WEBVTT

NOTE duration:"00:29:59" NOTE recognizability:0.933

NOTE language:en-us

NOTE Confidence: 0.9354944

00:00:08.840 --> 00:00:10.674 Hello everyone. My name is Rebecca Cammady,

NOTE Confidence: 0.9354944

 $00:00:10.680 \longrightarrow 00:00:13.386$  I'm a clinical psychologist and assistant

NOTE Confidence: 0.9354944

 $00:00:13.386 \longrightarrow 00:00:15.676$  professor with the Yale Child Study Center.

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 $00:00:15.680 \longrightarrow 00:00:17.612$  And I'll be speaking in today's

NOTE Confidence: 0.9354944

00:00:17.612 --> 00:00:19.245 webinar on eating disorder care

NOTE Confidence: 0.9354944

 $00:00:19.245 \longrightarrow 00:00:20.680$  at the Child Study Center,

NOTE Confidence: 0.9354944

00:00:20.680 --> 00:00:24.616 focusing quite a bit initially on kind of

NOTE Confidence: 0.9354944

 $00:00:24.616 \longrightarrow 00:00:26.356$  the presentations of disordered eating

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 $00{:}00{:}26.356 \dashrightarrow 00{:}00{:}28.872$  that we see across levels of care.

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 $00{:}00{:}28.872 \dashrightarrow 00{:}00{:}32.169$  And then what the center has done to address

NOTE Confidence: 0.9354944

 $00{:}00{:}32.169 \dashrightarrow 00{:}00{:}35.410$  that and what kind of hopes for things are.

NOTE Confidence: 0.9354944

 $00:00:35.410 \longrightarrow 00:00:37.890$  So whenever giving a talk on this topic,

NOTE Confidence: 0.9354944

 $00:00:37.890 \longrightarrow 00:00:40.066$  I start with this image of the silos

00:00:40.066 --> 00:00:41.969 of care and especially pediatric

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 $00:00:41.969 \longrightarrow 00:00:44.129$  eating disorder care with other

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 $00{:}00{:}44.129 \dashrightarrow 00{:}00{:}45.930$  mental health comorbidities.

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00:00:45.930 --> 00:00:46.397 Unfortunately,

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 $00:00:46.397 \longrightarrow 00:00:48.732$  what's happened is receiving treatment

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 $00{:}00{:}48.732 \dashrightarrow 00{:}00{:}51.157$  and the research and program

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 $00{:}00{:}51.157 \dashrightarrow 00{:}00{:}53.101$  development that's often associated

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 $00:00:53.101 \longrightarrow 00:00:55.531$  with eating disorder care becomes

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 $00:00:55.601 \longrightarrow 00:00:58.100$  quite siloed from other child and

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 $00:00:58.100 \longrightarrow 00:01:00.275$  adolescent mental health services and

NOTE Confidence: 0.9354944

 $00{:}01{:}00.275 \dashrightarrow 00{:}01{:}02.919$  kind of thinking about those other

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 $00:01:02.919 \longrightarrow 00:01:05.059$  presentations that we often see.

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 $00:01:05.060 \longrightarrow 00:01:07.148$  Why is this the case that

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 $00:01:07.148 \longrightarrow 00:01:08.540$  it's become so siloed?

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00:01:08.540 --> 00:01:10.736 Eating disorders in the mental health,

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 $00:01:10.740 \longrightarrow 00:01:11.150$  medical,

 $00:01:11.150 \longrightarrow 00:01:14.020$  social work kind of across different fields

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00:01:14.020 --> 00:01:17.013 have become a a niche area throughout

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 $00:01:17.013 \longrightarrow 00:01:18.693$  training and program development.

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 $00:01:18.700 \longrightarrow 00:01:21.696$  And despite we often see the significant

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 $00:01:21.696 \longrightarrow 00:01:23.740$  comorbidities that we often see,

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 $00:01:23.740 \longrightarrow 00:01:27.004$  we still see it kind of separated out

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00:01:27.004 --> 00:01:30.285 that makes providing the most kind of

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00:01:30.285 --> 00:01:33.840 holistic and cohesive care quite challenging.

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 $00:01:33.840 \longrightarrow 00:01:35.646$  So when thinking about how we

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00:01:35.646 --> 00:01:37.719 really have to move that forward,

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00:01:37.720 --> 00:01:39.533 I always invite folks to think about

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 $00:01:39.533 \longrightarrow 00:01:41.583$  what images come to mind when you hear

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 $00{:}01{:}41.583 \dashrightarrow 00{:}01{:}43.407$  the term eating disorder and they think

NOTE Confidence: 0.9354944

 $00:01:43.407 \longrightarrow 00:01:45.051$  that the system of what perpetuates

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 $00:01:45.051 \longrightarrow 00:01:47.838$  this more kind of siloed mentality of it.

 $00:01:47.840 \longrightarrow 00:01:49.680$  When you Google search it,

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 $00{:}01{:}49.680 \dashrightarrow 00{:}01{:}52.596$  the similar kind of images come up of slim,

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 $00:01:52.600 \longrightarrow 00:01:54.724$  white young adult females.

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00:01:54.724 --> 00:01:56.317 And in reality,

NOTE Confidence: 0.9354944

 $00:01:56.320 \longrightarrow 00:01:57.884$  we know that feeding,

NOTE Confidence: 0.9354944

 $00:01:57.884 \longrightarrow 00:01:59.839$  eating and weight disorders are

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 $00{:}01{:}59.839 \dashrightarrow 00{:}02{:}01.662$  actually very complex heterogeneous

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00:02:01.662 --> 00:02:04.392 presentations that don't fit one mold.

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 $00:02:04.400 \longrightarrow 00:02:06.633$  So when we actually think about what

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 $00:02:06.633 \longrightarrow 00:02:08.423$  constitutes a feeding or eating disorder

NOTE Confidence: 0.9354944

 $00{:}02{:}08.423 \to 00{:}02{:}11.030$  based on the DSM or a manual that we

NOTE Confidence: 0.9354944

00:02:11.030 --> 00:02:12.875 used to diagnose psychiatric diagnosis,

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 $00:02:12.880 \longrightarrow 00:02:14.985$  it's characterized by a persistent

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 $00:02:14.985 \longrightarrow 00:02:17.090$  disturbance of eating or eating

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 $00{:}02{:}17.158 \dashrightarrow 00{:}02{:}19.209$  related behavior results in an

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 $00{:}02{:}19.209 \dashrightarrow 00{:}02{:}20.924$  altered consumption of food and

 $00:02:20.924 \longrightarrow 00:02:22.599$  that significantly impairs physical

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 $00:02:22.599 \longrightarrow 00:02:24.459$  health or psychosocial functioning.

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 $00:02:24.460 \longrightarrow 00:02:25.636$  So in essence,

NOTE Confidence: 0.9354944

00:02:25.636 --> 00:02:27.596 it's disturbance with food that's

NOTE Confidence: 0.9354944

 $00:02:27.596 \longrightarrow 00:02:28.950$  clinically significant impacts relationship

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00:02:28.950 --> 00:02:30.945 with food and how much we're eating

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 $00:02:30.945 \longrightarrow 00:02:32.657$  and then impacts are functioning.

NOTE Confidence: 0.9354944

 $00:02:32.660 \longrightarrow 00:02:35.089$  And as you can imagine that that's

NOTE Confidence: 0.9354944

00:02:35.089 --> 00:02:37.373 quite broad in the range of youth,

NOTE Confidence: 0.9354944

 $00:02:37.373 \longrightarrow 00:02:39.251$  young adults who are requiring care

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 $00:02:39.251 \longrightarrow 00:02:41.180$  for these kind of presentations.

NOTE Confidence: 0.929302700000001

 $00:02:43.570 \longrightarrow 00:02:45.906$  So I highlight here some of the issues

NOTE Confidence: 0.929302700000001

 $00{:}02{:}45.906 \dashrightarrow 00{:}02{:}47.759$  related to diversity in disordered

NOTE Confidence: 0.929302700000001

 $00:02:47.759 \longrightarrow 00:02:49.759$  eating presentations that are often

NOTE Confidence: 0.929302700000001

 $00:02:49.759 \longrightarrow 00:02:52.699$  kind of not conceptualized in a lot of

 $00:02:52.699 \longrightarrow 00:02:54.648$  our more traditional models of care.

NOTE Confidence: 0.929302700000001

00:02:54.648 --> 00:02:56.880 So we actually know that Bipoc youth and

NOTE Confidence: 0.929302700000001

 $00:02:56.942 \longrightarrow 00:02:59.378$  young adults are less likely than their

NOTE Confidence: 0.929302700000001

 $00:02:59.378 \longrightarrow 00:03:01.923$  white counterparts to be asked by doctors

NOTE Confidence: 0.929302700000001

 $00:03:01.923 \longrightarrow 00:03:03.728$  about their eating disorder symptoms.

NOTE Confidence: 0.929302700000001

 $00:03:03.730 \longrightarrow 00:03:06.380$  Even when they're self reporting

NOTE Confidence: 0.929302700000001

00:03:06.380 --> 00:03:07.970 disordered eating symptoms,

NOTE Confidence: 0.929302700000001

 $00:03:07.970 \longrightarrow 00:03:09.722$  Bipoc individuals are half as likely

NOTE Confidence: 0.929302700000001

 $00{:}03{:}09.722 \dashrightarrow 00{:}03{:}11.710$  to be diagnosed or receive treatment

NOTE Confidence: 0.929302700000001

 $00:03:11.710 \longrightarrow 00:03:13.610$  than their counterparts with it,

NOTE Confidence: 0.929302700000001

 $00{:}03{:}13.610 \dashrightarrow 00{:}03{:}15.506$  the white counterparts with

NOTE Confidence: 0.929302700000001

 $00:03:15.506 \longrightarrow 00:03:16.928$  an eating disorder.

NOTE Confidence: 0.929302700000001

00:03:16.930 --> 00:03:18.810 Black individuals are less likely

NOTE Confidence: 0.929302700000001

 $00:03:18.810 \longrightarrow 00:03:20.690$  to be diagnosed with anorexia,

NOTE Confidence: 0.929302700000001

 $00:03:20.690 \longrightarrow 00:03:23.350$  but may experience the OR do experience

NOTE Confidence: 0.929302700000001

 $00:03:23.350 \longrightarrow 00:03:26.128$  the condition for a longer period of time.

 $00:03:26.128 \longrightarrow 00:03:28.958$  In some ways related to these difficulties

NOTE Confidence: 0.929302700000001

 $00{:}03{:}28.958 {\:\dashrightarrow\:} 00{:}03{:}31.950$  accessing the appropriate care,

NOTE Confidence: 0.929302700000001

 $00{:}03{:}31.950 \dashrightarrow 00{:}03{:}33.766$  black teenagers and adolescents

NOTE Confidence: 0.929302700000001

00:03:33.766 --> 00:03:36.490 are more likely than white teeners

NOTE Confidence: 0.929302700000001

 $00:03:36.564 \longrightarrow 00:03:38.629$  to exhibit binge purge eating.

NOTE Confidence: 0.929302700000001 00:03:38.630 --> 00:03:39.110 Similarly, NOTE Confidence: 0.929302700000001

00:03:39.110 --> 00:03:41.510 Hispanic youth are more likely

NOTE Confidence: 0.929302700000001

 $00:03:41.510 \longrightarrow 00:03:43.959$  to experience bulimia and nervosa

NOTE Confidence: 0.929302700000001

 $00{:}03{:}43.959 \dashrightarrow 00{:}03{:}46.229$  than their non Hispanic peers.

NOTE Confidence: 0.929302700000001

 $00:03:46.230 \longrightarrow 00:03:49.065$  And we know that Asian Americans experience,

NOTE Confidence: 0.929302700000001

 $00{:}03{:}49.070 \dashrightarrow 00{:}03{:}51.626$  based on some nationally representative data,

NOTE Confidence: 0.929302700000001

00:03:51.630 --> 00:03:52.854 higher rates of restriction

NOTE Confidence: 0.929302700000001

 $00:03:52.854 \longrightarrow 00:03:54.384$  compared to their white peers,

NOTE Confidence: 0.929302700000001

 $00:03:54.390 \longrightarrow 00:03:56.598$  as well as some higher levels

NOTE Confidence: 0.929302700000001

 $00:03:56.598 \longrightarrow 00:03:57.702$  of body dissatisfaction.

 $00:04:00.330 \longrightarrow 00:04:03.654$  We see diversity in presentations based

NOTE Confidence: 0.9327744

 $00:04:03.654 \longrightarrow 00:04:06.970$  on gender and sexual minority identity.

NOTE Confidence: 0.9327744

 $00:04:06.970 \longrightarrow 00:04:09.119$  So we see higher rates of binge

NOTE Confidence: 0.9327744

00:04:09.119 --> 00:04:11.448 purging in gay men and adolescents,

NOTE Confidence: 0.9327744

 $00:04:11.450 \longrightarrow 00:04:14.486$  as well as increased likelihood of

NOTE Confidence: 0.9327744

00:04:14.486 --> 00:04:16.004 experiencing compensatory behavior.

NOTE Confidence: 0.9327744

00:04:16.010 --> 00:04:19.250 So fasting, vomiting, using laxatives,

NOTE Confidence: 0.9327744

 $00:04:19.250 \longrightarrow 00:04:22.035$  we see transgender college students

NOTE Confidence: 0.9327744

 $00{:}04{:}22.035 \dashrightarrow 00{:}04{:}24.263$  reporting higher experiences of

NOTE Confidence: 0.9327744

 $00:04:24.263 \longrightarrow 00:04:26.934$  disordered eating as well as this

NOTE Confidence: 0.9327744

 $00{:}04{:}26.934 \dashrightarrow 00{:}04{:}28.538$  really important component among

NOTE Confidence: 0.9327744

 $00:04:28.538 \longrightarrow 00:04:30.879$  individuals who identify as the gender

NOTE Confidence: 0.9327744

 $00:04:30.879 \longrightarrow 00:04:33.093$  minority of the role that disordered

NOTE Confidence: 0.9327744

 $00{:}04{:}33.162 \dashrightarrow 00{:}04{:}35.962$  eating can play in a way of affirming

NOTE Confidence: 0.9327744

 $00:04:35.962 \longrightarrow 00:04:38.970$  one's body as a gender affirming tool.

NOTE Confidence: 0.9327744

 $00{:}04{:}38.970 \dashrightarrow 00{:}04{:}41.679$  And that is where we see then often a

00:04:41.679 --> 00:04:44.972 tie in with more gender dysphoria and

NOTE Confidence: 0.9327744

 $00:04:44.972 \longrightarrow 00:04:47.362$  body dissatisfaction overlap and and

NOTE Confidence: 0.9327744

 $00:04:47.362 \longrightarrow 00:04:49.490$  impact disordered eating in this population.

NOTE Confidence: 0.9322455

00:04:52.890 --> 00:04:55.250 Among youth with eating disorders,

NOTE Confidence: 0.9322455

00:04:55.250 --> 00:04:57.825 we see a particularly high

NOTE Confidence: 0.9322455

 $00{:}04{:}57.825 \dashrightarrow 00{:}04{:}59.922$ risk population among trans

NOTE Confidence: 0.9322455

 $00:04:59.922 \longrightarrow 00:05:02.130$  and gender diverse adolescents,

NOTE Confidence: 0.9322455

 $00:05:02.130 \longrightarrow 00:05:04.610$  so we know similarly.

NOTE Confidence: 0.9322455

 $00{:}05{:}04.610 \dashrightarrow 00{:}05{:}07.418$  Based on prevalence data and a

NOTE Confidence: 0.9322455

 $00:05:07.418 \longrightarrow 00:05:08.594$  nationally representative sample

NOTE Confidence: 0.9322455

 $00:05:08.594 \longrightarrow 00:05:10.690$  of young adult of adolescents,

NOTE Confidence: 0.9322455

 $00:05:10.690 \longrightarrow 00:05:13.112$  we see that in trans use with

NOTE Confidence: 0.9322455

 $00{:}05{:}13.112 \dashrightarrow 00{:}05{:}14.970$  youth with eating disorders,

NOTE Confidence: 0.9322455

 $00{:}05{:}14.970 \dashrightarrow 00{:}05{:}17.273$  they're more than 20 times as likely

NOTE Confidence: 0.9322455

00:05:17.273 --> 00:05:19.272 to have attempted suicide in the

 $00:05:19.272 \longrightarrow 00:05:20.925$  past year than either cisgender

NOTE Confidence: 0.9322455

00:05:20.925 --> 00:05:23.690 female with the history of an eating

NOTE Confidence: 0.9322455

 $00:05:23.690 \longrightarrow 00:05:26.073$  disorder or trans use without a

NOTE Confidence: 0.9322455

00:05:26.073 --> 00:05:27.968 history of an eating disorder.

NOTE Confidence: 0.9322455

 $00:05:27.970 \longrightarrow 00:05:30.886$  And approximately 3/4 of trans use

NOTE Confidence: 0.9322455

 $00:05:30.886 \longrightarrow 00:05:34.009$  with an eating disorder have endorsed

NOTE Confidence: 0.9322455

 $00:05:34.010 \longrightarrow 00:05:36.350$  suicidal ideation or engaging in non

NOTE Confidence: 0.9322455

 $00:05:36.350 \longrightarrow 00:05:38.888$  suicidal self injury in the past year.

NOTE Confidence: 0.9322455

 $00{:}05{:}38.890 \dashrightarrow 00{:}05{:}42.190$  So very high risk population.

NOTE Confidence: 0.9322455

 $00:05:42.190 \longrightarrow 00:05:44.530$  We also see diversity in terms

NOTE Confidence: 0.9322455

 $00{:}05{:}44.530 \dashrightarrow 00{:}05{:}46.090$  of disabilities in individuals

NOTE Confidence: 0.9322455

 $00:05:46.158 \longrightarrow 00:05:47.628$  with disordered eating.

NOTE Confidence: 0.9322455

 $00:05:47.630 \longrightarrow 00:05:49.530$  So among with physical disabilities

NOTE Confidence: 0.9322455

 $00{:}05{:}49.530 \dashrightarrow 00{:}05{:}51.941$  and young girls being more likely

NOTE Confidence: 0.9322455

00:05:51.941 --> 00:05:53.709 to develop disordered eating,

NOTE Confidence: 0.9322455

 $00:05:53.710 \longrightarrow 00:05:56.338$  we see high rates of disordered

00:05:56.338 --> 00:05:58.090 eating among individuals with

NOTE Confidence: 0.9322455

 $00:05:58.169 \longrightarrow 00:06:00.829$  neurodiversity or on autism spectrum.

NOTE Confidence: 0.9322455

 $00:06:00.830 \longrightarrow 00:06:03.620$  We see high rates of autism and a SD

NOTE Confidence: 0.9322455

 $00:06:03.620 \longrightarrow 00:06:06.176$  traits among individuals with eating

NOTE Confidence: 0.9322455

 $00{:}06{:}06.176 \dashrightarrow 00{:}06{:}09.710$  disorders and high rates of EDHD as well.

NOTE Confidence: 0.9340912

 $00:06:12.710 \longrightarrow 00:06:14.090$  And despite the fact that we

NOTE Confidence: 0.9340912

 $00:06:14.090 \longrightarrow 00:06:15.412$  often think about these as

NOTE Confidence: 0.9340912

 $00:06:15.412 \longrightarrow 00:06:16.828$  presentations affecting young adults,

NOTE Confidence: 0.9340912

00:06:16.830 --> 00:06:18.870 we see much higher rates in

NOTE Confidence: 0.9340912

 $00{:}06{:}18.870 \dashrightarrow 00{:}06{:}20.230$  children than adolescents Now.

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00:06:20.230 --> 00:06:22.714 So in similarly some large national

NOTE Confidence: 0.9340912

00:06:22.714 --> 00:06:25.430 survey data and looking at school age,

NOTE Confidence: 0.9340912

 $00:06:25.430 \longrightarrow 00:06:28.854$  children see 42% of 1st to 3rd grade

NOTE Confidence: 0.9340912

 $00:06:28.854 \longrightarrow 00:06:32.626$  girls with a desire to be thin or thinner.

NOTE Confidence: 0.9340912

 $00:06:32.630 \longrightarrow 00:06:35.942$  Over 80% of 10 year old children in the

00:06:35.942 --> 00:06:38.796 survey reporting a fear of being fat.

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 $00:06:38.800 \longrightarrow 00:06:42.280$  close to 50% of 9 to 11 year

NOTE Confidence: 0.9340912

 $00:06:42.280 \longrightarrow 00:06:44.225$  olds reporting being on a diet

NOTE Confidence: 0.9340912

 $00:06:44.225 \longrightarrow 00:06:46.520$  some of the time for themselves.

NOTE Confidence: 0.9340912

 $00:06:46.520 \longrightarrow 00:06:50.340$  And we see 35 to 57% of adolescents

NOTE Confidence: 0.9340912

 $00:06:50.340 \longrightarrow 00:06:52.930$  engaging in unhealth unhealthy disordered

NOTE Confidence: 0.9340912

 $00:06:52.930 \longrightarrow 00:06:55.840$  eating behaviors to control their weight.

NOTE Confidence: 0.9340912

 $00:06:55.840 \longrightarrow 00:06:57.600$  And over 90% of women,

NOTE Confidence: 0.9340912

 $00:06:57.600 \longrightarrow 00:06:59.016$  once they reach college,

NOTE Confidence: 0.9340912

00:06:59.016 --> 00:07:01.140 then trying to control their weight

NOTE Confidence: 0.9340912

 $00{:}07{:}01.203 \dashrightarrow 00{:}07{:}03.327$  through different dieting behaviors.

NOTE Confidence: 0.9340912

 $00:07:03.330 \longrightarrow 00:07:05.059$  A really important piece too that I

NOTE Confidence: 0.9340912

00:07:05.059 --> 00:07:06.647 want to highlight here as you here.

NOTE Confidence: 0.9340912

 $00{:}07{:}06.650 \dashrightarrow 00{:}07{:}08.274$  We're talking about just some of what

NOTE Confidence: 0.9340912

 $00:07:08.274 \longrightarrow 00:07:09.729$  may be developing at a younger age.

NOTE Confidence: 0.9340912

00:07:09.730 --> 00:07:12.250 But since the start of the pandemic,

 $00:07:12.250 \longrightarrow 00:07:14.185$  we've seen actually much higher

NOTE Confidence: 0.9340912

 $00:07:14.185 \longrightarrow 00:07:15.733$  rates of hospitalizations for

NOTE Confidence: 0.9340912

 $00:07:15.733 \longrightarrow 00:07:17.279$  medical complications associated

NOTE Confidence: 0.9340912

 $00:07:17.279 \longrightarrow 00:07:18.929$  with restrictive eating,

NOTE Confidence: 0.9340912

 $00:07:18.930 \longrightarrow 00:07:21.012$  especially in the younger skew to

NOTE Confidence: 0.9340912

 $00:07:21.012 \longrightarrow 00:07:23.107$  to being younger children who are

NOTE Confidence: 0.9340912

 $00:07:23.107 \longrightarrow 00:07:25.045$  requiring the highest level of care.

NOTE Confidence: 0.93903273

00:07:27.330 --> 00:07:29.486 So you know, important to consider despite

NOTE Confidence: 0.93903273

 $00:07:29.486 \longrightarrow 00:07:32.123$  the fact that we have this this kind of

NOTE Confidence: 0.93903273

 $00:07:32.123 \longrightarrow 00:07:34.110$  stereotyped idea of what it looks like

NOTE Confidence: 0.93903273

 $00{:}07{:}34.110 \dashrightarrow 00{:}07{:}36.166$  to have an eating disorder that less

NOTE Confidence: 0.93903273

 $00:07:36.166 \dashrightarrow 00:07:38.870$  than 6% of people with an eating disorder

NOTE Confidence: 0.93903273

 $00{:}07{:}38.939 \dashrightarrow 00{:}07{:}41.459$  are actually diagnosed as underweight.

NOTE Confidence: 0.93903273

 $00:07:41.460 \longrightarrow 00:07:43.938$  Now this is with any clinically

NOTE Confidence: 0.93903273

00:07:43.938 --> 00:07:45.900 significant eating disorder, so not just

 $00:07:45.900 \longrightarrow 00:07:47.900$  anorexia where of course we do see much,

NOTE Confidence: 0.93903273

 $00{:}07{:}47.900 \dashrightarrow 00{:}07{:}49.634$  much higher rates of being underweight

NOTE Confidence: 0.93903273

 $00:07:49.634 \longrightarrow 00:07:52.019$  given that's part of the diagnostic criteria.

NOTE Confidence: 0.93903273

 $00:07:52.020 \longrightarrow 00:07:53.776$  We think about clinically

NOTE Confidence: 0.93903273

 $00:07:53.776 \longrightarrow 00:07:55.532$  significant disordered eating that

NOTE Confidence: 0.93903273

 $00:07:55.532 \longrightarrow 00:07:57.140$  impacts somebody's functioning.

NOTE Confidence: 0.93903273

 $00:07:57.140 \longrightarrow 00:08:00.796$  We have this kind of as a society

NOTE Confidence: 0.93903273

 $00:08:00.796 \longrightarrow 00:08:04.560$  misrepresented idea of what that looks like.

NOTE Confidence: 0.93903273

 $00{:}08{:}04.560 \dashrightarrow 00{:}08{:}06.928$  And yet there is a SWAG stereotype that

NOTE Confidence: 0.93903273

 $00:08:06.928 \longrightarrow 00:08:09.075$  exists that we talked about in the field

NOTE Confidence: 0.93903273

 $00{:}08{:}09.075 \dashrightarrow 00{:}08{:}11.240$  of if you have an eating disorder,

NOTE Confidence: 0.93903273

00:08:11.240 --> 00:08:12.578 you're skinny, white,

NOTE Confidence: 0.93903273

 $00:08:12.578 \longrightarrow 00:08:13.916$  affluent girl when.

NOTE Confidence: 0.93903273

 $00{:}08{:}13.920 \dashrightarrow 00{:}08{:}16.020$  And it's very problematic of not

NOTE Confidence: 0.93903273

00:08:16.020 --> 00:08:17.680 just societal views of it,

NOTE Confidence: 0.93903273

 $00:08:17.680 \longrightarrow 00:08:19.810$  but that current treatment models are

 $00:08:19.810 \longrightarrow 00:08:22.000$  based often on samples of affluent,

NOTE Confidence: 0.93903273

 $00:08:22.000 \longrightarrow 00:08:23.560$  young adult, cisgender,

NOTE Confidence: 0.93903273

 $00:08:23.560 \longrightarrow 00:08:25.120$  neurotypical white women,

NOTE Confidence: 0.93903273

 $00:08:25.120 \longrightarrow 00:08:27.906$  when there's quite a range of presentations

NOTE Confidence: 0.93903273

 $00{:}08{:}27.906 \dashrightarrow 00{:}08{:}30.520$  of individuals who and youth who

NOTE Confidence: 0.93903273

 $00:08:30.520 \longrightarrow 00:08:32.320$  can experience these presentations,

NOTE Confidence: 0.93903273

 $00:08:32.320 \longrightarrow 00:08:34.080$  as Google Images shows us.

NOTE Confidence: 0.9300988

 $00:08:36.620 \longrightarrow 00:08:37.658$  So as I was saying there,

NOTE Confidence: 0.9300988

 $00:08:37.660 \longrightarrow 00:08:40.335$  there's a wide range of

NOTE Confidence: 0.9300988

 $00{:}08{:}40.335 \dashrightarrow 00{:}08{:}41.940$  disordered eating presentations.

NOTE Confidence: 0.9300988

 $00:08:41.940 \longrightarrow 00:08:44.034$  Pika and rumination disorder are ones

NOTE Confidence: 0.9300988

 $00{:}08{:}44.034 \dashrightarrow 00{:}08{:}47.223$  that I'll talk about in a moment that

NOTE Confidence: 0.9300988

 $00{:}08{:}47.223 \dashrightarrow 00{:}08{:}49.388$  mostly affiliated or associated with

NOTE Confidence: 0.9300988

 $00{:}08{:}49.388 \dashrightarrow 00{:}08{:}50.846$  neurodevelopmental disabilities in

NOTE Confidence: 0.9300988

 $00:08:50.846 \longrightarrow 00:08:52.598$  younger children avoidant restricted

00:08:52.598 --> 00:08:54.568 food intake disorder and anorexia,

NOTE Confidence: 0.9300988

 $00:08:54.570 \longrightarrow 00:08:56.844$  both resulting in lower weight bulimia

NOTE Confidence: 0.9300988

00:08:56.844 --> 00:08:58.970 nervosa and binge eating disorder,

NOTE Confidence: 0.9300988

 $00:08:58.970 \longrightarrow 00:09:00.530$  both associated with episodes

NOTE Confidence: 0.9300988

 $00:09:00.530 \longrightarrow 00:09:02.480$  of binge eating and bulimia

NOTE Confidence: 0.9300988

 $00:09:02.480 \longrightarrow 00:09:04.569$  with associated purge episodes.

NOTE Confidence: 0.92458117

 $00:09:06.670 \longrightarrow 00:09:07.870$  The challenge here,

NOTE Confidence: 0.92458117

 $00:09:07.870 \longrightarrow 00:09:09.870$  especially for children and adolescents,

NOTE Confidence: 0.92458117

 $00:09:09.870 \longrightarrow 00:09:11.942$  is, as anybody who has kids of their

NOTE Confidence: 0.92458117

00:09:11.942 --> 00:09:14.511 own or works of kids knows that things

NOTE Confidence: 0.92458117

00:09:14.511 --> 00:09:17.108 don't often nicely kind of fit into one box.

NOTE Confidence: 0.92458117

00:09:17.110 --> 00:09:18.535 And that happens with psychiatric

NOTE Confidence: 0.92458117

 $00:09:18.535 \longrightarrow 00:09:19.390$  presentations as well.

NOTE Confidence: 0.92458117

 $00:09:19.390 \longrightarrow 00:09:22.155$  We often see symptoms or elements of

NOTE Confidence: 0.92458117

 $00:09:22.155 \longrightarrow 00:09:24.068$  different presentations that are what

NOTE Confidence: 0.92458117

 $00:09:24.068 \longrightarrow 00:09:26.072$  we'd call trans diagnostic kind of

 $00:09:26.072 \longrightarrow 00:09:28.138$  crossing in and out of these boxes

NOTE Confidence: 0.92458117

 $00{:}09{:}28.140 \dashrightarrow 00{:}09{:}30.352$  and to meet diagnosis for an eating

NOTE Confidence: 0.92458117

 $00:09:30.352 \longrightarrow 00:09:32.379$  disorder based on our DSM criteria.

NOTE Confidence: 0.92458117

00:09:32.380 --> 00:09:34.486 It's mutually exclusive.

NOTE Confidence: 0.92458117

 $00:09:34.486 \longrightarrow 00:09:37.622$  So having experiences with of

NOTE Confidence: 0.92458117

 $00{:}09{:}37.622 \to 00{:}09{:}38.910$  symptoms of multiple presentations

NOTE Confidence: 0.92458117

 $00:09:38.910 \longrightarrow 00:09:40.905$  results in a lump sum diagnosis

NOTE Confidence: 0.92458117

 $00{:}09{:}40.905 \dashrightarrow 00{:}09{:}43.194$  of something that we call Osfed or

NOTE Confidence: 0.92458117

 $00:09:43.194 \longrightarrow 00:09:44.795$  other specified feeding and eating

NOTE Confidence: 0.92458117

 $00{:}09{:}44.795 \dashrightarrow 00{:}09{:}46.565$  disorder which is often what we

NOTE Confidence: 0.92458117

 $00:09:46.565 \longrightarrow 00:09:48.260$  see with children and adolescents.

NOTE Confidence: 0.9407477

 $00:09:51.600 \longrightarrow 00:09:53.728$  So here's a list of the types of

NOTE Confidence: 0.9407477

00:09:53.728 --> 00:09:55.193 eating disorders those that will

NOTE Confidence: 0.9407477

 $00:09:55.193 \longrightarrow 00:09:56.951$  be talking about requiring kind of

NOTE Confidence: 0.9407477

 $00:09:56.951 \longrightarrow 00:09:59.352$  our our highest level of care are

00:09:59.352 --> 00:10:00.720 most frequently anorexia nervosa,

NOTE Confidence: 0.9407477

 $00:10:00.720 \longrightarrow 00:10:03.288$  which is going to be having an unrealistic

NOTE Confidence: 0.9407477

 $00:10:03.288 \longrightarrow 00:10:05.456$  idea about body image and overvaluation

NOTE Confidence: 0.9407477

 $00:10:05.456 \longrightarrow 00:10:07.634$  of how important that is, right.

NOTE Confidence: 0.9407477

00:10:07.634 --> 00:10:09.758 It's one of the most fundamental

NOTE Confidence: 0.9407477

00:10:09.758 --> 00:10:11.816 important things to to an adolescent

NOTE Confidence: 0.9407477

00:10:11.816 --> 00:10:14.000 sense of self and this intense fear

NOTE Confidence: 0.9407477

 $00:10:14.060 \longrightarrow 00:10:15.980$  of gaining weight that results

NOTE Confidence: 0.9407477

 $00:10:15.980 \longrightarrow 00:10:17.900$  in significantly low body weight.

NOTE Confidence: 0.9407477

 $00:10:17.900 \longrightarrow 00:10:20.225$  The Lumia Nervosa are episodes

NOTE Confidence: 0.9407477

 $00:10:20.225 \longrightarrow 00:10:21.620$  of binge eating,

NOTE Confidence: 0.9407477

 $00:10:21.620 \longrightarrow 00:10:23.520$  so eating significantly large amounts

NOTE Confidence: 0.9407477

 $00:10:23.520 \longrightarrow 00:10:26.150$  of food with an experience of loss of

NOTE Confidence: 0.9407477

00:10:26.150 --> 00:10:28.179 control in a short amount of time,

NOTE Confidence: 0.9407477

 $00:10:28.180 \longrightarrow 00:10:30.442$  following by purging episodes or some

NOTE Confidence: 0.9407477

 $00:10:30.442 \longrightarrow 00:10:32.540$  other type of compensatory behavior.

 $00:10:32.540 \longrightarrow 00:10:34.916$  Sometimes excessive exercise,

NOTE Confidence: 0.9407477

00:10:34.916 --> 00:10:38.084 fasting, use of laxatives,

NOTE Confidence: 0.9407477

 $00:10:38.090 \longrightarrow 00:10:40.316$  binge eating disorder is bulimia without

NOTE Confidence: 0.9407477

 $00:10:40.316 \longrightarrow 00:10:42.330$  the compensatory behaviors are perching.

NOTE Confidence: 0.9407477

 $00:10:42.330 \longrightarrow 00:10:45.768$  So having those significant binge episodes,

NOTE Confidence: 0.9407477

00:10:45.770 --> 00:10:47.618 larger amount of food than somebody

NOTE Confidence: 0.9407477

 $00:10:47.618 \longrightarrow 00:10:49.435$  would typically eat in a short

NOTE Confidence: 0.9407477

 $00{:}10{:}49.435 \dashrightarrow 00{:}10{:}51.025$  amount of time and experiencing a

NOTE Confidence: 0.9407477

 $00:10:51.025 \longrightarrow 00:10:52.890$  sense of loss of control and then

NOTE Confidence: 0.9407477

 $00{:}10{:}52.890 \dashrightarrow 00{:}10{:}55.728$  an associated feeling of disgust or

NOTE Confidence: 0.9407477

 $00:10:55.728 \longrightarrow 00:10:58.410$  guilt with oneself after the fact.

NOTE Confidence: 0.9407477

 $00:10:58.410 \longrightarrow 00:11:01.386$  Rumination disorder is an experience when

NOTE Confidence: 0.9407477

 $00{:}11{:}01.386 \dashrightarrow 00{:}11{:}03.859$  somebody swallows in the regurgitates

NOTE Confidence: 0.9407477

00:11:03.859 --> 00:11:07.107 the food and the re swallows and and

NOTE Confidence: 0.9407477

00:11:07.107 --> 00:11:09.847 pica is consuming non food objects.

 $00:11:09.850 \longrightarrow 00:11:10.790$  These two,

NOTE Confidence: 0.9407477

 $00{:}11{:}10.790 \dashrightarrow 00{:}11{:}14.080$  as I mentioned are are often highly

NOTE Confidence: 0.9407477

 $00:11:14.080 \longrightarrow 00:11:17.595$  cooccurring with a number of other

NOTE Confidence: 0.9407477

 $00:11:17.595 \longrightarrow 00:11:18.777$  developmental presentations.

NOTE Confidence: 0.9407477

00:11:18.780 --> 00:11:20.836 Avoidant and restrictive food

NOTE Confidence: 0.9407477

 $00:11:20.836 \longrightarrow 00:11:22.378$  intake disorder is,

NOTE Confidence: 0.9407477

 $00:11:22.380 \longrightarrow 00:11:23.748$  as I mentioned previously,

NOTE Confidence: 0.9407477

 $00:11:23.748 \longrightarrow 00:11:26.568$  one of our other restrictive presentations.

NOTE Confidence: 0.9407477

00:11:26.568 --> 00:11:30.144 Whereas anorexia is focused on a

NOTE Confidence: 0.9407477

00:11:30.144 --> 00:11:33.268 body image concern or fed or another

NOTE Confidence: 0.9407477

 $00{:}11{:}33.268 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}11{:}35.088$  name for avoidant and restrictive

NOTE Confidence: 0.9407477

 $00:11:35.088 \longrightarrow 00:11:37.644$  food intake disorder is when a youth

NOTE Confidence: 0.9407477

 $00:11:37.644 \longrightarrow 00:11:40.477$  or an adolescent or a young adult

NOTE Confidence: 0.9407477

00:11:40.477 --> 00:11:43.032 forever is experiencing it severely

NOTE Confidence: 0.9407477

 $00:11:43.032 \longrightarrow 00:11:44.892$  restricts what they're eating for

NOTE Confidence: 0.9407477

00:11:44.892 --> 00:11:47.459 a non body image related reasons.

 $00:11:47.460 \longrightarrow 00:11:49.605$  So sometimes it's a sensitivity

NOTE Confidence: 0.9407477

 $00:11:49.605 \longrightarrow 00:11:52.380$  to to the experience of eating,

NOTE Confidence: 0.9407477

 $00:11:52.380 \longrightarrow 00:11:54.935$  sometimes not being aware of hunger cues,

NOTE Confidence: 0.9407477

 $00:11:54.940 \longrightarrow 00:11:56.536$  sometimes of a fear of pain,

NOTE Confidence: 0.9407477

 $00:11:56.540 \longrightarrow 00:11:58.628$  right of if they've had some type of

NOTE Confidence: 0.9407477

 $00:11:58.628 \longrightarrow 00:12:00.065$  medical complication that often leads

NOTE Confidence: 0.9407477

 $00:12:00.065 \longrightarrow 00:12:01.500$  to then significantly low weight.

NOTE Confidence: 0.93209463

 $00:12:04.810 \longrightarrow 00:12:07.010$  So with these different presentations,

NOTE Confidence: 0.93209463

 $00:12:07.010 \longrightarrow 00:12:08.906$  we can lump them together into

NOTE Confidence: 0.93209463

 $00{:}12{:}08.906 \rightarrow 00{:}12{:}10.911$  these boxes that again don't quite

NOTE Confidence: 0.93209463

00:12:10.911 --> 00:12:12.927 fit nicely away from one another,

NOTE Confidence: 0.93209463

 $00:12:12.930 \longrightarrow 00:12:14.970$  but but do have some overlap.

NOTE Confidence: 0.93209463

 $00{:}12{:}14.970 \dashrightarrow 00{:}12{:}16.645$  We have these presentations of

NOTE Confidence: 0.93209463

 $00{:}12{:}16.645 \dashrightarrow 00{:}12{:}17.650 \ {\rm restriction} \ {\rm or} \ {\rm overcontrol},$ 

NOTE Confidence: 0.93209463

 $00:12:17.650 \longrightarrow 00:12:19.250$  which is what we would

00:12:19.250 --> 00:12:20.530 think about with anorexia,

NOTE Confidence: 0.93209463

 $00{:}12{:}20.530 \dashrightarrow 00{:}12{:}22.606$  this regulation and loss of control

NOTE Confidence: 0.93209463

00:12:22.606 --> 00:12:24.416 with bulimia and binge eating

NOTE Confidence: 0.93209463

00:12:24.416 --> 00:12:26.206 and those related to anxiety,

NOTE Confidence: 0.93209463

00:12:26.210 --> 00:12:27.786 pain or sensory sensitivities.

NOTE Confidence: 0.93209463

 $00{:}12{:}27.786 \rightarrow 00{:}12{:}31.450$  This is where we put our food or the pika.

NOTE Confidence: 0.93209463

 $00:12:31.450 \longrightarrow 00:12:33.922$  The challenge is that as we

NOTE Confidence: 0.93209463

00:12:33.922 --> 00:12:35.570 conceptualize these things different,

NOTE Confidence: 0.93209463

 $00{:}12{:}35.570 \dashrightarrow 00{:}12{:}37.410$  what the rapeutic treatment looks

NOTE Confidence: 0.93209463

 $00:12:37.410 \longrightarrow 00:12:40.170$  like is going to be different,

NOTE Confidence: 0.93209463

 $00{:}12{:}40.170 \dashrightarrow 00{:}12{:}41.892$  but they don't fit nicely in those

NOTE Confidence: 0.93209463

 $00:12:41.892 \longrightarrow 00:12:43.892$  boxes and and so that's really where

NOTE Confidence: 0.93209463

 $00:12:43.892 \longrightarrow 00:12:45.704$  kind of providing the most effective

NOTE Confidence: 0.93209463

 $00{:}12{:}45.762 \dashrightarrow 00{:}12{:}47.247$  treatment can be a challenge.

NOTE Confidence: 0.93079275

 $00:12:50.090 \longrightarrow 00:12:52.526$  So with regard to eating disorder prevalence,

NOTE Confidence: 0.93079275

00:12:52.530 --> 00:12:54.210 unfortunately their data overall

 $00:12:54.210 \longrightarrow 00:12:56.454$  is quite is a little outdated.

NOTE Confidence: 0.93079275

 $00:12:56.454 \longrightarrow 00:12:59.154$  So this is from the nationally representative

NOTE Confidence: 0.93079275

00:12:59.154 --> 00:13:01.779 prevalence data from NIMH looking at

NOTE Confidence: 0.93079275

 $00:13:01.779 \longrightarrow 00:13:03.794$  the lifetime prevalence of eating

NOTE Confidence: 0.93079275

 $00:13:03.794 \longrightarrow 00:13:06.775$  disorders by the time of reaching mature

NOTE Confidence: 0.93079275

 $00:13:06.775 \longrightarrow 00:13:08.920$  adolescence from about 20 years ago.

NOTE Confidence: 0.93079275

 $00:13:08.920 \longrightarrow 00:13:11.728$  And this was where we see close to

NOTE Confidence: 0.93079275

 $00{:}13{:}11.728 --> 00{:}13{:}15.170$  4% of females and 1.5% of cisgender

NOTE Confidence: 0.93079275

 $00{:}13{:}15.170 \dashrightarrow 00{:}13{:}18.350$  males meeting criteria for an eating

NOTE Confidence: 0.93079275

 $00:13:18.350 \longrightarrow 00:13:21.997$  disorder by the time that they turn 18.

NOTE Confidence: 0.93079275

 $00:13:22.000 \longrightarrow 00:13:24.792$  This is as as is clear from the

NOTE Confidence: 0.93079275

00:13:24.792 --> 00:13:26.771 dates of it you know very,

NOTE Confidence: 0.93079275

00:13:26.771 --> 00:13:28.119 very much pre pandemic.

NOTE Confidence: 0.93079275

 $00:13:28.120 \longrightarrow 00:13:30.227$  And so we already saw an increase

NOTE Confidence: 0.93079275

 $00:13:30.227 \longrightarrow 00:13:32.290$  happening over those those years of kind

 $00:13:32.290 \longrightarrow 00:13:34.719$  of the the early 2000s and 2000 tens

NOTE Confidence: 0.93079275

 $00{:}13{:}34.719 \dashrightarrow 00{:}13{:}37.191$  when we see continue to see increase on

NOTE Confidence: 0.93079275

 $00:13:37.261 \longrightarrow 00:13:39.721$  body image pressures by society that

NOTE Confidence: 0.93079275

00:13:39.721 --> 00:13:41.992 have been really exacerbated by the

NOTE Confidence: 0.93079275

00:13:41.992 --> 00:13:43.858 pandemic and a very important piece

NOTE Confidence: 0.93079275

 $00:13:43.858 \longrightarrow 00:13:46.457$  to hit on as we're thinking about

NOTE Confidence: 0.93079275

 $00{:}13{:}46.457 \dashrightarrow 00{:}13{:}48.362$  care for this patient population.

NOTE Confidence: 0.93079275

 $00:13:48.370 \longrightarrow 00:13:50.792$  So beginning at the at the beginning

NOTE Confidence: 0.93079275

 $00{:}13{:}50.792 \dashrightarrow 00{:}13{:}52.978$  of the pandemic there was anticipation

NOTE Confidence: 0.93079275

 $00:13:52.978 \longrightarrow 00:13:55.491$  of kind of the impact on eating

NOTE Confidence: 0.93079275

00:13:55.565 --> 00:13:57.785 disorders that was significantly I

NOTE Confidence: 0.93079275

 $00:13:57.785 \longrightarrow 00:14:00.402$  think underestimated what we would

NOTE Confidence: 0.93079275

 $00:14:00.402 \longrightarrow 00:14:02.186$  actually see that the,

NOTE Confidence: 0.93079275

 $00{:}14{:}02.186 {\:{\circ}{\circ}{\circ}\:} > 00{:}14{:}04.622$  the first publication was now two years

NOTE Confidence: 0.93079275

 $00:14:04.622 \longrightarrow 00:14:06.935$  ago of how medical admissions related

NOTE Confidence: 0.93079275

 $00:14:06.935 \longrightarrow 00:14:08.900$  to restrictive eating disorders among

 $00:14:08.964 \longrightarrow 00:14:10.848$  youth had increased significantly.

NOTE Confidence: 0.93079275

 $00{:}14{:}10.850 \dashrightarrow 00{:}14{:}12.806$  Looking at pre pandemic to during

NOTE Confidence: 0.93079275

00:14:12.806 --> 00:14:14.987 the pandemic rates of youth requiring

NOTE Confidence: 0.93079275

 $00:14:14.987 \longrightarrow 00:14:17.032$  medical hospitalization to be stabilized

NOTE Confidence: 0.93079275

 $00{:}14{:}17.032 \dashrightarrow 00{:}14{:}19.510$  and this has been replicated throughout

NOTE Confidence: 0.93079275

 $00{:}14{:}19.510 \dashrightarrow 00{:}14{:}21.495$  the country and throughout Europe

NOTE Confidence: 0.93079275

 $00:14:21.495 \longrightarrow 00:14:24.482$  and at our own Children's Hospital

NOTE Confidence: 0.93079275

 $00:14:24.482 \longrightarrow 00:14:26.674$  seeing that significant increase.

NOTE Confidence: 0.93079275

00:14:26.680 --> 00:14:29.365 So what's exacerbated the prevalence

NOTE Confidence: 0.93079275

 $00:14:29.365 \longrightarrow 00:14:30.439$  and severity,

NOTE Confidence: 0.93079275

 $00:14:30.440 \longrightarrow 00:14:32.288$  There's a number of factors that

NOTE Confidence: 0.93079275

 $00:14:32.288 \longrightarrow 00:14:33.760$  we can contribute to it,

NOTE Confidence: 0.93079275

 $00{:}14{:}33.760 \dashrightarrow 00{:}14{:}35.780$  a greater susceptibility to

NOTE Confidence: 0.93079275

00:14:35.780 --> 00:14:37.800 illness during the pandemic,

NOTE Confidence: 0.93079275

 $00:14:37.800 \longrightarrow 00:14:39.895$  psychological distress with a pandemic

00:14:39.895 --> 00:14:41.990 happening and then the uncertainty

NOTE Confidence: 0.93079275

 $00:14:42.048 \longrightarrow 00:14:43.998$  and social isolation that happens.

NOTE Confidence: 0.93079275

 $00:14:44.000 \longrightarrow 00:14:45.620$  We do know especially things like

NOTE Confidence: 0.93079275

 $00:14:45.620 \longrightarrow 00:14:47.340$  anorexia is a very isolating disease

NOTE Confidence: 0.93079275

 $00:14:47.340 \longrightarrow 00:14:49.086$  and so social connection is one

NOTE Confidence: 0.93079275

 $00:14:49.086 \longrightarrow 00:14:50.920$  of the most protective things.

NOTE Confidence: 0.93079275

00:14:50.920 --> 00:14:52.440 And so taking, you know,

NOTE Confidence: 0.93079275

 $00:14:52.440 \longrightarrow 00:14:53.382$  as was needed,

NOTE Confidence: 0.93079275

 $00:14:53.382 \longrightarrow 00:14:55.580$  but taking kids away from one another

NOTE Confidence: 0.93079275

 $00:14:55.644 \longrightarrow 00:14:57.876$  really increased kind of risk factor.

NOTE Confidence: 0.93079275

 $00:14:57.880 \longrightarrow 00:14:59.962$  There was almost nothing but virtual

NOTE Confidence: 0.93079275

 $00{:}14{:}59.962 \dashrightarrow 00{:}15{:}01.916$  interaction staring at one another on

NOTE Confidence: 0.93079275

 $00{:}15{:}01.916 \dashrightarrow 00{:}15{:}03.940$  the screen and then a lot more time

NOTE Confidence: 0.93079275

 $00{:}15{:}04.002 \dashrightarrow 00{:}15{:}05.927$  spent on social media and the dangers

NOTE Confidence: 0.93079275

00:15:05.927 --> 00:15:07.684 that we know associated with that,

NOTE Confidence: 0.93079275

 $00:15:07.684 \longrightarrow 00:15:10.257$  with what youth are exposed to in terms

 $00:15:10.257 \longrightarrow 00:15:12.756$  of content and unrealistic body image ideals.

NOTE Confidence: 0.930951

 $00:15:15.140 \longrightarrow 00:15:16.900$  So then thinking specifically at

NOTE Confidence: 0.930951

00:15:16.900 --> 00:15:18.660 our Children's Hospital at Yale,

NOTE Confidence: 0.930951

 $00:15:18.660 \longrightarrow 00:15:21.432$  what we saw in the couple of years before

NOTE Confidence: 0.930951

00:15:21.432 --> 00:15:24.414 the pandemic to the first year and a half,

NOTE Confidence: 0.930951

 $00:15:24.420 \longrightarrow 00:15:26.190$  we saw a significant increase where

NOTE Confidence: 0.930951

 $00:15:26.190 \longrightarrow 00:15:28.740$  even in half of the time we saw more

NOTE Confidence: 0.930951

 $00:15:28.740 \longrightarrow 00:15:30.988$  cases in that first year and a half

NOTE Confidence: 0.930951

 $00{:}15{:}30.988 \to 00{:}15{:}32.758$  of the pandemic increasing from 48

NOTE Confidence: 0.930951

 $00{:}15{:}32.758 \dashrightarrow 00{:}15{:}34.803$  cases the year and a half before the

NOTE Confidence: 0.930951

 $00{:}15{:}34.803 \dashrightarrow 00{:}15{:}36.455$  pandemic or the three years before

NOTE Confidence: 0.930951

 $00:15:36.455 \longrightarrow 00:15:38.429$  the start of the pandemic to just

NOTE Confidence: 0.930951

 $00:15:38.484 \longrightarrow 00:15:40.220$  the first year and a half of 60.

NOTE Confidence: 0.930951

 $00:15:40.220 \longrightarrow 00:15:42.389$  So as you can imagine and and our team

NOTE Confidence: 0.930951

 $00:15:42.389 \longrightarrow 00:15:44.495$  still needed to comb through that data,

 $00:15:44.500 \longrightarrow 00:15:46.439$  we see more than a double increase

NOTE Confidence: 0.930951

 $00:15:46.439 \longrightarrow 00:15:47.864$  anticipated of what we've seen

NOTE Confidence: 0.930951

 $00:15:47.864 \longrightarrow 00:15:49.219$  in the similar time frame.

NOTE Confidence: 0.93904287

 $00:15:52.260 \longrightarrow 00:15:54.294$  So not only did we see an increase in

NOTE Confidence: 0.93904287

00:15:54.294 --> 00:15:56.340 the number of patients hospitalized,

NOTE Confidence: 0.93904287

 $00:15:56.340 \longrightarrow 00:15:58.564$  but an increase in the length of stay

NOTE Confidence: 0.93904287

 $00:15:58.564 \longrightarrow 00:16:00.436$  because of the severity of cases

NOTE Confidence: 0.93904287

00:16:00.436 --> 00:16:02.725 and the lack of appropriate kind of

NOTE Confidence: 0.93904287

 $00:16:02.725 \longrightarrow 00:16:04.465$  referral options for post discharge

NOTE Confidence: 0.93904287

00:16:04.465 --> 00:16:07.120 because of the crunch on the system,

NOTE Confidence: 0.93904287

 $00{:}16{:}07.120 \dashrightarrow 00{:}16{:}09.640$ a much higher number of youth

NOTE Confidence: 0.93904287

00:16:09.640 --> 00:16:11.278 younger than the age of 13.

NOTE Confidence: 0.93904287

 $00:16:11.280 \longrightarrow 00:16:13.716$  This is consistent with now some

NOTE Confidence: 0.93904287

 $00{:}16{:}13.716 \dashrightarrow 00{:}16{:}16.071$  recently published data that has come

NOTE Confidence: 0.93904287

00:16:16.071 --> 00:16:18.395 out kind of more nationally as well

NOTE Confidence: 0.93904287

 $00:16:18.395 \longrightarrow 00:16:21.028$  where we're continuing to see the the

 $00:16:21.028 \longrightarrow 00:16:23.168$  average age of hospitalization for

NOTE Confidence: 0.93904287

 $00{:}16{:}23.168 \dashrightarrow 00{:}16{:}24.880$  restrictive eating concerns skewing

NOTE Confidence: 0.93904287

 $00:16:24.947 \longrightarrow 00:16:27.032$  younger and younger which unfortunately

NOTE Confidence: 0.93904287

00:16:27.032 --> 00:16:29.117 again are treatment care models.

NOTE Confidence: 0.93904287

 $00{:}16{:}29.120 \dashrightarrow 00{:}16{:}31.382$  Kind of historically as a nation

NOTE Confidence: 0.93904287

 $00:16:31.382 \longrightarrow 00:16:34.451$  and as a society are not up to date

NOTE Confidence: 0.93904287

 $00:16:34.451 \longrightarrow 00:16:36.772$  with see a greater number of youth

NOTE Confidence: 0.93904287

 $00:16:36.772 \longrightarrow 00:16:38.518$  requiring medication intervention

NOTE Confidence: 0.93904287

 $00{:}16{:}38.518 {\:\dashrightarrow\:} 00{:}16{:}41.408$  for psychiatric concerns because of

NOTE Confidence: 0.93904287

 $00:16:41.408 \longrightarrow 00:16:43.353$  the comorbidities and more patients

NOTE Confidence: 0.93904287

00:16:43.353 --> 00:16:45.325 requiring A discharge to a higher

NOTE Confidence: 0.93904287

 $00:16:45.325 \longrightarrow 00:16:46.069$  level of care.

NOTE Confidence: 0.93904287

 $00:16:46.070 \longrightarrow 00:16:47.870$  And this is consistent with other

NOTE Confidence: 0.93904287

 $00:16:47.870 \longrightarrow 00:16:49.436$  sites in Connecticut and then

NOTE Confidence: 0.93904287

 $00:16:49.436 \longrightarrow 00:16:50.986$  country and world more broadly.

 $00:16:53.030 \longrightarrow 00:16:55.190$  And so why are we worried, right,

NOTE Confidence: 0.9399057

 $00{:}16{:}55.190 \dashrightarrow 00{:}16{:}57.175$  We're seeing this increase and

NOTE Confidence: 0.9399057

00:16:57.175 --> 00:16:58.525 we know of course that eating

NOTE Confidence: 0.9399057

00:16:58.525 --> 00:16:59.790 disorders can be significant,

NOTE Confidence: 0.9399057

 $00:16:59.790 \longrightarrow 00:17:01.470$  but really in terms of the severity,

NOTE Confidence: 0.9399057

 $00:17:01.470 \longrightarrow 00:17:02.870$  it's worth taking note just

NOTE Confidence: 0.9399057

 $00:17:02.870 \longrightarrow 00:17:04.270$  how severe they can be.

NOTE Confidence: 0.9399057

 $00:17:04.270 \longrightarrow 00:17:06.070$  So eating disorders are among

NOTE Confidence: 0.9399057

 $00:17:06.070 \longrightarrow 00:17:07.510$  the deadliest mental illnesses,

NOTE Confidence: 0.9399057

 $00:17:07.510 \longrightarrow 00:17:11.310$  second only to opioid overdoses.

NOTE Confidence: 0.9399057

00:17:11.310 --> 00:17:13.294 Relapse rate for anorexia,

NOTE Confidence: 0.9399057

 $00:17:13.294 \longrightarrow 00:17:15.278$  once somebody has experienced

NOTE Confidence: 0.9399057

 $00:17:15.278 \longrightarrow 00:17:19.240$  the disease approaches 50%.

NOTE Confidence: 0.9399057

 $00:17:19.240 \longrightarrow 00:17:21.355$  The standardized mortality ratio of

NOTE Confidence: 0.9399057

 $00:17:21.355 \longrightarrow 00:17:23.640$  somebody with anorexia is approximately 6,

NOTE Confidence: 0.9399057

 $00:17:23.640 \longrightarrow 00:17:26.312$  which means to somebody else there,

 $00:17:26.312 \longrightarrow 00:17:28.189$  same age, all other factors,

NOTE Confidence: 0.9399057

00:17:28.189 --> 00:17:30.304 they're six times as likely

NOTE Confidence: 0.9399057

 $00:17:30.304 \longrightarrow 00:17:32.958$  to have mortality of that age.

NOTE Confidence: 0.9399057

 $00:17:32.960 \longrightarrow 00:17:34.720$  Approximately one in five

NOTE Confidence: 0.9399057

 $00:17:34.720 \longrightarrow 00:17:36.480$  patients with anorexia develops

NOTE Confidence: 0.9399057

 $00:17:36.480 \longrightarrow 00:17:38.960$  a severe and protracted illness,

NOTE Confidence: 0.9399057

 $00:17:38.960 \longrightarrow 00:17:41.840$  which means we don't expect to

NOTE Confidence: 0.9399057

00:17:41.840 --> 00:17:43.760 necessarily experience any remission.

NOTE Confidence: 0.9399057

 $00:17:43.760 \longrightarrow 00:17:46.304$  And there is an estimated death

NOTE Confidence: 0.9399057

 $00{:}17{:}46.304 \dashrightarrow 00{:}17{:}48.732$  almost every hour each each year

NOTE Confidence: 0.9399057

 $00{:}17{:}48.732 \dashrightarrow 00{:}17{:}50.196$  attributed to eating disorders.

NOTE Confidence: 0.9273489

00:17:52.280 --> 00:17:55.120 Among individuals with anorexia specifically,

NOTE Confidence: 0.9273489

 $00:17:55.120 \longrightarrow 00:17:57.409$  we see 60% of the deaths attributed

NOTE Confidence: 0.9273489

00:17:57.409 --> 00:17:58.890 to the medical complications

NOTE Confidence: 0.9273489

 $00:17:58.890 \longrightarrow 00:18:01.482$  associated with it such as cardiac

00:18:01.482 --> 00:18:03.760 arrest and sudden organ failure,

NOTE Confidence: 0.9273489

 $00:18:03.760 \longrightarrow 00:18:05.520$  but as well as suicide.

NOTE Confidence: 0.9273489

 $00:18:05.520 \longrightarrow 00:18:07.332$  And we know that's overall suicide

NOTE Confidence: 0.9273489

 $00:18:07.332 \longrightarrow 00:18:08.880$  rates among individuals with eating

NOTE Confidence: 0.9273489

 $00:18:08.880 \longrightarrow 00:18:10.320$  disorders are are quite high.

NOTE Confidence: 0.9322612

 $00:18:12.420 \longrightarrow 00:18:14.364$  So not only is there the

NOTE Confidence: 0.9322612

 $00:18:14.364 \longrightarrow 00:18:15.336$  individual health costs,

NOTE Confidence: 0.9322612

 $00:18:15.340 \longrightarrow 00:18:17.278$  but we do see a significant

NOTE Confidence: 0.9322612

00:18:17.278 --> 00:18:19.481 health costs in our our medical

NOTE Confidence: 0.9322612

00:18:19.481 --> 00:18:21.157 and healthcare systems costing

NOTE Confidence: 0.9322612

 $00:18:21.157 \longrightarrow 00:18:23.460$  about close to \$65 billion.

NOTE Confidence: 0.9322612

00:18:25.980 --> 00:18:27.950 Approximately 9% of people will

NOTE Confidence: 0.9322612

00:18:27.950 --> 00:18:29.920 experience some type of eating

NOTE Confidence: 0.9322612

 $00:18:29.984 \longrightarrow 00:18:31.700$  disorder in their lifetime.

NOTE Confidence: 0.9322612

00:18:31.700 --> 00:18:33.576 I think it's important to note here,

NOTE Confidence: 0.9322612

00:18:33.580 --> 00:18:36.766 this doesn't mean 9% people experiencing

 $00:18:36.766 \longrightarrow 00:18:38.740$  anorexia could be a number of those

NOTE Confidence: 0.9322612

 $00{:}18{:}38.740 \dashrightarrow 00{:}18{:}39.700$  other presentations I mentioned.

NOTE Confidence: 0.9322612

00:18:39.700 --> 00:18:42.125 But that does mean clinically

NOTE Confidence: 0.9322612

 $00:18:42.125 \longrightarrow 00:18:44.065$  significant disordered eating where

NOTE Confidence: 0.9322612

 $00:18:44.065 \longrightarrow 00:18:46.242$  it's impacting somebody's daily

NOTE Confidence: 0.9322612

 $00:18:46.242 \longrightarrow 00:18:48.124$  life despite the prevalence and

NOTE Confidence: 0.9322612

00:18:48.124 --> 00:18:50.140 and kind of robustness that we

NOTE Confidence: 0.9322612

 $00:18:50.205 \longrightarrow 00:18:52.240$  see in society that the rapeutic

NOTE Confidence: 0.9322612

 $00:18:52.240 \longrightarrow 00:18:54.275$  interventions have modest results and

NOTE Confidence: 0.9322612

 $00:18:54.338 \longrightarrow 00:18:56.498$  we actually don't have FDA approved

NOTE Confidence: 0.9322612

 $00:18:56.498 \longrightarrow 00:18:58.580$  medications except for an adults with

NOTE Confidence: 0.9322612

 $00{:}18{:}58.580 \dashrightarrow 00{:}19{:}00.180$  binge eating disorder or bulimia.

NOTE Confidence: 0.9418834

 $00:19:02.340 \longrightarrow 00:19:04.706$  We often we also see high comorbidities

NOTE Confidence: 0.9418834

00:19:04.706 --> 00:19:06.460 in this patient population.

NOTE Confidence: 0.9418834

 $00:19:06.460 \longrightarrow 00:19:09.332$  So despite you know that that we imagine

 $00:19:09.332 \longrightarrow 00:19:11.952$  that these are the patients that need

NOTE Confidence: 0.9418834

 $00{:}19{:}11.952 \dashrightarrow 00{:}19{:}14.726$  the the most cohesive and and holistic

NOTE Confidence: 0.9418834

00:19:14.726 --> 00:19:17.342 care because eating disorder care is

NOTE Confidence: 0.9418834

 $00:19:17.342 \longrightarrow 00:19:21.190$  often siloed out as when we started the

NOTE Confidence: 0.9418834

 $00:19:21.190 \longrightarrow 00:19:23.496$  presentation that it's difficult to to

NOTE Confidence: 0.9418834

 $00:19:23.496 \longrightarrow 00:19:25.961$  receive treatment for both at the same

NOTE Confidence: 0.9418834

 $00:19:25.961 \longrightarrow 00:19:28.487$  time and having the psychiatric

NOTE Confidence: 0.9418834

 $00:19:28.487 \longrightarrow 00:19:30.304$  comorbidities are associated with

NOTE Confidence: 0.9418834

 $00{:}19{:}30.304 \dashrightarrow 00{:}19{:}32.256$  greater negative long term outcomes.

NOTE Confidence: 0.9418834

 $00:19:32.260 \longrightarrow 00:19:35.004$  We see over half of adolescence with

NOTE Confidence: 0.9418834

 $00:19:35.004 \longrightarrow 00:19:37.740$  anorexia display some type of mood disorder.

NOTE Confidence: 0.9418834

 $00:19:37.740 \longrightarrow 00:19:39.948$  The challenge here is it it's

NOTE Confidence: 0.9418834

 $00:19:39.948 \longrightarrow 00:19:41.420$  often hard to disentangle.

NOTE Confidence: 0.9418834

 $00:19:41.420 \longrightarrow 00:19:43.856$  Is that a result of the severe

NOTE Confidence: 0.9418834

 $00:19:43.856 \longrightarrow 00:19:46.246$  malnutrition or does the mood disorder

NOTE Confidence: 0.9418834

 $00:19:46.246 \longrightarrow 00:19:48.376$  predate the the eating disorder?

 $00:19:50.500 \longrightarrow 00:19:53.020$  One in four patients with

NOTE Confidence: 0.9291756

00:19:53.020 --> 00:19:55.540 anorexia have an anxiety disorder.

NOTE Confidence: 0.9291756

 $00{:}19{:}55.540 {\:{\circ}{\circ}{\circ}}>00{:}19{:}57.932$  We see one in four patients with an orexia

NOTE Confidence: 0.9291756

 $00:19:57.932 \longrightarrow 00:19:59.819$  experiencing a substance use disorder.

NOTE Confidence: 0.9291756

 $00:19:59.820 \longrightarrow 00:20:02.330$  Particularly cocaine and amphetamines are

NOTE Confidence: 0.9291756

 $00{:}20{:}02.330 \dashrightarrow 00{:}20{:}06.280$  quite high and a high rate of comorbidity

NOTE Confidence: 0.9291756

 $00:20:06.280 \longrightarrow 00:20:08.792$  with OCD in individuals with anorexia.

NOTE Confidence: 0.9291756

 $00{:}20{:}08.792 \dashrightarrow 00{:}20{:}11.090$  An important distinction here is that

NOTE Confidence: 0.9291756

 $00:20:11.148 \longrightarrow 00:20:13.650$  there are obsessive kind of tendencies

NOTE Confidence: 0.9291756

00:20:13.650 --> 00:20:15.780 associated with severe restrictive eating,

NOTE Confidence: 0.9291756

 $00{:}20{:}15.780 \dashrightarrow 00{:}20{:}18.156$  and the cooccurrence of OCD requires

NOTE Confidence: 0.9291756

 $00:20:18.156 \longrightarrow 00:20:21.166$  the obsessions to be outside just the

NOTE Confidence: 0.9291756

 $00{:}20{:}21.166 \dashrightarrow 00{:}20{:}22.898$  restrictive eating presentation themselves.

NOTE Confidence: 0.9275586

 $00:20:25.760 \longrightarrow 00:20:28.160$  Hitting further on the importance

NOTE Confidence: 0.9275586

 $00:20:28.160 \longrightarrow 00:20:30.871$  of kind of conceptualizing that how high

 $00:20:30.871 \longrightarrow 00:20:32.953$  risk this patient publishing can be.

NOTE Confidence: 0.9275586

 $00:20:32.960 \longrightarrow 00:20:34.852$  In another nationally representative

NOTE Confidence: 0.9275586

 $00:20:34.852 \longrightarrow 00:20:37.690$  study that looked at prevalence rates

NOTE Confidence: 0.9275586

00:20:37.760 --> 00:20:40.114 among among adults with a diagnosis of

NOTE Confidence: 0.9275586

00:20:40.114 --> 00:20:42.479 an eating disorder in their lifetime,

NOTE Confidence: 0.9275586

 $00:20:42.480 \longrightarrow 00:20:45.152$  we saw elevated rates or we do see

NOTE Confidence: 0.9275586

 $00:20:45.152 \longrightarrow 00:20:47.603$  elevated rates of a lifetime and a

NOTE Confidence: 0.9275586

 $00:20:47.603 \longrightarrow 00:20:49.714$  suicide attempt that in individuals with

NOTE Confidence: 0.9275586

 $00:20:49.714 \longrightarrow 00:20:52.170$  a subtype of anorexia being over 40%.

NOTE Confidence: 0.9275586

 $00:20:52.170 \longrightarrow 00:20:54.116$  So despite the fact that we silo

NOTE Confidence: 0.9275586

 $00:20:54.116 \longrightarrow 00:20:56.480$  out and separate eating disorder

NOTE Confidence: 0.9275586

 $00:20:56.480 \longrightarrow 00:20:58.925$  care from other psychiatric concerns,

NOTE Confidence: 0.9275586

00:20:58.930 --> 00:21:00.848 it it doesn't work as a treatment

NOTE Confidence: 0.9275586

 $00:21:00.848 \longrightarrow 00:21:02.474$  model because these things are so

NOTE Confidence: 0.9275586

00:21:02.474 --> 00:21:04.210 often Co occurring and leads to to

NOTE Confidence: 0.9275586

 $00{:}21{:}04.271 \dashrightarrow 00{:}21{:}05.927$  poor care that can be delivered.

 $00{:}21{:}08.310 \dashrightarrow 00{:}21{:}10.683$  So I painted this picture of the

NOTE Confidence: 0.92717004

 $00:21:10.683 \longrightarrow 00:21:12.594$  significance and severity of eating

NOTE Confidence: 0.92717004

 $00:21:12.594 \longrightarrow 00:21:14.254$  disorder presentations and the

NOTE Confidence: 0.92717004

00:21:14.254 --> 00:21:16.390 increase that we're continuing to see,

NOTE Confidence: 0.92717004

 $00:21:16.390 \longrightarrow 00:21:18.148$  that we're continuing to see it

NOTE Confidence: 0.92717004

00:21:18.148 --> 00:21:19.870 in younger and younger patients.

NOTE Confidence: 0.92717004

00:21:19.870 --> 00:21:22.586 And the reality is despite all this,

NOTE Confidence: 0.92717004

00:21:22.590 --> 00:21:24.400 our country continues to experience

NOTE Confidence: 0.92717004

 $00:21:24.400 \longrightarrow 00:21:26.749$  what we consider a crisis in care,

NOTE Confidence: 0.92717004

 $00:21:26.750 \longrightarrow 00:21:28.326$  in eating disorder care,

NOTE Confidence: 0.92717004

 $00:21:28.326 \longrightarrow 00:21:29.508$  especially in anorexia.

NOTE Confidence: 0.92717004

 $00{:}21{:}29.510 \dashrightarrow 00{:}21{:}31.533$  And this is actually a paper from

NOTE Confidence: 0.92717004

 $00{:}21{:}31.533 \dashrightarrow 00{:}21{:}33.388$  about two years ago now that was

NOTE Confidence: 0.92717004

 $00:21:33.388 \longrightarrow 00:21:35.556$  in some ways a call to action and

NOTE Confidence: 0.92717004

00:21:35.556 --> 00:21:37.386 it's published in Gym Psychiatry,

 $00:21:37.390 \longrightarrow 00:21:39.580$  the journal that highlights the

NOTE Confidence: 0.92717004

 $00:21:39.580 \longrightarrow 00:21:41.770$  number of reasons for that.

NOTE Confidence: 0.92717004

00:21:41.770 --> 00:21:44.226 So the major take home points is that

NOTE Confidence: 0.92717004

 $00:21:44.226 \longrightarrow 00:21:46.394$  really we continue to experience a

NOTE Confidence: 0.92717004

 $00:21:46.394 \longrightarrow 00:21:48.626$  crisis in care for patients with

NOTE Confidence: 0.92717004

 $00{:}21{:}48.695 \dashrightarrow 00{:}21{:}51.090$  eating disorders and and especially

NOTE Confidence: 0.92717004

 $00:21:51.090 \longrightarrow 00:21:53.050$  anorexia that it's critical to

NOTE Confidence: 0.92717004

 $00:21:53.050 \longrightarrow 00:21:54.530$  improve eating disorder care.

NOTE Confidence: 0.92717004

 $00{:}21{:}54.530 \dashrightarrow 00{:}21{:}57.162$  We continue to be in the systems

NOTE Confidence: 0.92717004

 $00:21:57.162 \longrightarrow 00:21:59.234$  where we are more kids,

NOTE Confidence: 0.92717004

 $00:21:59.234 \longrightarrow 00:22:01.594$  young adults requiring those higher

NOTE Confidence: 0.92717004

 $00:22:01.594 \longrightarrow 00:22:03.488$  levels of stabilization because

NOTE Confidence: 0.92717004

 $00{:}22{:}03.488 \dashrightarrow 00{:}22{:}05.513$  there's not enough resources in

NOTE Confidence: 0.92717004

00:22:05.513 --> 00:22:07.874 the community and at lower levels

NOTE Confidence: 0.92717004

 $00:22:07.874 \longrightarrow 00:22:10.205$  of care that there's a need for

NOTE Confidence: 0.92717004

 $00{:}22{:}10.205 \dashrightarrow 00{:}22{:}11.860$  more funding for research because

00:22:11.923 --> 00:22:13.947 eating disorders are significantly

NOTE Confidence: 0.92717004

 $00{:}22{:}13.947 \dashrightarrow 00{:}22{:}15.916$  underfunded research field and

NOTE Confidence: 0.92717004

 $00:22:15.916 \longrightarrow 00:22:18.592$  the need to develop more effective

NOTE Confidence: 0.92717004

 $00:22:18.592 \longrightarrow 00:22:21.102$  interventions because both are are

NOTE Confidence: 0.92717004

 $00:22:21.102 \longrightarrow 00:22:22.749$  the rapeutic and psychopharmological

NOTE Confidence: 0.92717004

 $00:22:22.749 \longrightarrow 00:22:24.945$  or medication based interventions

NOTE Confidence: 0.92717004

 $00:22:24.945 \longrightarrow 00:22:27.558$  do have modest success thus far.

NOTE Confidence: 0.92717004

 $00{:}22{:}27.560 \dashrightarrow 00{:}22{:}30.038$  But it's critical to improve training

NOTE Confidence: 0.92717004

 $00{:}22{:}30.040 \dashrightarrow 00{:}22{:}32.378$  as again where I'd started as it's

NOTE Confidence: 0.92717004

 $00{:}22{:}32.378 \longrightarrow 00{:}22{:}35.330$  been such a niche area of our fields

NOTE Confidence: 0.92717004

 $00{:}22{:}35.330 \to 00{:}22{:}37.312$  that that's a much smaller percentage

NOTE Confidence: 0.92717004

 $00{:}22{:}37.312 \dashrightarrow 00{:}22{:}39.160$  of our mental health and medical

NOTE Confidence: 0.92717004

 $00{:}22{:}39.220 \dashrightarrow 00{:}22{:}40.870$  providers are trained in eating

NOTE Confidence: 0.92717004

 $00:22:40.870 \longrightarrow 00:22:42.840$  disorder care than we actually need.

NOTE Confidence: 0.92717004

 $00:22:42.840 \longrightarrow 00:22:44.821$  There need to be more resources for

 $00:22:44.821 \longrightarrow 00:22:46.360$  treatment for patients and families.

NOTE Confidence: 0.92717004

 $00{:}22{:}46.360 \dashrightarrow 00{:}22{:}48.586$  There are often long wait lists

NOTE Confidence: 0.92717004

 $00:22:48.586 \longrightarrow 00:22:51.486$  that allow the the disorder to to

NOTE Confidence: 0.92717004

00:22:51.486 --> 00:22:53.711 exacerbate or get worse before

NOTE Confidence: 0.92717004

 $00:22:53.711 \longrightarrow 00:22:55.840$  receiving care and we have to develop

NOTE Confidence: 0.92717004

 $00{:}22{:}55.840 \to 00{:}22{:}57.070$  higher standards of care which

NOTE Confidence: 0.92717004

00:22:57.122 --> 00:22:58.610 just aren't available currently.

NOTE Confidence: 0.92880386

 $00:23:00.930 \longrightarrow 00:23:03.054$  So highlighting the severity,

NOTE Confidence: 0.92880386

 $00{:}23{:}03.054 \dashrightarrow 00{:}23{:}04.647$  highlighting the need,

NOTE Confidence: 0.92880386

 $00:23:04.650 \longrightarrow 00:23:07.794$  what are we doing about it at Yale,

NOTE Confidence: 0.92880386

 $00:23:07.800 \longrightarrow 00:23:09.360$  what's been done to address

NOTE Confidence: 0.92880386

 $00:23:09.360 \longrightarrow 00:23:10.920$  the problem is you know,

NOTE Confidence: 0.92880386

 $00:23:10.920 \longrightarrow 00:23:12.384$  really acknowledging the reality

NOTE Confidence: 0.92880386

 $00:23:12.384 \longrightarrow 00:23:14.580$  of of the severity and increase

NOTE Confidence: 0.92880386

 $00:23:14.647 \longrightarrow 00:23:16.077$  of cases that we've seen.

NOTE Confidence: 0.92880386

00:23:16.080 --> 00:23:17.010 I highlighted the,

00:23:17.010 --> 00:23:19.180 you know what has happened with the

NOTE Confidence: 0.92880386

 $00{:}23{:}19.241 \dashrightarrow 00{:}23{:}21.076$  numbers over all in the pandemic.

NOTE Confidence: 0.92880386

00:23:21.080 --> 00:23:23.344 I would say we're continuing to see that

NOTE Confidence: 0.92880386

00:23:23.344 --> 00:23:25.156 escalation while while it ebbs and flows,

NOTE Confidence: 0.92880386

 $00{:}23{:}25.160 \dashrightarrow 00{:}23{:}27.092$  I know just recently we had five

NOTE Confidence: 0.92880386

00:23:27.092 --> 00:23:29.359 patients in the Children's Hospital with

NOTE Confidence: 0.92880386

 $00:23:29.360 \longrightarrow 00:23:31.090$  being hospitalized on the Pediatrics

NOTE Confidence: 0.92880386

 $00:23:31.090 \longrightarrow 00:23:32.820$  floor for the medical complications

NOTE Confidence: 0.92880386

 $00:23:32.875 \longrightarrow 00:23:34.559$  associated with restrictive eating.

NOTE Confidence: 0.92880386

 $00:23:34.560 \longrightarrow 00:23:37.160$  So we don't see this

NOTE Confidence: 0.92880386

 $00{:}23{:}37.160 \dashrightarrow 00{:}23{:}39.240$  slowing down any time soon.

NOTE Confidence: 0.92880386

 $00{:}23{:}39.240 \dashrightarrow 00{:}23{:}41.557$  What we've done to address that need

NOTE Confidence: 0.92880386

 $00{:}23{:}41.560 \longrightarrow 00{:}23{:}43.672$  kind of given given the state of the

NOTE Confidence: 0.92880386

 $00:23:43.672 \longrightarrow 00:23:45.663$  field and those different issues

NOTE Confidence: 0.92880386

 $00:23:45.663 \longrightarrow 00:23:47.763$  with resources that we have talked

 $00:23:47.829 \longrightarrow 00:23:50.106$  about of just kind of as a field

NOTE Confidence: 0.92880386

 $00{:}23{:}50.106 {\:\dashrightarrow\:} 00{:}23{:}52.330$  generally is trying to be creative

NOTE Confidence: 0.92880386

 $00:23:52.330 \longrightarrow 00:23:54.300$  and innovative in the collaboration

NOTE Confidence: 0.92880386

00:23:54.372 --> 00:23:56.280 with the Children's Hospital.

NOTE Confidence: 0.92880386

 $00:23:56.280 \longrightarrow 00:23:57.788$  So collaborations with the

NOTE Confidence: 0.92880386

 $00:23:57.788 \longrightarrow 00:23:59.673$  Pediatrics team for these youth

NOTE Confidence: 0.92880386

 $00{:}23{:}59.673 \dashrightarrow 00{:}24{:}01.730$  that are medically hospitalized.

NOTE Confidence: 0.92880386

 $00:24:01.730 \longrightarrow 00:24:04.082$  So these patients are managed by our

NOTE Confidence: 0.92880386

 $00:24:04.082 \longrightarrow 00:24:06.327$  consultation liaison team who serve or

NOTE Confidence: 0.92880386

 $00:24:06.327 \longrightarrow 00:24:08.282$  youth that are medically hospitalized

NOTE Confidence: 0.92880386

 $00{:}24{:}08.282 {\: --> \:} 00{:}24{:}09.610$  requiring psychiatric supports.

NOTE Confidence: 0.92880386

 $00:24:09.610 \longrightarrow 00:24:11.400$  There's weekly case rounds where

NOTE Confidence: 0.92880386

 $00:24:11.400 \longrightarrow 00:24:13.190$  the youth with eating disorders

NOTE Confidence: 0.92880386

 $00:24:13.253 \longrightarrow 00:24:15.409$  are rounded on by both the medical

NOTE Confidence: 0.92880386

 $00:24:15.409 \longrightarrow 00:24:17.253$  and psychiatric team as well as

NOTE Confidence: 0.92880386

 $00:24:17.253 \longrightarrow 00:24:18.688$  other members caring for them,

00:24:18.690 --> 00:24:21.010 including nursing child life,

NOTE Confidence: 0.92135006

 $00{:}24{:}23.130 \dashrightarrow 00{:}24{:}24.658$  doing trainings, teaching didactics

NOTE Confidence: 0.92135006

 $00:24:24.658 \longrightarrow 00:24:27.379$  with the Pediatrics team as well as

NOTE Confidence: 0.92135006

 $00:24:27.379 \longrightarrow 00:24:29.204$  the consultation liaison team and

NOTE Confidence: 0.92135006

 $00:24:29.204 \longrightarrow 00:24:31.010$  educating on eating disorder care.

NOTE Confidence: 0.92135006

00:24:31.010 --> 00:24:32.420 And trying to revisit our clinical

NOTE Confidence: 0.92135006

 $00:24:32.420 \longrightarrow 00:24:34.171$  pathway that we use to care for these

NOTE Confidence: 0.92135006

 $00{:}24{:}34.171 \dashrightarrow 00{:}24{:}36.153$  patients to try to keep it as up to date

NOTE Confidence: 0.92135006

 $00{:}24{:}36.153 \longrightarrow 00{:}24{:}39.530$  as possible to provide the best care.

NOTE Confidence: 0.92135006

 $00:24:39.530 \longrightarrow 00:24:41.252$  We've also done is the necessity

NOTE Confidence: 0.92135006

 $00{:}24{:}41.252 \dashrightarrow 00{:}24{:}42.694$  of providing bridging plans for

NOTE Confidence: 0.92135006

 $00:24:42.694 \longrightarrow 00:24:44.170$  patients due to wait list there.

NOTE Confidence: 0.92135006

 $00{:}24{:}44.170 \dashrightarrow 00{:}24{:}47.563$  As I had kind of started to allude to,

NOTE Confidence: 0.92135006

 $00:24:47.570 \longrightarrow 00:24:49.579$  there is a significant kind of dearth

NOTE Confidence: 0.92135006

 $00:24:49.579 \longrightarrow 00:24:51.663$  of resources in the community for this

00:24:51.663 --> 00:24:53.755 patient population that is in a lot

NOTE Confidence: 0.92135006

 $00:24:53.755 \longrightarrow 00:24:55.441$  of ways you know largely connected

NOTE Confidence: 0.92135006

 $00{:}24{:}55.441 \dashrightarrow 00{:}24{:}57.646$  to that niche area that it's become.

NOTE Confidence: 0.92135006

 $00:24:57.646 \longrightarrow 00:24:59.680$  So often we have patients that

NOTE Confidence: 0.92135006

00:24:59.746 --> 00:25:01.408 once medically stabilized,

NOTE Confidence: 0.92135006

00:25:01.410 --> 00:25:03.042 they're still not the right next

NOTE Confidence: 0.92135006

 $00{:}25{:}03.042 \dashrightarrow 00{:}25{:}04.610$  treatment for them immediately available.

NOTE Confidence: 0.92135006

 $00:25:04.610 \longrightarrow 00:25:06.612$  And so we're having to create these

NOTE Confidence: 0.92135006

 $00{:}25{:}06.612 \dashrightarrow 00{:}25{:}08.213$  bridging plans to not unnecessarily

NOTE Confidence: 0.92135006

00:25:08.213 --> 00:25:10.265 keep them in the hospital people

NOTE Confidence: 0.92135006

 $00:25:10.265 \longrightarrow 00:25:12.880$  either without kind of access to

NOTE Confidence: 0.92135006

 $00:25:12.880 \longrightarrow 00:25:15.530$  necessarily an eating disorder mill you.

NOTE Confidence: 0.92135006

 $00:25:15.530 \longrightarrow 00:25:17.650$  We're working to create innovative

NOTE Confidence: 0.92135006

00:25:17.650 --> 00:25:19.346 and responsive treatment care

NOTE Confidence: 0.92135006

 $00:25:19.346 \longrightarrow 00:25:21.089$  models for complex patients.

NOTE Confidence: 0.92135006

 $00:25:21.090 \longrightarrow 00:25:23.162$  So as I had you know already said

 $00{:}25{:}23.162 \longrightarrow 00{:}25{:}25.044$  that the eating disorder very

NOTE Confidence: 0.92135006

 $00{:}25{:}25.044 \dashrightarrow 00{:}25{:}27.204$  infrequently happens in the vacuum.

NOTE Confidence: 0.92135006

00:25:27.210 --> 00:25:29.128 And so we've more and more frequently

NOTE Confidence: 0.92135006

 $00:25:29.128 \longrightarrow 00:25:31.170$  see youth coming in with those concerns,

NOTE Confidence: 0.92135006

 $00:25:31.170 \longrightarrow 00:25:32.790$  but also having suicidality

NOTE Confidence: 0.92135006

 $00:25:32.790 \longrightarrow 00:25:34.410$  or other mood concerns.

NOTE Confidence: 0.92135006

 $00:25:34.410 \longrightarrow 00:25:35.650$  And because treatment models

NOTE Confidence: 0.92135006

00:25:35.650 --> 00:25:36.890 are often very separate,

NOTE Confidence: 0.92135006

 $00:25:36.890 \longrightarrow 00:25:38.852$  we have to think about how do we bridge

NOTE Confidence: 0.92135006

 $00:25:38.852 \longrightarrow 00:25:40.808$  that and provide more appropriate care,

NOTE Confidence: 0.93888307

 $00:25:42.890 \longrightarrow 00:25:45.090$  finding ways to provide training

NOTE Confidence: 0.93888307

 $00{:}25{:}45.090 \dashrightarrow 00{:}25{:}47.741$  education to clinicians within the Child

NOTE Confidence: 0.93888307

 $00{:}25{:}47.741 \dashrightarrow 00{:}25{:}50.045$  Study Center across levels of care.

NOTE Confidence: 0.93888307

 $00:25:50.050 \longrightarrow 00:25:52.185$  And that who are often working with

NOTE Confidence: 0.93888307

 $00:25:52.185 \longrightarrow 00:25:53.965$  these patients whether it be outpatient

 $00:25:53.965 \longrightarrow 00:25:56.556$  or in home services who are also

NOTE Confidence: 0.93888307

 $00:25:56.556 \longrightarrow 00:25:59.066$  coordinating with their medical teams.

NOTE Confidence: 0.93888307

 $00:25:59.070 \longrightarrow 00:26:00.854$  And then thinking about the goals for eating

NOTE Confidence: 0.93888307

00:26:00.854 --> 00:26:02.347 disorder care at the Child Study Center.

NOTE Confidence: 0.93888307

 $00:26:02.350 \longrightarrow 00:26:03.850$  Building on this work

NOTE Confidence: 0.93888307

 $00:26:03.850 \longrightarrow 00:26:05.350$  that's already been done,

NOTE Confidence: 0.93888307

 $00:26:05.350 \longrightarrow 00:26:07.114$  we're working to build more robust

NOTE Confidence: 0.93888307

00:26:07.114 --> 00:26:08.655 eating disorder care in partnership

NOTE Confidence: 0.93888307

 $00{:}26{:}08.655 {\:{\mbox{--}}}{>} 00{:}26{:}10.509$  between the Child Study Center and

NOTE Confidence: 0.93888307

00:26:10.509 --> 00:26:12.510 Neil New Haven Children's Hospital.

NOTE Confidence: 0.93888307

 $00{:}26{:}12.510 \dashrightarrow 00{:}26{:}14.766$  This is something that in in kind of

NOTE Confidence: 0.93888307

 $00:26:14.766 \longrightarrow 00:26:16.701$  moving those efforts forward has been

NOTE Confidence: 0.93888307

00:26:16.701 --> 00:26:19.102 primarily led by the Child Study Center

NOTE Confidence: 0.93888307

 $00:26:19.102 \longrightarrow 00:26:21.720$  and with mental health lead and with

NOTE Confidence: 0.93888307

 $00:26:21.720 \longrightarrow 00:26:24.138$  the interdisciplinary partnership with

NOTE Confidence: 0.93888307

 $00:26:24.138 \longrightarrow 00:26:27.336$  Pediatrics and nutrition with really

00:26:27.336 --> 00:26:30.120 that goal again not to shy away from

NOTE Confidence: 0.93888307

00:26:30.200 --> 00:26:32.960 those high risk complex presentations,

NOTE Confidence: 0.93888307

 $00:26:32.960 \longrightarrow 00:26:34.845$  really another goal addressing the

NOTE Confidence: 0.93888307

 $00:26:34.845 \longrightarrow 00:26:36.353$  limited community referral options.

NOTE Confidence: 0.93888307

 $00:26:36.360 \longrightarrow 00:26:38.772$  So that can be done in a number of

NOTE Confidence: 0.93888307

00:26:38.772 --> 00:26:40.668 ways through both increasing those

NOTE Confidence: 0.93888307

00:26:40.668 --> 00:26:41.889 outpatient services affiliated

NOTE Confidence: 0.93888307

 $00:26:41.889 \longrightarrow 00:26:43.989$  directly with Yale or through

NOTE Confidence: 0.93888307

 $00{:}26{:}43.989 \dashrightarrow 00{:}26{:}45.637$  community partnerships and trainings.

NOTE Confidence: 0.93888307

 $00:26:45.640 \longrightarrow 00:26:48.782$  So again training of community providers

NOTE Confidence: 0.93888307

00:26:48.782 --> 00:26:51.314 within the Yale system and developing

NOTE Confidence: 0.93888307

00:26:51.314 --> 00:26:53.900 more of those bridging services,

NOTE Confidence: 0.93888307

 $00{:}26{:}53.900 \dashrightarrow 00{:}26{:}56.000$  trying to think about and other goals

NOTE Confidence: 0.93888307

 $00:26:56.000 \longrightarrow 00:26:57.832$  of developing that streamline pathway

NOTE Confidence: 0.93888307

 $00:26:57.832 \longrightarrow 00:27:00.466$  from those youth requiring that medical

 $00:27:00.466 \longrightarrow 00:27:02.419$  inpatient stabilization to outpatient care.

NOTE Confidence: 0.93888307

00:27:02.420 --> 00:27:05.060 So once somebody is brought into the system,

NOTE Confidence: 0.93888307

 $00:27:05.060 \longrightarrow 00:27:07.571$  what are the steps to getting them back out

NOTE Confidence: 0.93888307

00:27:07.571 --> 00:27:09.780 safely knowing that it's not, you know,

NOTE Confidence: 0.93888307

 $00:27:09.780 \longrightarrow 00:27:12.340$  kind of one stop and then back out.

NOTE Confidence: 0.93888307

00:27:12.340 --> 00:27:14.290 This includes that aim of utilizing

NOTE Confidence: 0.93888307

 $00:27:14.290 \longrightarrow 00:27:16.517$  sites within the Yale New Haven

NOTE Confidence: 0.93888307

00:27:16.517 --> 00:27:17.816 Children's Hospital Network,

NOTE Confidence: 0.93888307

 $00{:}27{:}17.820 \dashrightarrow 00{:}27{:}21.105$  including the initiative to begin to

NOTE Confidence: 0.93888307

 $00:27:21.105 \longrightarrow 00:27:22.930$  utilize places like Bridgeport Hospital

NOTE Confidence: 0.93888307

 $00{:}27{:}22.930 \dashrightarrow 00{:}27{:}25.160$  for stabilization of these patients and

NOTE Confidence: 0.93888307

 $00:27:25.160 \longrightarrow 00:27:27.290$  ensuring the most robust supports there

NOTE Confidence: 0.93888307

 $00:27:27.290 \longrightarrow 00:27:29.301$  available that are needed to support

NOTE Confidence: 0.93888307

 $00{:}27{:}29.301 \to 00{:}27{:}31.173$  this patient population that has been

NOTE Confidence: 0.93888307

00:27:31.180 --> 00:27:34.764 built up at our York Street campus.

NOTE Confidence: 0.93888307

 $00:27:34.770 \longrightarrow 00:27:37.044$  Really another goal of maintaining that

 $00:27:37.044 \longrightarrow 00:27:39.444$  mindset of the multiple systems level

NOTE Confidence: 0.93888307

 $00{:}27{:}39.444 \dashrightarrow 00{:}27{:}42.307$  approach that is needed in partnership with

NOTE Confidence: 0.93888307

 $00:27:42.307 \longrightarrow 00:27:44.409$  colleagues throughout our departments.

NOTE Confidence: 0.93888307

00:27:44.410 --> 00:27:47.290 So given such a complex high

NOTE Confidence: 0.93888307

00:27:47.290 --> 00:27:48.730 risk patient population,

NOTE Confidence: 0.93888307

 $00:27:48.730 \longrightarrow 00:27:50.098$  not just think about who is

NOTE Confidence: 0.93888307

00:27:50.098 --> 00:27:51.410 directly caring for this patient,

NOTE Confidence: 0.93888307

 $00:27:51.410 \longrightarrow 00:27:53.480$  but where will this patient be

NOTE Confidence: 0.93888307

00:27:53.480 --> 00:27:55.632 going next And and really thinking

NOTE Confidence: 0.93888307

 $00{:}27{:}55.632 \dashrightarrow 00{:}27{:}58.400$  about helping it to be as fluid a

NOTE Confidence: 0.93888307

 $00:27:58.470 \longrightarrow 00:28:00.800$  process for families as possible.

NOTE Confidence: 0.93888307

 $00:28:00.800 \longrightarrow 00:28:02.768$  And this is where we start with the

NOTE Confidence: 0.93888307

 $00{:}28{:}02.768 \dashrightarrow 00{:}28{:}05.089$  need and the goal of prioritizing an

NOTE Confidence: 0.93888307

 $00:28:05.089 \longrightarrow 00:28:06.854$  ambulatory program that can provide

NOTE Confidence: 0.93888307

00:28:06.914 --> 00:28:08.370 that interdisciplinary support to

 $00:28:08.370 \longrightarrow 00:28:10.554$  a patient and their family when

NOTE Confidence: 0.93888307

 $00{:}28{:}10.560 \dashrightarrow 00{:}28{:}13.880$  those concerns are emerging.

NOTE Confidence: 0.93888307

 $00:28:13.880 \longrightarrow 00:28:16.248$  And then of course one of the other,

NOTE Confidence: 0.93888307

00:28:16.250 --> 00:28:17.177 you know really,

NOTE Confidence: 0.93888307

00:28:17.177 --> 00:28:19.031 really crucial and I would say

NOTE Confidence: 0.93888307

00:28:19.031 --> 00:28:20.996 critical goals and priorities being

NOTE Confidence: 0.93888307

 $00:28:20.996 \longrightarrow 00:28:22.986$  a prioritizing training of fellows

NOTE Confidence: 0.93888307

00:28:22.986 --> 00:28:24.605 throughout the departments including

NOTE Confidence: 0.93888307

 $00{:}28{:}24.605 \dashrightarrow 00{:}28{:}26.927$  the child study center in Pediatrics.

NOTE Confidence: 0.93888307

 $00:28:26.930 \longrightarrow 00:28:28.406$  To get away from this idea,

NOTE Confidence: 0.93888307

00:28:28.410 --> 00:28:31.194 from it being a niche area of training

NOTE Confidence: 0.93888307

 $00:28:31.194 \longrightarrow 00:28:33.583$  and really trying to focus on kind

NOTE Confidence: 0.93888307

 $00:28:33.583 \longrightarrow 00:28:35.248$  of broadening the exposure for

NOTE Confidence: 0.93888307

 $00:28:35.248 \longrightarrow 00:28:36.580$  trainees and professionals working

NOTE Confidence: 0.93888307

00:28:36.630 --> 00:28:38.010 with this patient population,

NOTE Confidence: 0.93888307

 $00{:}28{:}38.010 \dashrightarrow 00{:}28{:}40.768$  this as it's critically needed for care.

 $00:28:40.770 \longrightarrow 00:28:43.059$  And so well the Child City

NOTE Confidence: 0.93888307

 $00{:}28{:}43.059 \dashrightarrow 00{:}28{:}44.694$  Center and Children's Hospital has

NOTE Confidence: 0.93888307

 $00{:}28{:}44.694 \dashrightarrow 00{:}28{:}47.054$  done a lot to to work through some

NOTE Confidence: 0.93292784666666

 $00:28:47.124 \longrightarrow 00:28:49.636$  of these challenges and to be able to

NOTE Confidence: 0.93292784666666

 $00:28:49.636 \longrightarrow 00:28:51.206$  address this continued increasing need.

NOTE Confidence: 0.93292784666666

 $00:28:51.206 \longrightarrow 00:28:53.700$  There continues to be a lot of goals

NOTE Confidence: 0.932927846666666

 $00:28:53.700 \longrightarrow 00:28:55.716$  for those next steps and and as you

NOTE Confidence: 0.93292784666666

 $00{:}28{:}55.716 \dashrightarrow 00{:}28{:}57.512$  know it's been highlighted throughout

NOTE Confidence: 0.932927846666666

 $00:28:57.512 \longrightarrow 00:29:00.158$  the field is where we're continuing to

NOTE Confidence: 0.93292784666666

00:29:00.158 --> 00:29:03.014 see the increase in need and trying

NOTE Confidence: 0.932927846666666

 $00:29:03.014 \longrightarrow 00:29:05.723$  to evolve dynamically as a center

NOTE Confidence: 0.93292784666666

 $00:29:05.723 \longrightarrow 00:29:08.897$  and a hospital system to meet that

NOTE Confidence: 0.93292784666666

 $00{:}29{:}08.897 \dashrightarrow 00{:}29{:}10.808$  need for this patient population.

NOTE Confidence: 0.93292784666666

00:29:10.808 --> 00:29:13.608 And figuring out how to to best

NOTE Confidence: 0.93292784666666

 $00:29:13.608 \longrightarrow 00:29:15.384$  serve a patient population that does

 $00:29:15.384 \longrightarrow 00:29:17.414$  pull on on resources quite a bit and

NOTE Confidence: 0.93292784666666

 $00:29:17.414 \longrightarrow 00:29:19.811$  to be able to deliver the the best

NOTE Confidence: 0.932927846666666

00:29:19.811 --> 00:29:21.431 care for that patient population.

NOTE Confidence: 0.9338283

 $00:29:24.960 \longrightarrow 00:29:26.290$  Thank you very much for

NOTE Confidence: 0.9338283

 $00:29:26.290 \longrightarrow 00:29:27.354$  for attending the webinar.

NOTE Confidence: 0.9338283

 $00:29:27.360 \longrightarrow 00:29:29.664$  I hope that you know the note that I

NOTE Confidence: 0.9338283

 $00:29:29.664 \longrightarrow 00:29:31.746$  really do want to end on is with the

NOTE Confidence: 0.9338283

 $00:29:31.746 \longrightarrow 00:29:33.709$  hope of despite us seeing the dire

NOTE Confidence: 0.9338283

 $00:29:33.709 \longrightarrow 00:29:35.798$  need in the field on the increase

NOTE Confidence: 0.9338283

00:29:35.798 --> 00:29:37.328 in severity and presentations that

NOTE Confidence: 0.9338283

 $00{:}29{:}37.328 \dashrightarrow 00{:}29{:}38.860$  somewhere like the child study

NOTE Confidence: 0.9338283

 $00:29:38.860 \longrightarrow 00:29:40.588$  center you know New Haven Children's

NOTE Confidence: 0.9338283

 $00{:}29{:}40.588 \dashrightarrow 00{:}29{:}41.959$  Hospital has the infrastructure and

NOTE Confidence: 0.9338283

 $00{:}29{:}41.959 \dashrightarrow 00{:}29{:}43.908$  the right sports in place to meet

NOTE Confidence: 0.9338283

 $00:29:43.908 \longrightarrow 00:29:46.624$  that need and the right vision

NOTE Confidence: 0.9338283

 $00:29:46.624 \longrightarrow 00:29:49.274$  to continue to innovate and move

 $00{:}29{:}49.274 \dashrightarrow 00{:}29{:}51.514$  those move that process forward.

NOTE Confidence: 0.9338283

00:29:51.520 --> 00:29:51.960 Thank you.