

Clinicians' Practices Regarding Blind versus Open Weighing among Patients with Eating Disorders

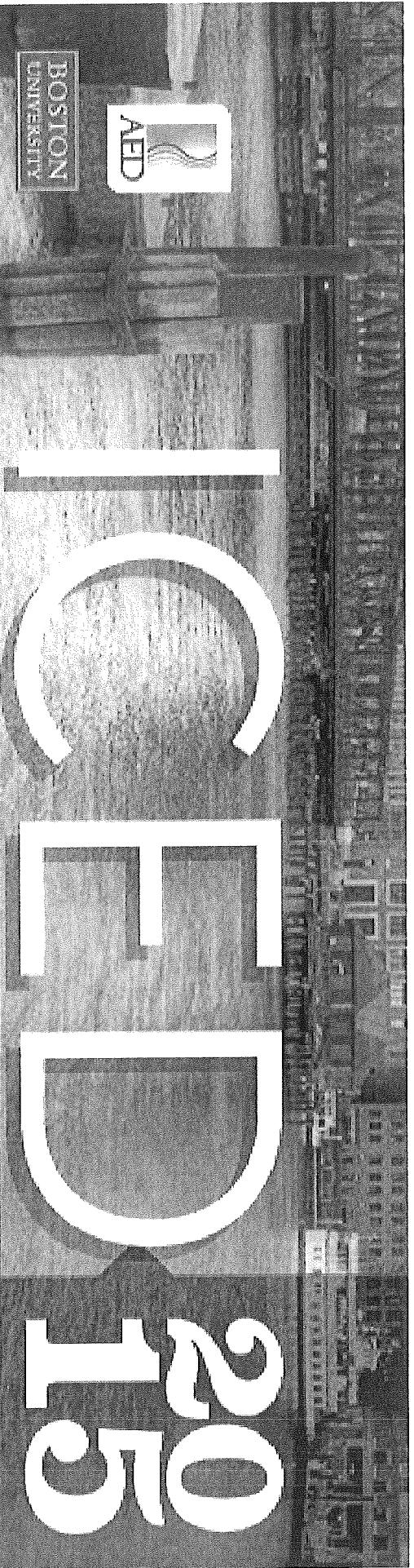
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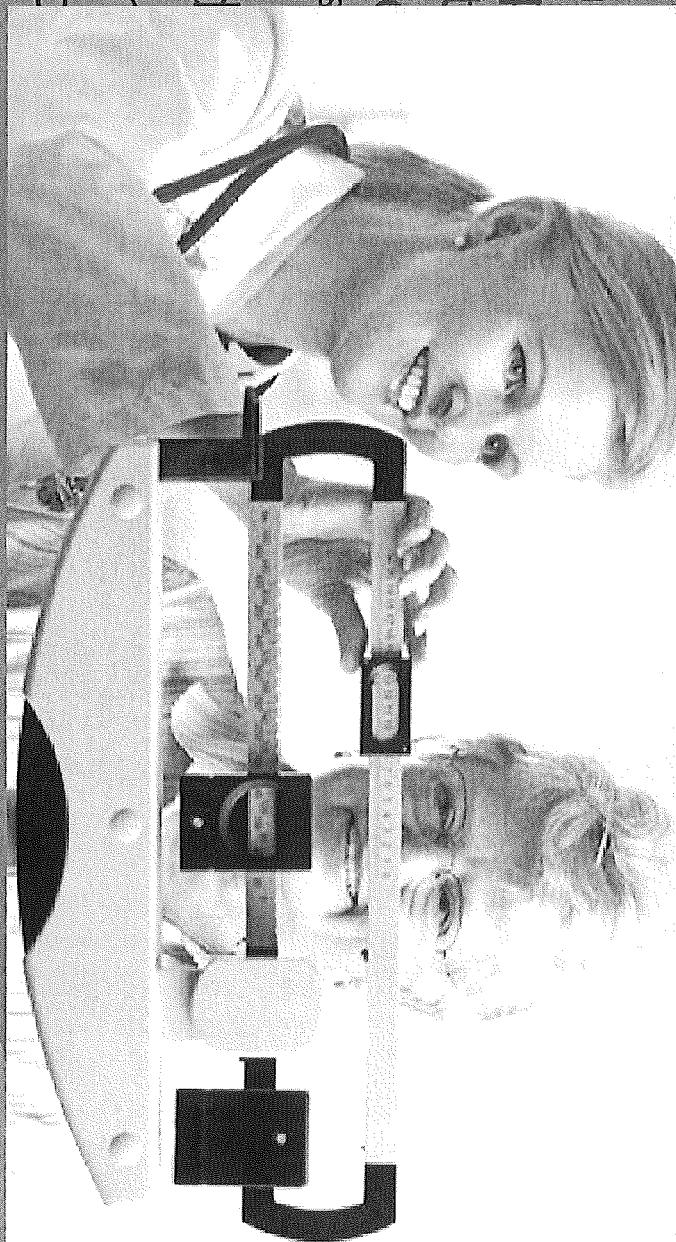
Acknowledgements

- Members of the Academy for Eating Disorders (and the AED Listserv!)
- Members of the Center for the Advancement of Research on Eating Behaviors (CARE) Lab
- Members of the Eating Disorders Task Force of Indiana
- Jennifer Wildes, Ph.D.

Background

- Empirically supported therapies differ whether clinicians are encouraged to share patients' weights

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Aim and Hypotheses

- Characterize clinicians' weighing practices across the range of therapeutic orientations and professional disciplines
- Hypotheses:
 1. Cognitive-behavioral or family-based orientations would predict open weighing
 2. Patient anxiety and cognitive or emotional impairment due to malnutrition would predict blind weighing
 3. Perceived motivation to change would predict open weighing

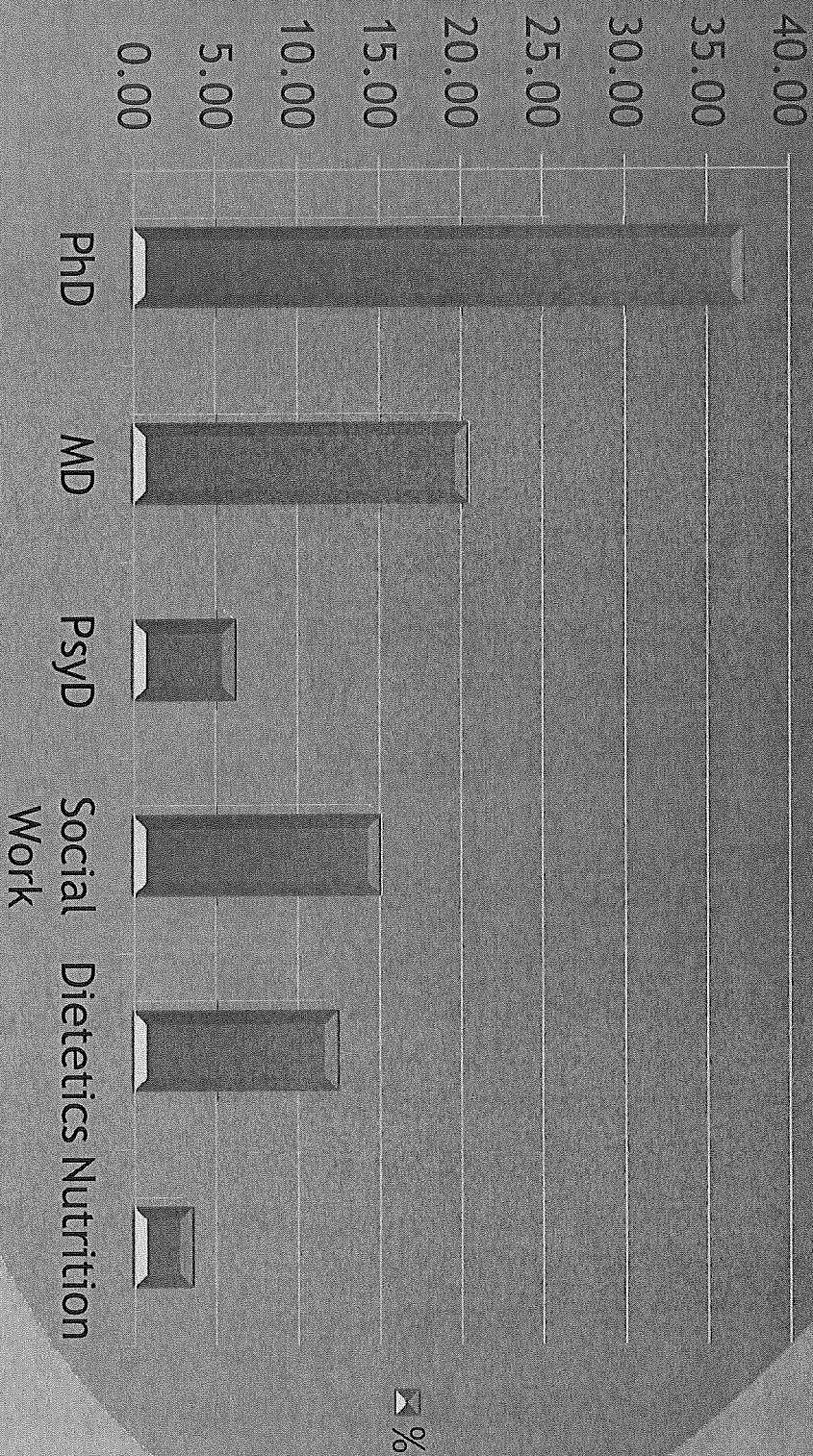
Methods

- Participants were eating disorder (ED) clinicians ($N=114$) recruited from the AED Litserv, an advertisement in the AED Forum, and the ED Task Force of Indiana
- Participants: Demographic Information

Mean Age	% Female	% Caucasian	Mean # Years in Practice	% US Citizen
44.21	88.5%	95.5%	12.64	85.8%

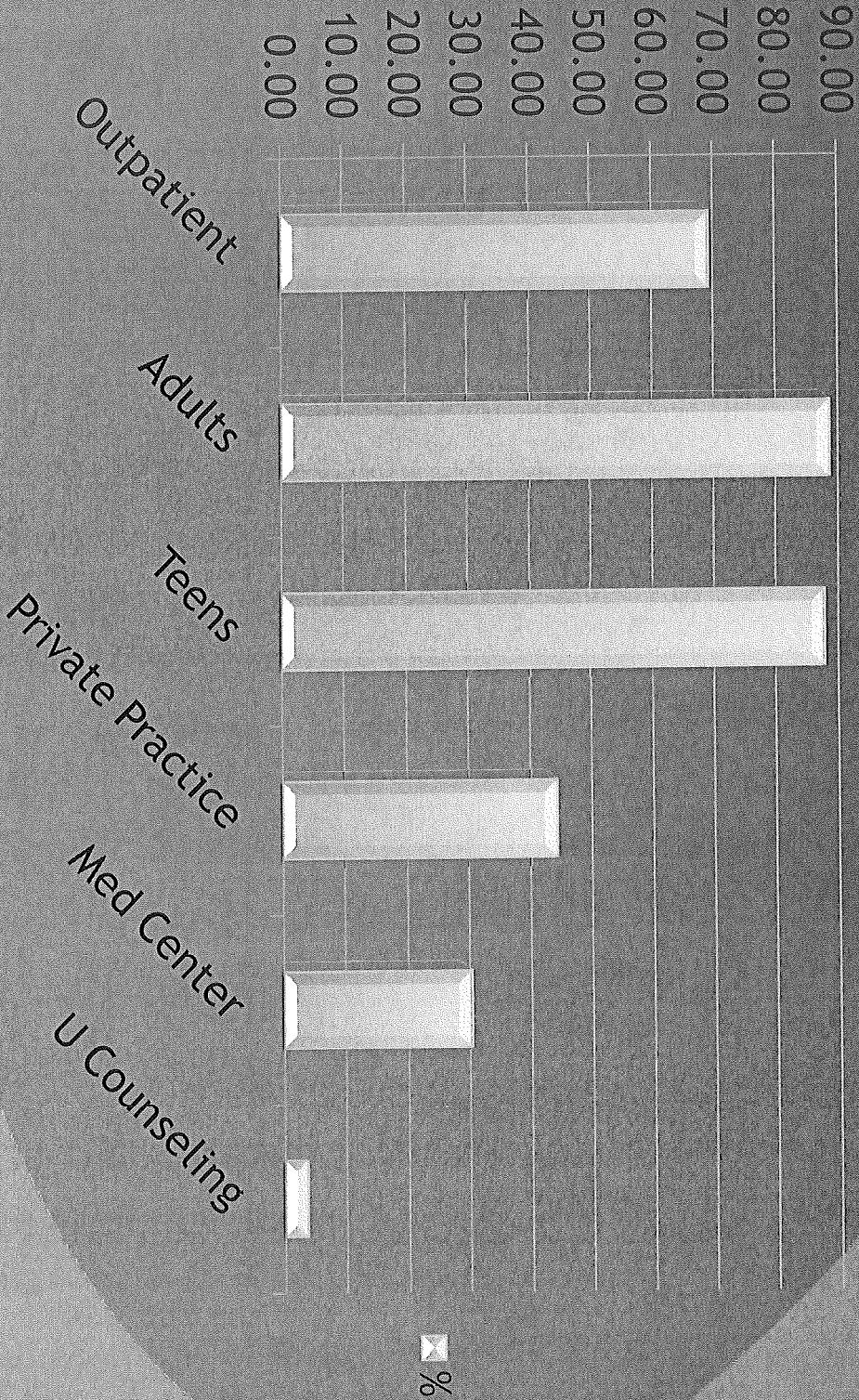
Methods

- Participants: Professional Discipline



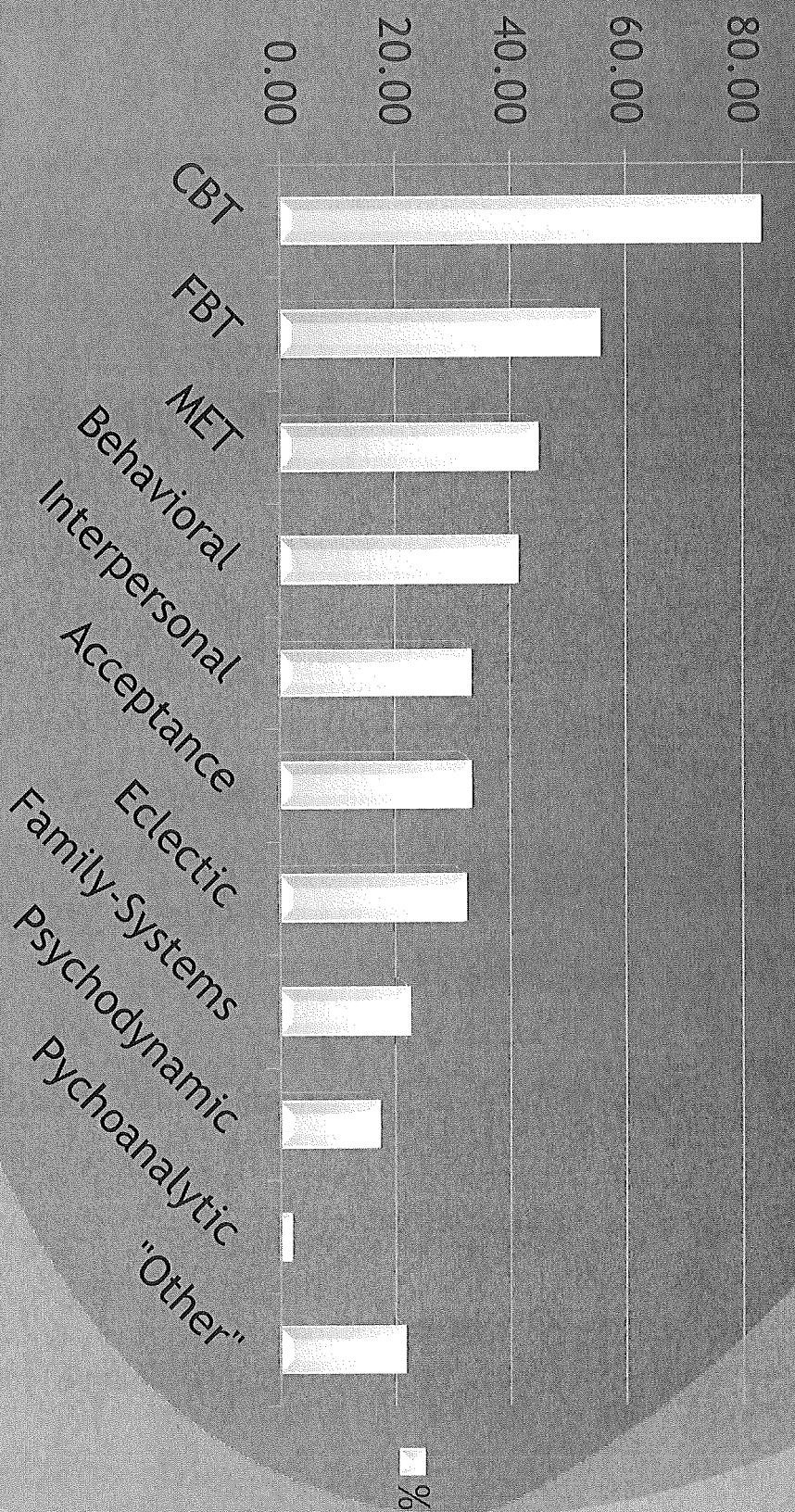
Methods

- Participants: Practice Setting/Clientele



Methods

- Participants: Therapeutic Orientation



Methods

- Clinicians asked to respond ‘yes’ or ‘no’ to whether they generally used blind weighing procedures
- Survey designed with skip-logic:
 - Open weighing: Factors impacting their decision to share weight information
 - Blind weighing: When during the course of treatment blind weighing is used
- All clinicians*: Typical weighing practice for each ED diagnostic category

Methods

Statistical Analyses:

- Frequency counts to characterize weighing practices
- Tetrachoric correlations to identify associations among professional characteristics and weighing practice
- Chi-square tests to identify whether patient diagnostic status associated with clinicians' weighing practice
- Binomial logistic regression used to identify the most important factors that impact clinicians' weighing practices

Results - Weighing Practices (%)

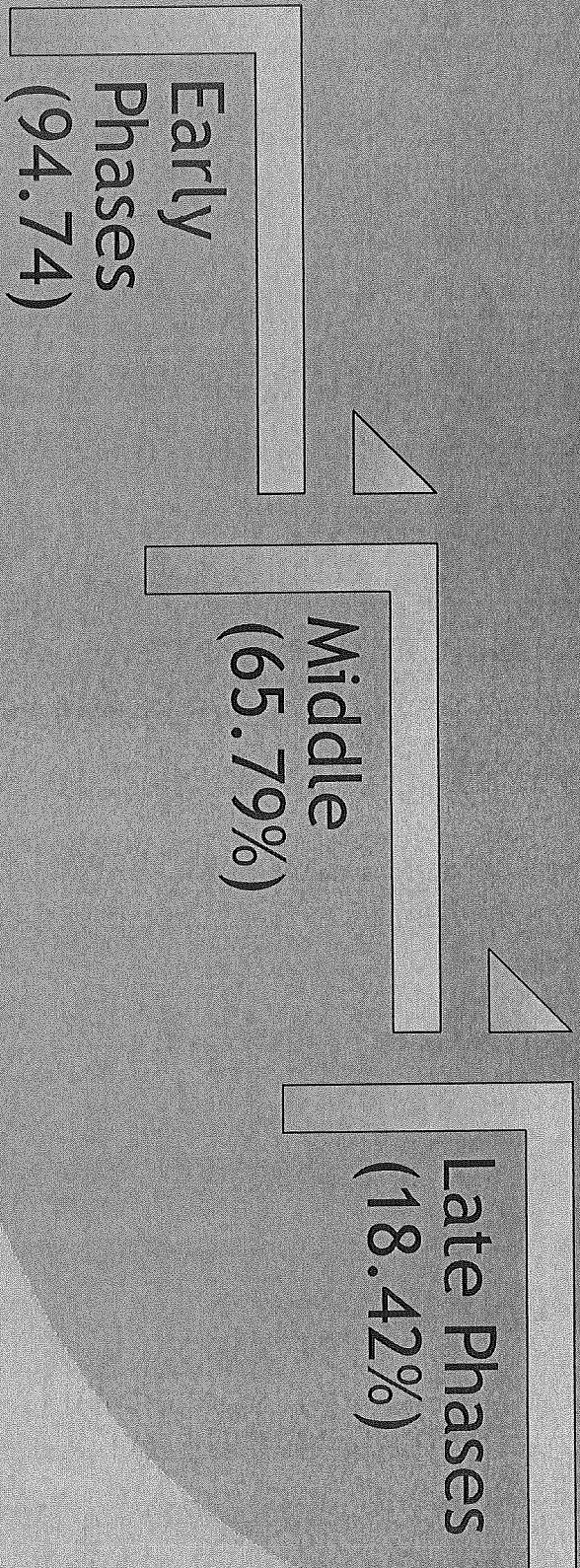
	AN	BN	BED	PD
Share exact weight	24.78	21.43	18.75	16.22
Display weight on chart	10.62	8.04	5.36	5.41
Share direction and magnitude of change	15.93	9.82	8.04	9.91
Share direction of weight change	20.35	14.29	12.50	18.92
Share whether in specified range	12.39	20.54	4.46	16.22
Share whether "on track"	10.62	3.57	5.36	3.60
Depends on client's weight	--	11.61	9.82	--
Share no information	2.65	6.25	10.71	7.21
Not applicable	2.65	4.46	25.00	22.52

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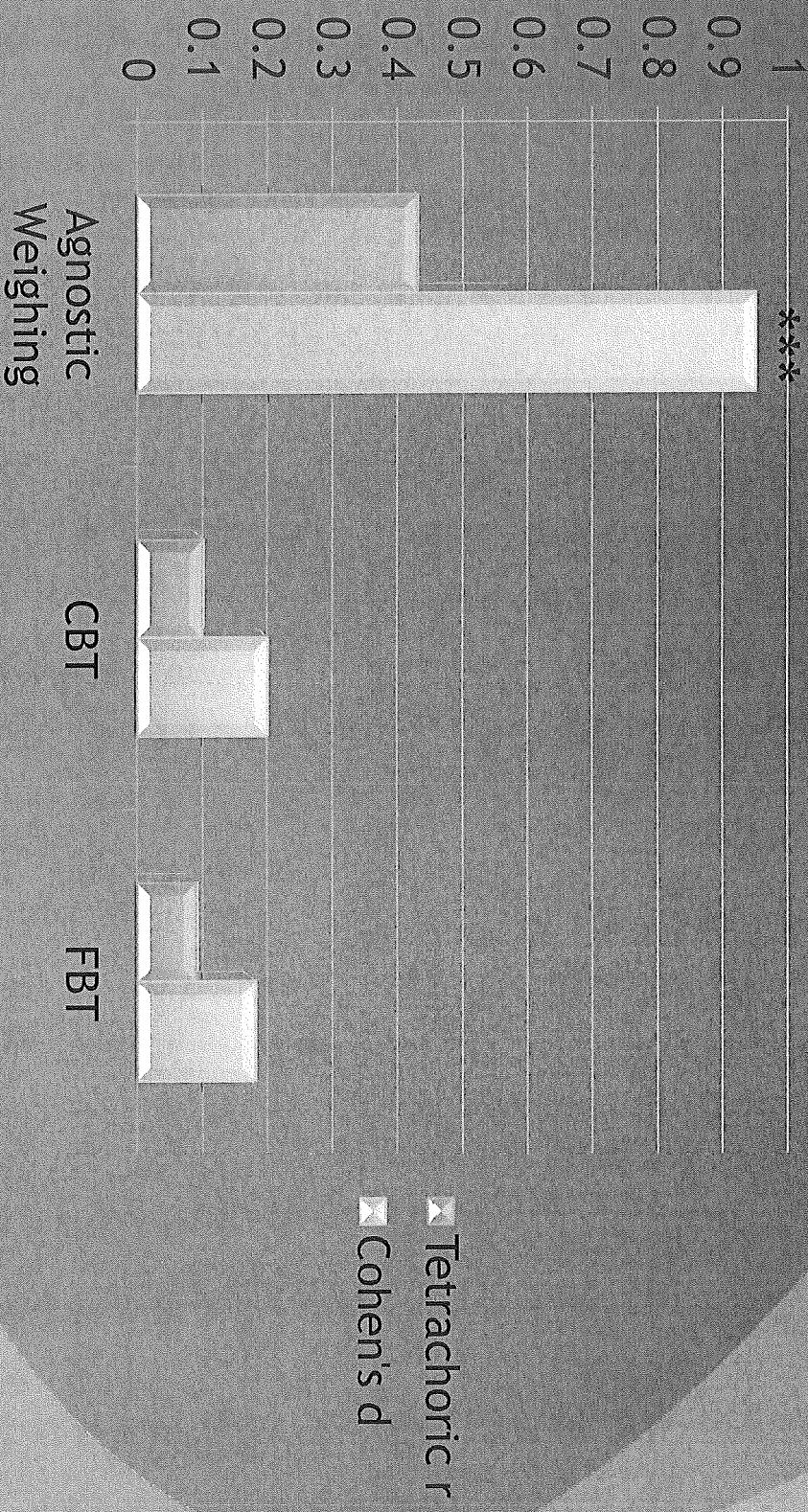
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Results - Weighing Practices (%)

Among clinicians who generally use blind weighing, most share some information, and more so as treatment progressed



Results - General Use of Blind Weighing (Therapeutic Orientation)



Note. Positive correlations indicate increased blind weighing (not sharing).

*** $p < .001$.

Results - General Use of Blind Weighing (Patient Characteristics)

- Clinicians more likely to blind weigh patients with AN ($\chi^2=21.52$, $df=1$, $p<.001$, $d=.96$)
- Clinicians more likely to blind weigh if cognitive and emotional functioning impaired (AN $B=.68$, $OR=3.93$, $p<.01$; Other ED Diagnoses $B=.57$, $OR=5.71$, $p<.01$)
- Motivation for change, obsessive worry about weight, desire not to know weight, relapse were non-significant

Conclusions

- Summary of main findings:
- Most ED clinicians do not follow weight-sharing recommendations
- Cognitive/emotional impairment from malnourishment and anorexia nervosa related to blind weighing
- Most clinicians modify their practices
- Both (helpful) clinical judgment and (unhelpful) clinician anxiety likely play roles

Conclusions

- Limitations:
 - Response rates?
 - Effects of professional discipline independent from diagnosis?
- First study to characterize weighing practices across therapeutic modalities, professional disciplines, and diagnoses
- Future studies are needed to identify how weighing practices affect client outcomes

Thank you