

INFORMATION REQUIRED**All Applicants:**

- Eating Disorder Form
- Mental Health Treatment Summary Form
- Review of functional status as documented in the Mental Health Treatment Summary.

If Applicable:

- Treatment summaries for all in-patient and out-patient treatment programs.
- Discharge summary for all psychiatric hospitalizations.
- Additional review of functional status, e.g., contact Volunteer Recruitment & Selection.
- Bone densitometry report.

If Currently Undergoing Treatment with Psychotropic Medications:

- Statement from prescribing physician addressing:
 - Diagnosis
 - Medication history, i.e., dates, doses, response, adverse effects.
 - Required monitoring over the next 3 years.

CLEARANCE CRITERIA**REVIEWER****GUIDANCE**

1. Successfully treated for anorexia nervosa in a treatment program specializing in eating disorders.
2. Weight maintained at 75% of maximum ideal body weight for *at least* the past 3 years.
3. No episodes of abusive eating or weight control behaviors for *at least* the past 3 years.
4. No disturbances of body image for *at least* the past 3 years.
5. No physiologic signs or symptoms of malnutrition, e.g., amenorrhea, dehydration, laboratory abnormalities, excessive dental decay.
6. Functioning well socially and occupationally during the past 3 years (corresponds to a GAF of 75 or above).
7. Active phase of psychotherapy or counseling complete. Continuing counseling sessions for normative issues only.
8. No history of suicide attempt, gesture, or ideation with plan.
9. No history of coexisting psychiatric disorders (Axis I and Axis II).
10. No history of psychosis.

Meets clearance criteria 1-10, AND

• No use of purgative medications for at least the past 3 years

RA

CLER

FOR FOLLOW-UP

Psychiatric follow-up
at least every 6 months

Meets clearance criteria 1-10, AND

• No psychotropic medication within the last 3 years

RA

CLER WITH

RESTRICTION

at least every 6 months

FOR FOLLOW-UP

Psychiatric follow-up
at least every 6 months

Does not meet clearance criteria due to one of the following:

- Successfully treated for anorexia nervosa by doctor after 3 or more hospitalizations or eating disorders help followed by 3 or more self-help health care providers

RA

CLER WITH

RESTRICTION

at least every 6 months

FOR FOLLOW-UP

Psychiatric follow-up
at least every 6 months

Does not meet clearance criteria due to one or more of the following: <ul style="list-style-type: none"> Some impairment of functioning socially or occupationally during the past 3 years (corresponds to a GAF below 75). Active phase of psychotherapy or counseling not complete. Not stable on psychotropic medications for <i>at least</i> the past 1 year. 	RN	DEFER Deferral period consistent with clearance criteria.
Does not meet clearance criteria due to one or more of the following: <ul style="list-style-type: none"> Episodes of abusive eating or weight control behaviors during the past 3 years. Disturbances of body image during the past 3 years. Not treated, or unsuccessfully treated, for anorexia nervosa. Weight not maintained at 75% of maximum ideal body weight during the past 3 years. Physiologic signs or symptoms of malnutrition, e.g., amenorrhea, dehydration, laboratory abnormalities, excessive dental decay. 	MHA	_____ Risk varies - assess based on detailed history.
Does not meet clearance criteria due to one or more of the following: <ul style="list-style-type: none"> History of suicide attempt, gesture, or ideation with plan. History of coexisting psychiatric disorders (Axis I and Axis II). History of psychosis. 	MHA MED ADVISOR	DEFER/MNQ

DIAGNOSTIC CODES

307.1 Anorexia Nervosa
Cross Reference DSM - IV

NOTES AND INSTRUCTIONS FOR REVIEWERS**Reviewers to Consider:**

- Current mental health evaluation, i.e., Mental Health Evaluation Form.
- Telephone interview with applicant.
- Telephone interview with applicant's mental health provider or treating physician.
- Evaluation by an eating disorder specialist.

COMMENTS

Background: Anorexia Nervosa is an extremely difficult disorder to treat. It is associated with a high mortality rate due to the medical consequences of starvation, i.e., 6.6% at 10 years and a well-defined treatment program rarely is successful. About one fourth of these patients can be considered to have made a good psychological adjustment when followed to ages 20 through 50 years. The disease is also characterized by frequent relapses. There is no accepted definition of relapse in anorexia nervosa. Some studies define relapse by weight loss below the normal range associated with a recurrence of the other core symptoms of the disease, i.e., amenorrhea, body image distortion, and eating and weight control abnormalities, after a recovery has been achieved by the appearance of these core symptoms and by weight maintenance in the normal range for at least 1 year. Other studies define relapse as first weight loss below normal at any time after the index hospitalization. In general, 35-40% of relapses occur "early", i.e., during the first year after attaining a normal weight. If individuals maintain their weight in the normal range for at least 1 year their chance of remaining in the normal weight range improve considerably. The majority of patients with this disorder are females. Only 4% to 6% of the anorexia nervosa population are males. Poorer outcomes are associated with longer duration of illness, older age at onset, previous admissions to psychiatric hospitals, poor childhood social adjustment, premorbid personality difficulties, and disturbed relationships between patients and other family members.

ANOREXIA NERVOSA

MH 4.1

Key Symptoms: The patient refuses to maintain a body weight at or above a minimally normal weight for age and height, e.g., weight loss leading to maintenance of body weight less than 85% of that expected. There is an intense fear of gaining weight or becoming fat. In postmenarcheal females, there is amenorrhea, i.e., the absence of at least 3 consecutive menstrual cycles.

Screening Height/Weight Table: 75% of maximum ideal body weight corresponds to 85% of average ideal body weight.

Body Mass Index (BMI): $\text{weight (kg)} / \text{height}^2 (\text{m}^2)$

Medications/Therapy: This disorder often requires frequent psychiatric and medical hospitalizations. Individuals are often seen on a long-term basis. In individualized treatment, particularly, selective serotonin reuptake inhibitors and tricyclic antidepressants, are frequently used both in the treatment and maintenance phases of this disorder.

Literature review available.

BULIMIA NERVOSA

MH 4.2

Includes Binge Eating Disorder

INFORMATION REQUIRED

All Applicants:

- Eating Disorder Form
- Mental Health Treatment Summary Form
- Review of functional status as documented in the Mental Health Treatment Summary.
- Review dental clearance.

If Applicable:

- Treatment summaries for all in-patient and out-patient treatment programs.
- Discharge summary for all psychiatric hospitalizations.
- Additional review of functional status, e.g., contact Volunteer Recruitment & Selection.

If Currently Undergoing Treatment with Psychotropic Medications:

- Statement from prescribing physician addressing:
 - Diagnosis
 - Medication history, i.e., dates, doses, response, adverse effects.
 - Required monitoring over the next 3 years.

CLEARANCE CRITERIA	REVIEWER	GUIDANCE
<ol style="list-style-type: none"> 1. Successfully treated for bulimia nervosa <i>in a treatment program specializing in eating disorders</i>. 2. No, or isolated, episodes of bulimic or weight-control behavior, e.g., self-induced vomiting, laxative use, excessive exercise, for <i>at least the past 1 year</i>. 3. Functioning well socially and occupationally during the past 1 year (corresponds to a GAF of 75 or above). 4. Active phase of psychotherapy or counseling complete. Continuing counseling sessions for normative issues only. 5. No history of suicidal ideation, gestures, or attempts. 6. No history of coexisting psychiatric disorders (Axis I and Axis II). 7. No history of psychosis. 8. Dental clearance complete. 		
Meets clearance criteria 1 - 8, AND <ul style="list-style-type: none"> • No use of psychotropic medications for <i>at least</i> the past 6 months. 	RN	CLEAR
Meets clearance criteria 1 - 8, AND <ul style="list-style-type: none"> • If on psychotropic medication, stable for <i>at least</i> the past 6 months. 	RN	CLEAR WITH RESTRICTION 8B Accommodation.
	PCMO FOLLOW-UP Monitor stability pm. Avoid mefloquine.	
Does not meet clearance criteria due to one or more of the following: <ul style="list-style-type: none"> • Successfully treated for bulimia nervosa by means other than a treatment program specializing in eating disorders, e.g., individual or group therapy with a health care practitioner. 	RN	CLEAR WITH RESTRICTION 8B Accommodation.
	PCMO FOLLOW-UP Monitor stability pm.	

(continued on next page)

BULIMIA NERVOSA

MH 4.2

<p>Does not meet clearance criteria due to one or more of the following:</p> <ul style="list-style-type: none"> • Episodes of bulimic or weight-control behavior, e.g., self-induced vomiting, laxative use, excessive exercise, <i>within</i> the past 1 year. • Some impairment of functioning socially or occupationally during the past 1 year (corresponds to a GAF below 75). • Active phase of psychotherapy or counseling not complete. • Not stable on psychotropic medications for <i>at least</i> the past 6 months. • Dental clearance not complete. 	RN	DEFER Deferral period consistent with clearance criteria.
<p>Does not meet clearance criteria due to one or more of the following:</p> <ul style="list-style-type: none"> • Not treated, or unsuccessfully treated, for bulimia nervosa. • History of suicide attempt, gesture, or ideation with plan. • History of coexisting psychiatric disorders (Axis I and Axis II). • History of psychosis. 	MHA	_____ Risk varies - assess based on detailed history.

DIAGNOSTIC CODES

307.51 Bulimia Nervosa
 307.50 Binge Eating Disorder
 Cross Reference DSM - IV

NOTES AND INSTRUCTIONS FOR REVIEWERS

- Reviewers to Consider:**
- Current mental health evaluation, i.e., Mental Health Evaluation Form.
 - Telephone interview with applicant.
 - Telephone interview with applicant's mental health provider or treating physician.
 - Evaluation by an eating disorder specialist.

COMMENTS

Background: Bulimia nervosa, like anorexia nervosa, can be a very difficult disorder to treat. The prognosis for bulimia nervosa appears to be slightly better than the prognosis for anorexia nervosa, however, this is difficult to assess due to a lack of research criteria that

are consistently used. The two disorders are often comorbid, and the prognosis for bulimia nervosa may be improved if the patient is also treated for anorexia nervosa. The prognosis for bulimia nervosa is generally better than the prognosis for anorexia nervosa.

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Medications/Therapy: Psychotherapy includes both individual and group psychotherapy. Therapy is frequently long-term and may require on-going maintenance therapy. Medications, particularly selective serotonin reuptake inhibitors and tricyclic antidepressants, are frequently used in both the treatment and maintenance phases of this disorder.

Literature review available.

INFORMATION REQUIRED

All Applicants:

- Eating Disorder Form
- Review of functional status as documented in the Mental Health Treatment Summary.

If Applicable:

- Treatment summaries for all in-patient and out-patient treatment programs.
- Discharge summary for all psychiatric hospitalizations.
- Additional review of functional status, e.g., contact Volunteer Recruitment & Selection.

If Currently Undergoing Treatment with Psychotropic Medications:

- Statement from prescribing physician addressing:
 - Diagnosis
 - Medication history, i.e., dates, doses, response, adverse effects.
 - Required monitoring over the next 3 years.

CLEARANCE CRITERIA

REVIEWER

GUIDANCE

Applicant presents with a history of one of the following disorders:

1. Eating Disorders Not Otherwise Specified

MHA

Risk varies - assess based on detailed history.

DIAGNOSTIC CODES

307.52 Eating Disorders Not Otherwise Specified

Only between 1980 - 19

NOTES AND INSTRUCTIONS FOR REVIEWERS

Reviewers to Consider:

- Current mental health evaluation (i.e., Mental Health Evaluation Form)
- Telephone interview with applicant
- Telephone interview with applicant's mental health provider or treating clinician

DEFINITION

Background: This category is for diagnoses of eating disorders that do not meet the criteria for anorexia nervosa or bulimia nervosa. **Criteria:** (1) For females, all the criteria for anorexia nervosa are met except that the individual has regular menses. (2) All the criteria for anorexia nervosa are met except that the individual's weight is in the normal range. (3) All the criteria for bulimia nervosa are met except that the binge-eating and compensatory purging are not as frequent or severe as required or that there is a history of less than 3 months. (4) The regular use of inappropriate compensatory behaviors to prevent weight gain after eating when consuming a large amount of food. (5) Repeatedly throwing up and eating, but not vomiting, large amounts of food.

Consultation with a specialist