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BACKGROUND

Eating disorders are severe mental illnesses with disturbances in eating behaviours, thoughts and emotions which are often accompanied by other psychiatric disorders such as anxiety, panic, and obsessive-compulsive disorder (Parekh, 2017). The National Initiative for Eating Disorders (NIED) in Canada found that as of 2016, there are approximately 1 million Canadians with an eating disorder (NIED, 2020). One of the many types of eating disorders, Anorexia Nervosa, has shown the highest mortality rate of any psychiatric illness, estimating that 5% of cases were fatal, with 1 in 5 dying by suicide (Smink et al., 2012).

Out of all the health care professionals who may work with patients/clients with eating disorders, dietitians and physicians are expected to have the most knowledge and expertise (Seah et al., 2017). Many health care professionals feel confident in diagnosing patients/clients with eating disorders. Unfortunately, many lack the confidence to manage these patients and clients (Seah et al., 2017). Early detection is important as it can limit the progression of eating disorders and improve outcomes, such as length of hospital stay and mortality rates (Robinson et al., 2012; Franko et al., 2013). Dietitians and physicians should be confident in their abilities to work in this area of practice.

PURPOSE

The purpose of this study is to determine if dietitians and physicians are confident in identifying and treating eating disorders in a healthcare setting in Saskatchewan.

METHODS

The survey tool was developed as a research group based on a tool used by Ozier and Henry (2010). The survey contained questions regarding demographic information, previous experiences and education, familiarity, confidence, and input for future directions in treating and diagnosing eating disorders in Saskatchewan.

Both closed and open-ended questions were used. There were 15 questions (Figure 1).

The survey was distributed via REDCap to dietitians and physicians in January 2021.

METHODS

Figure 1– Page 1 of survey tool

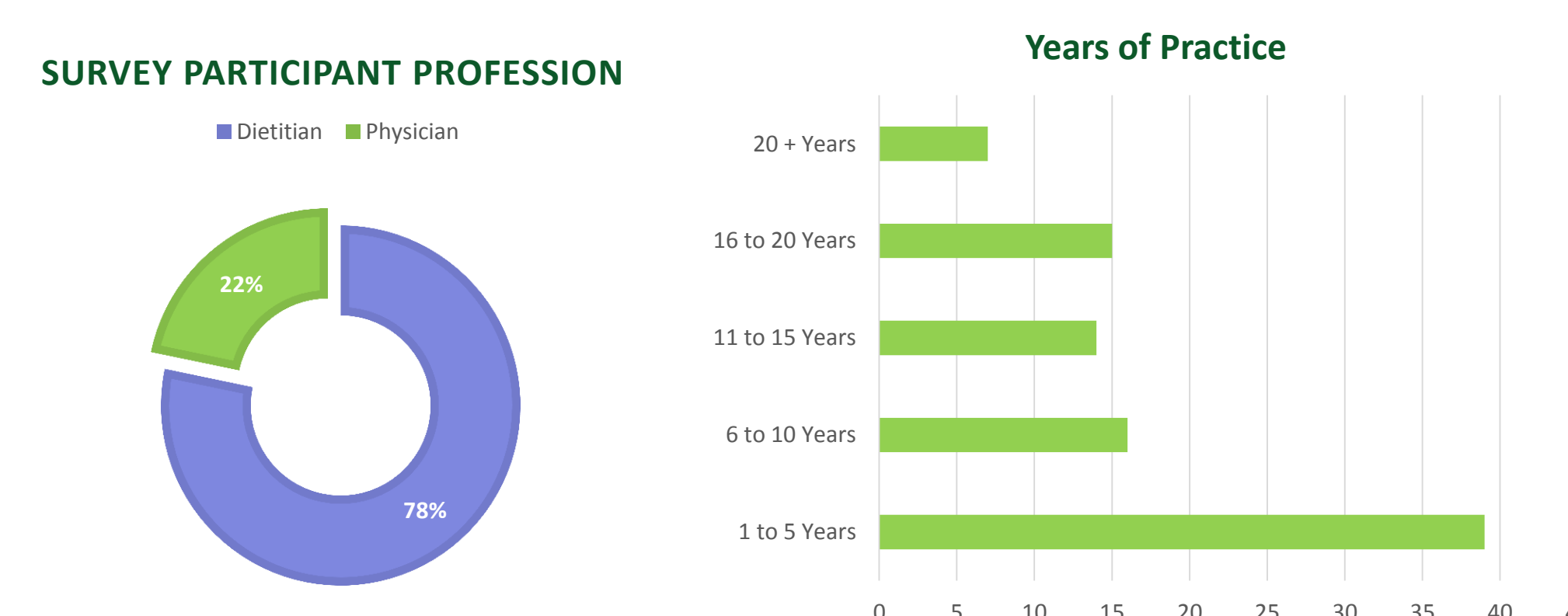


RESULTS

Respondent Demographics

A total of 92 dietitians/physicians participated in the survey. Demographic questions were asked related to profession and year of practice (Table 1).

Figure 2– Respondent Demographics (n=92)



Screening Tools in the Workplace

When asked if participants had screening tools to screen for eating disorders in their place of practice 77% (n=69/90) responded no, and 19% (n=17/90) responded yes. One participant stated:

"I sometimes ask questions that would informally assess these areas, but I don't use validated screening tools."

RESULTS cont'd

Confidence in Education and Ability to Identify and Treat Patients/Clients with Eating Disorders

Both dietitians and physicians were considerably more confident in identifying when compared to treating patients/clients with eating disorders. Most of the participants felt like they had not received adequate training in their education program to identify patients/clients with eating disorders (52%; n=47/91). These results can be seen in Table 1.

Table 1 -Confidence in Education/Training to Identify and Treat Patients/Clients with Eating Disorders (n=91)

	Strongly Agree/Agree	Strongly Disagree/Disagree
I received adequate training from my university education program to identify patients/clients with eating disorders.	31.9%	51.7%
I am confident in identifying patients/clients with eating disorders.	40.7%	34.1%
I received adequate training from my university education program to treat patients/clients with eating disorders.	7.7%	83.5%
I am confident in treating patients/clients with eating disorders.	23.1%	66.0%

Future Recommendations

Participants listed ideas to improve future care of patients/clients. The most common ideas related to more specialists, improved collaboration and increased education for care providers (Figure 3).

Figure 3– Themes of Participants Ideas on Recommendations to Improve Care to Patients/Clients with Eating Disorders in Saskatchewan (n=74)

Themes	N
More ED specialists	30
Improved coordination and collaboration of health care workers/team approach	17
Increased education/training for RD's and MD's	16
Increased outpatient support	10
More programs/services in communities	8
Day Hospital/Specialized ED Clinics	7
Increase awareness of ED/Reduce stigma	7
Better assessment/screening tools	4
Improve rural/small center supports for ED	4

CONCLUSION

The majority, 66% (n=60/91) of participants in this survey were not confident in treating patients/clients with eating disorders. While participants were more confident in identifying, there were still 34% (n=31/91) who were not confident. These results suggest that more education and training is needed to increase confidence in dietitians and physicians practicing in Saskatchewan. There is a need for educational institutions and health care systems to adapt to better support Saskatchewan residents who experience eating disorders.

RECOMMENDATIONS FOR PRACTICE

Standardized screening tools could be a useful tool for health care organizations to implement as this study found the majority of participants did not have formal screening tools in their workplace. Screening tools could help ensure more individuals are recognized and receive the treatment needed. As well, incorporating a Health at Every Size (HAES) lens as an approach to identifying and treating patients/clients with eating disorders is key. It is important to understand how weight bias and stigma can affect clinical judgement when helping patients/clients with eating disorders.

Lastly, it would be beneficial to engage with interdisciplinary teams as it would improve the care given to the patient/client as each health care professional has a unique scope of practice.

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