

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