BINGE EATING DISORDER MANAGEMENT: CAN MEDICAL EDUCATION IMPROVE PHYSICIAN KNOWLEDGE?

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STUDY OBJECTIVES

- Data were collected for the 125 psychiatrists and 768 PCPs who answered the pre- and post-CME assessment questions during the study period.
- Psychiatrists demonstrated significant improvement in knowledge of diagnostic criteria for BED and competence in tailoring evidence-based treatment options (P<.05; V=.245; medium educational effect).
- While only 32% of psychiatrists answered 4 out of 4 questions correctly on pre-assessment, this improved to 70% on post-CME assessment (P<.05) (Figure 2).
- PCPs demonstrated significant improvement in knowledge of diagnostic criteria for BED and competence in tailoring evidence-based treatment options (P<.05; V=.246; medium educational effect size) (Figure 1).
- While only 12% of PCPs answered 4 out of 4 questions correctly on pre-assessment, this improved to 54% on post-CME assessment (P<.05) (Figure 3).

RESULTS

- Data were collected for the 125 psychiatrists and 768 PCPs who answered the pre- and post-CME assessment questions during the study period.
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INSTRUCTIONAL METHOD

- The instructional method consisted of an interactive, online, test-based CME activity which included 2 patient cases: Each case challenged clinicians to apply the most current clinical data and evidence-based recommendations to their everyday clinical practices.
- Interactive multiple-choice questions prompted the learners to determine the appropriate steps for the patient, including diagnosis of eating disorders and associated comorbidities, selection of evidence-based treatments, and patient counseling. Clinical feedback was provided following each response (Figure 1).

ASSESSMENT METHOD

- Linked participants as the intervention served as their own controls and were assessed with a set of 4 identical pre- and post-CME assessment questions to determine the effectiveness of knowledge transfer in the participants following the participation in the online CME program (Figure 1). A paired, 2-tailed t-test was used to assess whether the mean difference in CME assessment score was different from the mean pre-CME assessment score. McNemar’s chi-squared test was used to determine statistical significance.

CONCLUSIONS

- Participation in online, interactive, case-based CME significantly improved knowledge of key clinical concepts and competence of physicians in treating BED, which has the potential to translate to direct patient benefits. Future education can be designed in case-based formats to further test and educate physicians on diagnosing BED, and increasing familiarity and confidence with tailoring evidence-based treatments.

Acknowledgments

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Significance

- Knowledge of BED is critical in effective diagnosis and management of patients with BED.

- Despite the availability of approved treatments, efforts at exercise have not been successful in producing weight loss in many patients with BED.

- Comorbidity with hypertension and “embarrassed to talk about it”; otherwise, she says she is not depressed like she was in the past.

- The CME activity was made available online February 23, 2016, and data were collected through April 8, 2016.

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Questions, and Answers (correct answer is highlighted)

- Stanley is a 52-year-old black married man with type 2 diabetes mellitus approximately 10 years ago and is no longer taking any medication other than insulin. He has been thinking about controlling his weight despite the availability of approved treatments. He has previously been prescribed lisdexamfetamine 50 mg/d, which did not work for him. After 3 months of treatment with lisdexamfetamine 50 mg/d, Stanley’s episodes of binge eating decreased from 3 to 2 episodes per week. Stanley is started on lisdexamfetamine.

- Clinical feedback was provided following each response (Figure 1).

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