between 15–17-years old had stopped gender-affirming medications compared with 10.6% of patients who started GnRHa between 9–14-years, though this difference did not reach statistical significance. Insurance sponsor's rank (family income), birth-assigned sex, and the presence of mood disorders were not associated with cessation rates. Within 2 years of starting GnRHa, 83.2% (95%CI: 70.2 – 94.4%) of patients had started gender-affirming hormones; within 8 years of starting GnRHa, this number increased to 91.6% (95%CI 81.6 –100%). Younger patients had a greater delay in starting gender-affirming hormones. Insurance sponsor's rank, birth-assigned sex, and the presence of mood disorders were not associated with initiation of gender-affirming hormones.

Conclusions: Contrary to concerns, GnRHa use did not inevitably lead to use of gender-affirming hormones. One out of twelve TGD adolescents who started GnRHa to address gender dysphoria subsequently stopped treatment.

Sources of Support: None.

PLATFORM RESEARCH PRESENTATION III: INTERVENTION AND PREVENTION

19.

HIGHER CALORIE REFEEDING IN ATYPICAL ANOREXIA NERVOSA: SHORT-TERM OUTCOMES FROM THE STUDY OF REFEEDING TO OPTIMIZE INPATIENT GAINS (STRONG)

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Purpose: StRONG was a multicenter randomized clinical trial of refeeding in hospitalized adolescents and young adults with malnutrition secondary to anorexia nervosa (AN) and atypical anorexia nervosa (AAN) (ClinicalTrials.gov #NCT02488109). At end-of-treatment, higher calorie refeeding (HCR) was more efficacious and less costly than lower calorie refeeding (LCR). Here we compare efficacy of HCR in AAN vs. AN.

Methods: Participants were N=120, 12-24 yr-olds with > 60% median Body Mass Index (%mBMI) and medical instability. AAN was defined as %mBMI >85% at baseline. Meal-based HCR began 2000 calories/day (kcal/d) and advanced 200 kcal/d; LCR began 1400 kcal/d and advanced 200 kcal every other day (no tube feeding). Efficacy was defined as time to restore a 6-point Medical Stability Index (MSI): heart rate (HR) $\geq$ 45 bpm; systolic blood pressure (SBP) $\geq$ 90 mmHg, temperature $\geq$ 35.6° C, orthostatic increase in HR $\leq$ 35 bpm and decrease SBP $\leq$ 20 mmHg, and $\geq$ 75% median BMI (%mBMI). Main outcome was days to restore MSI, compared between groups with unpaired t-test. Exploratory moderator analyses examined the interaction between refeeding treatment and diagnosis on key outcomes (time to recover heart rate and weight gain). Weight gain was defined as change in %mBMI.

Results: Modified intention to treat analyses included N=111. Mean age was 16.5 (2.5) yrs, 43% had AAN. Upon admission, %mBMI was 95.2 (9) in AAN vs. 76.5 (5.9) in AN, p<.001. Upon discharge, %mBMI was 98.3 (8.9) in AAN vs. 82.2 (5.3) in AN, p<.001. MSI was restored fastest in patients with AN refed by HCR [7.1 (5.4) days], whereas medical stability required three additional days to restore in patients with AAN [10.1 (5.3) days, p<0.01]. Diagnosis (AAN or AN) and treatment (HCR or LCR) interacted to weaken the effect of refeeding on HR recovery [B=3.76 (.572,6.95), p=0.021] and weight gain [B=039 (.006,072), p=0.021], which was 0.3% mBMI per day slower (p=0.005) and 2.6% mBMI less overall (p=0.009) in AAN than AN.

Conclusions: While HCR is more efficacious than LCR for refeeding in AN, it may contribute to underfeeding in AAN.

Sources of Support: National Institute Child Health & Human Development #R01HD082166; ClinicalTrials.gov Identifier NCT02488109.

20.

IN AN ETHNICALLY/RACIALLY AND SOCIOECONOMICALLY DIVERSE SAMPLE OF ADOLESCENTS, DO WEIGHT STIGMA, FAMILY FUNCTIONING, AND PARENTING PRACTICES PREDICT DISORDERED EATING BEHAVIORS EIGHT YEARS LATER?

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Purpose: Weight stigma is a prevalent problem with concerning health consequences in young people. For example, studies in adolescents and young adults have consistently found that weight stigma is associated with higher prevalence of depressive symptoms, low self-esteem, body dissatisfaction, and disordered eating behaviors. Because of the crucial role of family members and the home environment for adolescent psychosocial development, it is important to understand the relationship between weight stigma and disordered eating behaviors within the familial context. The present study aimed to examine whether weight stigma, family functioning, and parenting practices during adolescence predict unhealthy weight control behaviors (UWCB) eight years later.

Methods: Ethnically/racially and socioeconomically diverse adolescents in this prospective cohort study were surveyed within local public schools in the Project EAT 2010-2018 study (mean age=14.4 years at baseline, N=1534). Adolescents self-reported on four weight stigma variables (hurtful weight-related comments from family, weight teasing from peers, weight teasing from family, and weight teasing from any source) and four family variables (family functioning, parental connection, parental monitoring, and parental psychological control). The outcome, UWCB (e.g. fasting, vomiting, laxative use), was self-reported by young adults eight years later. Logistic regression models estimated odds ratios (OR) and 95% confidence intervals (CI) of UWCB for four weight stigma predictors and four family predictors. Models were adjusted for sociodemographic characteristics, baseline UWCB, and baseline BMI percentile, and predictors were modeled separately.

Results: In analyses adjusted for sociodemographic characteristics, all weight stigma and family variables during adolescence longitudinally predicted significantly higher odds of UWCB eight years later. After additionally adjusting for baseline UWCB and baseline BMI percentile, two weight stigma variables (weight teasing from family [OR: 1.42, 95% CI: 1.08, 1.87] and hurtful weight-related comments from family [OR: 1.34, 95% CI: 1.06, 1.70]) and one family variable (poor family functioning [OR: 1.44, 95% CI: 1.14, 1.81]) remained significantly associated with subsequent UWCB.

Conclusions: Findings indicate that there are long-term consequences, across major development periods, of weight teasing from family, hurtful weight-related comments from family, and low family