

# Eating disorders

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## Building the right support team.

Eating disorders are mental illnesses characterised by disturbances in behaviours encompassing food, eating and body image.<sup>1</sup> They are associated with significant physical complications that can affect all major organs, and they have the highest mortality rate of all psychiatric illnesses.<sup>2</sup>

Eating disorders, which are increasing in Australia across all genders, ages and backgrounds,<sup>2</sup> include anorexia nervosa, bulimia nervosa, binge eating disorder and other specified feeding and eating disorders.<sup>3</sup>

While most people with an eating disorder visit their GP for related symptoms, they often present with apparently unrelated complaints, not disclosing eating concerns. Common complaints can include emotional problems, weight loss, gastrointestinal issues, infertility, injuries from overexercising, fainting/dizziness, and fatigue or not sleeping. GPs are well positioned to open a non-judgemental dialogue about eating habits if a patient presents with these or similar symptoms.

GPs' role in treatment includes prevention, identification, management and referral. Early identification and intervention is critical for access to specialised treatment and can result in improved engagement, health, quality of life and recovery.<sup>2</sup> Screening involves asking five evidence-based questions, the SCOFF questionnaire, posed opportunistically when a patient presents for other reasons:

- S – Do you make yourself Sick because you feel uncomfortably full?
- C – Do you worry you have lost Control over how much you eat?
- O – Have you recently lost over 6.35 kg (One stone) in a three-month period?
- F – Do you believe yourself to be Fat when others say you are too thin?
- F – Would you say Food dominates your life?<sup>2</sup>

A 'yes' to two or more questions indicates the need for a more comprehensive assessment.

Many people with an eating disorder may seem ambivalent or difficult to engage; however, it is still important to discuss and encourage early intervention.

Eating disorders can impair a person's insight and ability to make informed decisions. Treatment must consider the person's capacity to make decisions for their own safety.

### Team care

Treatment of an eating disorder requires a multidisciplinary approach to incorporate medical, dietetic and psychological interventions. Each clinician should have knowledge, skills and experience in eating disorders, and a united approach is critical.

The GP is often in the best position to be the coordinating clinician. They should be aware of the risks of rapid deterioration of health in people with an eating disorder, and consider the impact of very low body mass index (BMI) on cognition, and the role of mental health legislation and compulsory treatment for some patients.<sup>2</sup>

Depending on individual needs and treatment plans, a multidisciplinary team can include a GP or paediatrician, psychiatrist, psychologist and an accredited practising dietitian (APD). Regular assessment of physical health (blood pressure, heart rate, body temperature, blood count and electrocardiogram [if heart rate < 55 bpm])<sup>4</sup> is critical, and promoting normal growth in children and adolescents should be a priority. Family members should also be considered when providing support and information.

### Treatment priorities

Given the typically prolonged time between onset and presentation, treatment priorities should start with medical stabilisation followed by re-nourishment of the body and brain, to help ensure cognitive improvement before commencing intense structured psychological therapies. If intervention is done in the reverse, the cognitive capacity of a malnourished individual will be unable

to implement the necessary psychological strategies, resulting in delayed improvements and potentially worsening the illness.<sup>1</sup>

Treatment delivered by specialised eating disorder clinicians for adults with anorexia nervosa or bulimia nervosa will include enhanced cognitive behavioural therapy (CBT-E), as it directly challenges eating disorder-related behaviours, cognitions and patterns of thinking, especially symptoms that maintain the disorders.<sup>1</sup>

For children and adolescents (younger than 17) with anorexia nervosa or bulimia nervosa, family-based treatment<sup>4</sup> is now the first-line option for an illness duration of fewer than three years.<sup>1</sup> Individual therapy, such as adolescent-focused therapy, should only be considered in older adolescents where family therapy is not suitable.<sup>1</sup>

APDs are qualified to provide medical nutrition therapy. They have knowledge of the physical and psychological effects of starvation, a comprehensive understanding of mental health, its relationship with nutrition and eating behaviours, and the functional nature of an eating disorder.

APDs also provide physical re-nourishment and help restore normalised eating behaviours, and understand psychological engagement and patient-centred models of CBT-E, family-based therapy and motivational enhancement therapy, which aids collaboration between medical practitioners. 

### References

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