

# ANOREXIA AND BULIMIA

## SUMMARY FOR GENERAL PRACTICE

### WHEN DO I SCREEN FOR AN EATING DISORDER?

- Rapid weight loss
- Athletes/high levels of exercise/chronic injuries
- Chronic dieting/weight cycling
- Underweight BMI
- PCOS/infertility issues
- Distress when being weighed
- Adolescents (ages 12–25 yrs)
- Fainting/dizzy/unexplained fatigue
- GI complaints
- Sensitive to cold
- Low blood pressure/low pulse
- Preoccupied with food/weight
- Swelling around jaw/cheeks, chronic reflux, dental damage
- Amenorrhea
- Type 1 Diabetes
- Mood changes/irritability
- *When doing a standard mental health assessment*
- *When a patient is actively trying to lose weight*
- *When a support person is concerned*

### HOW DO I SCREEN FOR AN EATING DISORDER?

- S** – Do you make yourself **S**ick because you feel uncomfortably full?
- C** – Do you worry you have lost **C**ontrol over how much you eat?
- O** – Have you recently lost more than 6.35 kg in a three-month period?
- F** – Do you believe yourself to be **F**at when others say you are too thin?
- F** – Would you say **F**ood dominates your life?

*An answer of 'yes' to two or more questions indicates the need for a more comprehensive assessment.*

Are you satisfied with your eating patterns?

Do you ever eat in secret?

Does your weight affect the way you feel about yourself?

Have any members of your family suffered with an eating disorder?

Do you currently suffer with or have you ever suffered in the past with an eating disorder?

### ASSESSING FOR AN EATING DISORDER/MEDICAL SCREENING

What do you eat on a typical day? (*restriction, skipping meals, dieting, strict rules, over eating, abnormal fluid intake*)

What else have you tried as ways to control your weight? (*vomiting, excessive exercise, laxatives, diet pills*)

Have you ever lost control over your eating? Or eaten unusually large amounts of food? (*binge eating*)

How distressed would you be if you gained weight? How important is your weight to you? What is your ideal weight?

- BMI calculation
- Heart rate & blood pressure, & postural measurements
- Body temperature
- Examination of circulation and oedema
- Assessment of skin colour, hair and nail health
- Examination of head and neck (eg parotid swelling, dental enamel erosion, gingivitis, conjunctival injection)
- Hydration state
- Bloods including: electrolytes, creatinine, iron, hormonal testing, thyroid, Calcium, magnesium, phosphate, folate, B12, Vitamin D, blood glucose
- Liver function tests
- Urinalysis
- Electrocardiography
- Bone density assessment – presence of amenorrhoea/chronic ED and as a baseline in adolescents.

### TREATMENT AND MANAGEMENT

- **Evidence based treatment:** Cognitive behavioural therapy (adults) Maudsley Family Based Therapy (children and adolescents). Consider other modality where treatment was not successful.
- SSRI's can be considered where non responsive to treatment, complex comorbid diagnoses.
- Referral to an **eating disorder informed psychologist**
- **Ongoing medical management** - repeating tests/labs regularly, hospitalisation may be required for abnormal results
- Consider a referral to an **eating disorder informed dietician** where there are additional complexities. Eg. pregnancy, chronic diseases,
- Consider **psychiatric referral** where there is complex comorbid mental health diagnoses or suicidality
- **Paediatrician referral** for children and adolescents where development is being impacted.