexander most recently served as Director of Princeton Center for Eating Disorders and Administrative Director of Psychiatric Services at Penn Medicine Princeton

Medical Center, and she has held a number of management and nursing roles at Princeton House.

Certified as a clinical nurse specialist in adult psychiatric and mental health nursing, Dr. Alexander has served as principal and co-principal investigator for research studies related to mental health nursing, nursing workforce diversity, and eating disorders, and she is published in several nursing and eating disorders journals.

Boswell Expands Leadership Roles

Rebecca Boswell, PhD has been named Director of Princeton Center for Eating Disorders and Administrative Director of Psychiatric Services at Penn Medicine Princeton Medical Center. In addition to leading the 22-bed eating disorders unit, Dr. Boswell will provide administrative oversight for hospital psychiatric services. The role will also include development and oversight of Princeton Health's emerging Behavioral Medicine key priority, which includes building out health psychology

capabilities across multiple medical services.

With extensive experience in eating disorders research paired with a strong clinical background in behavioral medicine, Dr. Boswell has made great strides in advancing clinical programs and evidence-based research initiatives at Princeton Center for Eating Disorders and Princeton Medical Center in her previous role of Supervising Psychologist.

INSIGHT ON NUTRITION AND MENTAL HEALTH

Rebecca Boswell, PhD, Director of Princeton Center for Eating Disorders and Administrative Director of Psychiatric Services at Penn Medicine Princeton Medical Center, participated in a panel of experts at the Central New Jersey Healthcare Symposium, with Penn Medicine Princeton Health serving as a Breakfast Sponsor. Facilitated by the Princeton Mercer Regional Chamber and held at Grounds for Sculpture, the event focused on "Minding Your Mind: The Intersectionality of Nutrition and Mental Health." It also featured a food drive in partnership with Mercer Street Friends.

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NEW STAFF SPOTLIGHT

Kimberly Manna, MS, RD recently joined Princeton Center for Eating Disorders as a registered dietitian. Her prior experience includes hospital roles as an inpatient dietitian and as a volunteer and later intern on an inpatient eating disorders unit, which sparked her interest in the eating disorders field. She completed her BS in nutritional science and dietetics at Rutgers University and her MS in nutrition at the University of Saint Joseph West in Hartford, CT.

“Patients with eating disorders are battling something so difficult to overcome, and being part of the journey to help them through it is very rewarding,” says Manna.

“My role is to help patients challenge eating disorder thoughts and rebuild a relationship with food so they can understand what a healthy weight means for them and feel better in their bodies,” she adds. “I’m excited to work collaboratively with such a knowledgeable, specialized team.”