Eating Disorders in Kentucky: The Silent Epidemic

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From A Kentuckian
Eating Disorders

- **High mortality rate**
  - Anorexia nervosa has the second HIGHEST mortality rate of ANY psychiatric illness (only surpassed by opioid use disorders)

- **Debilitating**
  - On average time from diagnosis to recovery is 10 years
  - Often become chronic illnesses

- **Costly**
  - Treatment cost on average $20,000 per month
  - Not accounting for lost time at work, school etc.

Berends et al., 2016; Chesney et al., 2014; Fairburn et al., 1995; Fichter & Quadflieg, 2016; Hudson & Pope, 2018; Kass et al., 2013; Khalsa et al., 2017; Smink et al., 2012; Suokas et al., 2013
Eating Disorders

- Do not occur in a vacuum
  - Most co-occur with suicide, drug abuse, anxiety, depression

- Most individuals with eating disorders seek other types of care and their eating disorders go undetected
  - ER
  - Primary care

- Under diagnosed in many populations
  - Men, ethnic minorities, children

Ansseau et al., 2004; Gordon et al., 2006 Hart et al., 2011; Johnson & Hillard, 1990; Strother et al., 2012; Swanson et al., 2011
That means in the state of Kentucky there are 29,804 children with an eating disorder.

And...eating disorders are increasing.

Bacon & Aphramor, 2014
In KY

- There is currently one eating disorder facility in the entire state
  - Opened in 2017
  - Only has outpatient and intensive outpatient care
  - There is no program in the United States that accepts Medicaid for a higher level of eating disorder care

- Where are these 29,804 children (and counting) going to go for treatment?
  - Most detected cases have to go to St. Louis (or farther)
Eating Disorders Start Early

Disordered Eating Behaviors Among Kentucky High School Students (Ages 14-18)

- Trying to lose weight: 47.1%
- Think they're overweight: 32.3%
- Fasted to lose weight: 13.4%
- Took pills to lose weight: 6.8%
- Vomited/laxatives to lose weight: 5.6%
Kentucky Fares Worse than the US

Prevalence of Disordered Eating (3+ behaviors) Among High School Students (Ages 14-18)
Eating Disorders Affect All Sizes

Prevalence of Disordered Eating by Body Mass Index Among Kentucky High School Students (Ages 14-18)

- Normal: 7%
- Overweight: 16%
- Obese: 18%
Eating Disorders Don’t Happen Alone

- Compared to KY students without disordered eating, students reporting disordered eating are:
  - 2.5 times more likely to report lifetime prescription drug use
  - 4 times more likely to have been bullied or cyberbullied
  - 5 times more likely to be depressed
  - 5 times more likely to make a suicide attempt
Cost of Eating Disorders

- Severe eating disorders can require inpatient and residential treatment
  - Average monthly cost of inpatient treatment is $68,000
  - Average monthly cost of residential program is $30,000
  - Outpatient treatment can cost upwards of $200/session

- When left untreated, eating disorders can lead to medical complications
  - E.g., heart failure, kidney failure, osteoporosis, diabetes, stroke, gastric rupture, hypoglycemia, and more

Cost of Eating Disorders

- There are additional costs to the Medicare system from co-occurring medical and mental illnesses and ER visits.
  - These visits cost on average $16,000 with an average 8 day stay.
- Most individuals with eating disorders seek treatment in non-specialty care centers.
  - Prolongs illness
  - Increases cost

Owens, et al., 2019; Striegel-Moore, et al., 2009; Hart et al., 2011
Cost Savings

- **Shorter duration of illness** is a major predictor of better outcome for eating disorders.
- Preventative measures can reduce incidence and slow the development of eating disorders in at-risk populations.
- Better measurement and assessment of eating disorders will lead to early identification.
  - Early identification means earlier, less intensive, more cost-effective treatment.
- Preventing just **one** case of bulimia nervosa leads to an average of $33,999 in savings.

Prevention, early identification, and early treatment are key.

Bulik et al., 1998; Taylor et al., 2006; Wang, Nichols, & Austin, 2011
A Few Important Facts To Remember

- Eating disorders can be treated
  - If they receive complete specialty treatment they will recover!
- Eating disorders can be prevented
- Eating disorders are not just about being too thin
  - They need to be detected to be prevented and treated
- Professionals and schools can be trained to detect, prevent, and treat eating disorders

Christian et al., 2019; Fairburn & Cooper, 2011; Stice et al., 2013
Recommendations

- Establish a Kentucky Eating Disorder Council
  (Modeled after the Missouri Eating Disorder Council)
  - Work in conjunction with the Cabinet for Health and Family Services,
    Department of Behavioral Health, and the Department of Education

- Overall charge of council is: more and better access to treatment throughout the state

- Create and oversee education and awareness programs for early detection and prevention
  - Train health care providers, schools, mental health centers, colleges

- Identify if adequate diagnostic and treatment programs are available
KY Eating Disorder Council

- Add assessment of eating disorders in state-wide assessments
  - Over 25,000 high school students are at risk of developing an eating disorder, but need new data
  - Add questions back on the Youth Risk Behavior Survey
  - Add eating disorder questions on other large school surveys

- Identify eating disorder research projects

- Other actions:
  - Examine the current state definition of mental health to include eating disorders as defined in the DSM-5, the Diagnostic and Statistical Manual of Mental Health
  - Examine current insurance law to prevent insurers from denying care for eating disorder treatment based upon weight or BMI (body mass index)
    - Neither weight nor BMI provides an accurate picture of someone’s mental health status
  - Examine Kentucky’s compliance with federal parity laws
How will this help KY?

MO eating disorder council has
• Increased treatment access
• Added education and training opportunities
• Prevented eating disorder cases

IN KY WE CAN:
• Save lives
• Help children & youth
• End suffering
• Prevent cost to the state
Letters of Support

- National Eating Disorders Association
- North Carolina Center of Excellence for Eating Disorders (founded by SAMSHA)
- Academy for Eating Disorders
- National Alliance for Mental Illness
  - Lexington and Louisville Branches
- Kentucky Psychological Association
- KY Department of Behavioral Health
- Norton Hospital
- Peace Hospital (formerly Our Lady of Peace) Louisville
- Sacred Heart Academy, Louisville
- Missouri Eating Disorder Coalition
- Harvard Strategic Training Initiative for the Prevention of Eating Disorders (STRIPED)
- Kentucky Nutrition and Dietitian Association
- AND hundreds of individuals across the state who have, have had, or care for someone with an eating disorder
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References


