WaMH in PC Wales Mental Health in Primary Care

Information Sheet 8

A Briefing Note for GPs and Primary Care Practitioners

Mental Health and Eating Disorders (ED)

As Chair of the Cross Party Group on Eating Disorders at the National Assembly for Wales, a group that includes politicians from all parties elected to the National Assembly, carers, sufferers, clinicians and those with an interest in eating disorders generally, I am pleased to write the introduction to this Briefing Note for GPs and Primary Care Practitioners on Mental Health and Eating Disorders for WaMH in PC (Wales Mental Health in Primary Care Network).

Our group successfully lobbied the Welsh Government for the introduction of the first ever Eating Disorder Framework for Wales, which was introduced in 2009, and which is currently being rolled out across the country. It is vitally important that those working in the health service are fully aware of the services that the Framework provides for, including the referral processes, and any actions to take so as to ensure that patients receive the best care possible for their eating disorder.

Local Health Boards have recruited staff into new posts to deliver the Framework, with the vision of providing treatment for those with eating disorders in their communities. The funding that has been provided by the Welsh Government will go into enhancing the provision for treatment in the community, as well as a specialist eating disorders team for North and South Wales. Framework implementation groups have been established in order to ensure progress will continue to be made in all other areas of the Framework.

It is now imperative that the Eating Disorders Framework is monitored closely so that we can ensure that patients are receiving appropriate care from the health service, and so that we can learn how to develop the Framework for the future.

Bethan Jenkins Plaid Cymru AM, Chair of the Cross Party Group on Eating Disorders at the National Assembly for Wales.

'Effective services for people with eating disorders are reliant as much on community, primary care, local mental health services and access to physical health expertise as they are on highly specialised services or facilities. The Framework for Wales 2009 therefore explicitly reinforces the roles of primary care teams, generic psychiatric and physical health services in identifying, assessing, intervening with and monitoring people who have an eating disorder.

Anorexia Nervosa has the highest mortality rate of any psychiatric illness through suicide and direct physical effects. Additionally, patients who suffer with an eating disorder are very likely to have other mental health problems or disorders.

Studies have clearly shown that many General Practitioners are not confident about taking an active role in assessing and monitoring the basic physical health of eating disordered patients, which can result in their condition developing adversely without detection or intervention.

Staff will encounter patients with a very broad range of severity and risk, and sufferers will often mask their disorder as they often dread the likely treatment options more than the disorder itself. Early identification and sensitive early support are needed to reverse the tendency for patients to have to develop severe symptoms before receiving care.'

Eating Disorders—A Framework for Wales June 2009

The aims of this Information Sheet are to:

- **raise awareness and improve the knowledge of Primary Care Practitioners concerning eating disorders;**
- **provide an approach for assessing if a patient/ individual may be living with an eating disorder;**
- **recommend the actions that can be taken in primary care if an eating disorder is diagnosed, based on the current prevailing treatment pathways and the resources available**
- **provide sources of information that can be given to patients and their carers at the time of diagnosis, and to provide (clinical) references for practitioners.**

WaMH in PC is working to improve primary care mental health by nurturing:
trust / good communication / person centredness
WaMH in PC
Regus House, Falcon Drive, Cardiff Bay, Cardiff CF10 4RU
T: 029 2050 4516 F: 029 2050 4300 E: wamhipc@rcgp.org.uk www.wamhipc.org.uk

Raise Awareness and Improve Knowledge

The main features of an eating disorder are:

- abnormal eating behaviours such as starving, over-eating, binge-eating;
- other abnormal compensatory behaviours such as inducing vomiting, abuse of laxatives or other weight control drugs, excessive exercising;
- physical health problems resulting from the above behaviours;
- extreme concerns about weight, shape and eating control.

People with eating disorders, in particular those with Anorexia Nervosa are at high risk in terms of their own health and safety. They have the highest mortality of any psychiatric illness. Both their physical state and suicidal behaviours contribute to this risk.

Diagnostic Categories

Anorexia Nervosa (AN) - where sufferers starve themselves, lose weight to 15% or more below normal (for children a BMI centile should be used), are terrified of weight gain, and have a loss of sexual interest or loss of periods although this may not be present (e.g. with women on the contraceptive pill) and is not a necessary requirement for diagnosis, some people with AN also binge and purge.

Bulimia Nervosa (BN) - where sufferers binge-eat and then induce vomiting, abuse of laxative or other weight control drug, exercise excessively or starve in order to compensate for binging. Sufferers are very concerned about weight and shape, but most stay within the normal weight range.

Binge Eating Disorder (BED) - where sufferers binge-eat but do not carry out any compensatory behaviours their weight may increase to above the normal range (NB obesity **is not** categorized as an eating disorder).

Atypical Eating Disorder (AED) (or **Eating Disorders Not Otherwise Specified EDNOS)** - where sufferers have many of the above symptoms but do not quite meet the criteria for AN, BN or BED.

Children and Young People

Eating disorders in young people present with similar symptoms and features as adults. However, their family and social circumstances might be different. The physical and psychological age of the young person should be taken into consideration when assessing the clinical severity and the urgency for treatment. It is essential to assess the pattern and percentage of weight loss during a period of time as they are good clinical indicators of an emerging eating disorder.

Many young people with eating disorders lack the insight into the severity of their problems. Therefore, it is not unusual for parents to initiate contact with health services.

Eating disorders in young people are often complex needing referral to Child and Adolescent Psychiatric (CAMHS), Paediatric and Dietetic Services.

The physical investigations required in this population are the same as in adults. However, in the younger population the use of growth charts will provide more accurate data than BMI. When clinically indicated, a Bone Scan and Abdominal Ultrasound looking at ovarian maturity in females can provide invaluable information.

Research has found that early recognition and specialist treatment translates into better outcomes in children and adults.

NICE Guidance (2004) recommends screening high risk groups as follows:

- young women with low body mass index compared with age norms
- those consulting with weight concerns who are not overweight
- women with menstrual disturbances or amenorrhea
- people with gastrointestinal symptoms
- people with physical signs of starvation or repeated vomiting
- children with poor growth
- people with a family history of an eating disorder
- those with Type 1 Diabetes
- people who were previously overweight
- those in a high-risk occupation in terms of over-evaluation of body weight—e.g. athlete, dancer, models
- also screen when parents express concerns about a child or adolescent

Assessment

Use the **"SCOFF"** questions to identify possible cases of eating disorder.

- Do you make yourself **S**ick because you feel uncomfortably full?
- Do you worry you have lost **C**ontrol over how much you eat?
- Have you recently lost more than **O**ne stone in a 3 month period?
- Do you believe yourself to be **F**at when others say you are too thin?
- Would you say that **F**ood dominates your life?

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

NB—people with Anorexia Nervosa may deny any of these symptoms and so it is advisable to keep weight under review if this diagnosis is suspected. Additionally in some cases weight loss is not intentional (e.g. Chronic Physical Disease).

Brief Essential Medical Examination

We recommend the following for a rapid risk assessment repeated as frequently as necessary:

- BMI;
- blood pressure and pulse rate;
- muscle strength;
- examination of the skin and temperature for those at high risk;

A full physical looking for e.g. infection (note: can be with normal temperature) and signs of nutritional deficiency.

Investigations

Frequent investigations of full blood count and chemistry are necessary: (FBC, ESR, UE, Cr, CK, Gluc, LFTs) **if**:

- Patients are in a high risk category from a previous assessment;
- They have a BMI<15, or
- The BMI is less reliable due to features outlined above, or
- There is a history of purging.

ECG is recommended if BMI<14kg/m2 and if drugs which have an effect on QT interval are prescribed.

Any other appropriate physical investigation pertinent to physical state.

Recommended actions

If the score on the SCOFF indicates that the patient has an eating disorder and depending on the outcome of the allied investigations there are a number of possible courses of action dependant on the level of risk.

A patient who is low risk will have a BMI>17, no additional co-morbidity, no pre-morbid problems, is motivated and compliant, has supportive parents/partner/ carers, with a short onset of purging carried out infrequently (less than twice a week) or a mild binge eating disorder.

Recommended interventions include: exploring the extent of the problem, providing good information, monitoring medically by the GP and if necessary review weekly, GP consulting with the local mental health service and referring to them if there is a failure to respond, work within mental health services Care Programme Approach. GP counsellors, Primary Care Mental Health Workers, Primary Care Dieticians, Gateway workers or their equivalent, University or Voluntary sector Counsellors would be able to support interventions at this level. There is a designated eating disorder contact available in every local CMHT for advice, liaison and consultation and your CAMHS service should be able to offer advice on the management of the young person.

A patient who is medium to high risk will have a BMI of 15-17, with evidence of: system failure, ambivalence to change, lack of support from carer/parent, purging 3 times per week and co-morbidity present.

Recommended interventions include engaging with the patient to address: ambivalence, explore the extent of the problem and any co-morbidity, provide good information, monitor physical and mental state including weight, provide dietetic assessment and intervention, encourage a reduction in energy output, refer to the local child or adult mental health service and engage in joint work with the mental health team.

Acknowledgements:

Recommended actions—cont..

A patient who is high risk will have a BMI<15, with evidence of: rapid weight loss, poor insight into their difficulties, refusing treatment, purging daily, electrolyte imbalance, psychiatric and or physical co-morbidity, system failure and a serious risk of self harm.

Recommended interventions include: monitoring of physical state, minimise energy output, referral to mental health services and/or medical services in the case of children this would be to CAMHS or paediatrics, assess the patient's capacity and consider a Mental Health Act assessment, local mental health team to refer to Tier 3 Eating Disorders Team, increase the intensity of treatment in outpatients and day service if available.

The Community Mental Health team and CAMHS should be involved in the patient's care to provide assessment, formulation and intervention working jointly with the Primary Care Team.

The patient should also access the Tier 3 Specialist Eating Disorders Team if aged 18 or over, via a referral from the mental health team. Each Local Health Board has an identified re-feeding ward for low weight anorexia should the patient require a medical admission.

The low, medium and high risk tables do not include exhaustive lists of possible presentations, it is recommended that they are used in conjunction with other reference documents and or consult the designated contact within your CMHT.

Sources of information

Information for patients and carers/family members:

National Contacts:

Anorexia and Bulimia Care 01462 423351
(*Tues-Fri 9am—3pm)* 01934 710336
(helpline for parents or those supporting school age children only)

B-eat helpline 0845 634 1414
B-eat youth helpline 0845 634 7650
Web site: www.b-eat.co.uk/beat-cymru
Web site: www.b-eat.co.uk
(helpline, online support and a network of UK wide self help groups to help adults and young people in the UK beat their eating disorder)

C.A.L.L. 0800 132737
Community Advice and Listening Line
Text 81066
Website: www.callhelpline.org.uk

Sources of information cont..

Childline 0800 1111
Website: www.childline.org.uk

NHS Direct Wales 0845 4647
Website: www.nhsdirect.wales.nhs.uk

Overeaters Anonymous 07000 784985
(has 140 groups in the UK offering advice on all types of eating disorder).
E-mail info@oa.org.

Young Minds: Charity organisation that provides information and advice in mental health for young people, parents/carers and professionals.
Website: www.youngminds.org.uk

Youthspace Mental health information for young people.
Website: www.**youthspace**.me/About.aspx

Clinical and policy references

Centre for Clinical Interventions: Access a range of 25 guides on how to deal with everything from dental care in bulimia to what is normal eating
www.cci.health.wa.gov.au

Institute of Psychiatry: A GPs Guide to Eating Disorders.
www.iop.kcl.ac.uk/sites/edu/downloads/HP/GPs_GUIDE_%20TO_EATING_DISORDERS.pdf

Kings College London: A Guide to the Medical Risk Assessment for Eating Disorders **www.iop.kcl.ac.uk/sites/edu/downloads/HP/GUIDE_TO_MEDICAL_RISK_ASSESSMENT.pdf**

NICE Guidance: Eating disorders—Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders.
http://www.nice.org.uk/CG009

RCPsych: Marsipan— Management of really Sick Patients with Anorexia Nervosa
www.rcpsych.ac.uk/files/pdfversion/CR162.pdf

RCPsych: Worries about weight and eating problems: information for young people
www.rcpsych.ac.uk/mentalhealthinfoforall/problems/eatingdisorders.aspx

Welsh Government: Eating Disorders—A Framework for Wales 2009
http://wales.gov.uk/topics/health/publications/health/guidance/eatingdisorders/?lang=en