

Restrictive Eating Disorder Prevalence as Comorbid Disease in Patients Presenting to a Tertiary Care Gastroenterology Motility Clinic

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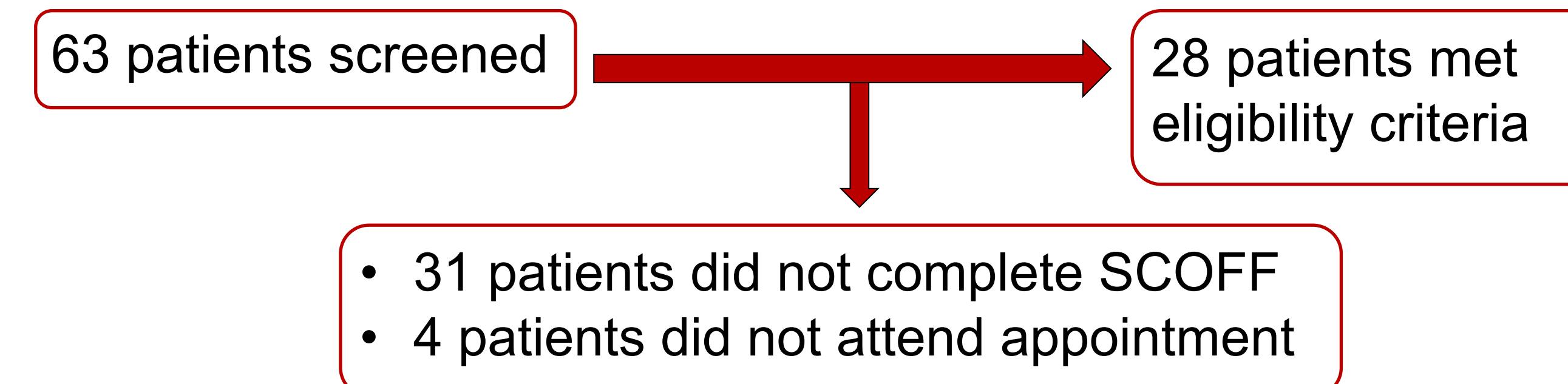
Background

- Gastrointestinal symptoms are common in patients with eating disorders and hypochondriasis¹
- Anorexia nervosa and bulimia are common, severe eating disorders with high mortality risk²
- Approximately 9% of the US population suffers from an eating disorder in their lifetime³
- Potential overlap of eating disorders and gastrointestinal disease may exist but has not been described
- The purpose of this study is to investigate the prevalence of restrictive eating habits in the patients seen an Ohio State University Gastroenterology clinic by conducting a retrospective review of the electronic medical records of patients in clinic.**

Methods

- Ethics:** Approved by Ohio State University IRB.
- Study Design:** Observational and retrospective chart review
- Patient Population:** Patients seen in Ohio State University Gastroenterology clinic between August 1, 2021 and March 31, 2022 were screened for eligibility.
- Inclusion Criteria:**
 - completed the SCOFF questionnaire
 - 18 years and older
 - speak English
 - attended an appointment during the study time frame
- Chart review:**
 - Demographic information
 - Past medical history
 - Current medication use
 - Eating habits (SCOFF questionnaire⁴)
 - Digestive symptoms (Gastroparesis symptom index⁵, Eckardt⁶, Easy Dysphagia questionnaire⁷, impact of swallowing on quality of life)
 - Stress (Perceived Stress Scale)
 - Quality of life (SF-12⁸)
 - Nutritional Assessment
- Statistical Analysis:** T-tests.

Results



	Total Population (100%, n=28)	Negative SCOFF (75%, n=21)	Positive SCOFF (25%, n=7)	P value
Age (years)	50.5 ± 15.4	51.8 ± 14.9	45.3 ± 17.8	0.36
Gender	F: 82.1% M: 17.8%	F: 85.7% M: 14.2%	F: 71.4% M: 28.5%	
Race	Black: 10.7% White: 89.2%	Black: 9.5% White: 90.5%	Black: 14.2% White: 85.7%	
BMI (kg/m ²)	28.1 ± 7.4	27.0 ± 7.9	31.3 ± 4.7	0.19
Medication (n)	16.2 ± 9.5	21 ± 7.9	14.5 ± 12.6	0.13
SCOFF	0.7 ± 1.0	0.23 ± 0.4	2.33 ± 0.5	
Gastroparesis Symptom Index	14.2 ± 10.4	11.9 ± 9.5	20.9 ± 10.9	0.049
Easy Dysphagia Questionnaire	3.0 ± 2.8	2.1 ± 1.7	4.8 ± 3.7	0.028
Eckardt	2.5 ± 2.6	1.7 ± 1.7	4.5 ± 3.5	0.023
Impact of Swallowing	7.7 ± 11.1	3.6 ± 4.6	14 ± 15.5	0.05
Perceived Stress Scale	19 ± 6.2	18.1 ± 6.2	21.1 ± 5.9	0.33
SF-12	PS: 38.3 ± 12.1 MS: 43.9 ± 12.1	PS: 40.8 ± 12.7 MS: 46.7 ± 11.4	PS: 31.1 ± 6.9 MS: 35.9 ± 11.2	PS: 0.07 MS: 0.039

Limitations

- Single academic institution
- Subspecialty clinic population may differ from general gastrointestinal patient population
- The study is cross sectional and did not investigate longitudinal outcomes or causation
- The SCOFF questionnaire is a screening tool and does not confer eating disorder diagnosis
- Study population may include selection bias based on those who opted to complete the SCOFF form

Conclusions

- Positive Eating Disorder screening was more common (25%) in this patient population than the general population (9%)
- Screening positive for eating disorders was associated with significantly increased GI symptoms, dysphagia symptoms, and decreased mental quality of life.
- Eating disorder screening result was not associated with BMI, polypharmacy, or perceived stress.
- Eating disorder screening may be an important, unrecognized aspect of care for patients with gastrointestinal symptoms.**

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