



Tips for General Practitioners

Important Points:

- Early detection and intervention may improve treatment outcomes and reduce the likelihood of the eating disorder progressing to a more serious stage
- People with eating disorders come in all shapes and sizes – and are serious regardless of what weight a person is at
- People do not choose to develop an eating disorder- though they can chose recovery, when they are ready
- Family members are often left bearing the brunt of the Eating Disorder (eg re-feeding, managing daily distress). Consider how they can either be involved in treatment (if appropriate) or be provided with individual support
- Local hospital admissions may be required via the emergency department if a person is medically or psychologically unwell
- Referral for specialist care is indicated when there is a significant deterioration or lack of improvement despite intensive community based intervention

Remember, good medical and health professionals:

- Listen effectively and compassionately
- Are alert to features of the Eating Disorder (such as denial and splitting...and minimise the impact of these on the treatment plan)
- Respect confidentiality (however can appropriately manage the situation when information needs to be disclosed to other parties...including discussing this with Sufferers first)
- Ideally involve a multidisciplinary team to assist in managing all aspects of the Eating Disorder
- Provide unbiased education about appropriate treatment choices and support services
- Respect the patient (not infantise or punish the suffer and their symptoms)
- Know when they are out of their depth (and refer on as appropriate)

Indications for Hospital:

- Pulse <50bpm, >100bpm or >20bpm increase
- Blood pressure <70/40mm or postural drop >15mmHg
- Temperature <35.5 degrees Celsius
- Low serum potassium equal or <3.0 mmol/L, low serum phosphate or BSL <3.0mol/L
- Other significant electrolyte imbalances
- Electrocardiogram (ECG) rate <50, prolonged QTc interval
- BMI Centile 5th
- Rapid or consistent weight loss (eg >1kg each week over several weeks)
- Acute dehydration or patient has ceased fluid intake
- Intensive community based treatment has proven ineffective
- Comorbid or pre-existing psychiatric conditions that require hospitalisation
- Suicidal ideation with an active intent and plan
- Other special considerations, including diabetes or pregnancy

Consumer support:

The Butterfly Foundation <http://www.thebutterflyfoundation.org.au/> is the peak consumer body for eating disorders in Australia

Further Professional Support:

- Refer to the Centre for Eating and Dieting Disorders (CEDD) for clinical support for Eating Disorders. <http://www.cedd.org.au/> . This includes excellent clinical resources (which medical information contained in this document has been adapted from) including the “Eating Disorders Toolkit” developed by NSW Health; also a free online training programme/ seminar series called “Introduction to Eating Disorders” for GPs
- Australian Treatment Guidelines for Carers and Consumers, developed by THE Royal Australian and New Zealand College of Psychiatrists (www.rancp.org)
- The National Institute for Health and Clinical Excellence (NICE) guidelines review the efficacy of core interventions in the management of eating disorders (www.nice.org.au)