THE PRIMARY CARE COMPANION
FOR CNS DISORDERS

Supplementary Material

Article Title: Caring for Adults With Eating Disorders in Primary Care

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List of Supplementary Material for the article

1. Screening Tools in Primary Care

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Screening Tools in Primary Care

The following represent tools that primary care physicians can use to screen patients for disordered eating:

SCOFF Questionnaire.[1] The SCOFF questionnaire is a 5-item questionnaire designed to assess for eating disorder symptoms in a primary care setting. A score of two or higher (endorsing "yes" to two or more items) identifies an individual as likely to have an eating disorder. The SCOFF has been shown to have high levels of sensitivity and specificity for anorexia nervosa and bulimia nervosa[1]. It has not been validated for binge-eating disorder (BED) and is not likely to detect avoidant/restrictive food intake disorder (ARFID). Given its precision and brevity, the SCOFF represents a highly scalable tool for primary care offices to screen for eating disorders. The SCOFF could be administered to all patients as part of annual exam questionnaires (often completed in advance of the visit), or it could be used to screen patients who present with concerning signs or symptoms (**Table 1**).

Eating Attitudes Test-26 (EAT-26)[2]. The EAT-26 is a 26-item questionnaire that assesses eating disorder symptomatology. The EAT-26 suggests that patients who score above a 20 or are underweight (Body Mass Index (BMI) $\leq$ 18.5) should discuss the results with a physician or therapist. The EAT-26 has been shown to have high levels of reliability and validity for anorexia nervosa and bulimia nervosa[2]. EAT-26 also includes questions that may detect bing-eating disorder, but it is not likely to identify avoidant/restrictive food intake disorder (ARFID). Although longer than the SCOFF, the EAT-26 may provide more detailed information to the PCP.

Nine Item Avoidant/Restrictive Food Intake disorder screen (NIAS).[3] The NIAS is a nine-item questionnaire that assess symptomatology related to ARFID. Therefore, it fills an

important gap for conditions that would not be identified through the SCOFF or EAT-26. For example, questions include prompts regarding food restriction due to picky eating, fear of choking/vomiting, and lack of interest in food. Higher scores on the NIAS indicate higher levels of avoidant/restrictive eating pathology (i.e., eating pathology unrelated to shape and weight concerns). The NIAS has been shown to have high reliability and validity.[3]

References

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2 Garner DM, Olmstead MP, Bohr Y, Garfinkel, Paul E: The Eating Attitudes Test: psychometric features and clinical correlates. Psychol Med 1982; 12(4): 871–8.

3 Zickgraf HF, Ellis JM: Initial validation of the Nine Item Avoidant/Restrictive Food Intake disorder screen (NIAS): A measure of three restrictive eating patterns. Appetite 2018; 123(December): 32–42. Doi: 10.1016/j.appet.2017.11.111.