adolescence. Despite the developmental importance of adolescence, much of the research on eating disorder symptoms in transgender individuals has focused on adult samples or combined adolescents with young adults. Further, while some small studies of transgender youth utilize validated ED measures, there are no studies in transgender youth that incorporate comparison groups to ascertain degree of risk compared to population-based samples or youth with ED diagnoses. Thus, the purpose of this study was to use a validated ED measure to examine disordered eating in transgender youth compared to a population-based sample and patients with a clinically diagnosed eating disorder (ED).

Methods: Participants (ages 10-24 years) were a sample of patients (N = 19 transfeminine, 59 transmasculine, 14 nonbinary, 5 unknown gender identity) in a Midwestern pediatric gender clinic (N =97), a control sample of cisgender males (N = 42) and cisgender females (N = 58) obtained from the Michigan State University Twin Registry, and a sample of cisgender males (N = 6) and cisgender females (N = 85) enrolled in a Midwestern eating disorders program. Eating disorder attitudes and behaviors were assessed using the Eating Disorder Examination Questionnaire (EDE-Q) and compared across groups utilizing a one-way ANOVA.

Results: For all subscales of the EDE-Q, scores were lowest in the cisgender male control sample, followed by the cisgender female control sample, followed by the transgender sample, with scores in the eating disorder clinical sample being the highest. The one-way ANOVA indicated significant differences between groups for all subscales of the EDE-Q. Games-Howell post-hoc tests indicated that transgender participants had significantly higher scores on several EDE-Q subscales compared to the population-based control sample. However, scores in transgender participants were lower than in the eating disorder sample for the restraint, eating concern, weight concern, and global scales of the EDE-Q. (ps< .001), and approached being significantly lower for the shape concern subscale (p = .06).

Conclusions: Preliminary evidence suggests that transgender youth report heightened ED cognitions compared to a control sample of youth in the general population, though scores are not as heightened as in cisgender individuals with clinical diagnoses of eating disorders. Findings underscore the importance of screening for ED symptoms in transgender youth and supports continued investigations of ED symptoms and potential unique treatment needs in this at-risk population.

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RESEARCH POSTER PRESENTATION II: EATING DISORDER

158.

CASE SERIES: EOSINOPHILIC ESOPHAGITIS PRESENTING AS AN EATING OR FEEDING DISORDER

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Purpose: Eosinophilic esophagitis (EoE) is a multifactorial allergic disease associated with chronic inflammation of the upper gastrointestinal tract. A variety of genetic, epigenetic, dietary, and environmental factors have been implicated in the pathophysiology of EoE, though the etiology is still not fully understood. Symptoms of EoE typically reflect esophageal dysmotility, and can be relatively nonspecific in children of all ages. While younger children may present with abdominal pain, vomiting, coughing, regurgitation, poor weight gain or food refusal, older children and adolescents more commonly complain of dysphagia, dyspepsia, choking on foods (food impaction), slow eating, and weight loss. Up to 5 years may elapse between symptom onset and diagnosis, indicating a need for improved screening and detection. This care series highlights the similarities between EoE and an eating/feeding disorder, and discusses the symptoms that should prompt further investigation.

Methods: This presentation is a retrospective care series. All patients presented to the University of Rochester Pediatric Ambulatory Clinics in 2020.

Results: Patients 1-3 were presumed to have an eating disorder, and were subsequently diagnosed with EoE. Patient 4 had a history of previously diagnosed and inadequately treated EoE, but later was found to also have a longstanding eating disorder.

Conclusions: The symptomatology associated with EoE can overlap with that of an eating or feeding disorder. Therefore, the assessment of a patient for either EoE or an eating disorder should include questions about a variety of symptoms. Symptoms that should raise suspicion of EoE are indigestion, acute (vs chronic) weight loss, and dysphagia, including the inability to swallow pills, particularly in the presence of personal or family history of atopic disease. This case series illustrates that EoE can either present as an eating disorder or complicate the diagnosis and/or treatment of an eating disorder, making prompt diagnosis and treatment of EoE essential for successful management of both conditions.

Sources of Support: None.

RESEARCH POSTER PRESENTATION II: EATING DISORDER/LGBTQ

159.

EATING DISORDER OUTPATIENT CLINIC OUTCOMES AMONG AN LGBTQ-IDENTIFYING ADOLESCENT AND YOUNG ADULT SAMPLE

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Purpose: Recent literature suggests that adolescents and young adults (AYA) who identify as LGBTQ may be at unique risk for developing eating disordered (ED) behaviors. A quality improvement-related retrospective chart review of an Adolescent Medicine outpatient ED program explored outcomes, including in patients who identify as LGBTQ. The goal of articulating outcomes specifically in the LGBTQ population was to highlight features that may improve early identification and management of ED in gender minority AYA in the ED program but also in the broader community.

Methods: The IRB-approved retrospective chart review was conducted on a randomly selected population of active AYA patients in a medical ED clinic. Data collected included demographics, several items related to sexual identity and sexuality, types of ED behavior, co-morbid psychiatric illness, and past ED treatment setting(s). For each chart reviewed, data was collected from visits conducted 6 months apart for up to 36 months after the initial visit. Information was collected, de-identified, and stored in REDCap. A descriptive analysis was conducted.

Results: Sixty-eight (11%) of the total 623 active patient charts were reviewed. Among participants, 13 (19%) identified as LBGTQ. Of these, 8 identified as female, 2 identified as male, and 3 identified as non-

binary; 4 were not cis-gender; 2 were receiving gender affirming care. All patients reported restriction; 8 reported additional ED behaviors including vomiting (54%), excessive exercise (38%), calorie counting (23%), binge eating (15%), and weight loss pills/supplements (8%). None had any ED treatment prior to establishing with the clinic. Two (15%) patients did not engage in longitudinal care with the ED program (1 terminated care in <1 month and 1 had 2 visits over a year apart). Over the course of time in treatment, 4 patients (31%) required a higher level of ED care beyond outpatient support: 3 (23%) enrolled in a partial hospital, and 1 (8%) was admitted to the medical inpatient unit. Eleven patients (85%) had follow-up 4-7 months after establishing care, at which point 1(9%) had achieved goal weight; 4 (36%) had gained weight; 1 (9%) had maintained weight below goal; and 2 (18%) had lost weight. Seven patients (54%) had follow-up 11-13 months after establishing care: 1 (14%) had reached goal weight; 3 (43%) had gained weight; 1 (14%) maintained weight; 1 (14%) lost weight; and 1 (14%) had a non-linear weight trajectory. Of the two patients who received gender-affirming care, both achieved goal weight after starting gender-affirming care. After beginning this care, one achieved goal weight within three months and one achieved goal weight within a year. Both maintained their goal weight after reaching it.

Conclusions: Gender minority adolescents with ED may benefit from earlier intervention and management when both ED and gender-treating providers are aware of patterns of ED presentation. Despite the small sample size, this study identifies demographics, ED behaviors, and weight change over time among LGBTQ patients in a medical ED clinic. Further research is needed to identify and better understand unique features of ED presentation and trajectory among LGBTQ-identifying AYA.

Sources of Support: None.

RESEARCH POSTER PRESENTATION II: EATING DISORDER

160.

THE PROTECTIVE EFFECT OF CLOSE FOLLOW-UP DURING THE PANDEMIC ON ADOLESCENTS WITH AN EATING DISORDER

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Purpose: Emerging evidence suggests that the COVID-19 pandemic has a significant impact on adolescents suffering from eating disorders (EDs). A study from our clinic during the beginning of the pandemic showed depression to be the highest predictor for disordered eating behavior in adolescents with EDs. The current study aimed to re-evaluate the effect of the continuing pandemic in the same group of patients after a year.

Methods: The original sample included 38 adolescents with an ED aged 12-18 years. Initial data collection occurred between March 2020 and June 2020 and included a survey developed by the researchers aiming to evaluate the effects of COVID-19 on ED behavior, well-being and quality of life (QoL). Additionally, the Eating Disorder Examination Questionnaire (EDE-Q) the Beck Depression Inventory (BDI) and the State Anxiety Index were completed. Close medical and psychiatric follow-up continued for these patients. Among this sample 37 (97.4%) adolescents agreed to participate in the second study. All surveys used in the first study were re-asked between May and June 2021. To evaluate the predictors of ED behavior, the relationship between the EDE-Q-global scale score and other variables related to ED was examined.

Results: A majority of participants were female (n= 35, 94.6%) and the mean age was 17.46 ± 1.31 years. AN-R type was the most common diagnosis (n=25, 67.5%). Similar to the first study when asked whether they felt the pandemic affected their ED, %37.8 reported feeling an improvement (vs %42.1 in the first study p=0.581) and %24.3 felt it was worse (vs 21.1% in the first study, p=0.581). Sixty-two% reported none or rare conflict with parents due to eating (vs 71% in the first study, p=0.308), 43.2% reported often or always complying with their meal plan (vs 39.5% in the first study, p=0.831). When adolescents were asked about their well-being during the COVID-19 period; 89.2% (71.1% in the first study) stated that they felt more mature when compared to the first study (z=-2.28, p<.05). When questioned about their "overall QoL" and "health-related QoL, considering the impact of ED" during the pandemic results did not differ between the first and second evaluation (p=0.508). When asked if the pandemic negatively affected access to ED healthcare 52.6% in the first study vs. 27% in the second study felt it did (p=0.007). EDE-Q scores and BDI scores were not significantly different between the two studies (p=0.880, p=0.828 respectively). A statistically significant increase was observed in anxiety score (p=0.007). According to the Pearson correlation analysis a positive, moderately significant relationship between the EDE-Q total scores and anxiety scores was observed (r=.630, p<.05).

Conclusions: Contrary to what we were anticipating, the results did not show a worsening of ED behavior, more than one-third reported an improvement in ED symptomatology. Additionally, EDE-Q scores did not increase. While in the first study depression was the highest predictor for disordered eating this changed to anxiety. We assume the close monitoring of these patients during the pandemic acted as a protective factor.

Sources of Support: No support source was used in the creation of this study.

161.

ASSESSING CLINICIAN COMFORT AND SCREENING PRACTICES FOR EVALUATING BONE MINERAL DENSITY IN ADOLESCENTS AND YOUNG ADULTS WITH AN EATING DISORDER BASED ON PATIENT SEX

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Purpose: Although extensive literature exists on bone health in female patients with an eating disorder, there are few studies on males. Clinical practice guidelines on eating disorder management currently focus on when to obtain Dual-energy X-ray absorptiometry (DXA) scans in females without guidance on when to assess males. Our study examined whether there are differences in clinician comfort and practices for assessing bone health based on the sex of the patient. We hypothesized that with more literature and guidance on the management of females, clinicians would feel more confident assessing female patients leading to higher DXA screening rates compared to male patients.

Methods: Our 31-item survey queried clinicians from the United States using the Society for Adolescent Health and Medicine (SAHM) listserv about their confidence level and practices for assessing bone density in both male and female patients with an eating disorder. We performed McNemar chi-square analyses to assess for differences in rates of