

Eating disorders

PROFESSIONAL RESOURCES

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Eating disorders

Guidelines for eating disorders

This guideline gives general guidance only and cannot replace clinical judgement in individual cases.

Recognition

Consider screening any young woman presenting with dieting or weight concerns or psychological, gastro-intestinal, or gynaecological complaints. Also screen when parents express concerns about a child or adolescent including poor growth.

Use the 'SCOFF'¹ questions to identify possible cases of eating disorder.

- Do you make yourself Sick because you feel uncomfortably full?
- Do you worry you have lost Control over how much you eat?
- Have you recently lost more than One stone in a 3 month period?
- Do you believe yourself to be Fat when others say you are too thin?
- Would you say that Food dominates your life?

Score one point for every 'yes'; a score of 2 or more indicates a likely case of eating disorder.

Assessment

Weight: _____

Height: _____

BMI: _____

Menstruation: _____

	No	Yes	Frequency Per day	Per week
Missing meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restricting meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Binge eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laxatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diuretics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(specify) _____

Mental state including depression, self-harm, anxiety, obsessional behaviour etc. Physical examination and appropriate investigations:

- FBC (haemoglobin) if very poor diet or low weight.

- ❑ U&E (if vomiting at least twice per day or severe laxative or diuretic abuse or low weight BMI <15). Blood tests do not necessarily reveal the true clinical picture.
- ❑ ECG (if low weight, severe purging or chest pain). Prolonged QT interval is a risk factor for sudden death.
- ❑ Dental examination if vomiting.
- ❑ Amenorrhoea >1 year: refer to Osteoporosis Clinic.

And also for Anorexia Nervosa:

- ❑ Blood glucose, LFT and protein.
- ❑ Arrange assessment by a paediatrician for children below age 14.
- ❑ If low weight, test for proximal myopathy by asking patient to stand from a squat and sit up from supine position without using their hands. Inability to do so requires consideration of hospital admission.

1 Morgan J, Reid F & Lacey H (1999) 'The SCOFF questionnaire: assessment of a new screening tool for eating disorders. British Medical Journal, 319, 1467-8.

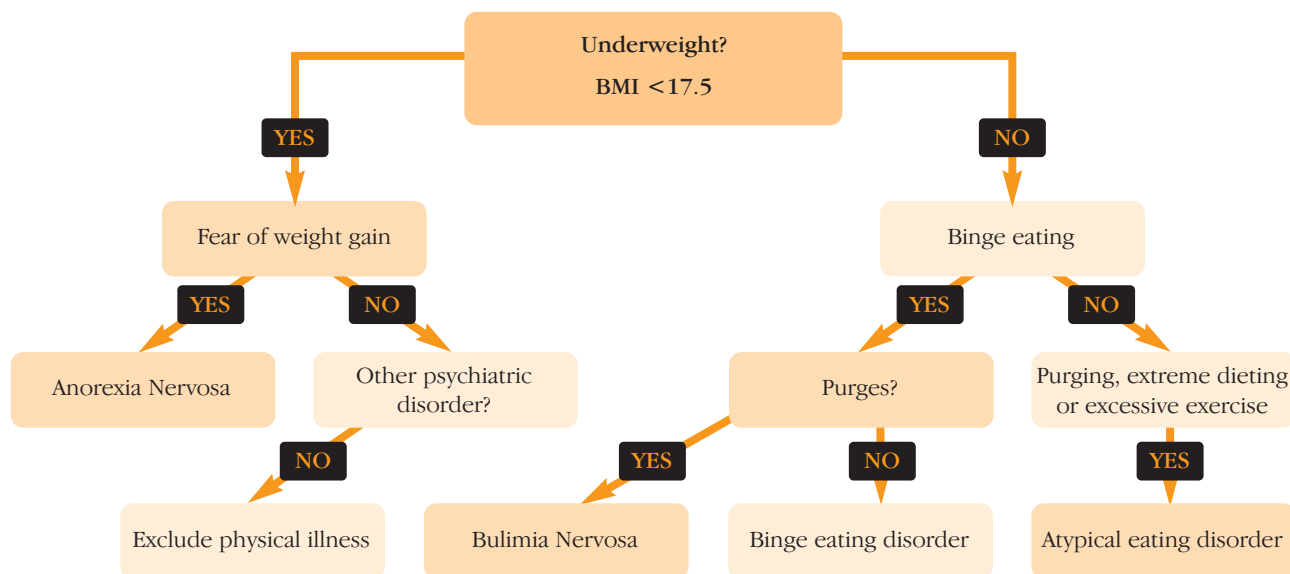
Ongoing management in primary care

- ❑ In most cases, patients under the care of mental health services will still require any medical management to be undertaken by their GP.
- ❑ Regular physical monitoring, and in some cases treatment with multivitamin/multimineral supplement in oral form is recommended for people with Anorexia Nervosa.
- ❑ Patients with enduring Anorexia Nervosa not under the care of mental health services should be offered an annual physical and mental health review by their GP.

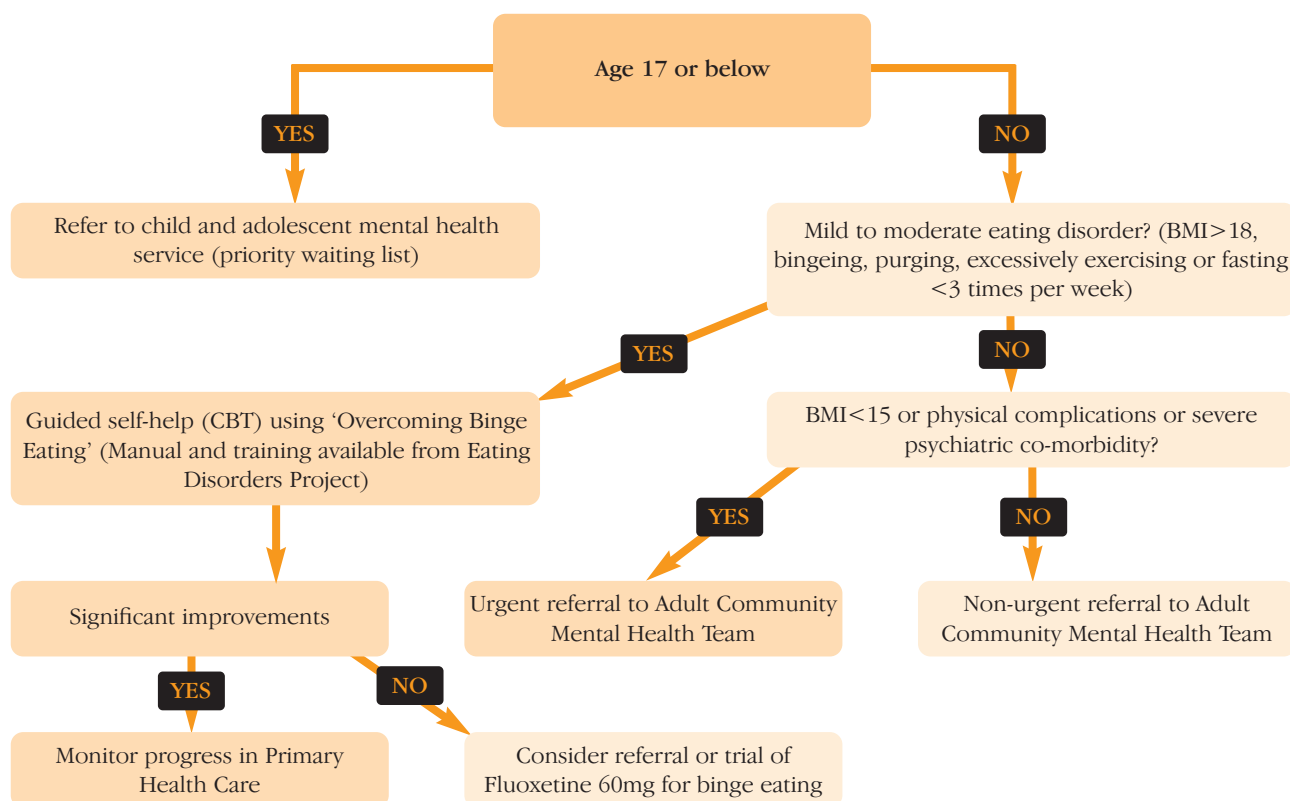
- ❑ Medication should not be used as the sole or primary treatment for Anorexia Nervosa.
- ❑ Caution should be exercised in the use of medication for co-morbid conditions such as depression and OCD as many of these features may resolve with weight gain alone.
- ❑ When medication is used to treat people with Anorexia Nervosa, side effects (especially cardiac side effects) should be considered.
- ❑ Be aware of the risk of drugs that prolong the QTc interval; for example anti-psychotics, tricyclic, antidepressants, macrolide antibiotics and some antihistamines.
- ❑ If prescription of these drugs is essential, ECG monitoring should be undertaken.
- ❑ Pregnant women with either current or remitted Anorexia Nervosa should be considered for more intensive pre-natal care.

For further information see NICE eating disorders guideline at <http://www.nice.org.uk/page.aspx?o=101245>

Diagnosis – eating disorders



Initial management and referral – eating disorders



Useful books

For adults with Bulimia Nervosa, Binge Eating Disorder or an Atypical Eating Disorder

'Overcoming Binge Eating' by Christopher Fairburn. The Guilford Press.

For adults with Anorexia Nervosa or their carers

'Anorexia Nervosa – The Wish to Change' by A Crisp, N Joughin, C Halek, & C Bowyer. Psychology Press.

'Anorexia Nervosa – A Survival Guide for Families, Friends and Sufferers' by Janet Treasure. Psychology Press.

For parents of children and adolescents:

'Eating Disorders – A Parents' Guide' by Rachel Bryant-Waugh & Bryan Lask. Psychology Press.

Useful support

Eating Disorders Project

Helpline 01452 891206
www.edglos.org.uk

Eating Disorders Association

www.edauk.com

Adult Helpline (over 18 years of age)
0845 634 1414 Open 8.30am to 8.30pm
Monday to Friday, Saturdays from
1.00pm to 4.30pm

Helpline e-mail service:

helpmail@edauk.com

Youthline (up to and including 18 years of age) **0845 634 7650** Open Monday to Friday
4.00pm to 6.30pm, Saturdays from
1.00pm to 4.30pm

Youthline TEXT service: 07 977 493 345
(std text rates)

Youthline e-mail service:

talkback@edauk.com

Eating Disorders Association Support Group

Meets first Wednesday of each month at 7.30-8.45pm at St. Peter's Lounge, St. Peter's Court, St. Peter's Road, Cirencester. Contact Pat Ayres 01285 770 385. Open to sufferers and carers.

Further guidance on clinical management in primary health care

The following offers guidance, to help staff in primary health care identify and deal with people with eating disorders more effectively.

- ❑ Anorexia Nervosa, Bulimia Nervosa and atypical eating disorders affect 2–6% of young women.
- ❑ Men, children and older women can also have an eating disorder.
- ❑ An eating disorder can be caused and maintained by many different factors, but it usually starts with dieting.
- ❑ People who have low self-esteem, and tend to be perfectionist, are particularly vulnerable.
- ❑ People with an eating disorder become over concerned with body shape and weight, but have underlying problems of low self-esteem and difficulties relating with people.

- ❑ They rarely see themselves as ill and try to avoid discovery of their secret behaviour.
- ❑ Weight loss is seen as the only way to feel better and 'in control' of life, so people with an eating disorder generally don't seek help.
- ❑ Eating disorders cause physical, psychological and social suffering, and can also have a damaging effect on the lives of carers, who are often the first to identify the problem.
- ❑ Eating disorders usually last several years and don't tend to improve without help.

For further training or information on eating disorders, the local EDA support group or services available in Gloucestershire, contact: Sam Clark-Stone, Eating Disorders Project, 01452 891 206

What is an eating disorder?

The person with **Anorexia Nervosa (AN)** diets (and often exercises excessively), reducing their body weight to at least 15% below their average expected weight.

- ❑ A resulting hormonal disorder leads to loss of menstrual periods in women.
- ❑ The person with AN has an intense fear of becoming fat, which is sometimes denied.
- ❑ They feel fat even though under-weight, and have very low self-esteem, which is unduly influenced by body shape or weight.
- ❑ They might also binge eat, vomit or misuse laxatives.

The person with **Bulimia Nervosa (BN)** experiences episodes of binge eating (a large

amount of food in a short space of time), during which they cannot control how much they eat.

- ❑ To prevent weight gain, they self-induce vomiting, misuse laxatives, fast, or excessively exercise.
- ❑ They have low self-esteem which is unduly influenced by body shape or weight.

The person with an **Atypical Eating Disorder** will not quite meet the diagnostic criteria for AN or BN, but could:

- ❑ Self-induce vomiting after eating small amounts of food,
- ❑ repeatedly chew and spit out food,
- ❑ or binge eat, but not prevent weight gain (Binge Eating Disorder).

What are the effects of an eating disorder?

The physical consequences can affect almost every part of the body, and are potentially fatal if there is severe weight loss, vomiting or laxative abuse.

Physical effects can include:

- Circulatory problems
- Electrolyte imbalance
- Epileptic fits
- Gastric problems
- Bowel damage
- Stunted growth
- Infertility
- Kidney failure
- Heart failure
- Osteoporosis

- Dental enamel erosion

The psychological consequences often include:

- Depression
- Anxiety
- Obsessional behaviour
- Drug abuse
- Self-harm

Social effects can include:

- Erratic behaviour
- Social withdrawal
- Debt
- Shoplifting
- Damage to relationships (including feeding and growth problems in the children of mothers with an eating disorder)

Identifying the person with an eating disorder

Eating disorders can cause severe and chronic physical and psychiatric morbidity and occasionally death. Intervention in the early stages of the illness is more likely to be successful.

The person with an eating disorder usually keeps the behaviour secret and may deny the problem if confronted. However, eventually someone notices or the person realises they need help. This might take months or years. They often remain ambivalent regarding receiving help and changing their behaviour, because the disorder becomes a way of coping with stress.

People often visit their GP several times before gaining the courage to discuss the real problem. They can present with various symptoms including:

Gynaecological problems:

- ☐ Amenorrhoea, delayed menarche, infertility

- ☐ Pre-menstrual syndrome, irregular periods

Digestive problems

- ☐ Abdominal bloating and pain
- ☐ Indigestion, diarrhoea, nausea
- ☐ Constipation (including requests for laxatives)

Other Problems

- ☐ Psycho-sexual or mental health problems
- ☐ Fluid retention
- ☐ Sore throat (as a result of vomiting)
- ☐ Difficulties sleeping or concentrating
- ☐ Weight loss or failure to thrive in children
- ☐ Generally feeling unwell, weak and tired, anaemia
- ☐ Wanting to lose weight when normal or under weight
- ☐ Food allergies

Assessment in primary health care

Enquiring about eating habits and worries about weight gives the person the opportunity to 'come out' and can take very little time to rule out an eating disorder (bearing in mind the possibility of denial).

People with eating disorders are extremely sensitive and can easily be put off pursuing help. However, careful assessment and respect for the views of the patient and their carers makes change possible.

Ask questions about:

- ☐ Eating pattern (diet, regularity, amount)
- ☐ Amount and frequency of purging behaviour (vomiting, laxatives, diuretics, exercise)
- ☐ Attitude and aims regarding weight (including previous variation)
- ☐ Menstrual history (the contraceptive pill can mask amenorrhoea)
- ☐ Substance use (alcohol, amphetamines, diet pills, cannabis, caffeine)
- ☐ Mental state (depression, self-harm, anxiety, obsessional behaviour)

Weigh and measure and calculate Body Mass Index (weight in Kgs ÷ height in metres²) or percentile on Tanner scales for a child.

- ☐ BMI normal range = 20–25 (< 13.5 = danger level)
- ☐ Calculate rate of weight loss if significant or rapid.

Carry out a full physical examination and appropriate investigations:

- ☐ FBC (haemoglobin)
- ☐ U&E (including magnesium, calcium and phosphate if AN)
- ☐ ECG (if low weight or chest pain)
- ☐ Dental examination (if vomiting)
- ☐ Amenorrhoea > 1 year: Refer to Osteoporosis Clinic

and also for Anorexia Nervosa:

- ☐ LFT, protein and blood glucose
- ☐ Arrange assessment by a paediatrician for children below age 14.

Initial treatment in primary health care

- ☐ Acknowledge with the person that their eating disorder has psychological origins and encourage them to try to identify what its benefits might be.
- ☐ Provide information about the effects of eating disorders. This can increase motivation to change behaviour, especially in the early stages. Don't try to shock, but use your knowledge of the body to explain things in a matter of fact way (e.g. energy balance, the effects of starvation, vomiting and laxative abuse, the risk of osteoporosis).
- ☐ Encourage them to buy and read a self-help book (research shows that some people with Bulimia Nervosa recover simply by following the advice contained in the book):

e.g. for Bulimia Nervosa:

'Getting Better Bit(e) By Bit(e)' by Ulrike Schmidt and Janet Treasure. Psychology Press.

'Overcoming Binge Eating' by Christopher Fairburn. The Guilford Press.

'Bulimia Nervosa – A Guide to Recovery' by Peter Cooper. Robinson Publishing.

e.g. for Anorexia Nervosa:

'Anorexia Nervosa – The Wish To Change' by A. Crisp, N. Joughin, C. Halek and C. Bowyer. Psychology Press.

'Anorexia Nervosa – A Survival Guide for Families, Friends and Sufferers' by Janet Treasure. Psychology Press.
- ☐ Provide advice regarding adequate nutrition and the dangers and ineffectiveness of dieting.
- ☐ Rather than focusing on immediate weight gain, encourage the person to stabilise their weight and discuss their emotional and relationship problems.
- ☐ Suggest they monitor their eating, behaviour, emotions and thoughts by keeping a diary.
- ☐ Encourage the patient and their carers to contact the Eating Disorders Association (EDA) and attend the local support group.
- ☐ See the person regularly, monitoring their weight and reviewing their progress (don't praise weight gain, ask how they feel).

Support groups

EDA

Adult Helpline (over 18 years of age) **0845 634 1414** Open 8.30am to 8.30pm Monday to Friday, Saturdays from 1.00pm to 4.30pm
Youthline (up to and including 18 years of age) **0845 634 7650** Open Monday to Friday 4.00pm–6.30pm, Saturdays from 1.00pm to 4.30pm
1st Floor, Wensum House,
103 Prince of Wales Road, Norwich, NR1 1DW

The Gloucestershire EDA support group meets the 1st Wednesday of each month 7.30pm–8.45pm, at St. Peter's Lounge, St. Peter's Court, St. Peter's Road, Cirencester. Contact Pat Ayres 01285 770385

Eating Disorders Project Helpline

01452 891206

When to refer to your local mental health service

Clinical management within primary health care, plus the use of a self-help manual might be sufficient help for many people with less severe eating disorders. However, **early referral is advisable for patients who do not respond rapidly to help in primary health care.**

People with moderate to severe eating disorders (e.g. bingeing or purging three times per week or more, or BMI <18) will usually require prompt referral to mental health services for multi-dimensional assessment and treatment.

- ☐ Refer to your local mental health team, but continue physical monitoring and support within the practice.

On-going management in secondary mental health care

There is evidence for the effectiveness of:

- ❑ Cognitive Behaviour Therapy (CBT) Interpersonal Psychotherapy (IPT) for Bulimia Nervosa.
- ❑ Family Therapy for younger people with Anorexia Nervosa.
- ❑ Otherwise, a consistent psychotherapeutic relationship with a therapist who has knowledge and experience of treating eating disorders seems important, and occasionally hospital admission is required.
- ❑ Family support, education and advice can help to reduce anxiety, guilt and well intentioned, but unhelpful interventions from carers.
- ❑ Medication plays little role in the treatment of the eating disorder itself. Treatment of uncomplicated BN by anti-depressant alone reduces bingeing, but relapse rates are very high.
- ❑ Physical investigations will need to be repeated every 3 months or more often if indicated, whilst the person remains significantly under weight or engages in frequent purging behaviours.
- ❑ It can sometimes take several attempts to change before recovery occurs. About 20% of patients will remain severely, chronically ill despite offers of treatment.
- ❑ At very low weights, people with AN might appear rational, but be severely impaired by the effects of starvation and their intense morbid fear of weight gain. They will typically be unable to fulfil commitments they agree to. It is important to establish clear boundaries of safety and to insist on intervention if safety cannot be maintained. Occasionally, use of section three of the Mental Health Act might be appropriate.

References

Eating Disorders: A guide for primary care. (Eating Disorders Association) (Dr Chris Freeman, Cullen Centre, Royal Edinburgh Hospital)

What else can you do to help yourself?

Buy and read a self help book (research shows that some people recover simply by following the advice contained in the book).

For Bulimia Nervosa and Atypical Eating Disorders:

- "Overcoming Binge Eating" by Christopher Fairburn. The Guilford Press.
- "Getting Better Bit(e) By Bit(e)" by Ulrike Schmidt and Janet Treasure. Psychology Press.

For Anorexia Nervosa:

- "Anorexia Nervosa - The Wish To Change" by Arthur Crisp and colleagues. Psychology Press.
- "Anorexia Nervosa - A Survival Guide for Families, Friends and Sufferers" by Janet Treasure. Psychology Press.

For parents of adolescents:

- Eating Disorders: A parents guide by Rachel Bryant-Waugh and Bryan Lask. Penguin.

All these books are available from EDA.

Contact the Eating Disorders Association (EDA).

EDA: 01603-621414
1st Floor, Wensum House,
103 Prince of Wales Road,
Norwich, NR1 1DW
EDA Youth helpline 01603 765050
4pm - 6pm Monday - Friday.
For young people aged 18 and under.

What help is available in Gloucestershire?

Efforts are currently being made to improve the services available from the NHS. People with an eating disorder and their families will be able to get some or all of the following help when required, depending on the severity of the illness:

- Information and advice from a telephone help line.
- Attendance at an education group
- Initial assessment and help from their GP.
- Support to use a self help book.
- Help from their local Mental Health Service, including assessment of the problem by a professional who has a special interest in eating disorders.
- Day care or treatment in hospital for people with very severe difficulties.

The EDA support group meets on the first Wednesday of each month, 7.30 - 8.45 pm at St. Peter's Lounge, St. Peter's Court, St. Peter's Road, Cirencester. Contact Pat Ayres Tel: 01285 770385.

For further information on eating disorders or services available in Gloucestershire, contact:

The Eating Disorders Project

01452 891206

Monday to Friday, 9am to 4pm

www.edglos.org.uk

Eating Disorders



Anorexia Nervosa, Bulimia Nervosa and atypical eating disorders affect up to 6% of young women.

Men, children and older women can also have an eating disorder.

People with an eating disorder become over concerned with body shape and weight, but have underlying problems of very low self esteem and difficulties relating with people.

They rarely see themselves as ill and try to avoid discovery of their secret behaviour.

Weight loss is seen as the only way to feel better and "in control" of life, so people with an eating disorder generally don't seek help.

Eating Disorders cause physical, psychological and social suffering, and can also have a damaging effect on the lives of carers, who are often the first to identify the problem.

Eating disorders usually last several years and don't tend to go away without help.

This leaflet offers guidance on how to get help for an eating disorder in Gloucestershire



Gloucestershire Partnership NHS Trust

What is an eating disorder?

The person with Anorexia Nervosa (AN) diets (and often exercises excessively), reducing their body weight to at least 15% below their average expected weight.

- A resulting hormonal disorder leads to loss of menstrual periods in women.
- The person with AN has an intense fear of becoming fat, which is sometimes denied.
- They feel fat even though under-weight and have very low self esteem, which is unduly influenced by body shape or weight.
- They might also binge eat, vomit or misuse laxatives.

The person with Bulimia Nervosa (BN) experiences episodes of binge eating (a large amount of food in a short space of time), during which they cannot control how much they eat

- To prevent weight gain, they self induce vomiting, misuse laxatives, fast, or excessively exercise.
- They have low self esteem which is unduly influenced by body shape or weight.

The person with an Atypical Eating Disorder often appears very similar to someone with AN or BN, but could:

- self induce vomiting after eating small amounts of food,
- repeatedly chew and spit out food,
- or binge eat, but not prevent weight gain (binge eating disorder).

What are the effects of an eating disorder?

The physical consequences can affect almost every part of the body, and are potentially fatal if there is severe weight loss, vomiting or laxative abuse.

The psychological consequences often include depression, anxiety, obsessional behaviour, drug abuse or self harm.

Social effects can include erratic behaviour, social withdrawal, debt, shoplifting and damage to relationships (including feeding and growth problems in the children of mothers with an eating disorder).

What can you do if you think that you have an eating disorder?

- Ask yourself how much your life is affected by worries about body weight and shape.
- Do the descriptions of eating disorders on this leaflet match your experience?
- Make a list of all the things that worry you.
- Discuss your worries with someone you trust. A counsellor, school nurse or teacher, could help you to consider whether you need further help.
- Talk to your General Practitioner (GP), so that she or he can assess the situation with you and discuss appropriate help. Your GP can refer you to other NHS staff if needed.
- Share your list of worries with your GP and try to be honest about the methods that you use to avoid weight gain.

Why does someone get an eating disorder?

An eating disorder can be caused and maintained by many different factors, but it usually starts with dieting.

People who have low self esteem, and tend to be perfectionist, are particularly vulnerable.

What can you do if you are worried that someone you know might have an eating disorder?

- Make a list of your worries. Focus especially on actual behaviour that you or other people have observed.
- Make time to discuss your concerns privately with the person you are worried about. Remember that they might feel very embarrassed by the conversation, so take things gently and don't argue with them.
- Encourage them to express their worries and try to explain your feelings without blaming them for how you feel.
- Show them this leaflet. If they admit that there is a problem, discuss whether they could talk to their GP or someone else.
- If they deny that there is a problem and you remain worried, try again another time.
- If you are extremely concerned about their physical health, let their GP know your concerns.
- If the person you are concerned about is your child (aged below 18), talk to their GP or School Nurse soon. Help in the early stages of an eating disorder is far more likely to be effective.

Resources for eating disorders

National organisations

Eating Disorders Association

1st Floor, Wensum House, 103 Prince of Wales Road, Norwich NR1 1DW

Tel: 01603 619090

www.edauk.com

Adult Helpline (over 18 years of age)

0845 634 1414 Open 8.30am to 8.30pm

Monday to Friday, Saturdays from

1.00pm to 4.30pm

Helpline e-mail service:

helpmail@edauk.com

Youthline (up to and including 18 years of

age) **0845 634 7650** Open Monday to Friday

4.00pm to 6.30pm, Saturdays from

1.00pm to 4.30pm

Youthline TEXT service: 07 977 493 345

(std text rates)

Youthline e-mail service:

talkback@edauk.com

Local organisations and useful support

Eating Disorders Project Helpline

Tel: 01452 891206

Eating Disorders Association Support Group

Meets the 1st Wednesday of each month

7.30pm–8.45pm, at St. Peter's Lounge,

St. Peter's Court, St. Peter's Road, Cirencester.

Contact Pat Ayres 01285 770385.

Suggested reading

Gelling Better Bite by Bite by Ulrike Schmidt & Janet Treasure. Psychology Press

Overcoming Binge Eating by Christopher Fairburn. Guilford Press

Anorexia Nervosa – The Wish to Change by A Crisp, N Joughin, C Halek & C Bowyer. Psychology Press

Anorexia Nervosa: A Survival Guide for Families, Friends & Suffers by Janet Treasure. Psychology Press

Eating Disorders – A Parents' Guide by Rachel Bryant-Waugh & Bryan Lask. Psychology Press