UPMC TIPS

1-844-972-8477

UPMC | CHILDREN'S COMMUNITY PEDIATRICS

UPMC | WESTERN BEHAVIORAL HEALTH

UPMC | MAGEE-WOMENS

Abigail Boden Schlesinger, MD
Medical Director, Children's TiPS
Clinical Chief, Child & Adolescent Psychiatry &
Integrated Care Western Psychiatric & Children's Hospital
Professor, Pediatrics & Psychiatry
University of Pittsburgh School of Medicine

UPMC TiPS

2026 TiPS Behavioral Health & Pediatric Primary Care Fall Virtual Conference - A Focus on Disordered Eating

8:00 am - 9:00 am	***Disordered Eating in Pediatric Primary Care*** Abigail Schlesinger MD, Piper Carroll MD
9:00 am – 10:00 am	***Best Practices When Considering a Higher Level of Care*** Rebecca Miller MD, Elissa Gittes MD
10:00 am – 10:30 am	***Ask the Experts*** Piper Carroll MD, Elissa Gittes MD, Rebecca Miller MD, Abigail Schlesinger MD
10:30 am – 11:00 am	***Building Healthy Food and Body Conversations with Families*** Piper Carroll MD
11:00am – 12:00pm	***Understanding ARFID: What Every Pediatrician Needs to Know*** Abigail Schlesinger MD

TiPS Core Components

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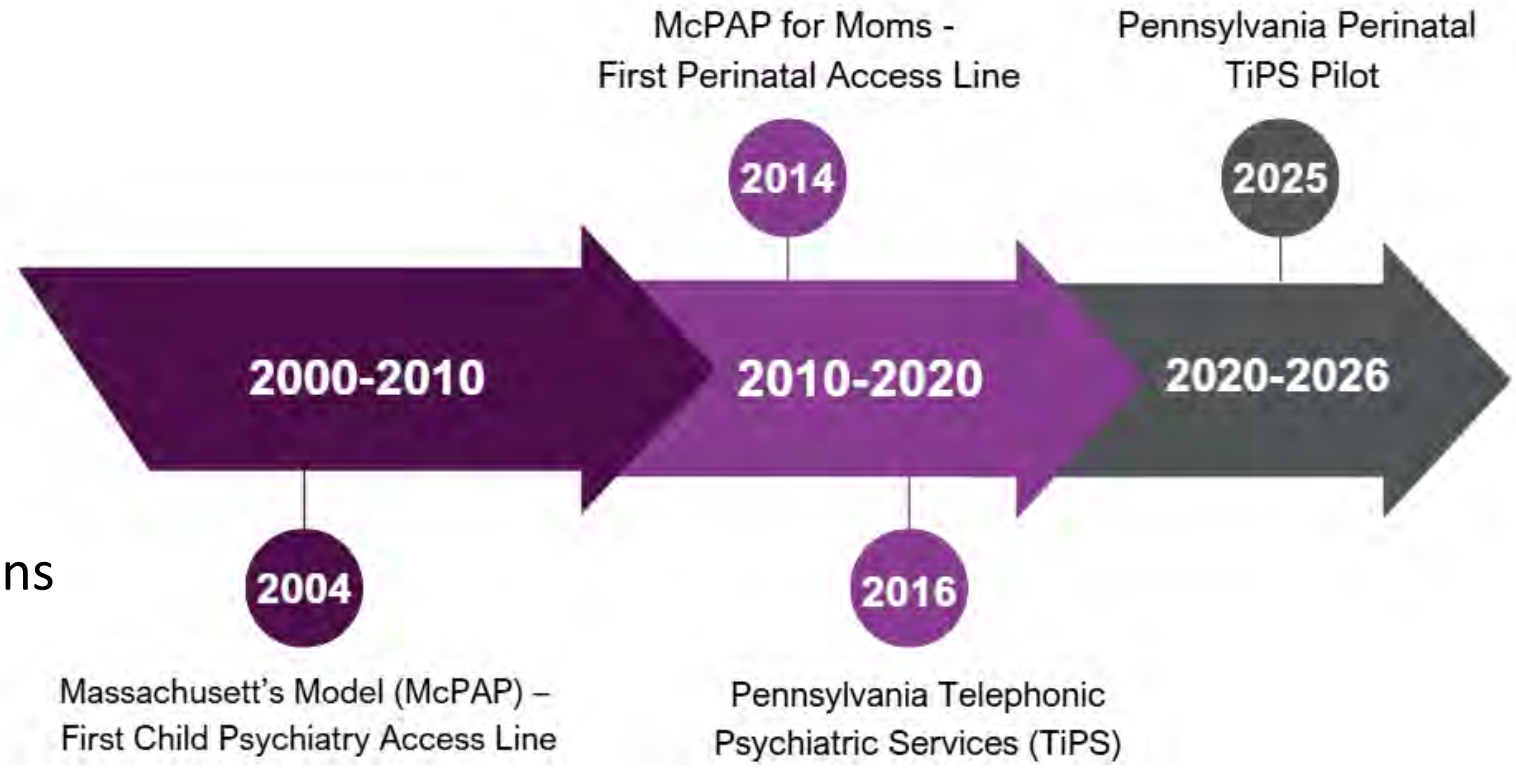
Psychiatry Access Lines

- Improve access to MH care
- Reduce health inequities
- Improve prescribing practices
- Build provider comfort and confidence in:
  - Medications
  - Nonmedication interventions
- Show high provider and patient/family satisfaction



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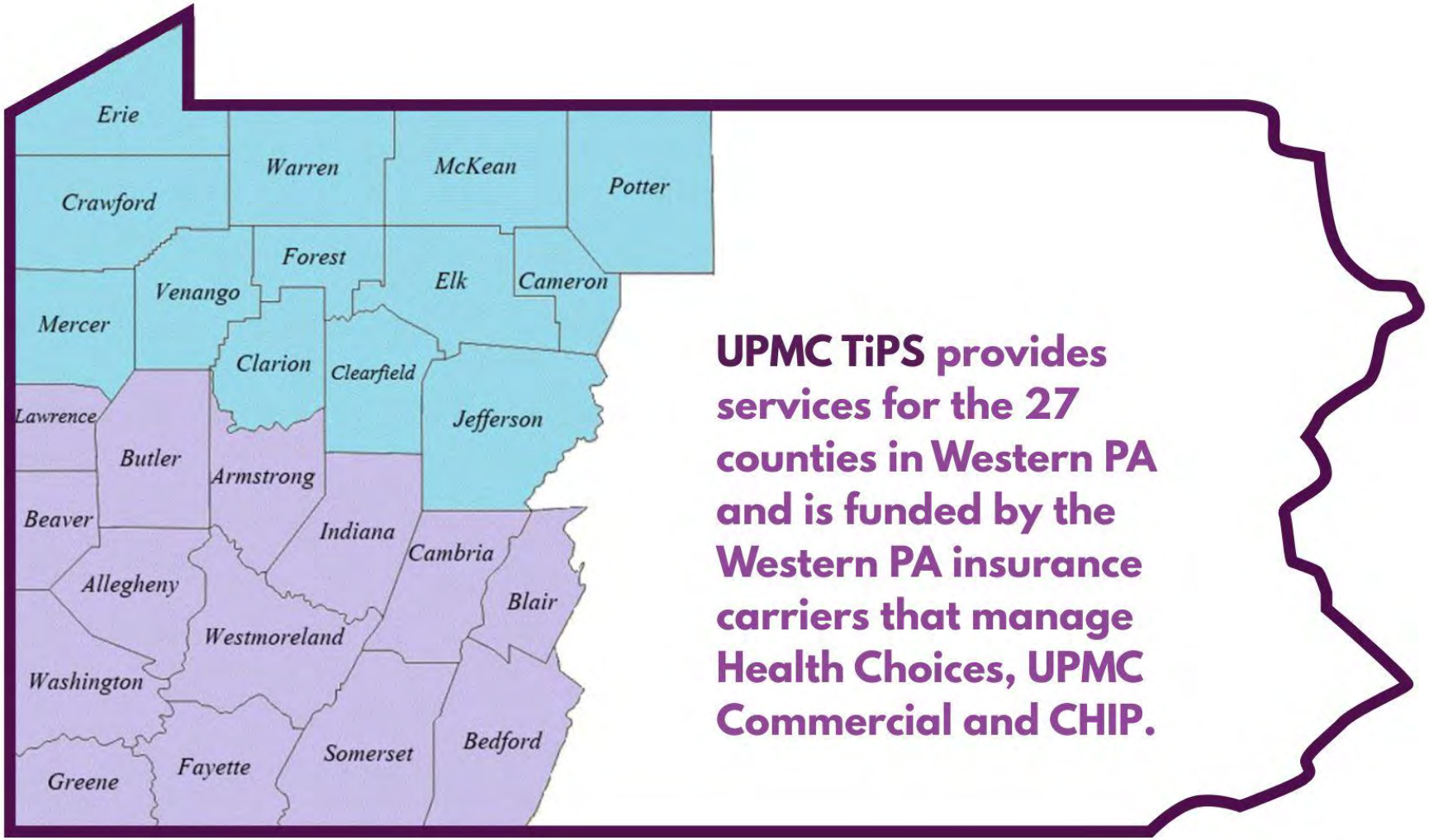
TiPS Serves Western Pennsylvania



UPMC TiPS provides services for the 27 counties in Western PA and is funded by the Western PA insurance carriers that manage Health Choices, UPMC Commercial and CHIP.

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Pediatric TiPS vs. Perinatal TiPS

Feature	Pediatric TiPS	Perinatal TiPS
Target Audience	Children and adolescents (ages 0–21)	Birthing individuals (preconception to 12 months postpartum)
Consults With	Primary Care Provider	Primary Care Provider, OB/GYN, Psychiatry, infant's PCP
Response Time	Call back within 30 minutes	Call back within 24 hours (typically same day)
Insurance Requirements	UPMC commercial, PA Medicaid, PA CHIP (*expanding to all insurances in 2026*)	No insurance barriers
Focus Area	Pediatric behavioral health & substance use disorders	Perinatal mental health and substance use disorders
One Time Evaluation	Therapist and or Child Psychiatrist (Bills insurance)	Perinatal Psychiatrist (Does not currently bill)

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UPMC TiPS Team

Children's TiPS Psychiatrists

- Abigail Schlesinger, MD (Medical Director)
- Craig Coleman, MD
- Heather Joseph, DO
- Rebecca Miller, MD
- Meredith Spada, MD
- Estelle Hirsh, MD

Perinatal TiPS Psychiatrists

- Meredith Spada, MD (Medical Director)
- Priya Gopalan, MD
- Heather Joseph, DO
- Jody Glance, MD
- Shinnyi Chou, MD

Perinatal TiPS has access to Addiction Medicine specialists.

Program Director

- Colleen Gianneski, LCSW

Children's TiPS Therapists

- Meghan Stoehr, LCSW (Supervisor, BH)
- Sarah Martino, LPC
- Shelley Wikert, LPC

Care Coordinators

- Jolene Potoma, BS
- Kylee Thompson, BS
- Allison Tomicek, MS

SMART Choices

- Shannon Meyers, MSN

Administrative Support

- Melissa McCaslin

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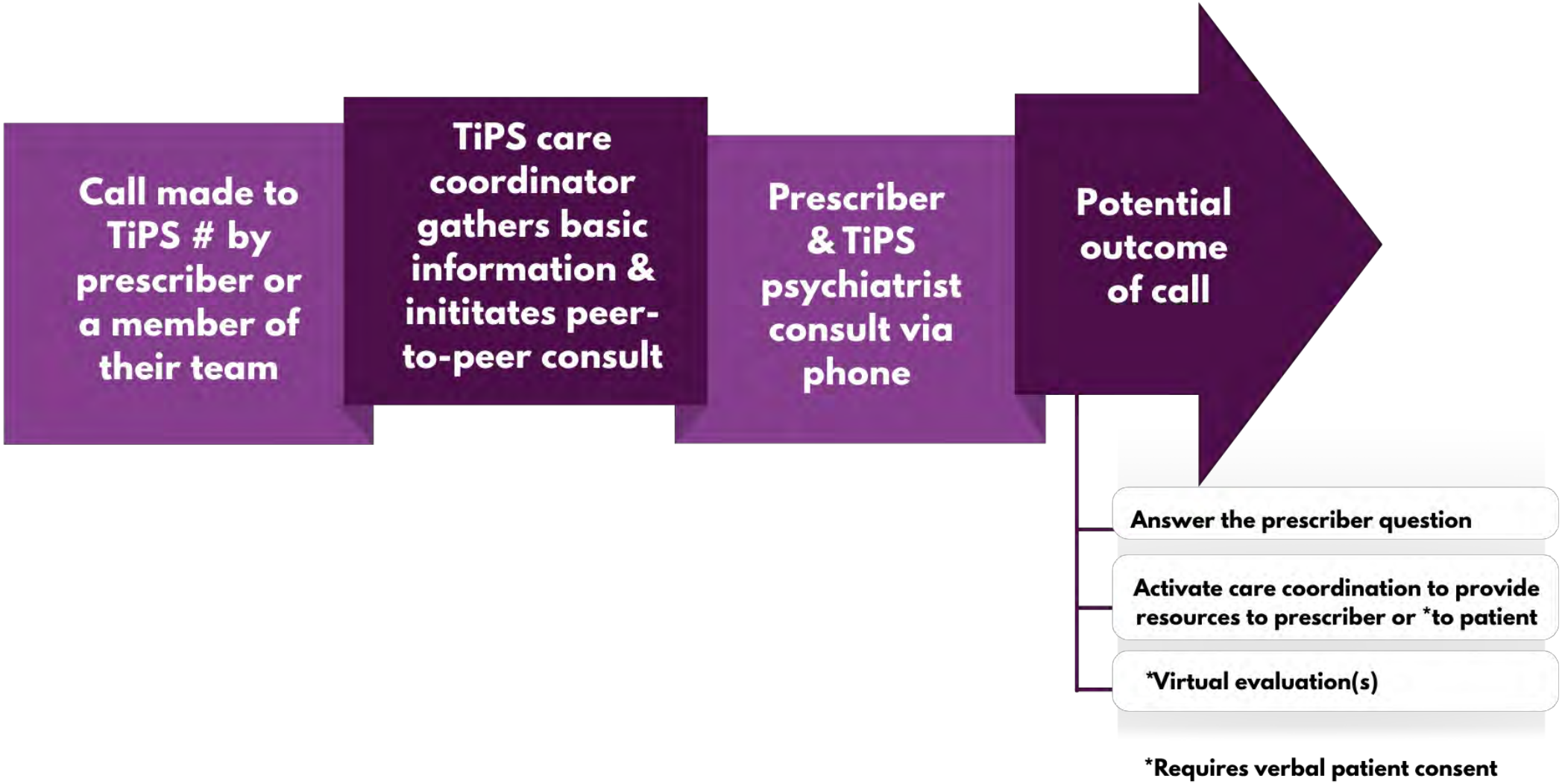
TiPS Workflow



Services TiPS Does Not Provide

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Give TiPS a Call

- Call UPMC TiPS at 1-844- 972-8477
  - Children's & Perinatal TiPS use the same phone number

- Monday – Friday 9:00am – 5:00pm
  - You can leave a voicemail if calling before/after hours

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Eating and Disordered Eating in Pediatric Primary Care

Piper Caroll MD
UPMC Center for Eating Disorders

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Learning Objectives

Primary Care Providers who participate will be able to:

1. Describe the elements of the following eating disorders: anorexia, bulimia, OSFED, ARFID, and BED.
2. Identify when to be concerned about disordered eating, including but limited to situations involving low weight or weight loss.
3. Describe steps pediatric primary care providers can take when concerned about disordered eating.

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Case 1:

- 14-year-old girl without significant medical history
- You have known the family for several years, mom has always been quite anxious about her daughter's health.
- Since age 10, she has been ~90th %ile for weight and 75th %ile for height.
- Weight at her well child visit today is 135 lbs, this is a 3 lb gain from last year's well child visit and puts her around the 85th percentile for weight
- Mom expresses worry about her daughter’s eating (“she is not eating the same things she used to and she just seems off”).

What would you do next and why? What kinds of things would make you concerned?

Early Detection of Eating Disorders

- The duration of time an eating disorder goes untreated is one of the best predictors of treatment success
- Early Intervention is associated with:
  - Improved recovery rates
  - Decreased need for higher levels of care
  - Decreased chronicity of the disorder
  - Fewer medical complications
  - Improved psychiatric outcomes

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Anorexia: Restrictive intake relative to requirements leading to low body weight.

- Intense fear of gaining weight or becoming fat OR behavior that interferes with weight gain.
- Disturbance in the way one's body shape is experienced OR lack of recognition of the seriousness of low body weight.
- Can be restrictive OR binge purge type.

Bulimia: Recurrent binge eating followed by compensatory behavior to prevent weight gain.

- Self-evaluation is unduly influenced by body shape and weight.
- No significant change in weight/growth.

Other Specified Feeding or Eating Disorder (OSFED): Disordered eating that causes clinically significant distress or impaired functioning but does not meet the full criteria for another eating disorder.

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When should I be concerned?

- Disordered eating cognitions are impacting eating behaviors
- **Even if normal weight range...**
  - Is this weight loss for the individual?
  - How rapid has the weight loss been?
- **Even without weight loss...**
  - Have they fallen off their growth curve?
  - Are they engaging in restrictive eating?
  - Are they engaging in compensatory behaviors?

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SCOFF QUESTIONNAIRE[a]

- Do you make yourself *S*ick because you feel uncomfortably full?
- Do you worry you have lost *C*ontrol over how much you eat?
- Have you recently lost more than *O*ne stone (14 pounds) in a 3-month period?
- Do you believe yourself to be *F*at when others say you are too thin?
- Would you say *F*ood dominates your life?

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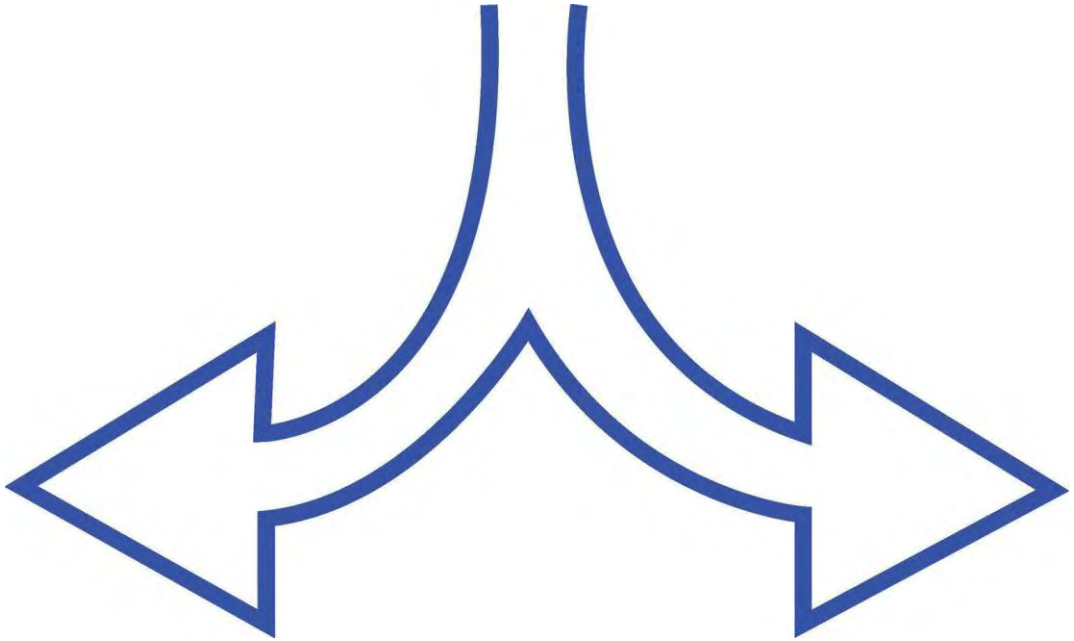
Case 2: 14-year-old in 85th %ile for weight (135 lbs), mom is worried she is cutting out foods.

Denies negative thoughts about weight/shape. Has been doing more physical activity this school year.



Endorses body focused bullying at school and desire to lose weight.

Has been cutting out food groups and exercising in secret.

What next steps do you take for each of these scenarios?

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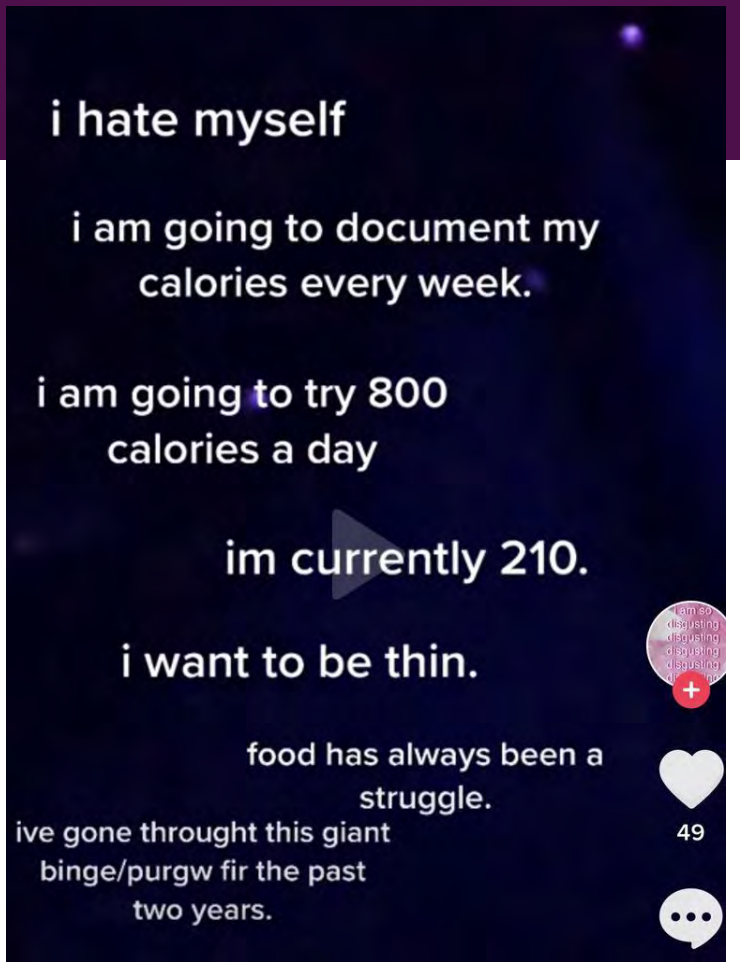
Case 2:

- 16-year-old female presenting for well child visit
- Weight today is 115 pounds, down from 125 pounds last year.
- She has been declining meals, saying her stomach hurts.
- She spends a lot of time on social media; dad saw some TikTok videos on how to lose weight.



What work up would you do? Are there any specific studies you would order given concern for disordered eating?

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The work up

- History
- Exam
  - Vital signs (including orthostatic vitals)
- Studies/Referrals
  - EKG
  - DEXA (if menses lost for >12 mo)
  - Consider GI referral for additional evaluation (to assess for another cause)
- Labs
  - CBC
  - CMP
  - Mag and phos (thinking about refeeding)
  - Consider TSH, ESR, CRP, celiac, pregnancy test (to assess for another cause)
  - Consider iron panel, B12 (to assess for consequences of malnourishment)

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Case 3:

- Patient says she knows she is overweight and has been trying to be healthy by cutting out fats/carbs/sugars.
- It has become hard for her to eat because she feels full when she eats anything. Dad says this started after months of her eating less and less.
- EKG shows normal sinus rhythm
- Mildly positive orthostatic vital signs, asymptomatic
- Mild microcytic anemia, otherwise, labs wnl

What are your next steps?

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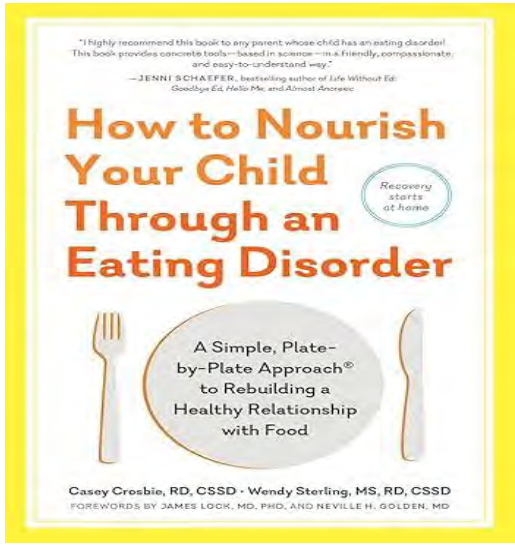
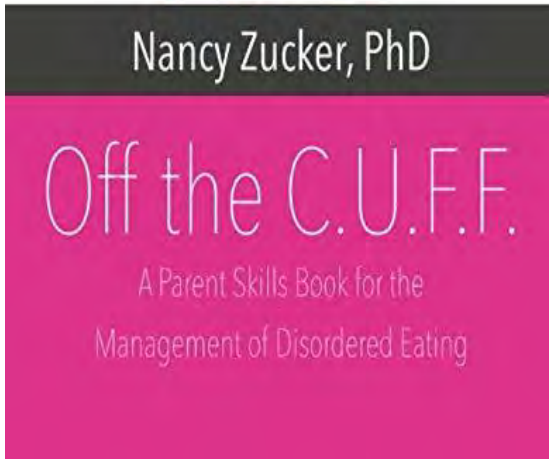
Building a treatment plan

- Refer for a BH evaluation (eating disorder specific if possible)
- Dietician?
- Provide parents resources for eating disorders
- Bring child back for weight checks and vital signs to ensure continued medical stability





ANAD

NEDA National Eating Disorders Association

NATIONAL ALLIANCE for Eating Disorders

EATING DISORDER hope

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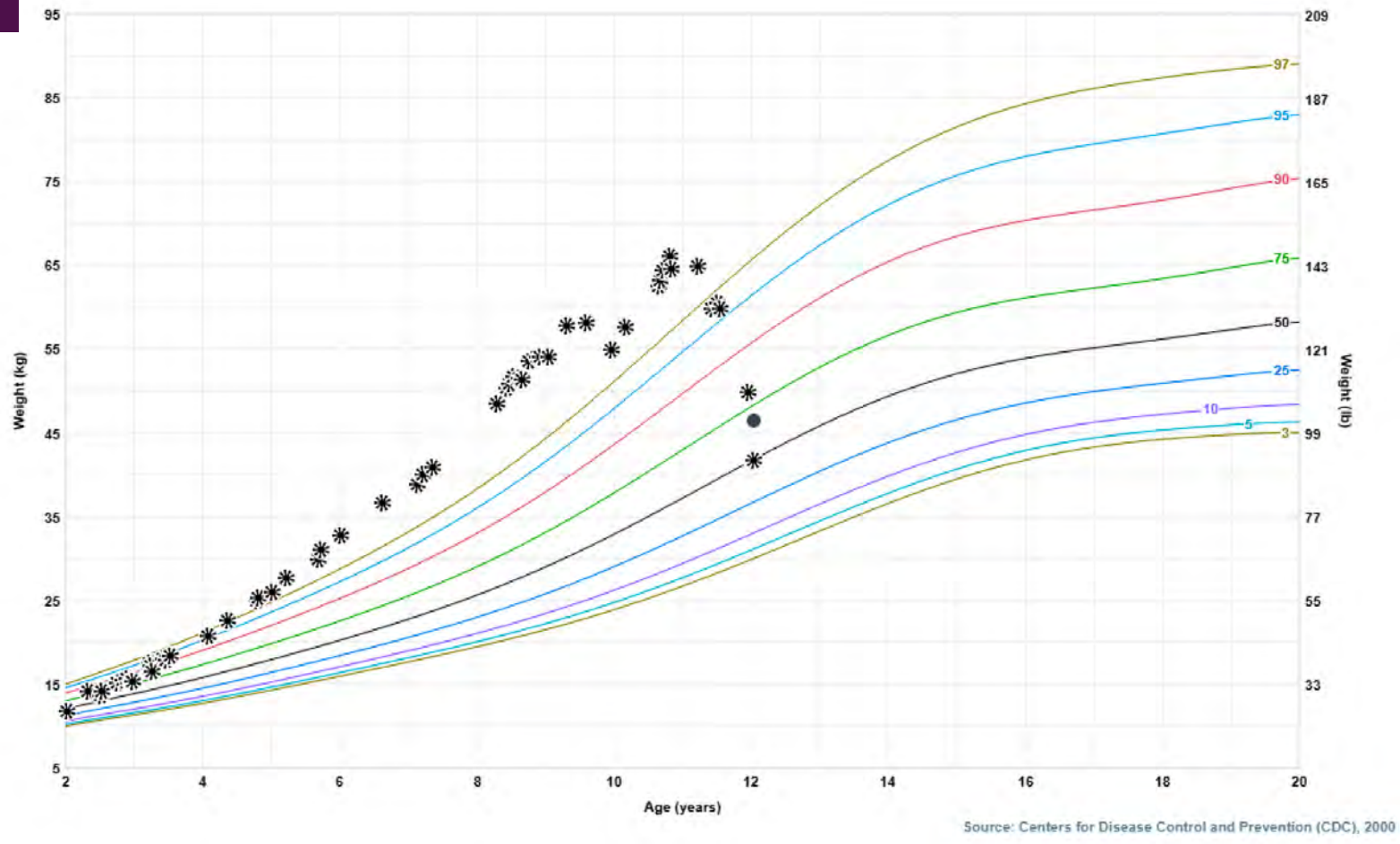
Case 4:

- 12-year-old female with purposeful restrictive eating and weight loss.
- Parents have been trying to manage at home with self-help books, and they are coming in once a month for weight and vital sign checks.
- Today, HR is 76, BP 108/60. Orthostatic vitals are not positive. Weight is 92 lbs (50th %ile) down 17 lbs from last month's check.



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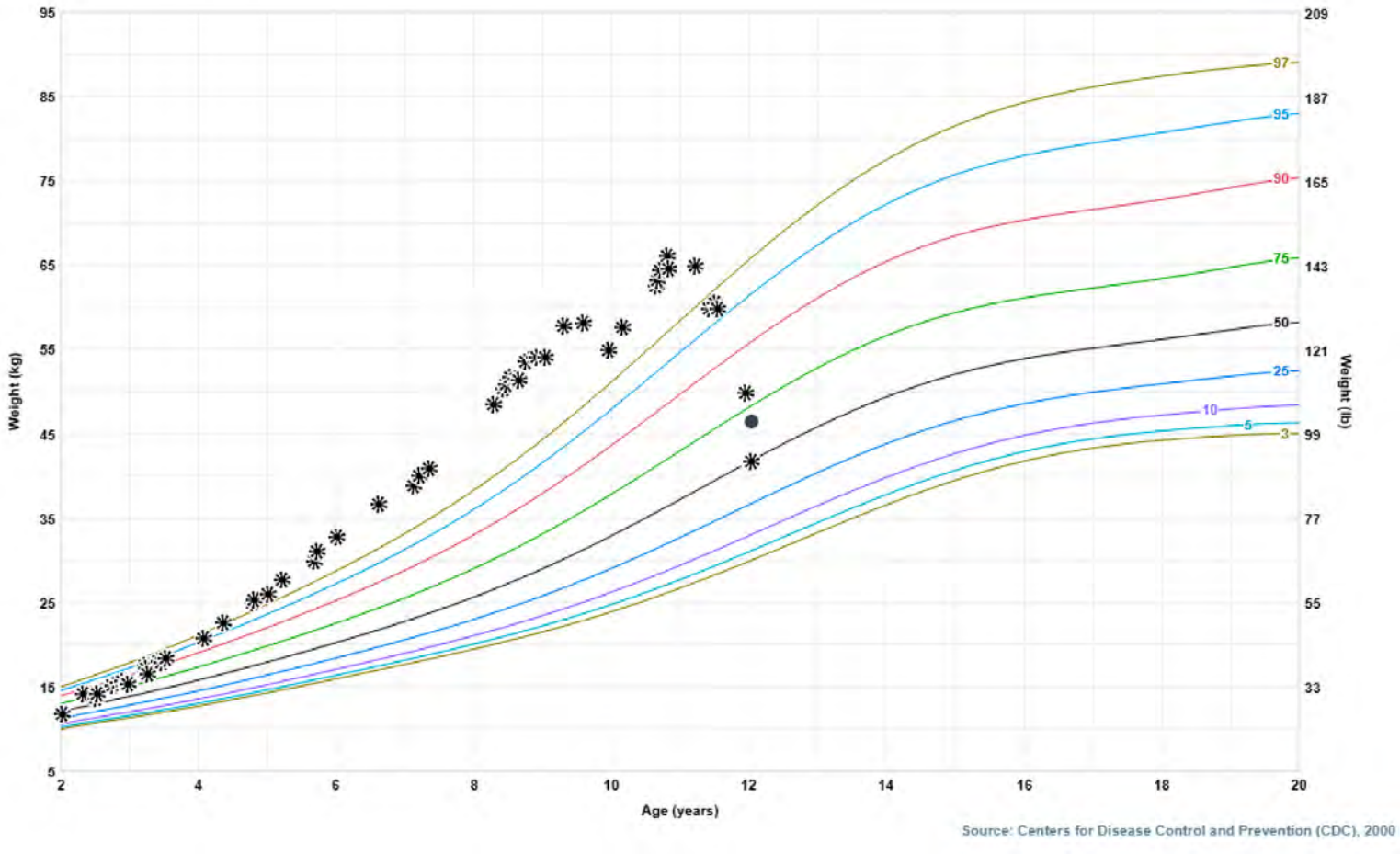
Case 4:

- Mom requests help identifying a therapist to support them.

Is there any additional information you want before making a recommendation?

What do you recommend?



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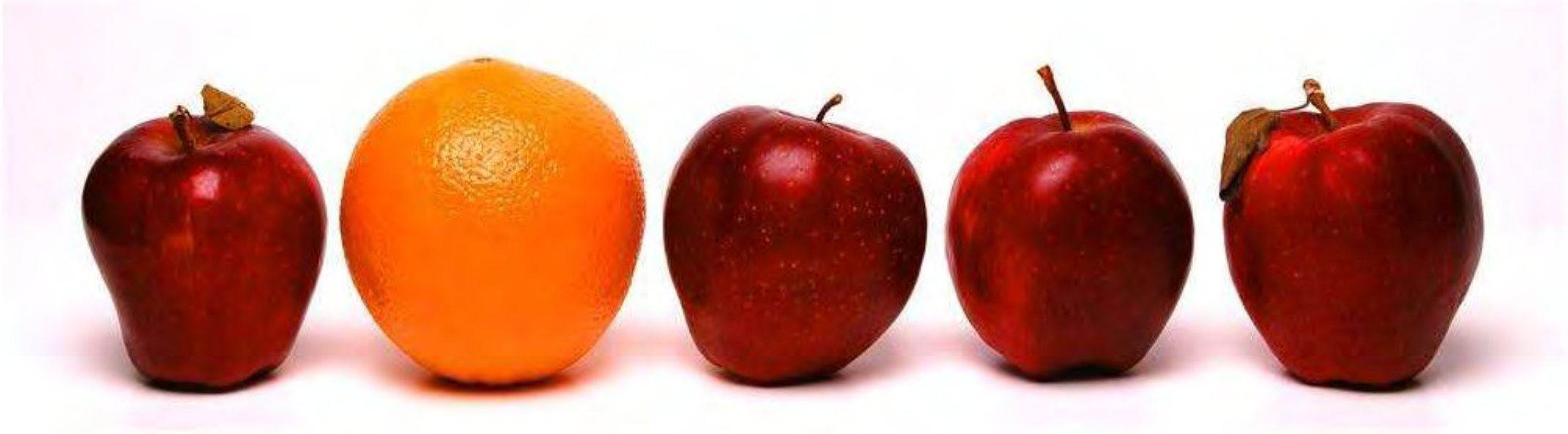

Atypical Anorexia

- Subset of Other Specified Feeding or Eating Disorder (OSFED)
- All criteria for anorexia nervosa are met *except* the individual does not fall into the "underweight" range despite significant weight loss
- SAME risk of physical complications
- SAME level of psychological distress

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When to refer to CHP

- Unstable vital signs
  - HR <50 bpm (or <45 bpm overnight)
  - BP < 90 systolic or <45 diastolic
  - Orthostatic HR increase >40 bmp, or SBP drop >20 mmHg
  - Hypothermia <36 C
- Acute medical complications such as syncope
- Lab abnormalities
  - Hypophosphatemia, hypomagnesemia, hypokalemia, hyponatremia, hypoglycemia
- Risk for refeeding syndrome
  - >10% weight loss in 3 months or 15% loss in 6 months
  - Weight that is currently <75% aIBW
  - Eating fewer than 500 calories daily for 5+ days

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PRO TIP:
CALL THE ED

- Ensure they understand the rapidity of weight loss and risk for refeeding syndrome
- Let them know you are recommending admission even if labs at time of evaluation are normal because **the child cannot be safely re-fed in an outpatient setting**

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Case 5:

- 15-year-old male with history of chronic constipation but otherwise no medical or psychiatric history.
- Very particular eating habits - mom makes him separate meals from the rest of the family because he will not eat the same foods.
- At well child visit today he is reporting fatigue. Mom is worried about vitamin deficiencies because of his diet.

What additional information do you obtain to help determine next steps?

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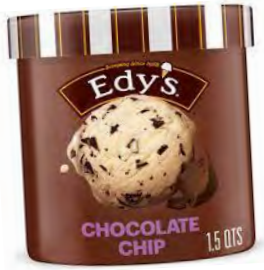
Case 5:



- Diet consists of almost only a specific brand/flavor of ice cream, specific brand of tortilla chips, crisp apples, carrots, pretzels, and milk.
- Has always tracked in the 50th %ile on growth curve. No recent weight loss.
- He is an average student, but his teachers noted decline in school performance and concentration at the end of last school year.
- He is embarrassed about how he eats and left sleepaway camp early this year because peers commented on his eating
- Extended family in Germany, but parents cancelled trip to visit this summer because they couldn't access his preferred foods.

Do you consider eating disorder treatment for this patient?

Why? What are the red flags?

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Red flags for eating disorder

- Weight loss/falling off growth curve
- Non weight related physical sequelae
  - Fatigue, weakness, dizziness and fainting
  - Constipation and other bowel dysfunction
  - Nutritional deficiencies
- Mental health sequelae
  - Depression, anxiety
  - Obsessive thinking
  - Poor concentration or memory
- Nonmedical impairments and social sequelae
  - Worsened academic performance
  - Family distress and conflict
  - Isolation from peers and decreased engagement with community

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Avoidant Restrictive Food Intake Disorder (ARFID)

- Persistent failure to meet appropriate nutritional needs due to dislike of sensory characteristics of food, concern about aversive consequences of eating, or general disinterest in food.
- **One** or more of the following:
  - Significant weight loss (or failure to achieve expected weight gain)
  - Significant nutritional deficiency
  - Dependence on enteral feeding or oral nutritional supplements
  - Marked interference with psychosocial functioning
- No disturbance in the way in which one's body weight or shape is experienced

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The team

- YOU!
- Family
- Occupational therapy
- Behavioral health
- Dietician

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What if this child was 3 years old?

- Picky eating is a developmentally normal! Most kids do *not* go on to develop ARFID
- Encourage families to include kids in meal prep and to eat meals together
- Offer many things on a child's plate
- Repeat exposures several times
- Try to remain neutral about food, don't force, bribe, or threaten
- Avoid excessive snacking or replacing calories with liquids

What if this child has autism?

- Extreme picky eating is often seen in kids with sensory issues, ARFID is common in ASD
- Start with foods similar to safe foods
- Slowly increase exposure to a foods (see it, touch it, smell it, taste it, eat it) over several meals
- Ensure a calm and safe environment for meals
- Avoid replacing calories with liquids

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Case 6:

- Mom calls office for advice on her 14-year-old son.
- She has noticed food going missing from the kitchen; sometimes entire bags of chips, boxes of cereal or snacks. She has found empty wrappers hidden in his room.
- She is worried because he has gained weight rapidly over the past couple of months.

What do you advise? Do you want any additional information before making a recommendation?

Binge Eating Disorder

- Recurrent episodes of binge eating
- Episodes are associated with at least three of the following:
  - Eating much more rapidly than normal
  - Eating until uncomfortably full
  - Eating large amounts when not hungry
  - Eating alone due to embarrassment about the amount
  - Feeling depressed, disgusted, or guilty following the episode
- No compensatory behaviors to lose weight

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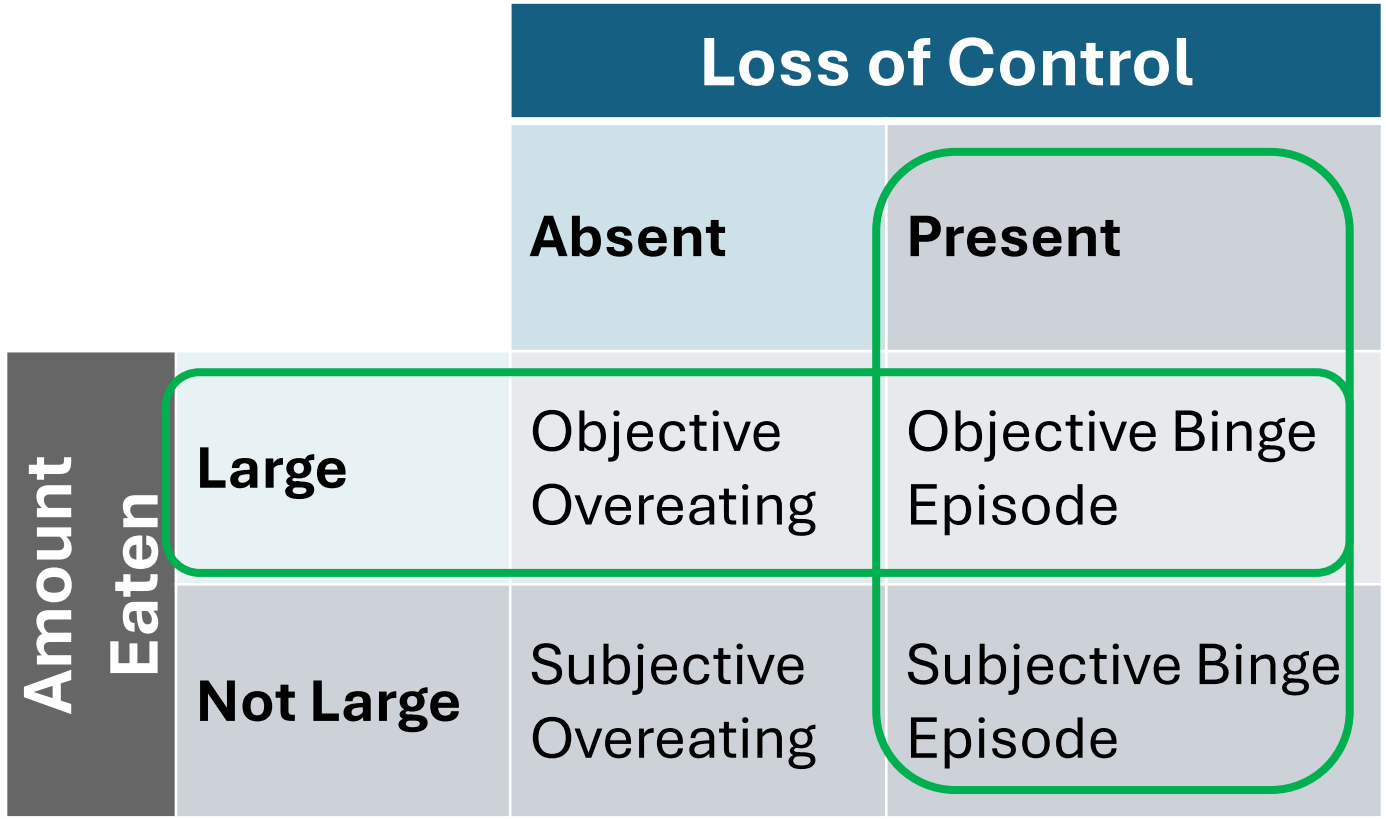
Binge Eating Disorder



Meets diagnostic criteria for a binge episode in BN or BED

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Case 6:

- Weight today is 160 lbs, up 18 lbs from his well child visit 6 months ago
- Has been lonely this school year because best friend moved out of state, feels like he doesn't have any friends
- Eats sweets to feel better, this happens late at night when he is not hungry
- Once he starts eating he cannot stop, feels out of control
- Feels ashamed of his behavior and has been trying to hide it from his parents

You diagnose Binge Eating Disorder – what is your next step?

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Binge Eating Disorder: Complications

- GI distress (reflux, constipation, diarrhea, general discomfort)
- Higher rates of depression, anxiety, and substance use disorders
- Sleep disturbance
- Hormone dysregulation
- Left untreated, long-term risk for high blood pressure, high cholesterol, type 2 diabetes, gallbladder disease, heart disease

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Binge Eating Disorder: Treatment

- Medication management
  - Vyvanse 30 mg (can be increased up to 70 mg if needed)
  - SSRIs to treat depression, anxiety
- Therapy is important too, refer!

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UPMC Center for Eating Disorders
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or
www.upmc.com/wphcedreferral