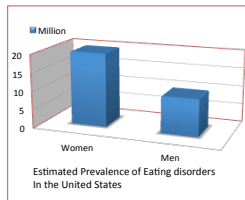


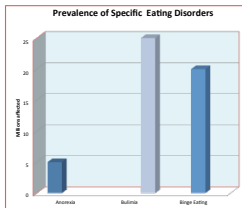
Screening for Eating Disorders using the SCOFF Questionnaire

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Background



Accurate statistics on the prevalence of eating disorders is difficult to determine. Eating disorders are not mandated reportable diseases, so statistics are compiled from individuals who are willing to admit to having a disorder. 2011 statistics indicate the overall prevalence may be as high as 5-10% of the U.S. population.^{1,2}



Anorexia nervosa is the deadliest, with the highest mortality rate of any mental illness¹



- 5 - 10% die within 10 yrs.
- 18-20% die within 20 yrs.
- 12 times higher cause of death for females 15 – 24 years old
- 20% will die prematurely²

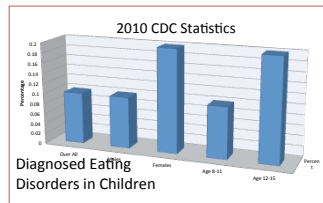
Problem

Research indicates eating disorders are more prevalent in school children, with anorexia being the third most common chronic illness in teens.

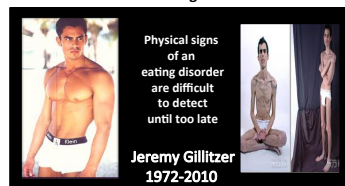
In 2012, 40 states required vision & hearing screenings, 15 states required BMI testing, with the focus on the overweight child.^{1,2} Adolescents with a history of obesity are particularly at risk for developing an undetected eating disorder. Due to the higher weight status of these individuals, their symptoms can be missed and left untreated.⁷ Currently, there are no mandated school screenings for eating disorders in any of the 50 states.

Significance

- Anorexia is the 3rd most common chronic illness among adolescents.^{1,2}
- 95% of those who have eating disorders are between the ages of 12 and 25.^{1,2}
- 50% of girls between the ages of 11 and 13 see themselves as overweight.^{1,2}
- 80% of 13-year-olds have attempted to lose weight.^{1,2}



It is estimated **only 1/3** of those with an eating disorder have been diagnosed.^{1,2}



Cost of Eating Disorders

In 2008-2009 there were 29,533 Acute Care Admissions involving Eating Disorders

Average cost per hospital stay \$9,628

Average length of stay 8 days = \$277 million⁸

2008-2009 Patient Demographics Related to	Admissions For Eating Disorders	Serious Secondary Diagnoses 2008-09	Number of Admits
Under 12 y/o	896	Fluid and Electrolyte Imbalances	1,776
12-19 y/o	5,749	Cardiac Dysrhythmias	1,324
19-30 y/o	8,319	Endocrine & Metabolic Disorders	2,622
30-45 y/o	7,393	Menstrual Disorders	724
45-65 y/o	5,185	Anemia	628
> 65 y/o	1,976	Renal & Liver Failure	224
Females	26,034	Convulsions	162
Males	3,462		

Early identification of an eating disorder increases the individual's chance of recovery and can prevent costly hospital admissions and unnecessary complications
Without treatment ~ 20% die.
With Treatment ~60% recover & mortality drops to 2-3 %.³

Screening

The SCOFF Questionnaire was developed in 1999 by researchers in London, and has since been studied and tested internationally for its reliability and validity to screening for eating disorders.^{4,5} Several comparison studies have looked at the SCOFF's performance with existing screening tools such as the EAT 26 and Three Factor Eating Questionnaire.⁶

SCOFF Questionnaire Results

- 100% sensitivity for anorexia and bulimia with 95% confidence interval 96.9% to 100%
- Bulimic cases, 92.6% to 100%
- Anorectic cases, 94.7% to 100% with specificity of 87.5% (79.2% to 93.4%)⁵

The SCOFF Questionnaire

1. Do you make yourself *sick* because you feel uncomfortably full?
2. Do you worry you have lost *control* over how much you eat?
3. Have you recently lost more than 14 pounds (*one stone*) in a three month period?
4. Do you believe you are *fat*, when others say you are thin?
5. Would you say *food* dominates your life?

Two or more affirmative answers indicates a risk of an eating disorder.

Conclusion

- Early detection of an eating disorder is crucial to the individual's successful recovery.
- Physical symptoms typically are not apparent until the individual has already perpetuated the cycle of negative thoughts and developed maladaptive behaviors, making early detection difficult.
- The SCOFF Questionnaire has been proven to be a valid and reliable screening tool in detecting the prevalence of an eating disorder in high-risk groups, individuals, and especially adolescents.
- DNP, Nurse Practitioners serve as primary providers for many adolescents and can play a key role in early identification by screening using the SCOFF Questionnaire.
- DNP Practitioners can initiate out patient treatment for individuals at risk, which may prevent costly hospital admissions for primary and secondary complications of eating disorders.
- The 2014 Affordable Care Act now requires coverage for mental health services and treatment, increasing access to outpatient services.

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