

# Evolved: A New Way to Bring Eating Disorder Treatment to Primary Care

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An estimated [9% of the U.S. population](#) will meet criteria for an eating disorder in their lifetime, and with dire consequences: eating disorders are the direct cause of death for an American every [52 minutes](#). Worldwide, over [3 million healthy years](#) of life are lost to eating disorders each year.

Delays in eating disorder treatment lead to worse outcomes, and barriers such as cost and location make it harder for many to get care. Boys, LGBTQ+ youth, and youth of color are [less likely to seek or receive eating disorder treatment](#), even though eating disorders are just as common—[or possibly even more so](#)—among Black and Hispanic adolescents.

Because specialized care can be challenging to access, primary care providers (PCPs), who see most teens for yearly checkups, can play a critical role in identifying and supporting those at risk, especially in underserved communities. That's why we're thrilled to highlight a new project our team is kicking off to support PCPs in these efforts.

## PCPs need more eating disorder resources

We know that PCPs overwhelmingly [display a commitment](#) to detecting and treating youth with eating disorders in their practice, but they also report [needing more training](#) to feel confident doing so. The average physician receives [fewer than five hours of training](#) in eating disorder diagnosis and management, which concerns us since [over 90% of pediatric and family medicine providers](#) report seeing patients with eating disorders in their practice. Further, [fewer than 20% of physician residency programs](#) offer *any* eating disorder training (elective or required).

We see an urgent need to develop evidence-based materials for PCPs to support them in growing their knowledge base and confidence in managing youth with or at risk for eating disorders. And the good news is that a team of Children’s Hospital of Philadelphia (CHOP) experts, including behavioral health specialists and PCPs, was recently awarded a research grant from the [National Eating Disorders Association](#) to develop these materials.

## **Collaborating to increase early eating disorder intervention in primary care**

Together with researchers, we’ll combine the expertise of CHOP’s eating disorder experts and PCPs to create a suite of educational materials for PCPs to build upon their eating disorder knowledge. The program, called EvolvED, will cover key topics, such as common eating disorder myths, warning signs, medical management and guidance on referring patients for specialized care.

Our study will involve the co-creation and piloting of these materials to ensure they are useful, effective and as minimally burdensome as possible. Before and after using EvolvED, PCPs will report their knowledge, confidence, and skills in managing eating disorders in pediatric patients. To understand how the tool can be improved, our team will conduct interviews with participants to gather feedback on its usefulness and impact.

By creating and testing EvolvED, we hope to equip PCPs with the knowledge and confidence they need to identify eating disorders early, provide high-quality, evidence-based care, and refer patients when needed. And by demonstrating the effectiveness of EvolvED, we can advocate for integrating eating disorder education into routine primary care training and continuing medical education requirements.

EvolvED has the potential to serve as a foundation for a broader effort to increase early intervention for eating disorders and improve outcomes. Supporting integrated behavioral health, or primary care practices that have embedded behavioral health support, can be even more effective when PCPs are confident in their ability to detect, diagnose and manage eating disorders. In primary care practices that include integrated behavioral health, [PCPs and behavioral health providers can work closely together](#) to provide an even wider spectrum of high-quality care options early in the course of illness, improving outcomes and health equity for all who suffer from eating disorders.

Health care policy will be important, too. Payment policy that supports integrated behavioral health care in pediatric settings, behavioral health care for children with elevated symptoms but not a diagnosis, and the delivery of evidence-based practices will also help PCPs effectively care for their patients.

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