

Statement of Ovidio Bermudez, MD, FAAP, FSAHM, FAED, F.iaedp, CEDS

**Chief Clinical Officer and Medical Director of Child and Adolescent Services,
Eating Recovery Center**

Senior Board Advisor, National Eating Disorders Association

**U.S. House of Representatives Committee on Energy and Commerce,
Subcommittee on Health**

H.R. 4153, Educating to Prevent Eating Disorders Act of 2015

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Thank you, Mr. Chairman and members of the Subcommittee on Health for the opportunity to testify today in support of H.R. 4153, The Educating to Prevent Eating Disorders Act of 2015. My name is Dr. Ovidio Bermudez, and I am the chief clinical officer and medical director of child and adolescent services at the Eating Recovery Center, an eating disorders treatment center located in Denver, Colorado. I also serve as a senior board advisor for the National Eating Disorders Association, a non-profit organization that supports families and individuals who have been impacted by eating disorders.

I applaud this subcommittee for their consideration of this legislation, and, in particular, Congresswoman Renee Ellmers for her leadership in championing this important cause. As a medical doctor working in the field of eating disorder for over 25 years, I would like to emphasize the importance of screenings for early recognition and intervention and the prevention of eating disorders. Over the last two and a half decades I have treated thousands of children and adolescents suffering from eating disorders and I have learned a few things about them. First, those who suffer from eating disorders and their families bear a heavy burden of disease. However, many of the personality characteristics that render them at risk for the development of these illnesses also render them productive members of society once they recover. Second, those in touch with the daily lives of young people, parents and school personnel, are in the best position for early detection. There are attitude changes in a young person that often precede the development of eating-related pathology and thus can clue us in to the need for assessment and intervention. Third, eating disorders are curable mental illnesses, but the later the diagnosis and appropriate interventions, the harder the course of illness and worse the outcome. So early recognition and intervention are essential to improve treatment outcomes and avoid chronicity and early death.

In the United States, 20 million women and 10 million men suffer from a clinically significant eating disorder at some time in their life, including anorexia nervosa, bulimia nervosa, and binge eating disorder. Eating disorders are real, complex, and devastating conditions that can have serious consequences for health, productivity, and relationships. They are not a fad, phase, or lifestyle choice. Eating disorders are serious, potentially life-threatening conditions that affect a person's emotional and physical health, and can impact every organ in the body, including the brain. If left untreated, they can damage the brain, liver, kidneys, GI tract, teeth, skin, hair, bones, and heart. They can result in such serious medical conditions as retarded growth, osteoporosis, kidney problems, gastrointestinal dysfunction, and even heart failure.

In fact, eating disorders have the highest mortality rate of any mental illness, yet due to the lack of awareness and education about eating disorders, many people do not receive the treatment they need and deserve. Due to this lack of information, eating disorders are often not recognized or diagnosed until the physical health of an individual is compromised, at which point irreversible damage may have already occurred.

But the good news is that eating disorders are treatable. Early recognition may prevent the development of eating disorders and subsequent chronic physical and mental health conditions, including a high risk of suicide. Studies have demonstrated a link between early intervention and better treatment outcomes. The American Academy of Pediatrics has recommended that screening questions about eating patterns and body image be asked of all preteens and adolescents to detect the onset of eating disorders early and halt their progression.

Treatment of full syndrome eating disorders costs over \$30,000 a month. This figure does not include the cost of treating the secondary health conditions resulting from these disorders. By

preventing the development of full syndrome disorders and the chronic health problems they cause, early detection and intervention through this pilot program for school screenings would significantly reduce treatment costs and could even save lives.

H.R. 4153 aims to amend the Public Health Service Act to establish a pilot program to test the impact of early intervention through screenings on the prevention, management, and course of eating disorders, and would establish a three-year pilot program to provide grants to eligible schools for eating disorders screenings. The screenings would be implemented based on best practices from recommendations from experts in the field of eating disorders.

The pilot program would also include funding to provide educational information and seminars on eating disorders developed by experts in the field for teachers and parents in eligible schools. In my work with the National Eating Disorders Association, for the past eight years I have moderated a panel annually that incorporates the stories of diverse individuals whose lives have been affected by eating disorders. Parents, siblings, and spouses have all spoken up about the challenges of supporting someone who is in the throes of an eating disorder. So many of these stories highlight early signs that were missed, or the lack of information and confusing misinformation surrounding eating disorders. I could share many quotes, but suffice it to say that the clear common thread is the need for early recognition and early intervention strategies that include educating those in the front lines, including parents and teachers. This pilot program would be extremely useful in raising awareness and educating those who are in the most critical positions to identify and recognize the early symptoms of an eating disorder. By arming parents and teachers with the knowledge to recognize an eating disorder in its early stages, we are helping to dispel dangerous myths about eating disorders and get individuals into treatment

earlier. Early diagnosis leads to early treatment, which means those who are struggling have a better chance of a successful recovery.

An important aspect of this legislation is that each school participating in the pilot program would be required to complete a report evaluating the process and outcomes of the pilot program. This will help us assess the impact of the screening program, and will provide a framework for an evidence-based intervention that could save countless lives.

Finally, I would like to make a point about the value potential here. The more we learn about what causes eating disorders, the more we believe as a field that it is the interaction of latent genetic vulnerability with certain environmental and cultural conditions that increase the likelihood of the expression of the genetic vulnerability to occur. This has been called gene-environment interaction. So in any given population, it is the more genetically vulnerable that will likely suffer from an eating disorder given the promoter vs. protective factors in this environment. My point then is that by investing in a better understanding of how to prevent eating-related pathology in the most vulnerable in the population, we will learn a lot about the resiliency of those who in the same environment do not express similar pathology. So, not only will be enhancing our ability to improve outcomes for the ill, but also enhancing our understanding of how to protect those who are well. I like to tell my patients that my work with them comes from a humble stance since I have not personally suffered from an eating disorder. However, having walked this journey side-by-side with many individuals and families, I can tell them that no one, in my experience, regrets recovery. My hope is to motivate them. In a similar fashion, I can tell you that in my opinion, no society will regret investing in eating disorders prevention. It makes sense to me from a variety of points of view. Perhaps most importantly, it

will allow us to protect a bright and sensitive sector of our population. This drives a stake in the ground toward a brighter future for our most precious resource, young people.

Once an eating disorder takes hold, it is very difficult to reverse; the physical, emotional, and financial toll it takes on families is devastating. In the case of eating disorders, an ounce of prevention is worth many pounds of cure. I urge you to please support H.R. 4153, to improve the health and well-being of youth across our nation by helping to prevent eating disorders. Thank you for your consideration of this important matter and thank you again for the opportunity to testify before you this morning.