THE CEDRD IN EATING DISORDER CARE

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Disclaimer: This document, created by the International Association of Eating Disorder Professionals' Nutrition Health Management Committee, is intended as a resource to promote recognition of the professional contributions to the eating disorder treatment team. It is not a comprehensive nutritional clinical guide. Every attempt was made to provide information based on the best available references and best current clinical practice.

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Team Approach/Team Reimbursement

Eating disorders are one of the most difficult illnesses to treat having both mental health aspects as well as medical and nutritional aspects. While multidisciplinary team treatment is considered best practice, considerable variation exists in team composition depending on treatment setting and stage of illness. This variation often occurs due to the reimbursement issues of the RD on the treatment team.

RDs serve on numerous health care teams including metabolic support teams, diabetic care teams, renal treatment teams etc. RDs are the experts, in both food science and nutrition science, trained through education and experience to understand the complex relationship of food intake to overall physiological health. If the services of a RD are covered by insurance carriers, it is under medical/surgical benefits.

At the various levels of care as defined by the American Psychiatric Association (APA) Eating Disorder Treatment Guidelines, the following expectations are listed: individual nutrition assessments, individual nutrition appointments, recommendations for appropriate meal plans and nutrition therapy, recommendations for physical activity, group nutrition education and meal exposure and response. Insurance reviewers are requesting extensive data to justify treatment which comes directly from the work with the RD. Nutrition therapy overlaps mental health therapies and involves helping families and others understand the realities of eating disorders, aiding clients in understanding their irrational thoughts and behaviors around food, understanding normalized eating and

overcoming barriers to changing their behaviors. In addition, RDs often act as case managers in the outpatient setting as medical practitioners and psychologists increasingly find they do not have time to do this critical aspect of care. Case management involves making sure that all members of the outpatient team have frequent communication and agree to treatment details. Often the family with a child with an eating disorder needs coaching and guidance and support, another vital function performed by RDs.

The RD that has pursued the advanced training and completion of the CEDRD requirements of iaedp not only serves to enhance the quality of ED treatment and the multidisciplinary team approach, but also provides a platform for future reimbursement and best practice service available to all patients with behavioral nutrition challenges.

Understanding the Credentials

What is a RD, LD, Nutritionist, RDN, LDN, Nutrition Educator, Nutrition Therapist/Counselor, or CEDRD?

It is necessary to understand the difference in the following terms to assemble the most effective ED treatment team taking into consideration the needs of the patient and the availability within the community: dietitian, registered dietitian, licensed dietitian/-nutritionist, nutrition educator, nutrition therapist and certified eating disorder registered dietitian.

Dietitian: This title would indicate completion of a minimum of a bachelors program in dietetics or equivalent undergraduate program and is usually used in conjunction with "**RD eligible"** while waiting to take the national registration exam.

Registered Dietitian (RD): The RD designation is a national legally protected title. The RD is a voluntary professional credential granted to an individual who meets the qualifications established by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) and the Commission on Dietetic Registration (CDR), which is the credentialing agency for the Academy of Nutrition and Dietetics.
Note: Registered dietitian/nutritionist (RDN) may be used interchangeably with RD.

Education of the RD includes the following:

1. Completion of the minimum of a Baccalaureate degree with coursework in food and nutrition sciences, organic chemistry, nutrition biochemistry, genetics, microbiology, psychology, sociology, anatomy and physiology, foodservice systems management, community nutrition, lifespan nutrition, communications, business, and computer science
2. Supervised practice through a Didactic Program in Dietetics and Dietetic Internship or a Coordinated Program in Dietetics accredited by ACEND
3. Completion of a passing score on the national Registration Examination for Dietitians administered by CDR and maintained with yearly CDR-approved continuing education.

Unique to the RD is the qualification to provide Medical Nutrition Therapy (MNT). MNT is an essential component of comprehensive nutrition care. Disease or conditions may be prevented, delayed, or managed, and quality of life improved in individuals receiving MNT. During MNT intervention, RDs counsel individuals on behavioral and lifestyle changes that impact long-term eating habits and health. MNT is an evidenced-based application of the Nutrition Care Process including:

1. performing a comprehensive nutrition assessment
2. determining the nutrition diagnosis
3. planning and implementing a nutrition intervention using evidence-based nutrition practice guidelines
4. monitoring and evaluating an individual's progress toward goals

Licensed Dietitian (LD): The majority of states have enacted laws that regulate the practice of dietetics. Licensing statues include an explicitly defined scope of practice, and performance of the profession is illegal without first obtaining a license from the state. Dietetics practitioners are licensed by states to ensure that only qualified, trained professionals provide nutrition services or advice to individuals requiring or seeking nutrition care or information. Only licensed dietetics professionals practicing in states that require licensure can provide nutrition counseling. Not every state has licensing for dietitians. It is important for all care providers to know if this is a requirement for practice in your state.

Nutritionist, RDN and LDN: There is no uniform definition for the title of "nutritionist" and those states that define nutritionist in statues or regulations define it according to their own criteria. Some state licensure boards have enacted legislation that regulates use of the title nutritionist and/or sets specific qualifications for holding the title. According to the Academy of Nutrition and Dietetics, every registered dietitian is a nutritionist, but not every nutritionist is a registered dietitian. To this end, the Academy of Nutrition and Dietetics and the Commission on Dietetic registration have approved the **optional** use of **RDN** or **LDN** to signify that indeed a registered dietitian or licensed dietitian is a nutritionist. This communicates a broader concept of wellness (including prevention of health conditions beyond medical nutrition therapy) as well as treatment of conditions.

Nutrition Educator: provides evidence based information and education to individuals and/or groups. Due to the brief and factual nature of their interactions, a very minimal relationship develops.

Nutrition Therapist/Counselor (RD with advanced skill set): meets with the patient over a longer period of time and encounters the complex area of human relationship dynamics. Level of involvement is individualized depending upon the division of responsibilities within the treatment team. It is recognized that by necessity RDs have had to learn basic counseling and behavior change skills, as they deal with changing eating behaviors for many diagnosed illnesses. For this role, the dietetics practitioner must follow the code of ethics for nutrition counselors established by the Academy of Nutrition and Dietetics/ Commission on

Dietetic Registration, and scope of practice within their state, which is often very broad. The nutrition counselor/RD must be able to effectively recognize, assess, and appropriately plan treatment for a patient with an ED. It is recommended that RDs working with this population have advanced-level training via self-study, continued education, and supervision under those specialized in this area of medicine.

Certified Eating Disorder Registered Dietitian (CEDRD) and iaedp:

As the rate of individuals affected by eating disorders continues to grow, a greater need for qualified, knowledgeable treatment providers in the field exists. The International Association of Eating Disorders Professionals (iaedp) has recognized that need by offering an advanced Certification Program to promote standards of excellence within the field of eating disorders, established in 2002 and continually strengthened and updated to maintain its strong reputation in the mental health field. It is iaedp's mission to promote excellence in competency assessment for professionals in the eating disorders field through offering a rigorous set of criteria for the evaluation of education, training, knowledge and experience. Registered dietitians with the **Certified Eating Disorders Registered Dietitian** credential **(CEDRD)** are experienced nutrition therapists who have met rigorous educational and skill requirements, have accumulated a minimum number of hours of qualifying work experience, have made a commitment to stay abreast of current developments in the field through Continuing Education, and have agreed to comply with the Association's Ethical Principles. Certification is evidence that both the professional and iaedp are

diligent in seeking advancement in training, education, research and competency in addressing the complexities involved in the treatment of eating disorders. In addition, both are united in their commitment to the advancement of mental health parity and advocacy for individuals struggling with an eating disorder.

For consistency of terminology RD (CEDRD) will be used throughout this text. It is recognized that not all ED teams will have a CEDRD and that RDs that are trained and working within the standards established by certification will have the optimal skills to address the needs of this population.

Role of the CEDRD at Each Level of ED Care

The RD (CEDRD) may be the first point of contact for a patient seeking help for an ED; therefore, the RD often becomes responsible for helping the patient establish the treatment team. It is important to know the trained professionals within your community who are able to join the multidisciplinary team and provide the most effective treatment.

Experienced RDs in treating eating disorders possess the expertise and skills to address issues related to food and nutrition knowledge, physiology, and behavior change as they play out in psycho-socio-cultural realms of eating. They are uniquely qualified as the professional to provide medical nutrition therapy across the full continuum of disordered eating and at various levels of care. Including an RD on the treatment team allows for the client to have a safe, designated place to discuss food based thoughts and actions reserving the sessions with other providers to concentrate on the non-food facets of

the eating disorder. Nutrition counseling is considered an integral component in the treatment of eating disorders, and collaboration between the RD (CEDRD) and other treatment team members occurs as follows:

1. The RD (CEDRD) focuses on physical and nutritional restoration, restoring healthy body weight, normalizing food habits, expanding food choices, changing attitudes and beliefs, and correcting misguided notions about eating, food, body size and shape.
2. The RD (CEDRD) and the medical providers (physician/nurse) collaborate on lab values, medication and weight issues as related to the physical complications from eating disorder behaviors.
3. The RD (CEDRD) and the psychotherapist collaborate on changing food attitudes and beliefs, body image issues, and food-related behavior triggers
4. The RD (CEDRD) and the psychiatrist collaborate on food-related behaviors and attitude changes as a result of a new or changed medication.
5. The RD (CEDRD) and the patient's family collaborate on meal planning and establishing a supportive environment to promote weight restoration and a decrease in eating disorder behaviors within the family dynamics.

Within the full course of treatment, shifts of priority will often occur dictating which team member needs to be in the primary directive role of treatment. For instance, if the medical issues are the primary focus and require acute decisions and stabilization before any therapy can be started or continued, then the medical physician

would be directing the care plan with the dietitian to begin restorative work and safe re-feeding. At other times during treatment, when the behavioral and emotional issues are at the forefront of intensity, the therapist may be directing the team. This underlines the need for all practitioners involved to be constantly assessing under their trained expertise and communicating as a team for the most effective outcome.

ED Environments and Specific Levels of Care:
In determining a patient's level of care or shift to a different level of care, it is important to consider the overall clinical and social picture. The treatment environment is determined by many factors:

- Medical/nutritional status
- Co-occurring psychiatric diagnoses that merit treatment
- Level of supervision required
- Availability of specialized programs within a geographic area
- Available finances

In shifting between levels of care, it is important to establish continuity of care. At times, patients may erroneously conclude that moving to a less restrictive treatment setting means that they are fully improved when in fact, the shift might have occurred due to financial limitations. Because of the various factors dictating the environment, maintaining high quality standards of practice among the professionals on the ED care team will ensure continuity and uninterrupted attention to important aspects of treatment and the individuals' recovery process.

At all levels of care the RD (CEDRD) is expected to carry out responsibilities according to the Standards of Practice and Standards of Performance for the Registered Dietitian. A RD's (CEDRD's) role in the nutrition care of individuals with eating disorders is supported by the American Psychological Association, The Academy of Eating Disorders and the American Academy of Pediatrics. RDs (CEDRDs) working with ED patients require a thorough understanding of the psychodynamics of eating disorders. RDs (CEDRDs) apply the Nutrition Care Process to identify nutrition diagnoses, and develop a plan for resolution. Key nutrition therapies require expertise in nutritional requirements for the life stage of the affected individual, nutritional rehabilitation treatments, and modalities to restore normal eating patterns.

Strong counseling skills are imperative in facilitating change among patients with eating disorders. Psychotherapeutic behavioral approaches allow a practitioner to develop a trusting relationship that facilitates guiding a patient through changes made in food selection, patterns of physical activity, and acceptance of body weight, shape, or size.

The following environments dictate specific considerations for RD (CEDRD) intervention:

Acute: The patient is usually hospitalized based on psychiatric and behavioral factors, including a rapid or persistent decline in oral intake, a decline in weight, and medical instability. This level of care is designed to provide safety and physical stabilization. There is a high degree of a patient's denial and resistance to participate

in his or her own care. Specific considerations for the RD's (CEDRD's) role at this level of care:

- Communicate with all team members and medical physician regarding the medical/nutritional status of the patient and initial hydration and feeding demands.
- Actively engage in the decision of the source of nutrition and method of delivery which may be oral, tube, or in rare cases, hyper-alimentation.
- Provide the research to the clinical team and patient regarding liquid dietary supplements that are appropriate for the clinical profile and present nutritional demands.
- Communicate with all staff on all shifts regarding feeding acceptance, tolerance, and progression to meet the defined care plan.
- Review laboratory work and discuss feeding adjustment recommendations with medical physician and patient.
- Provide therapeutic patient counseling on a daily basis
- Write daily accurate written reports
- Provide initial nutrition education
- Participate in discharge planning and communicate directly with step-down care team

Residential: The patient at this level is in fair to high level of malnutrition. There is usually less patient resistance when involved in his/her own self-care, and the RD (CEDRD) is working closely with the patient on a daily basis or often several times per day. However, there is a wide scope of service within the "residential" level of treatment. If the facility provides a family physician or internist with regular medical monitoring, the RD (CEDRD) will have greater opportunity to initiate

aggressive nutritional support and follow the patient's progress. If medical intervention is done off site, the RD (CEDRD) will be the team member who will establish the relationship with the medical care provider in the community for nutrition, weight, fitness progress and/or complications. Specific considerations for the RD's (CEDRD's) role at this level of care include:

- Ongoing assessment of nutrition restoration and weight goals
- Nutrition counseling focused on acceptance of rapid and often aggressive meal plans and structure regarding exercise
- Progressive re-feeding education correlating with status of re-feeding and patients level of understanding and acceptance of physical and food changes
- Progressive nutrition education
- Close communication with therapist about behavioral challenges as well as therapy progress
- Ongoing staff interaction to ensure environmental compliance and prevention of eating disorder behaviors
- Attention to food rituals and eating disorder behaviors that need to be treated at present level of care as well as when discharged to the next level of care.
- Close communication and work with the family regarding patient progress and family education of the illness and assistance with establishing a home environment supportive for recovery.

Partial Hospitalization Program (PHP): This level of care currently represents the widest range of options of length of treatment, from 20 hours per week to full days

of care, and serves patients that are just beginning treatment or may be stepping down from a higher level of care. Specific considerations for the RD's (CEDRD's) role at this level of care include:

- Communication with previous care team
- Well-coordinated transition of meal plan, supplementation and nutritional goals
- Adjustment of nutritional goals to meet level of supervision and medical management in present environment
- Assistance of treatment team in recognizing potential vulnerabilities presented within this environment for the individual patient and plans for relapse prevention
- Continuous assessment for appropriateness of environment for patients needs
- Flexibility with nutrition intervention which may include multiple individual sessions weekly and close monitoring, group education, participation in process groups,
- Close collaboration with attending physician and therapist, altering nutrition intervention accordingly
- Communication with the family/participation in family sessions
- Attention to the unique individual needs of patients, focusing on recovery goals and expectations as they are exposed to patients in a wide range of stages of the illness in PHP
- Thorough discharge plan whether patient is being shifted to a higher level of care or stepped down

Intensive Outpatient (IOP): This level of care has variable levels of involvement for the RD. Some programs have a RD (CEDRD) on staff, and some programs require the patient to have an outpatient RD (CEDRD). This level of care serves patients that are just beginning treatment or may be stepping down from a higher level of care. Specific considerations for the RD's (CEDRD's) role at the IOP level:

- Communication with previous care team to ensure consistent goals
- Well-coordinated transition of meal plan, supplementation and nutritional goals
- Adjustment of nutritional goals to meet level of supervision and medical management in present environment
- Assistance in recognizing potential vulnerabilities presented within this environment for the individual patient and plans for relapse prevention
- Continuous assessment for appropriateness of environment for patients needs
- Flexibility with nutrition intervention which may include multiple individual sessions weekly and close monitoring, group education, participation in process groups,
- Collaboration with attending physician and therapist, altering nutritional intervention accordingly
- Communication with the family/participation in family sessions
- Attention to the individual patients to help each focus on their recovery goals and expectations as they are exposed to patients in a wide range of stages of the illness in IOP

- Thorough discharge plan to include whether patient is being shifted to a higher level of care or stepped down

Outpatient:
This level of care varies for how the RD (CEDRD) is involved, depending on patient progress, exhibited behaviors, motivation and finances. Outpatient care serves patients that are just beginning treatment or those stepping down from higher level of care. The outpatient RD (CEDRD) may be the first point of contact with the patient; therefore, the RD (CEDRD) often becomes responsible for helping the patient establish the treatment team. It is important to know the trained professionals within the local community who are able to join the multidisciplinary team and provide the most effective treatment. When a patient steps down from more intense levels of treatment, it is recommended that the patient see the outpatient RD (CEDRD) at least once a week. As the patient improves, the frequency of the sessions will vary. Specific considerations for the RD's (CEDRD's) role at this level of care:

- Communication with previous care team. If this is the first point of contact, coordinate new treatment team with local professionals trained in ED treatment
- Well-coordinated transition of meal plan, supplementation and nutritional goals if patient is stepping down from higher level of care.
- Adjustment of nutritional goals to meet level of supervision and medical management in present environment
- Assistance in recognizing potential vulnerabilities presented within this

environment for the individual patient and plans for relapse prevention

- Continuous assessment for appropriateness of environment for patients needs
- Flexibility with nutrition intervention which may include multiple individual sessions weekly and close monitoring, but typically 1 to 2 sessions per week initially
- Close collaboration with attending physician and therapist, altering nutritional intervention as needed
- Communication with the family/participation in family sessions as appropriate
- Attention to the individual patients in helping them focus on their recovery goals and expectations, with the eventual goal of normalized eating
- Weight and behavior monitoring of patient
- Routine, consistent communication with treatment team regarding patient progress
- Management of the patient's case, since often the RD (CEDRD) acts as a "health navigator" in the outpatient setting, by making sure communications occur between team members, educating patients and families about next steps and treatment options, and ensuring patients have continuous access to necessary treatment. This case management task is an appropriate role for RDs (CEDRDs) considering their training in both physical/medical and behavioral realms.

Family Based Treatment for Children and Adolescents (FBT):

RDs (CEDRDs) can apply their knowledge and skill set, at the expert level, in treatment of children and adolescents diagnosed with eating disorders. Using the treatment modality of home-based re-feeding for the medically stable child, the child remains at home, with parents utilized as resources and as part of the treatment team. The parents are trained by expert health practitioners in the delivery of the re-feeding techniques. Keeping the child in the home community allows the ability to go to school and interact with family and friends in the most normal fashion. Home-based re-feeding modalities for the treatment of eating disorders have been recently tested in clinical trials, demonstrating that parents can be trained and empowered to re-feed their children at home. Mental health professionals have been the clinicians used in clinical trials in the field testing of these modalities, known as Maudsley or family based treatment (FBT). RDs (CEDRDs) possess the skill set necessary in order to help parents feed children at home, and have used this same skill set effectively in other settings for families that have received a difficult medical diagnosis for a child. For example, inborn errors of metabolism frequently use diet therapy as a mainstay of treatment in order to prevent ongoing symptoms of the illness. RDs (CEDRDs) working with families who have a child diagnosed with inborn errors of metabolism, type I diabetes, or other illnesses and conditions which require nutrition therapy and dietary manipulation are trained to work with families who go through various stages of crises, have strained resources, have barriers to effective treatment, and frequently need reassuring advice from the treatment team including the RD (CEDRD).

Behavioral counseling is a necessary part of the interventions and is employed by a variety of health care professionals. Standards of practice and scopes of practice for RDs (CEDRDs) do include behavioral counseling as part of the scope of practice; therefore, RDs (CEDRDs) can also function as a parent coach or parent trainer in treatment of children and adolescents with eating disorders. They are able to educate parents about eating disorders, and provide ongoing support, helping them as necessary to create appropriate dietary strategies to help their child gain weight or maintain weight, including decisions on how to advance nutrition when their child resumes exercise or has some other change in state. In this slightly different model of outpatient care, the RD (CEDRD) works with the mental health professional in a collaborative partnership; therefore, the child diagnosed with an eating disorder can still retain an individual therapist who provides counseling to help overcome comorbid diagnoses such as anxiety or obsessive-compulsive disorder while the parents are being educated and coached by the RD (CEDRD) on re-feeding issues. By working with both a RD (CEDRD) and behavioral counselor, time in counseling sessions for both disciplines can be used most effectively and efficiently, promoting positive outcomes.

Nutrition Therapy Tools used by the CEDRD:

Here is a list of specialized nutrition therapy tools a nutrition therapist is able to bring to the table when working with eating disordered clients:

- Expertise regarding the underlying issues with which our clients struggle, resulting in a client's increased ability to move through the process of developing a healthier relationship with food.
- Knowledge of metabolic pathways

- Understanding of normal eating and the pathways that help a client move towards a healed relationship with food.
- An understanding of many therapeutic intervention techniques including:
    - Cognitive Behavioral Therapy (CBT)
    - Dialectical Behavior Therapy (DBT)
    - Acceptance & Commitment Therapy (ACT)
    - Family Based Therapy (FBT)
    - Motivational Interviewing (MI)
- An understanding of many underlying components of recovery including:
    - The stages of grief
    - The stages of change and readiness for change
    - The indicators of recovery

Screening tools for Eating Disorders:

- Diagnostic Survey for Eating Disorders (DSED)
- Eating Attitudes Test (EAT)
- Eating Disorders Examination (EDE)
- Eating Disorders Inventory (EDI)
- Eating Disorders Questionnaire
- Questionnaire of Eating and Weight Patterns
- Yale-Brown-Cornell Eating Disorders Scale
- Yale Food Addictive Scale

Assessment tools utilized by the Nutrition Therapist:

- Health histories
- Lifestyle assessment including social impact of eating disorder
- Assessment for possible drug-nutrient interactions and drug-nutrient depletion

- Assessment to identify safe and appropriate supplemental herbs, vitamins, and nutrients
- Review of laboratory tests to assess nutrient status
- Food intake assessment and analysis with resulting meal planning
- Metabolic assessment and estimated needs analysis

Interventions for feeding:

- Methods of feeding:
    - Oral
    - Tube feeding
    - Total parenteral nutrition
- Nutrition supplementation methods
- Meal planning
- Therapeutic diets based on individual needs.
- Traditional, culturally based, healing diets
- Counseling (e.g. behavioral counseling, motivational interviewing, and goal setting as it relates to nutrition, food choices, and physical activity) to promote recovery and eventual move to conscious or normal eating.
- Individual and group education/training (e.g. outlining the relationship between food, body function, and health)

High Risk ED Groups and the CEDRD:

The following diagnoses or groups of individuals commonly have nutritional issues that are unique and may exacerbate or further complicate the ED illness. The expertise of the RD (CEDRD) in such cases can serve in the treatment of the ED while addressing the co-occurring risks.

- Athletes, especially:
    - Higher Level (professional, semi-professional, tier-3 schools)
    - Judged (vs. no scoring)
    - Individual (vs. team)
    - Lean (dancers, ice skaters vs. football or basketball)
- Autism Spectrum Disorder
- Celiac Disease
- Diabetes Mellitus (DM)-Type 1 and 2
- Complicated Dieting History
- Food Allergies
- Models/Actresses
- Orthodox Jewish Population
- Polycystic Ovary Syndrome (PCOS)
- Bariatric Surgery Patient
- Pregnancy in Combination with an Eating Disorder

All of the tools mentioned in the above section would be included with emphasis on:

Athletes:

- Performance calorie and protein requirements
- Hydration requirements
- Supplement use/"performance enhancement"
- Meal planning for training, competition, and recovery

Autism Spectrum Disorders

- Feeding issues: mechanical, sensory, preferences
- Addressing family meal challenges

Celiac Disease

- Therapeutic nutrition intervention for a gluten-free diet

Diabetes Mellitus (DM) -Type 1 and 2

- Therapeutic nutrition intervention for diabetes management

Complicated Dieting History

- Multi-tiered assessment and education for recommendations on body weight, caloric intake and physical activity
- Sensitivity and integration of beliefs and effective tools of past experiences

Food Allergies

- Education on the difference between a true allergy, sensitivity, intolerance or dislike.
- Substantiating food allergies with medical verification and appropriate testing
- Therapeutic nutrition management of food allergy

Models/Actresses

- Increased screening and education for high risk supplements
- Hydration balance
- Sleep and appetite regulation

Orthodox Jewish Population

- Kosher dietary laws
- Menu planning for Passover, Sadder and major holidays
- Sensitivity and knowledge about weight standards for females

Polycystic Ovary Syndrome (PCOS)

- Education to differentiate between overlapping symptoms seen in both PCOS and EDs in which binging is present
- Therapeutic nutrition management of PCOS

Bariatric Surgery Patient

- Assessment to rule out eating disorder behaviors for patients prior to surgery
- Treatment of disordered eating behaviors in the context of post-surgical weight loss
- Medical nutrition therapy and education for both pre and post-op surgery
- Dumping syndrome
- Prevention of stomach stenosis and other GI complications
- Normalization of satiety cues and long term re-integration of diverse food choices
- Differentiation between the complex physical and psychological manifestations resulting from surgery alone or in combination with disordered eating behaviors

ED with Pregnancy

- Therapeutic intervention and education specific to the eating disorder and risk to mother and child
- Knowledge on weight standards, BMR and calorie recommendations unique to the specific eating disorder diagnosis and/or history
- Recognition of increased risk of gestational diabetes and pre-eclampsia

Ongoing Nutritional Management

Immediate treatment goals for patients with EDs include nutritional rehabilitation, weight restoration and stabilization, complete physiological restoration, management of re-feeding complications, and interruption of binge and purging/ compensatory behaviors. Long term treatment includes achievement and acceptance of healthy weight and meeting the physical and food related goals established by the care team.

The RD (CEDRD) is needed at all levels of care throughout the recovery process.

Evidence-based treatment delivered by health professionals with specialized training in the care of patients with EDs will lead to more successful outcomes. The RD (CEDRD) recognizes the need for more data collection and well-controlled studies to establish the most effective nutritional management protocols and contributions to the multidisciplinary team. The Academy of Nutrition and Dietetics (AND) has initiated a platform to support patient care, data collection, and outcomes research, called the Academy of Nutrition and Dietetics Health Informatics Infrastructure (ANDHII). This ANDHII guide will assist in the collection of impact data that can be used in public policy as well as quality improvement research. Guides such as these allow the RD (CEDRD) to conduct more research initiatives in the ED field. The RD (CEDRD) also recognizes the continued efforts needed to obtain insurance reimbursement to cover nutritional management for ED patients and assure uninterrupted comprehensive care. This education booklet is a step forward in these efforts.

Resources

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iaedp™ *established the certification process to promote standards of excellence within the field of eating disorders. Individuals with iaedp Certification designations are health care professionals who have met rigorous educational and skill requirements, have accumulated a minimum number of hours of qualifying work experience, have made a commitment to stay abreast of current developments in the field through continuing education, and have agreed to comply with the Association's ethical principles.*

Current certifications offered are: Certified Eating Disorders Specialist (CEDS) for therapists and physicians, Certified Eating Disorders Registered Dietitian (CEDRD) for registered dietitians, Certified Eating Disorders Creative Arts Therapist (CEDCAT) for art, music and dance/movement therapists, or Certified Eating Disorders Registered Nurse (CEDRN) for registered nurses.

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