

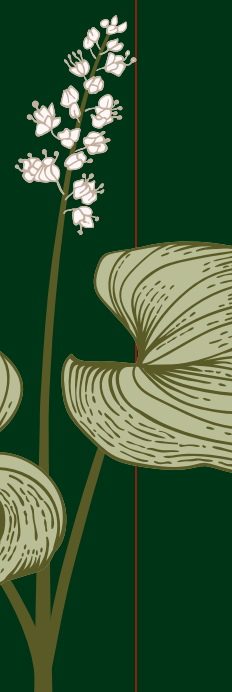
Picky or Restrictive? Early Identification of Eating Disorders

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South Portland Adolescent and Young Adult
Medicine – Primary and Adolescent Medicine
Specialty Care

Objectives

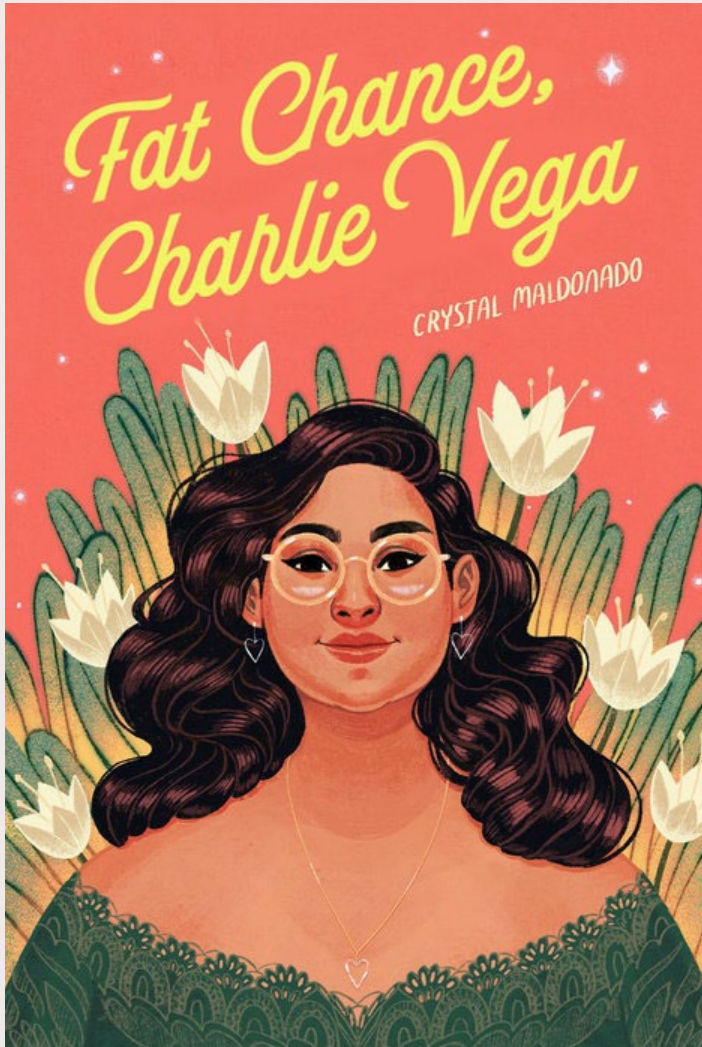


- Acknowledge and counsel patients on emerging “diet culture” trends that may influence young people
- Be able to identify signs and symptoms of serious eating disorders in patients desiring weight loss
- Partner with parents for home interventions to treat precursors and early presentations of eating disorders
- Identify multidisciplinary care options available for patients in Maine



Diet Culture

Diet Culture



- Social expectations that tell us there is one way to be, one way to eat = to be healthy
- Thinness is not health; Fatness does not mean poor health
- BMI is flawed – but used to measure health for all genders, all ethnicities, all body types
- People can be healthy at every size : Lifestyle is what is important



Lilly

zepbound»
(tirzepatide) injection



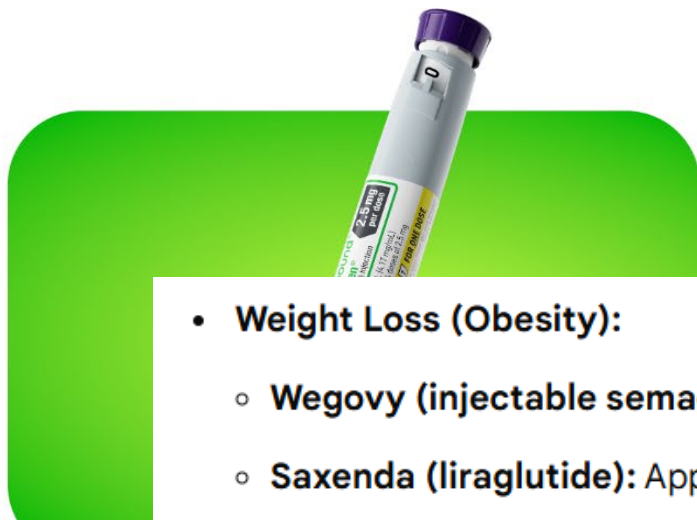
If Zepbound is NOT covered under your insurance plan:



Sign in

Starting at

\$299*



- **Weight Loss (Obesity):**
 - **Wegovy (injectable semaglutide):** Approved for adolescents **12 and older**.
 - **Saxenda (liraglutide):** Approved for adolescents **12 and older**.
 - **Zepbound (tirzepatide):** Currently approved only for adults **18 and older**.
 - **Wegovy (oral tablets):** Currently approved only for adults **18 and older**.
- **Type 2 Diabetes:**
 - **Trulicity & Bydureon BCise:** Approved for children **10 and older**.
 - **Ozempic:** Only approved for adults **18 and older**. www.cdc.gov +7

Lose Weight GLP-1 Medications Expert Support

WEIGHT WATCHERS



WEGOVI

New! Wegovy® pills at the lowest price available

Cash pay available Insurance accepted

NovoCare recognized care provider

- ✓ The GLP-1 treatment you want in a convenient oral pill
- ✓ Similar weight loss results to injectable GLP-1s
- ✓ The first FDA-approved oral GLP-1 for weight management
- ✓ No needles, no fridge, no cleanup

[Offer Terms](#)

Online vs. In-Person Prescriptions

Even though certain medications are FDA-approved for teens, obtaining them through a **telehealth service** is different from seeing a doctor in person: [🔗](#)

- **Telehealth Restrictions:** Most major online weight management providers (like [Walgreens Weight Management](#) or [OrderlyMeds](#)) require patients to be **18+**

Clinical Practice Children and Adolescents

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Connected Content

- A companion article has been published: Evaluation and Treatment of Obesity in Children and Adolescents: Part II: Comorbidities
- A companion article has been published: Part I: Interventions
- A correction has been published: Correction: Evaluation and Treatment of Obesity in Children and Adolescents: Part II: Comorbidities



< Previous Article Next Article >

Article Contents

- I. Introduction
- II. Approach
 - A. Health Equity Considerations
 - B. Racism
 - C. Weight Bias and Stigma

Conditions caused or worsened in children with obesity: all organ systems are affected

Psychosocial – stigmatization

- Depression
- Anxiety
- Poor self-esteem
- Social isolation
- Eating disorder
- Reduced cardio-respiratory fitness
- Lower educational attainment

Endocrine and metabolic disturbances

- Insulin resistance
- Type 2 diabetes
- Dyslipidemia
- Thyroid dysfunction
- Early puberty
- Polycystic ovary syndrome
- Hypogonadism (boys)
- Gynecomastia (boys)

Cardiovascular co-morbidities

- Hypertension
- Left ventricular hypertrophy
- Endothelial dysfunction
- Reduced cardio-respiratory

Pulmonary complications

- Obstructive sleep apnea
- Asthma



Cancer

- Acute lymphatic leucemia

Neurological alterations

- Pseudotumor cerebri
- Cognitive dysfunction
- Reduced eye health
- Hearing loss

Impaired oral health

- Orofacial growth alteration
- Caries
- Periodontitis

Immunologic and autoimmune diseases

- Chronic low-intensity inflammation
- Arthritis
- Diabetes type I
- Multiple sclerosis
- Psoriasis

Renal disturbances

- Glomerulosclerosis
- Hyperfiltration

Gastrointestinal and nutrition complications

- Nonalcoholic fatty liver disease (NAFLD)
- Gallstones
- GERD (Acid reflux disease)
- Vitamin D insufficiency
- Iron deficiency

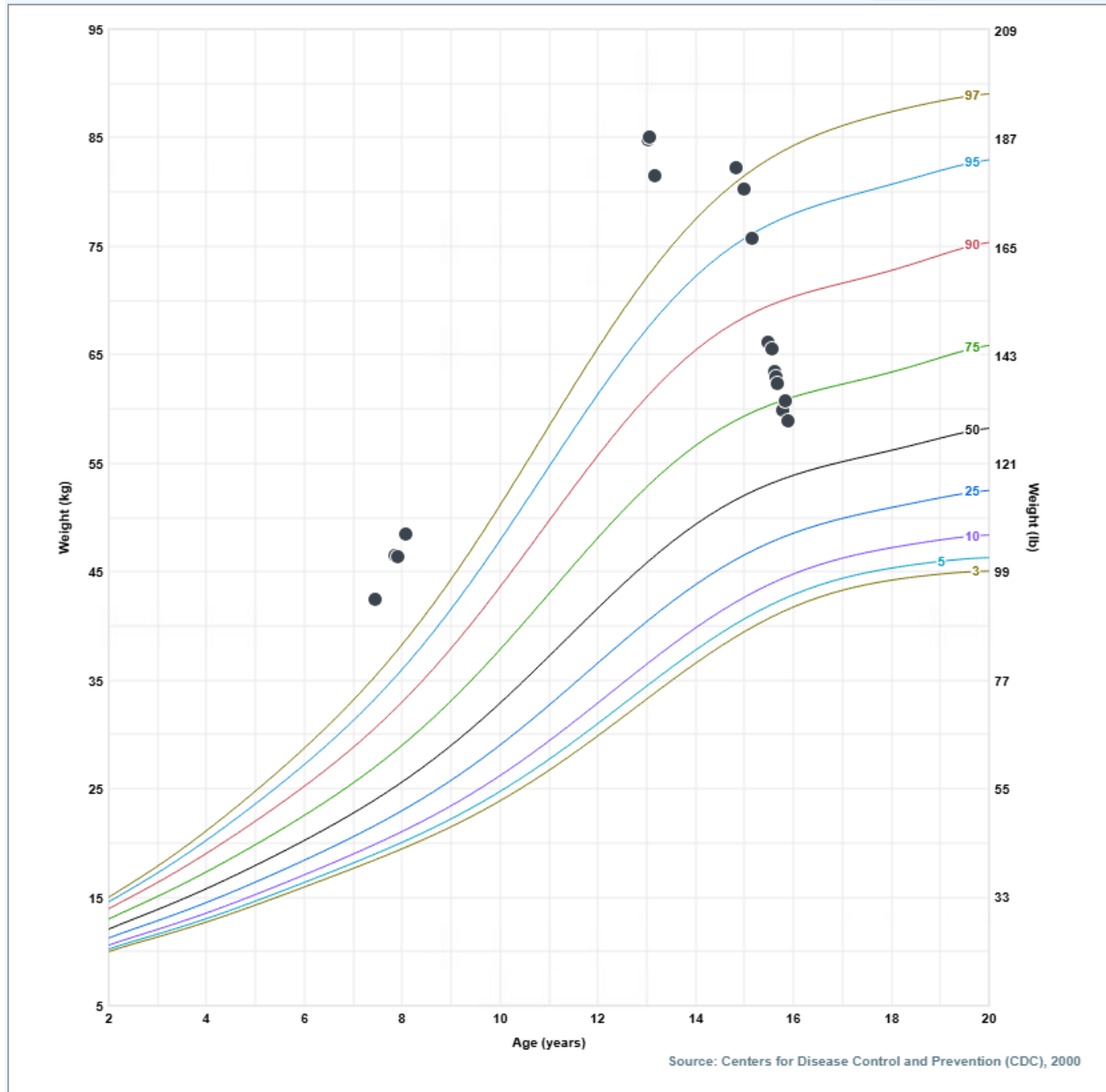
Musculoskeletal disturbances

- Abnormal bone content
- Altered growth pattern
- Slipped capital femoral epiphysis
- Blount's disease
- Flat feet
- Fractures

Dermatologic complications

- Acanthosis Nigricans
- Stretch marks
- Intertrigo



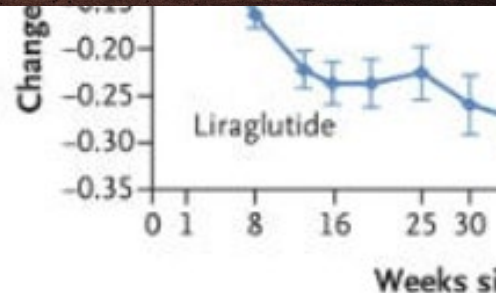


Source: Centers for Disease Control and Prevention (CDC), 2000

What is Orthorexia?

Although not formally recognized in the Diagnostic and Statistical Manual DSM-5 TR, awareness about orthorexia is on the rise. The term 'orthorexia' was coined in 1997 and means an obsession with proper or 'healthful' eating.¹ Although being aware of and concerned with the nutritional quality of the food you eat isn't a problem in and of itself, people with orthorexia become so fixated on so-called 'healthy eating' that they actually damage their own well-being and experience health consequences such as malnutrition and/or impairment of psychosocial functioning.²

Without formal diagnostic criteria, it's difficult to get an estimate on precisely how many people have orthorexia, and whether it's a stand-alone eating disorder, a type of existing eating disorder like anorexia nervosa, or a form of obsessive-compulsive disorder.³ Studies have shown that many individuals with orthorexia also have obsessive-compulsive disorder.⁴



No. of Participants	
Placebo	126 125 123 116 116
Liraglutide	125 123 119 118 119

Kelley et al. A random... adolescents with

NBC NEWS POLITICS U.S. NEWS WORLD LOCAL SPORTS SHOPPING CULTURE SCIENCE TIPLINE WATCH SUBSCRIBE

MENTAL HEALTH

Weight loss drugs like Wegovy may trigger eating disorders in some patients, doctors warn

Abuse of weight loss drugs is nothing new, but “nothing compares to the phenomenon that seeing right now with these GLP-1s,” one provider said.



Behavioral health practitioners are important members of the multidisciplinary team. Clinicians can focus on adolescents' health behaviors (eg, eating regularly, improving sleep hygiene, engaging in physical activities) and psychosocial adjustment (eg, regulating emotions, managing stress, and improving overall self-esteem, social functioning, and quality of life) beyond exclusive emphasis on weight or weight loss. Structured and supervised multidisciplinary weight management programs have been found to decrease ED symptoms, including bulimic symptoms, emotional eating, binge eating, and drive for thinness, as well as the risk of EDs up to 6 years after treatment.⁹⁵ Ideally, adolescents taking GLP-1RAs would have access to a multidisciplinary treatment team, including medical, nutritional, and behavioral components.



Eating Disorder FACTS

- Eating disorders have the second highest mortality rate of any psychiatric illness behind opiate addiction.
- Less than 6% of people with an eating disorder are medically underweight
- Patients with anorexia nervosa have a risk of suicide 18 times higher than those without an eating disorder
- Patients in larger bodies are at higher risk for developing an eating disorder. 40% and 20% of overweight girls and boys have disordered eating behaviors.

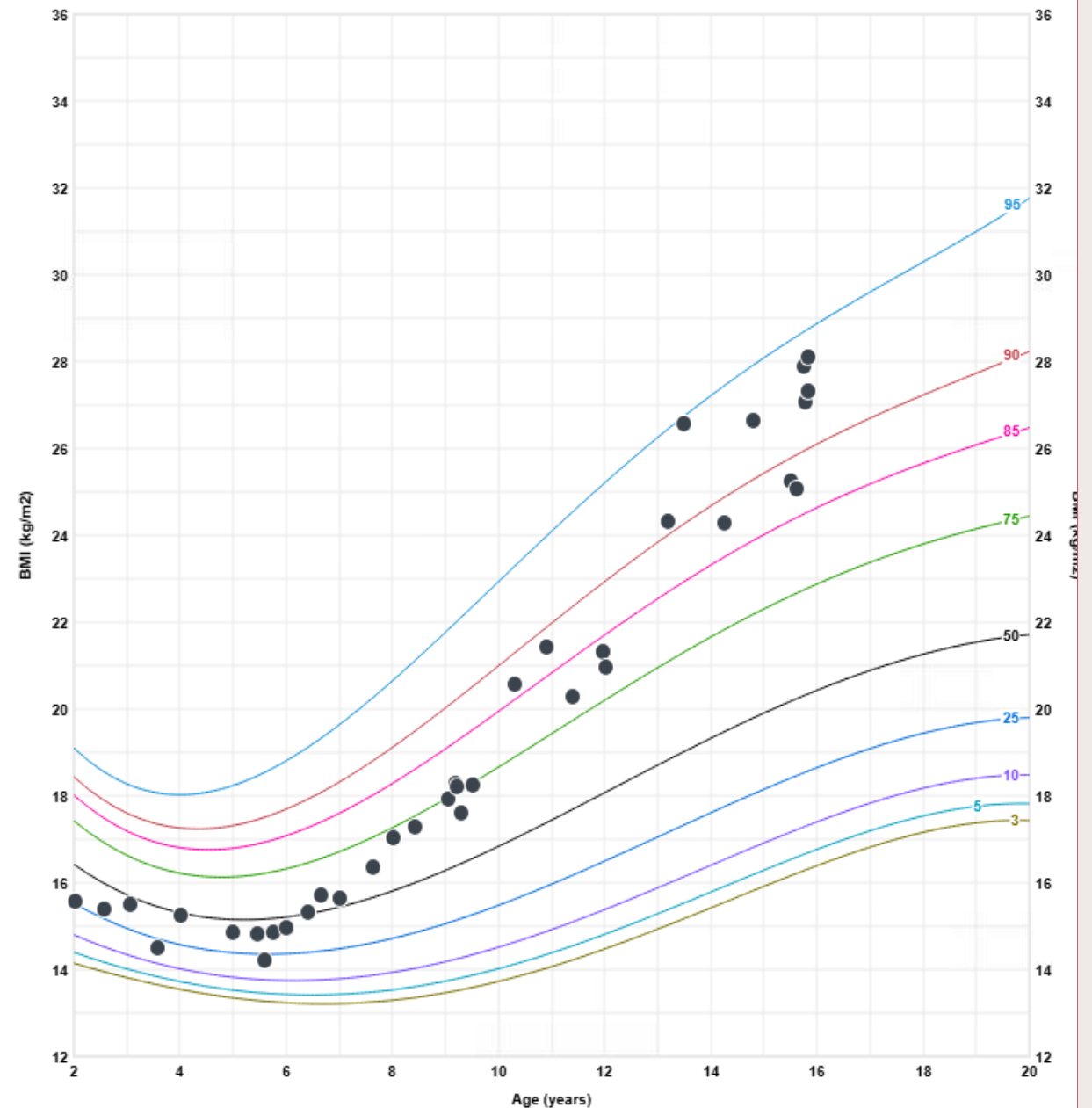
The screenshot shows the NEDA (National Eating Disorders Association) website. The header includes the NEDA logo and navigation links: Learn, Get Help, Get Involved, and About Us. The main content area is titled "General Eating Disorder Statistics" and lists three key statistics:

- **9% of the US population, or 30 million Americans will have an eating disorder**
Deloitte Access Economics. *The Social and Economic Cost of Eating Disorders in the United States*. Initiative for the Prevention of Eating Disorders and the Academy for Eating Disorders. Report at: <https://www.hsph.harvard.edu/stripped/report-economic-costs-of-eating-disorders/>.
- **The overall lifetime prevalence of eating disorders is estimated to be 8.60% among US adults**
Deloitte Access Economics. *The Social and Economic Cost of Eating Disorders in the United States*. Initiative for the Prevention of Eating Disorders and the Academy for Eating Disorders. Report at: <https://www.hsph.harvard.edu/stripped/report-economic-costs-of-eating-disorders/>.
- **Every 52 minutes 1 person dies as a direct consequence of an eating disorder.**
Deloitte Access Economics. *The Social and Economic Cost of Eating Disorders in the United States*. Initiative for the Prevention of Eating Disorders and the Academy for Eating Disorders. Report at: <https://www.hsph.harvard.edu/stripped/report-economic-costs-of-eating-disorders/>.

Patient desiring weight loss

- 15 – “hard time losing weight. I eat healthy, exercise, and still gain.” Has a scale in room and weighs self often. Pt’s siblings and dad are thin; Mom on weight loss medication.
- Pt: “biggest person” in her friend group
- Pt’s mom: Pt calls herself fat, will not eat to fit into clothes
- Labs: CBC, chemistry, thyroid, A1c, CRP = normal. Lipids LDL 117, HDL 56.

BMI-for-age Percentiles (Girls, 2 to 20 years)





Screening






Signs and Symptoms





Patients at higher risk for EDs – Screening

- Higher weight patients
- LGBTQ+
- Celiac disease
- Diabetes
- IBD
- Athletes with
 - Amenorrhea
 - Bradycardia
 - Stress fractures
 - Strict eating
 - Weight loss

Signs and Symptoms of Eating Disorders	
	General Appearance <ul style="list-style-type: none"><input type="checkbox"/> Marked weight loss or gain<input type="checkbox"/> Cold intolerance<input type="checkbox"/> Fatigue or lethargy
	Gastrointestinal <ul style="list-style-type: none"><input type="checkbox"/> Epigastric discomfort<input type="checkbox"/> Abdominal bloating<input type="checkbox"/> Heartburn<input type="checkbox"/> Hematemesis (blood in vomit)
	Dermatologic <ul style="list-style-type: none"><input type="checkbox"/> Hair loss<input type="checkbox"/> Lanugo<input type="checkbox"/> Nail changes<input type="checkbox"/> Carotenoderma (yellowish discoloration of skin)<input type="checkbox"/> Russell's sign (calluses or scars on the back of the hand from self-induced vomiting)
	Endocrine <ul style="list-style-type: none"><input type="checkbox"/> Amenorrhea or oligomenorrhea (absent or irregular menses)<input type="checkbox"/> Stress fractures<input type="checkbox"/> Low bone mineral density
	Neuropsychiatric <ul style="list-style-type: none"><input type="checkbox"/> Depressive or anxious symptoms or behaviors<input type="checkbox"/> Poor concentration<input type="checkbox"/> Self harm

SCOFF

SCOFF QUESTIONNAIRE^a

- Do you make yourself Sick because you feel uncomfortably full?
- Do you worry you have lost Control over how much you eat?
- Have you recently lost more than One stone (14 pounds) in a 3-month period?
- Do you believe yourself to be Fat when others say you are too thin?
- Would you say Food dominates your life?

- 5 item self report screener
- 2 = positive
- Based on DSM-IV criteria



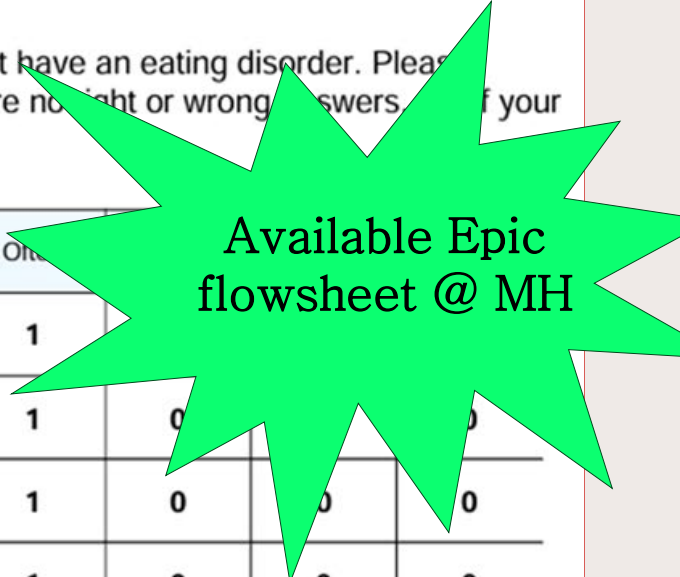
Eating Attitudes Test-26 (EAT-26)

Instructions:

This is a screening measure to help you determine whether you might have an eating disorder. Please respond as accurately, honestly and completely as possible. There are no right or wrong answers. Your responses are confidential.

EAT - 26

- 26 item self screener – 5 additional questions on behaviors
- “2 minutes”
- 20 is positive OR positives to any behavior (purging, excessive exercise, binging, calorie counting)
- Assigns a “risk” for having an eating disorder – further evaluation needed for diagnosis

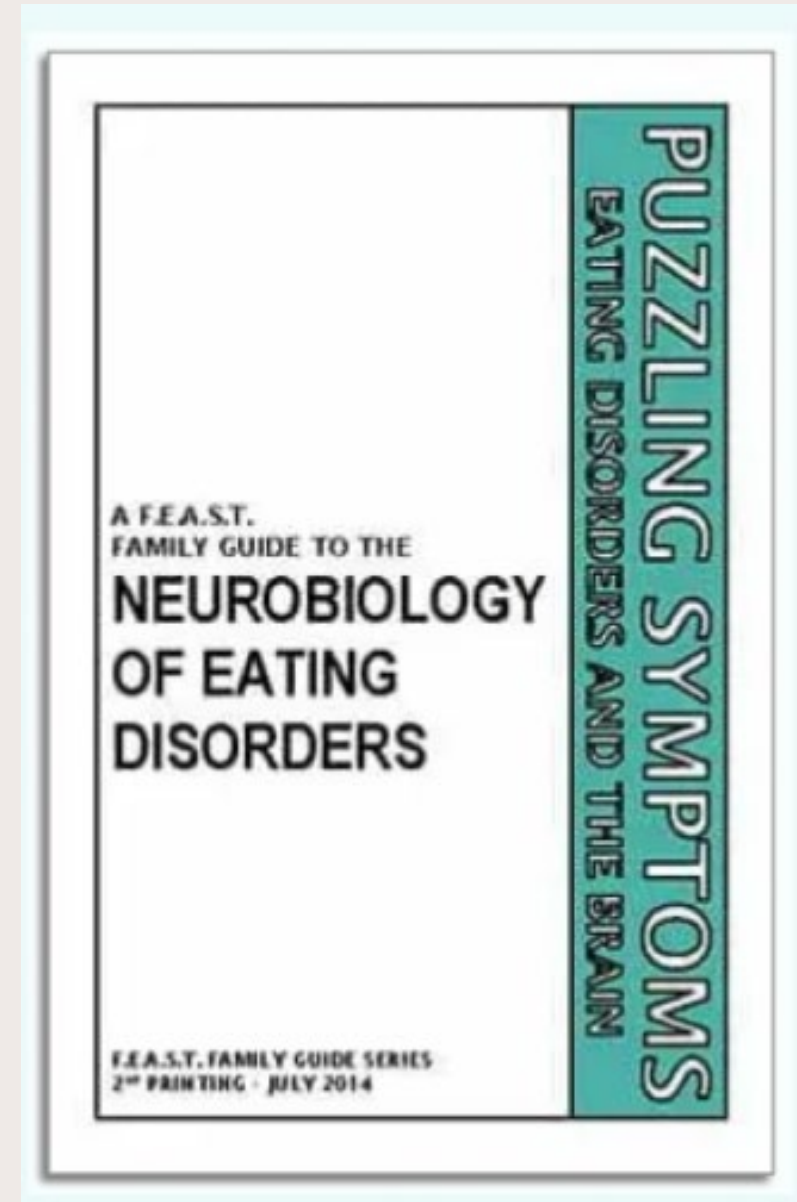


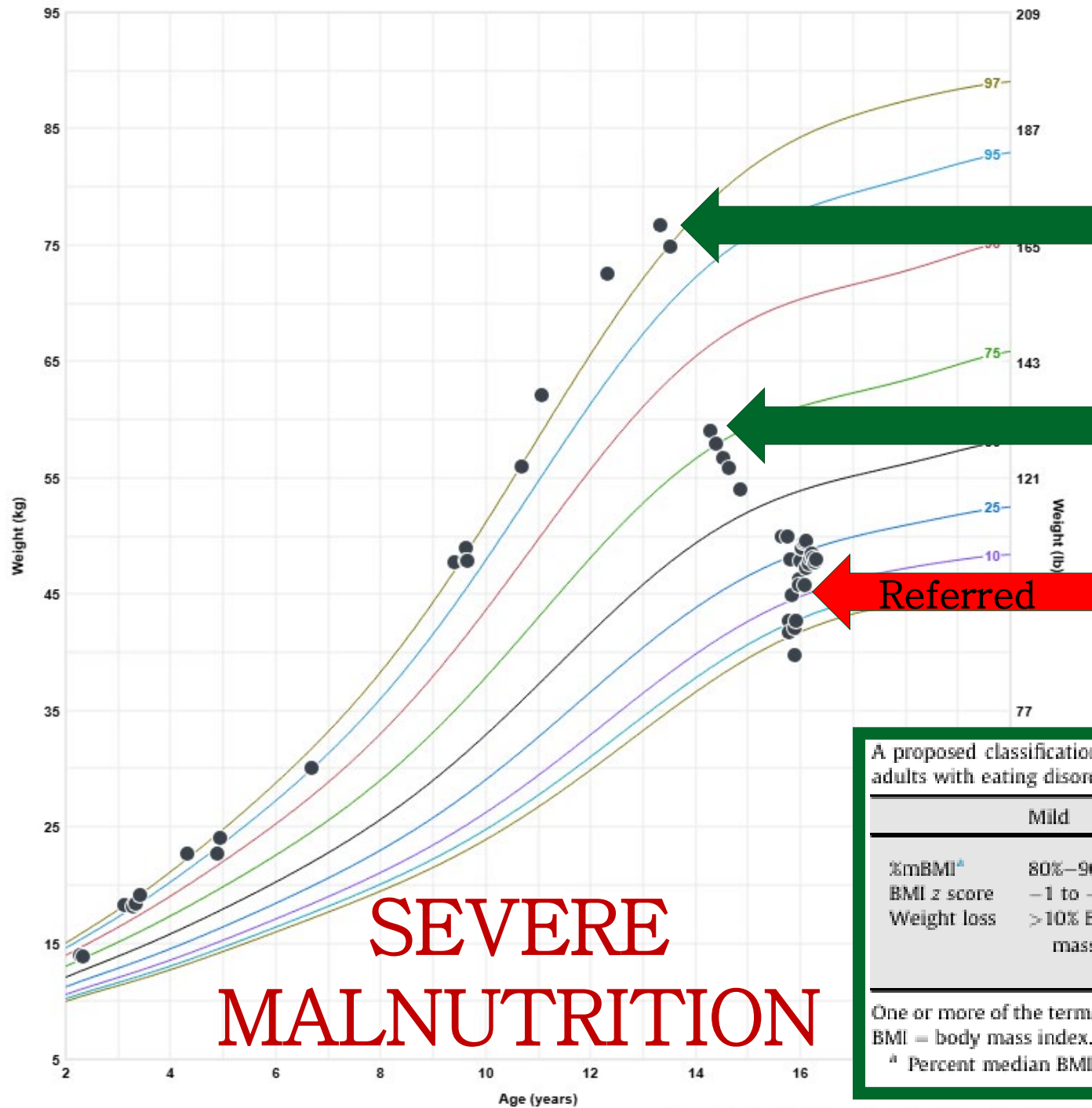
		Always	Usually	Often	Sometimes	Rarely	Never
1	Am terrified about being overweight.	3	2	1	0	0	0
2	Avoid eating when I am hungry.	3	2	1	0	0	0
3	Find myself preoccupied with food.	3	2	1	0	0	0
4	Have gone on eating binges where I felt that I may not be able to stop.	3	2	1	0	0	0
5	Cut my food into small pieces.	3	2	1	0	0	0
6	Aware of the calorie content of foods that I eat.	3	2	1	0	0	0
7	Particularly avoid food with a high carbohydrates content (i.e. bread, rice, potatoes, etc.)	3	2	1	0	0	0
8	Feel that others would prefer if I ate more.	3	2	1	0	0	0
9	Vomit after I have eaten.	3	2	1	0	0	0
10	Feel extremely guilty after eating.	3	2	1	0	0	0
11	Am preoccupied with a desire to be thinner.	3	2	1	0	0	0



Interview

- Why are they losing weight?
- Highest weight – how did they feel? Current weight. Goal Weight.
- Behaviors: Counting calories, avoiding foods, skipping meals, portion sizes; body checking, weighing; abnl behavior when eating
- Current diet (24 hour recall) / diet 1 year ago
- ROS – periods, dizzy/syncope, nausea/vomiting, abd pain/constipation, cold
- 1:1 interview with parent(s)





13 4/12 – Check up:
weight 169 lbs
Other issues: Grief,
requesting a therapist.
Lipids ordered for
being at a higher BMI

14 3/12 – Anxiety:
weight 129 lbs
Ongoing grief,
bullying, SSRI
prescribed

24% Loss / 1 year

A proposed classification of degree of malnutrition for adolescents and young adults with eating disorders

	Mild	Moderate	Severe
%mBMI ^a	80%–90%	70%–79%	<70%
BMI z score	–1 to –1.9	–2 to –2.9	–3 or Greater
Weight loss	>10% Body mass loss	>15% Body mass loss	>20% Body mass loss in 1 year or >10% body mass loss in 6 months

One or more of the terms would suggest mild, moderate, or severe malnutrition. BMI = body mass index.

^a Percent median BML

SAHM Position Paper
Eating Disorders 2022

Anorexia Nervosa

- 15 yo – doesn't know why being seen. Told other people are worried about her – states “I'm fine”
- SHx – Lives with mom, sister; Hasn't seen dad >1 year. 10th grade – good student but bullied and doesn't like school. Few friends.

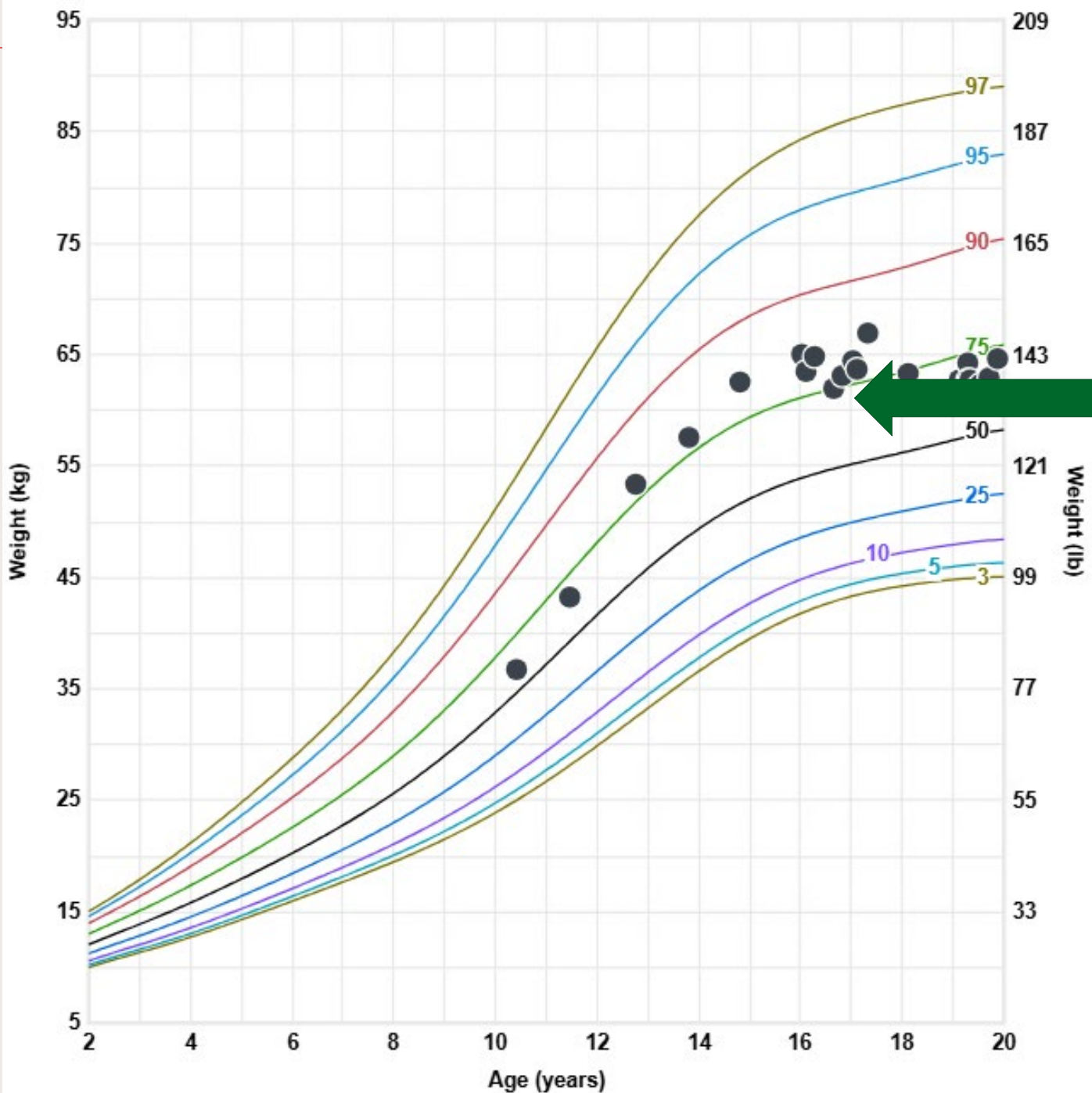
- 24 hour – B X
L X
S – protein drink
D – fruit and granola bar.
Drinks : 4 x 20 oz water
- Exercise – walks treadmill daily
- ROS – dizzy when standing, cold, constipation
- Exam: Fidgety, poor eye contact, flat affect
- Mom history : Won't eat. Catches in room at night doing sit ups and spending a lot of time in bathroom

Anorexia Nervosa

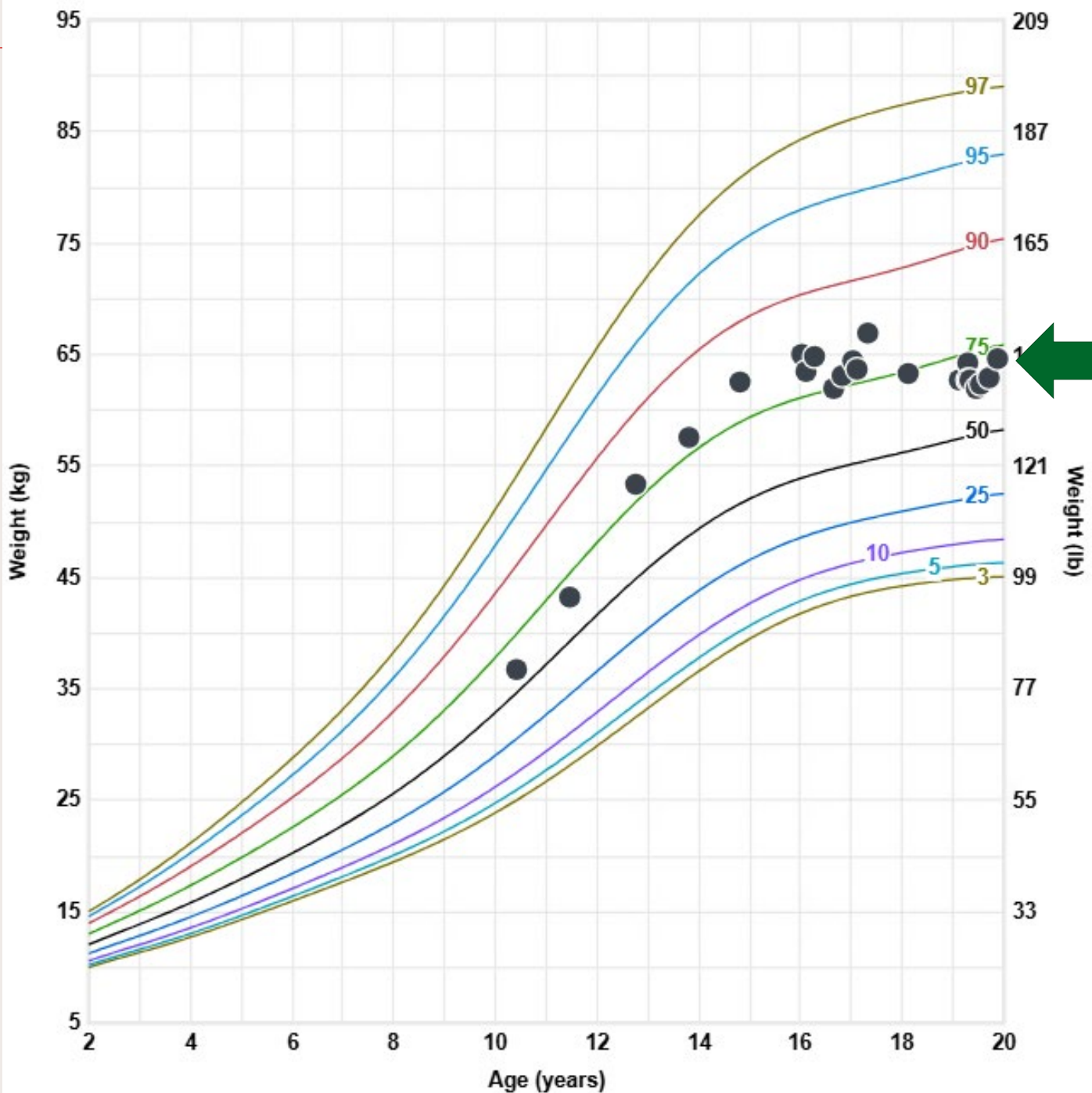
- Restricted caloric intake relative to energy requirements leading to significantly low body weight for age/sex/projected growth/physical health
- Intense fear of gaining weight OR behaviors that consistently interfere with weight gain despite being at a low weight
- Altered perception of one's body weight, shape, excessive influence of body weight or shape on self-value, or persistent lack of acknowledgement of the seriousness of one's low body weight
- SUBTYPES: Restricting, Binge Purge

Anorexia Nervosa

- Restricted caloric intake relative to energy requirements leading to significantly low body weight for age/sex/projected growth/physical health
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- SUBTYPES: Restricting
BingePurge



16 4/12 Mom discovers restrictive eating. Pt does NEED program. Gets “better”



19 3/12 Athlete and injured. Sees a therapist for depression and discloses “stress eats” then purges

Labs

- Comprehensive Metabolic Panel

138	95	20	79
3.2	30	0.9	

- Amylase 200
- Lipase 80
- Vitamin D 20

- CBC – normal
- Ferritin – normal
- TSH – normal
- CRP <0.5

Labs

- Comprehensive Metabolic Panel

138	95	20	79
3.2	30	0.9	

- Amylase 200
- Lipase 80
- Vitamin D 20

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Bulimia Nervosa

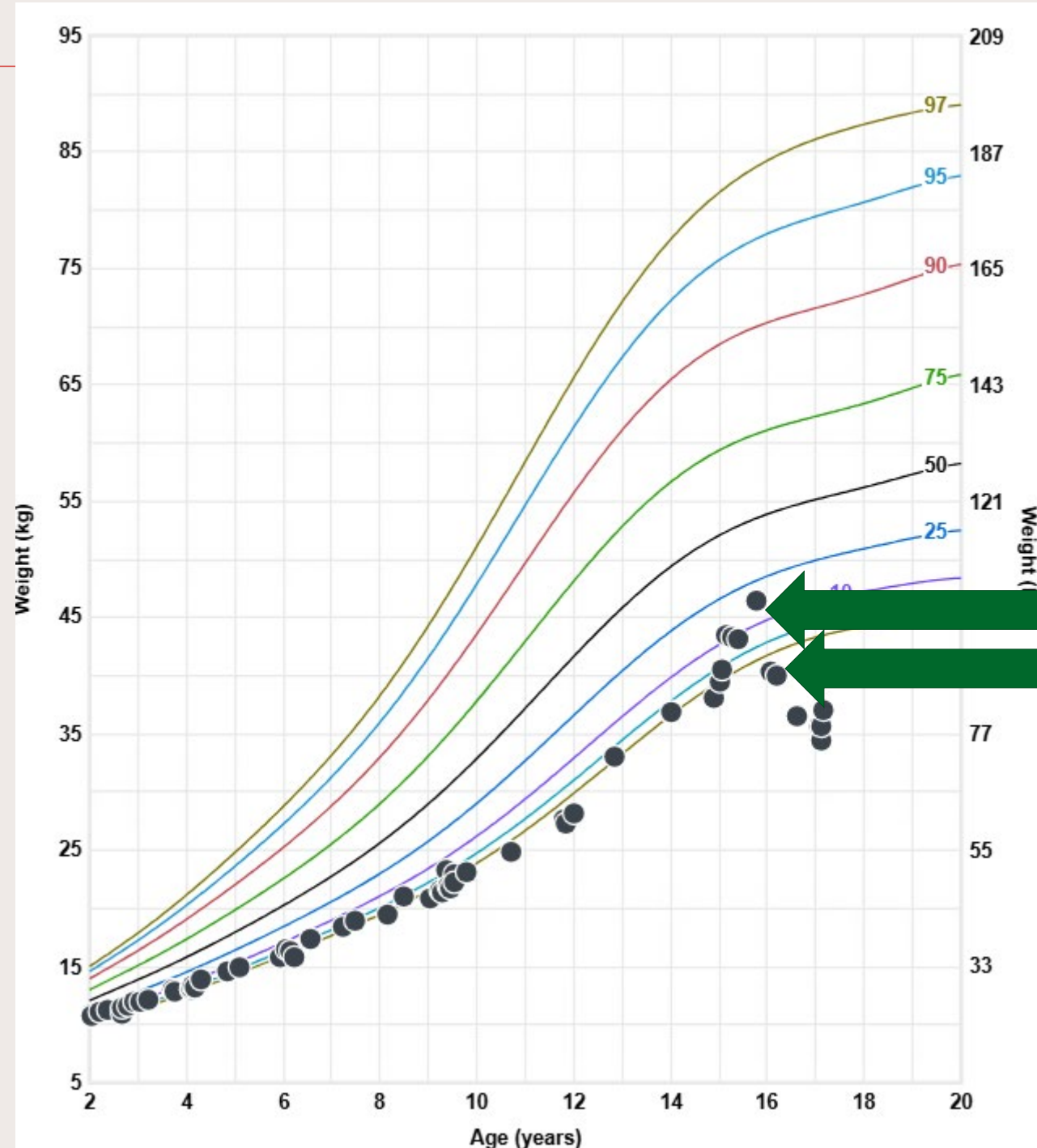
- 19 YO – Disclosed to therapist recently cannot control eating or vomiting and feels “gross.” Will “purge” daily and eat too much when feeling stresses, especially at night.
- Sophomore, nursing program. Played tennis but back injury this year. Also used to run which was helpful for mental health. Body doesn’t feel healthy now
- Previously treated for an eating disorder – Has depression but parents against medication. Relationship with therapist “meh”
- 24 h B: Banana oatmeal
S: X
L: Leftovers dinner
S: Feels hungry – but dinner is coming up so will not eat
D: With family – Baked pasta with chicken, tomato spinach
S: Often snacks at night...
- Exercise –PT
- ROS: Sensitive teeth, epigastric discomfort. On CHCs – regular periods
- Exam – Very sad, labile, has a hard time talking about what she eats at night and purges
- Parent not available. States that her mom feels she should “get over it.”

Bulimia Nervosa

- Repeated binges
 - Eating more in a distinct period more than others, or the feeling that one cannot control their overeating
- Repeated inappropriate compensatory behaviors
 - Vomiting, laxatives/medications, fasting, excessive exercise
- Binge/compensatory behaviors occur at least weekly x 3 months
- Self-value is overly influenced by body shape and weight
- Binge eating/compensatory behaviors do not occur during episodes of AN

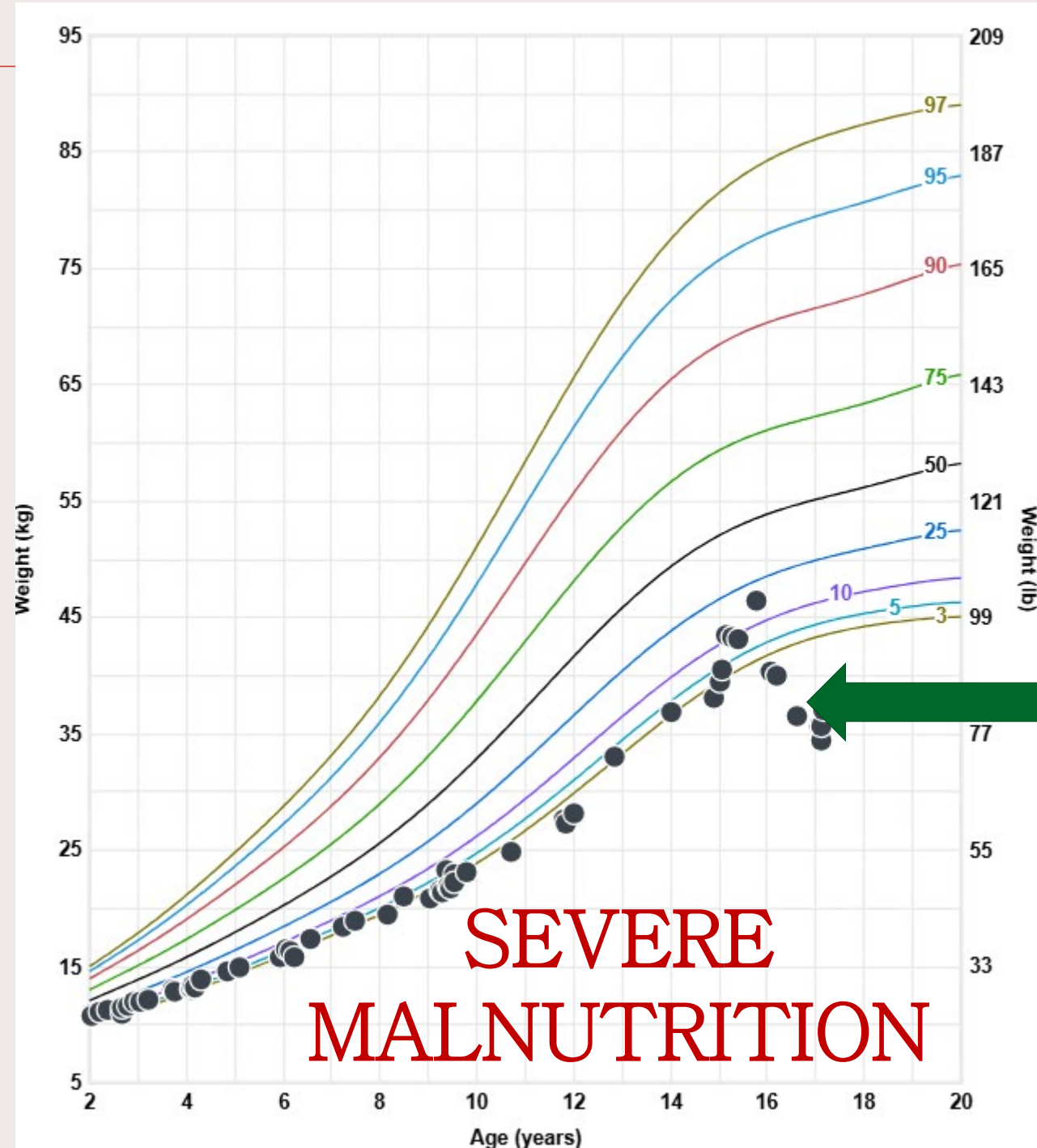
Bulimia Nervosa

- Repeated binges
 - Eating more in a distinct period more than others, or **the feeling that one cannot control their overeating**
- Repeated inappropriate compensatory behaviors
 - Vomiting, laxatives/medications, fasting, excessive exercise
- Binge/compensatory behaviors occur at least weekly x 3 months
- **Self-value is overly influenced by body shape and weight**
- Binge eating/compensatory behaviors do not occur during episodes of AN



15 4/12 Hospital FU
Depression, SI
95 lbs.

16 7/12 ER Crisis
80 lbs.



Referred at 17 1/2 yrs
Annual physical 74 lbs

22% loss = 1 year
Z score - 3.62

ARFID

- 17 YO – Lost weight and can't gain it back. Does not like what is going on. Can't find foods that are appealing when hungry. Will just go to bed.
- Lives with mom. Does not want contact with her dad. Virtual school – much better than in person school (in person “mean girls”). Doesn't really do much outside of home.
- History of depression since middle school; SI hospitalization x 2; Sees a therapist – likes. Also has a psychiatrist managing medications
- 24 hour B Buffalo chicken dip, chips
L Chips
Bedtime – plain pasta
Drinks Iced tea – sweet tea.
- Exercise – Stretches daily (back pain). 10 jumping jacks AM to wake up
- ROS: Feels full easily. Has an IUD no periods. Dizzy occasionally. Very tired.
- Good historian, good eye contact and affect, tired appearing
- Mom history : Wants to be better. Tries to make food she will eat – but then she will “get sick of it.”

ARFID

- Disruptive eating pattern associated with persistent failure to meet appropriate nutritional / energy needs. Must have 1:
 - Significant weight loss
 - Failure to achieve expected growth/weight gain (in children)
 - Marked nutritional deficiency
 - Reliance on enteral feeding or nutritional supplements
 - Significant interference with psychosocial functioning.
- Disturbance cannot be explained by culture or lack of food
- Disturbance cannot be attributed to a coexisting medical or mental health disorder. If it occurs in the context of another condition, the eating disturbance severity must exceed that routinely associated with the condition

ARFID

- **Disruptive eating pattern associated** with persistent failure to meet appropriate nutritional / energy needs. Must have 1:
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- **Disturbance cannot be attributed to a coexisting medical or mental health disorder. If it occurs in the context of another condition, the eating disturbance severity must exceed that routinely associated with the condition**



Early Management / Prevention

Initial management

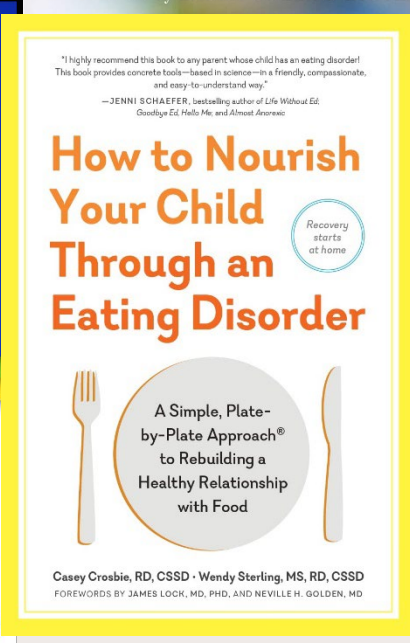
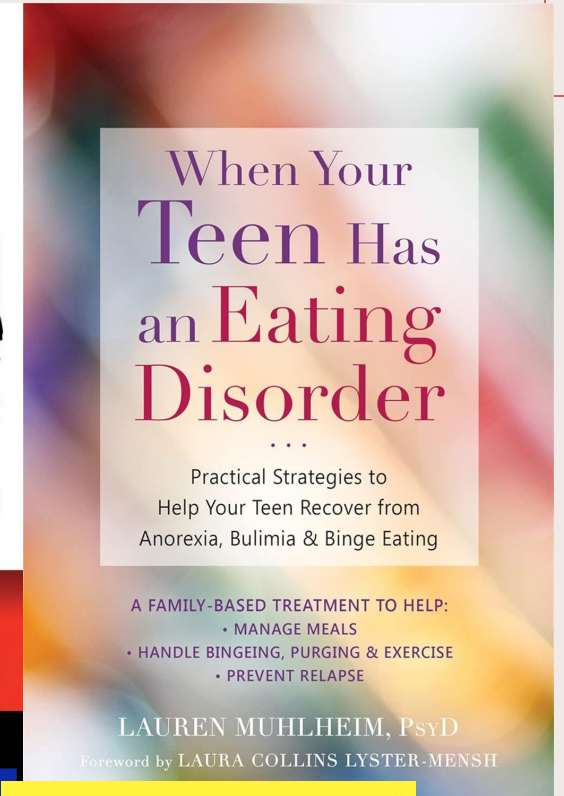
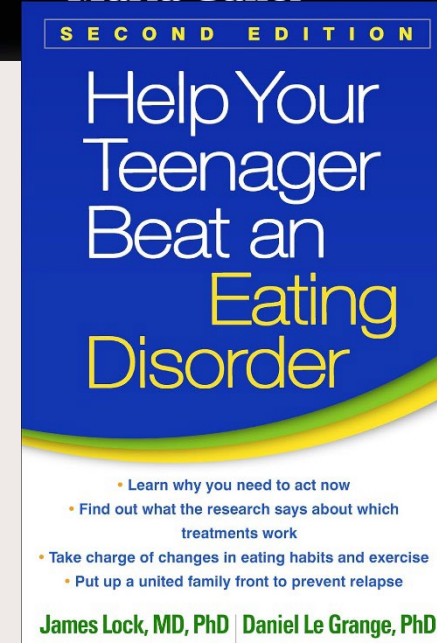
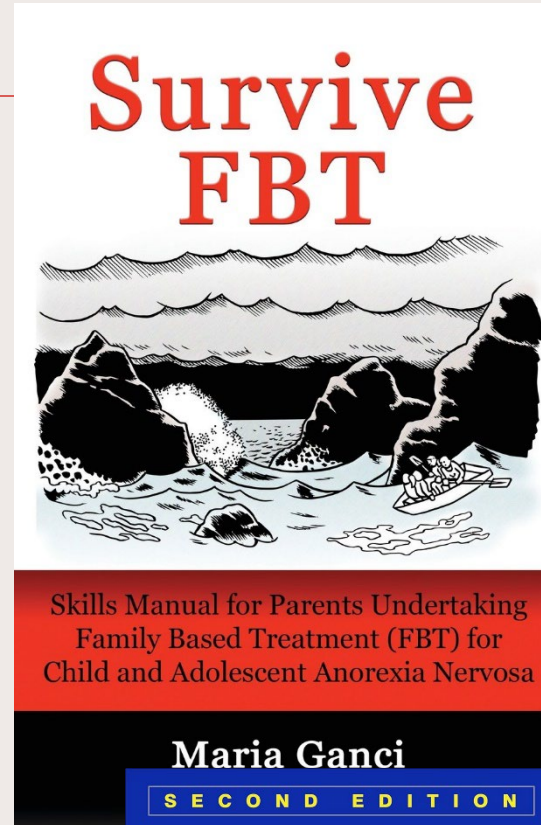
- Explain complications
- Do a medical workup
- Do they need hospitalization?
- Get parents involved
 - Bathroom instructions
 - Meals – Family Based Therapy
 - Simple. Rule of 3s
 - 3 meals, 3 snacks,
 - 3 food groups
 - Drinks with calories
 - Exercise recommendations

One or more of the following justify hospitalization:

1. $\leq 75\%$ median BMI for age and sex
2. Dehydration
3. Electrolyte disturbance (hypokalemia, hyponatremia, hypophosphatemia)
4. EKG abnormalities (e.g., prolonged QTc or severe bradycardia)
5. Physiological instability
 - Severe bradycardia (heart rate < 50 beats/minute daytime; < 45 beats/minute at night)
 - Hypotension ($< 90/45$ mm Hg)
 - Hypothermia (body temperature $< 96^\circ\text{F}$, 35.6°C)
 - Orthostatic changes in pulse (sustained increase in HR > 30 bpm in adults aged > 19 years or > 40 bpm in adolescents aged < 19 years or sustained decrease of blood pressure (> 20 mm Hg systolic or > 10 mm Hg diastolic) [[28,29](#)])
6. Arrested growth and development
7. Failure of outpatient treatment
8. Acute food refusal
9. Uncontrollable bingeing and purging
10. Acute medical complications of malnutrition (e.g., syncope, seizures, cardiac failure, pancreatitis, etc.)
11. Comorbid psychiatric or medical condition that prohibits or limits appropriate outpatient treatment (e.g., severe depression, suicidal ideation, obsessive-compulsive disorder, type 1 diabetes mellitus)

Family Based Treatment

- Evidence supports most effective treatment for restrictive eating disorders
- Parents take over meals
 - Grocery shopping, food selection, cooking, plating
- Food is medicine
- Eating disorder is externalized from the patient





Families are vital to the recovery journey. Here are tips and suggestions to help you provide the best possible support for your loved one.

PARTICIPATE

BLOG

INFO
DISC

Eating

Anore

Bulim

Binge

ARFI

OSFE

Communication Tips

- Avoid any comments – positive or negative – about **physical appearance and weight.**
- Listen with **empathy.** “I can hear that this is really scary and overwhelming.”
- Have conversations that **do not include talk about diets, calories, or exercise.**
- Express that you understand how eating disorders are complicated and can change the brain. **Recovery is hard work.**

BRING THE ALLIANCE TO YOU

RESOURCE LIBRARY

Support at Meal Times

- Your loved one may want support during meals and snacks. **Keep the conversation light, be open, and listen.**
- Express **confidence** that eating meals and snacks with regularity will help your loved one recover.
- Check on your own food rules. **All food is good food** and has its place in recovery.



Emotional Support

- Have compassion for yourself and for your loved one. Everyone is doing the best they can. Recovery takes time.
- If you experience anger or guilt, it is understandable. Yet if you express this to your loved one, it can jeopardize their recovery. Find other outlets for these big feelings. Talk to close friends, peer support groups, or your own therapist.

W

Recovering



Prioritize your own emotional and physical wellness

1. V
2. E
3. F
4. F



and struggles without judgment.

very process — recovery free time. not their eating disorder.



Resources

Multidisciplinary treatment

- MEDICAL PROVIDERS
- MENTAL HEALTH PROVIDERS
- REGISTERED DIETITIANS
- GROUP PRACTICES
- TREATMENT CENTERS

Recovery Resources

Eating Disorders Association of Maine

LEARN MORE

What is EDAM?

Eating Disorders Association of Maine (EDAM) is a network of like-minded people and organizations dedicated to promoting health and wellness at every size, body acceptance, and the

By using this directory, you agree to our [Terms of Use](#).



We're grateful for the Treatment Professionals and Partners who provide financial support for this public

IN PERSON PROVIDERS

VIRTUAL PRO

Search by Location:

04103, US



100mi

Search Location

Discipline



Kathleen Hart, PhD, CEDS



Maine Medical Center

Medical stabilization protocol,
specialized pediatric ED care

Cross Roads

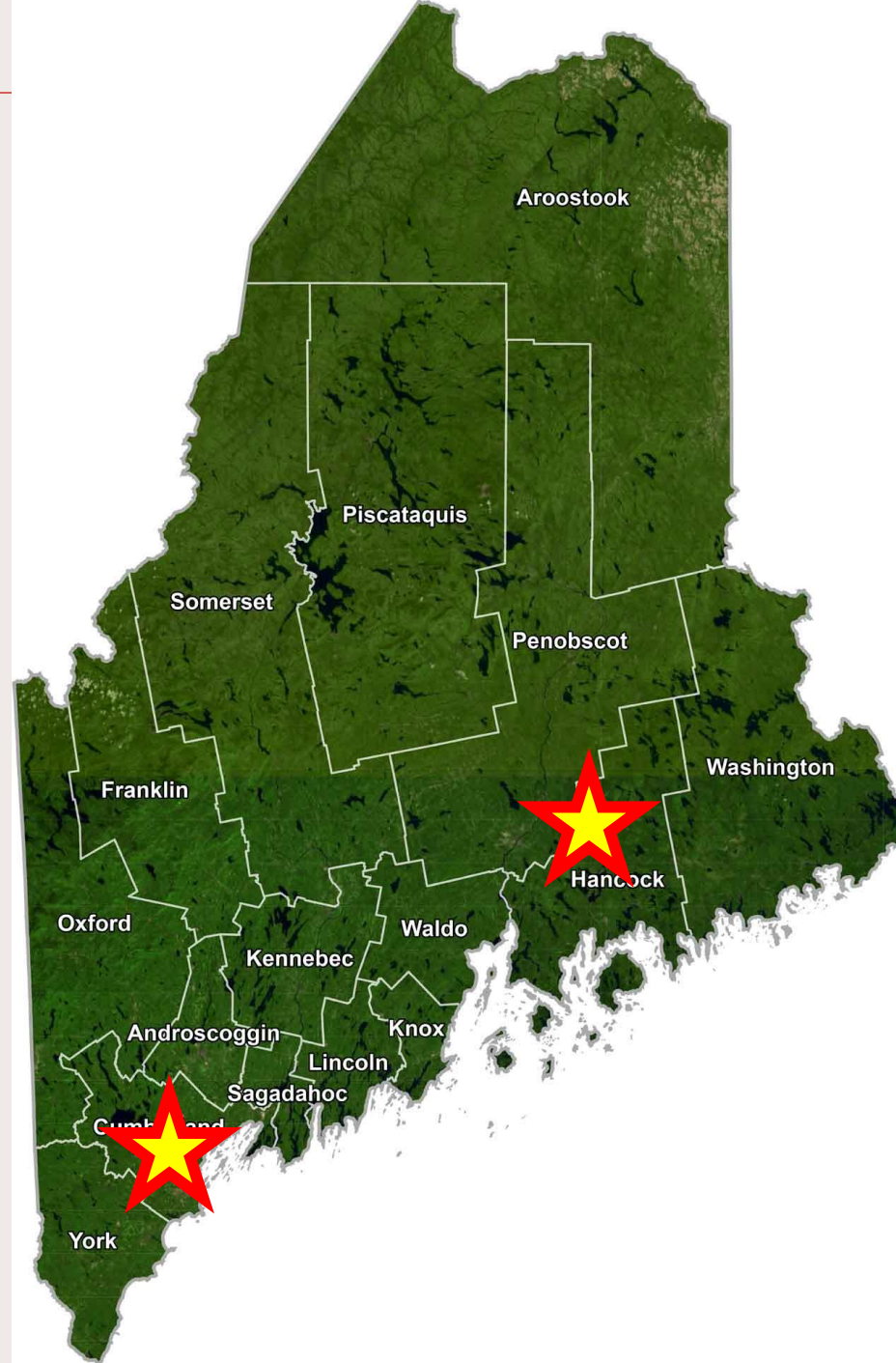
Outpatient and Residential co-
occurring eating disorder and
substance use treatment for
women 18+

MH South Portland AYA Clinic

Multidisciplinary (physical,
therapist, dietician) outpatient
specialized eating disorder
care patients 10-26 years.

Virtual

Northern Light / Acadia



New Roots

Pediatric and adult
outpatient specialized care:
Mental Health and dietician.
Psych NP 18+

Virtual

Kaleidoscope

Pediatric and adult
outpatient specialized care:
Mental Health and dietician.

Virtual

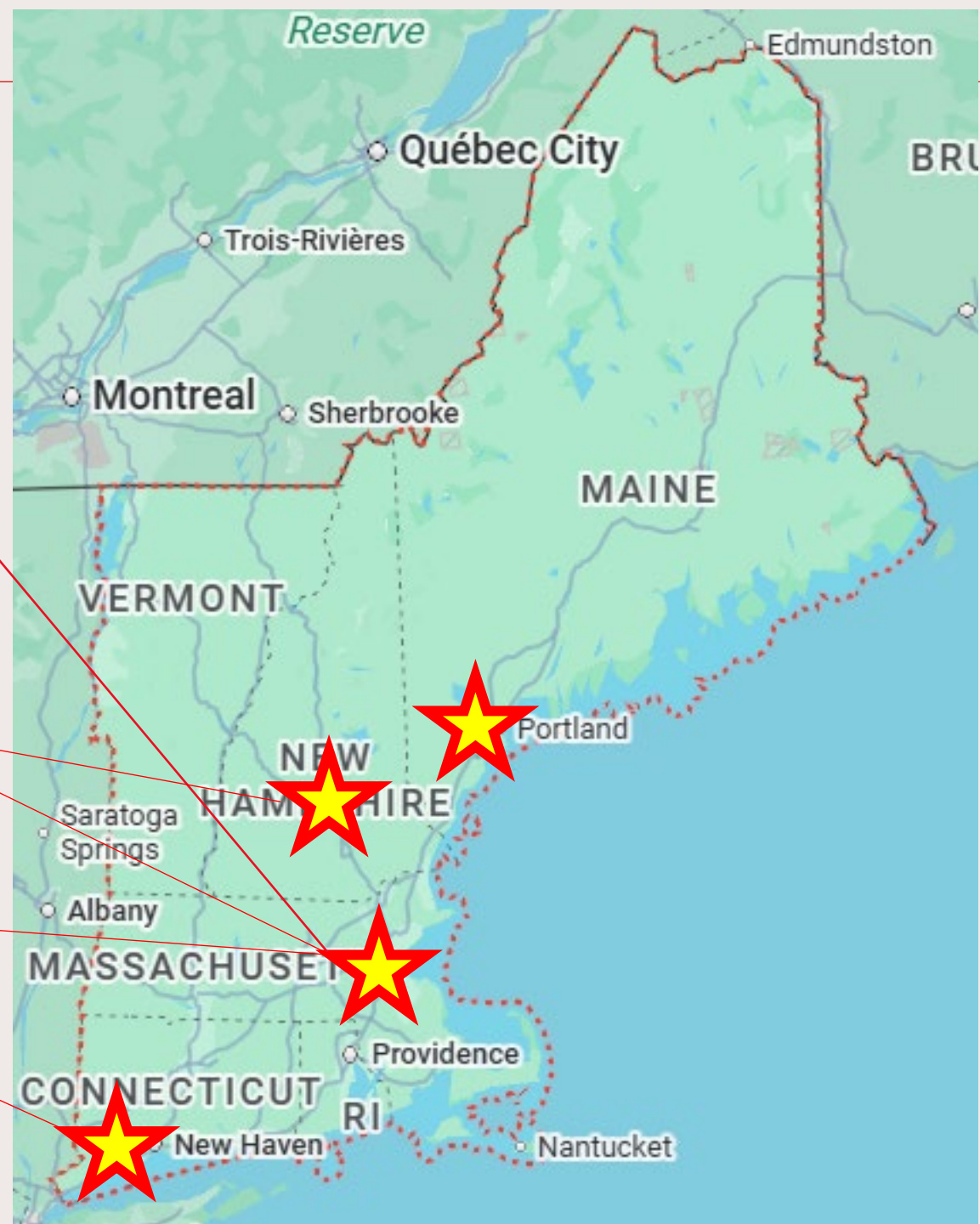
CV Well Being

General but also specialized
dietician outpatient
services

Virtual

Takes Maine Care

Virtual services



Monte Nido/Walden

IOP, PHP, residential, inpatient
11 and up. Pediatric IOP 8-11
yrs. Virtual

Cambridge

NH: PHP, IOP 12 and up
MA: Women/girls residential;
all PHP, IOP 12 and up

Renfrew

IOP and PHP Women/girls 14
and up. Virtual

Center for Discovery

Residential, PHP all 10 and up

Fay

Dietician counseling

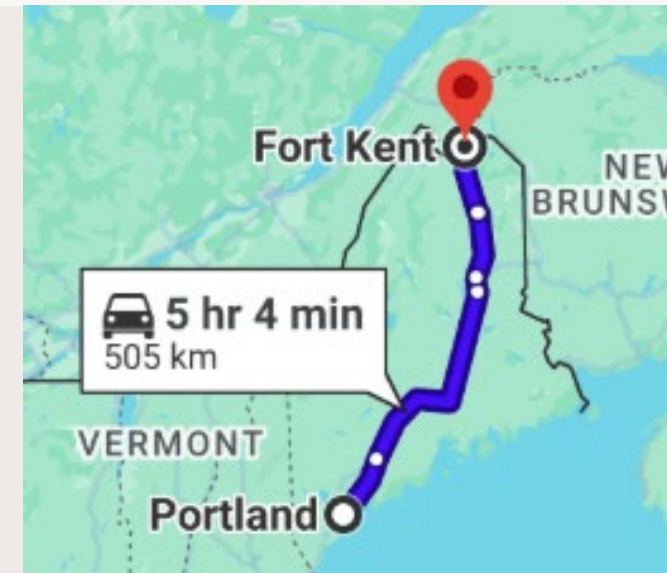
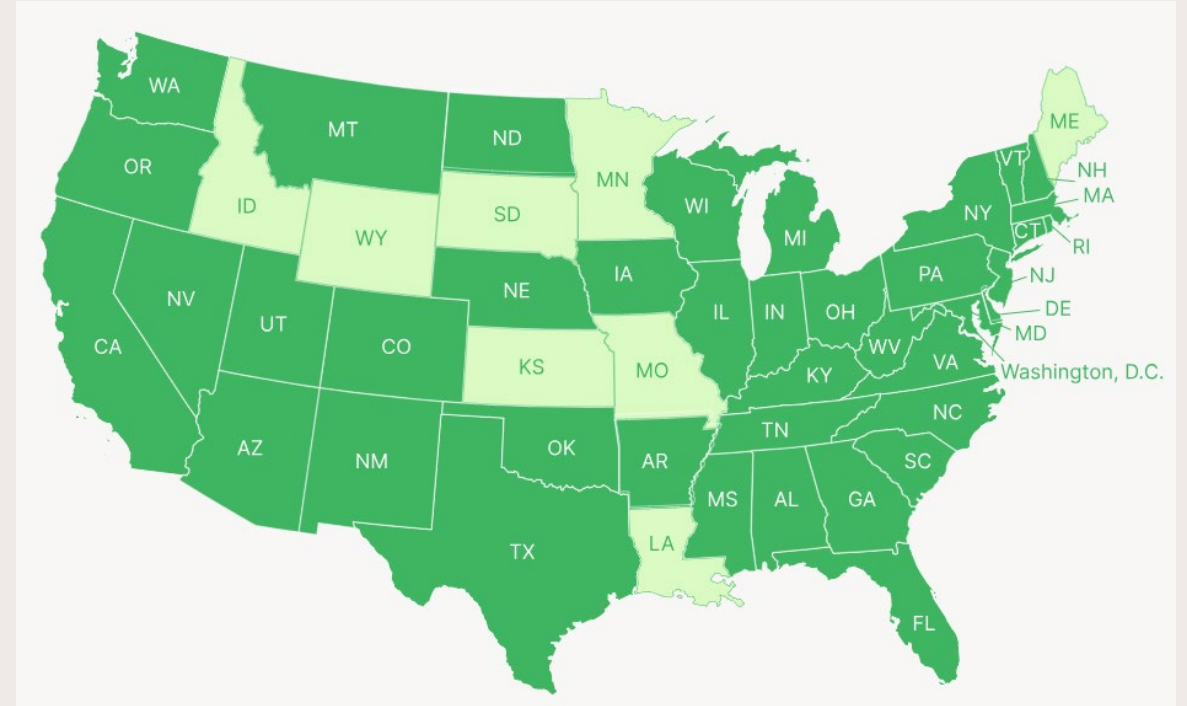
Equip

PHP, IOP ages 6 and up



Advocacy

- Higher level of care programs in Maine
- More services for Maine Care patients
- Med psych unit for eating disorders
- Services outside of /north of Portland
- Dietician coverage for patients at risk for an eating disorder
- Other virtual programs – why not in Maine? Emily Program, Eating Recovery Center, Center for Discovery, **Within Health**
- Programs for neurodiverse patients





South Portland AYA Medicine

- See ages 10–27 years old
- ABP dual boarded x 4 providers
Pediatrics*/Adolescent Medicine
- Primary care 50% / Specialty care
(eating disorders, comprehensive reproductive health, mental health, substance abuse, acne)
- Primary care pts: In-house behavioral health, case management, respiratory therapist.
Eating disorder pts: therapy and dietician



Thank
you





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<https://www.maineeatingdisorders.org/> ; <https://nceedus.org/> ;

