

Eating Disorders Screenings in Schools: Save Lives, Money, and Prevent Chronic Illness



Eating disorder screenings in schools can potentially catch young people before they become entrenched in deadly, chronic eating disorders. Required screenings for multiple other conditions are common in schools—adding eating disorder screenings can ensure that students are healthy and able to progress academically.

Childhood Prevalence:

- In American high schools, 30 percent of girls and 16 percent of boys schools suffer from disordered eating, including bingeing, vomiting, fasting, laxative and diet pill use, and compulsive exercise (Austin, et al., 2001).
- According to a 2009 study conducted by the CDC measuring US high school students' health and risk taking behaviors, 15,178 students reported being overweight or obese, while nearly 33,000 students reported engaging in eating disordered behaviors in the 30 days prior to the survey, such as refraining from eating for more than 24 hours to lose weight or vomiting/laxative use to lose weight (CDC, 2011).
- Anorexia is the 3rd most common chronic illness among adolescents (South Carolina Department of Mental Health, 2006)
- A recent analysis by the Agency for Healthcare Research and Quality revealed that from 1999 to 2006, hospitalizations for eating disorders increased most sharply—119%—for children younger than 12 years (Rosen, et al., 2010).

Impact:

- Disordered eating and dieting have been linked to serious risk-taking behaviors such as drug, alcohol and tobacco use, delinquency, unprotected sexual activity, dating violence, and suicide attempts (Neumark-Sztainer, 1996).
- Eating disorders are unique in that they are mental health conditions manifesting in physical health complications, impacting every organ system in the body, including cognition (Jahraus, 2003).
- Anorexia nervosa has the highest premature fatality rate of any mental illness. The mortality rate from anorexia nervosa is 12 times higher than that for other young women in the population (Sullivan, 1995).

Current Practice:

- According to 2010 statistics gathered from the National Association of State Boards of Education, 39 states (nearly 80%) require some type of vision and/or hearing screening in schools, 14 states (nearly 30%) require some form of BMI testing in schools, 16 states (32%) require some form of chronic health screen and/or monitoring of children with chronic health conditions (including diabetes, scoliosis, or asthma) and 7 states (14%) require dental exams. No states currently assess for eating disordered behaviors (National Association of State Boards of Education, 2011).
- Traditional obesity prevention efforts, including the collection BMI, has been linked to body dissatisfaction which, in turn, “predicts the use of behaviors that lead to disordered eating, weight gain, and poorer overall health” (Neumark-Sztainer, 2006).
- U.S. Preventive Services Task Force concluded that insufficient evidence exists to recommend for or against BMI screening programs for youth in clinical settings as a means to prevent adverse health outcomes (Nihiser, et al., 2007).
- Early recognition and intervention of eating disorders *has* been linked to better treatment outcomes. (Bravender, Robertson, Woods, Gordon & Forman, 1999).
- With treatment of full syndrome eating disorders costing upwards of \$30, 000 per month, early recognition is cost-effective, as it may prevent the develop of full-syndrome disorders and chronic conditions (South Carolina Department of Mental Health, 2006).
- According to the American Academy of Pediatrics, screening questions about eating patterns and body image should be asked of all preteens and adolescents (Rosen, et al., 2010)

- Population screening for eating disorders in high schools may identify at-risk students who would benefit from early intervention, which could prevent acute and long-term complications of disordered eating and weight control behaviors. (Austin, et al. 2008)

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