

**Title:** Hidden Weights: Prevalence of Social Determinants of Health in Adolescents with Eating Disorders

**Background:** Eating disorders are complex illnesses that arise from the intersection of biologic, psychological and social drivers. Historically eating disorders were thought to occur in individuals of high socioeconomic status (SES), though in the last decade there has been increasing recognition of these disorders across all SES. Additionally, there is increasing awareness of food insecurity—one component of social determinants of health—in this population. This study aims to evaluate the presence and association between eating disorder diagnoses and social determinants of health beyond food insecurity in individuals age 10 to 25 years.

**Methods:** We conducted a retrospective cross-sectional analysis using the Epic Cosmos electronic health record database. We identified adolescent and young adult (AYA) patients (aged 10–25) with diagnosed eating disorders and documented social determinants of health screening in between July 2020 and July 2025. Patients were grouped by exposure status: Any eating disorder diagnosis, Anorexia Nervosa, Bulimia Nervosa, Avoidant/Restrictive Food Intake Disorder, Binge Eating Disorder, Other Specified Eating Disorder, and No Eating Disorder Diagnosis. Outcome measures included financial strain, food insecurity, housing insecurity, and social connection. We calculated odds ratios (ORs) to assess the likelihood of adverse social determinants of health in individuals with eating disorders versus those without eating disorders.

**Results:** Patients were included in this study with varied number of individuals with documented social determinants of health (SDoH) data; majority of the population being White, Non-Latinx, and Female. Overall, patients with eating disorders were more likely to have financial strain, food insecurity, transportation needs and housing insecurity than the general population (e.g., ORs ranged from 1.21 to 1.97). AYAs with EDs were as likely as—and in some cases, more likely than—youth without eating disorders to be socially connected in their community.

**Conclusions:** Surprisingly, patients with eating disorders were screened for SDOH at nearly double the rate of the general population, though overall the rate of screening remains low in this population. Adolescents and young adults with eating disorders experience a disproportionate burden of adverse social determinants of health—including financial strain, food insecurity, housing insecurity, and transportation needs—when compared with peers without eating disorders. These findings highlight the importance of screening for social context as part of comprehensive eating disorder care, as unmet social needs may exacerbate illness severity and limit recovery. Future work should examine how targeted interventions addressing SDOH can be integrated into clinical and community-based treatment models to reduce disparities and improve outcomes for this vulnerable population.