



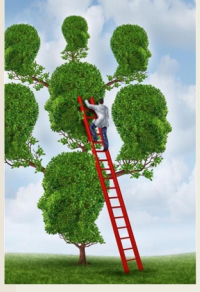
Helping Your Patients with Eating Disorders

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Outline

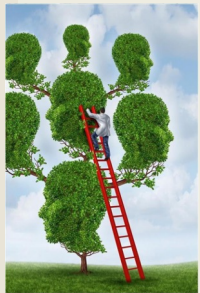
- **Eating disorders in brief**
 - Presentation, impact and identification
- **Working with your patients with EDs**
 - Support for patients and families
- **Getting help for patients with EDs**
 - Collaborative care, referral pathways and resources
 - Treatment and management challenges in regional areas



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Eating disorders are common

- 4% point prevalence and 9% lifetime prevalence (Deloitte Access Economics, 2015, NEDC, 2017)
- Eating disorders, when combined with disordered eating, are estimated to affect 16.3% of the Australian population (Hay, Girosi and Mond, 2015)

Examples of disordered eating behaviours	
Infrequent/irregular binge eating	Obsessive calorie counting
Strict dieting	Self-worth based on body shape and weight
Skipping meals regularly	Misusing laxatives or diuretics
Self-induced vomiting	Fasting or chronic restrained eating

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Prevalence of eating disorders by diagnosis

- Anorexia nervosa
- Bulimia nervosa
- Binge eating disorder
- Other eating disorders, mainly
 - > OSFED
 - > ARFID
 - > Pica
 - > Rumination disorder

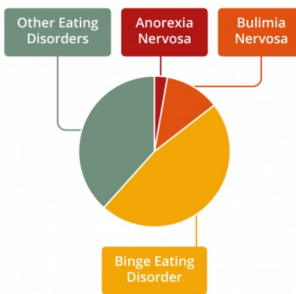


Image from NEDC 2022; Paxton et al., 2012

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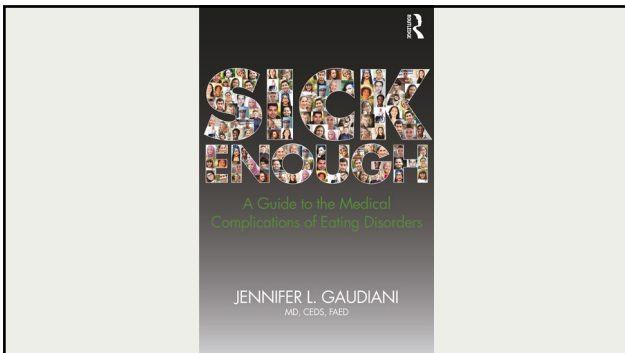


Image from NEDC 2022 (nedc.com.au) – Disordered eating and dieting fact sheet

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Starvation syndrome

- The brain requires about 500 calories/day
- A malnourished brain cannot function properly

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What we see in patients

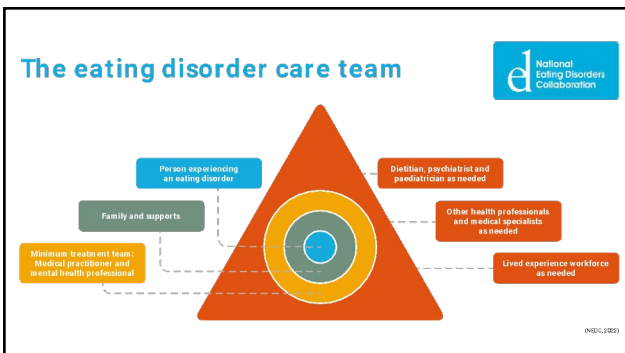
Constant/frequent thoughts of food
Decreased flexibility in thinking
Increased detail focus
Negative/dysregulated emotions
Poor memory
Reduced social skills

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Involving family

- Are generally highly invested in the person's recovery
- Usually recognize the need for change
- Emotional and practical support
- Help to access treatment
- Can provide additional observations and information to the treatment team
- Can be upskilled in their understanding of the ED and in communication with their loved one
 - Psychoeducation about EDs
 - Communication style (reflective listening, de-escalation of anger/anxiety, problem solving)
 - Supporting therapy goals
- Eating disorders families Australia (EDFA) - <https://edfa.org.au>
- The Butterfly Foundation and Butterfly National Help Line - <https://butterfly.org.au>

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Ambivalence in eating disorder treatment

- Ambivalence is to be expected.
- Dietary restriction and anorexia nervosa are ego-syntonic
- Dietary restriction is encouraged by media, health professionals and society generally.
 - Associated with self-control and intelligence, being 'fit and healthy'
- Ambivalence is demonstrated by actively resisting treatment, passively not committing to treatment or seeking support but being highly uncertain



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The Chinese Finger Trap



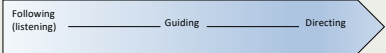

- Force increases resistance i.e., Coercion or pleading increases investment and belief in the opposite outcome



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Motivational interviewing



- A communication style intended to address ambivalence and enhance intrinsic motivation for change
- A non-judgemental and curious stance
 - Emphasises personal agency (limits to this in an ED context)
- Gentle guidance
 - Therapist guides the conversation, explores client's POV and increasingly intensifies focus on aspects related to change

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Motivating patients



- Communication: Use open questions and reflective listening
- Encourage 'action before motivation'
- Acknowledge all changes made and attempted and emphasise:
 - Effort
 - Information gained
 - Practice effects
 - Value of persistence (e.g., every drip of water will eventually fill the bucket)
- Collaborate on goals that are meaningful to the client
 - What is negatively impacting wellbeing/QoL and how can this be improved?

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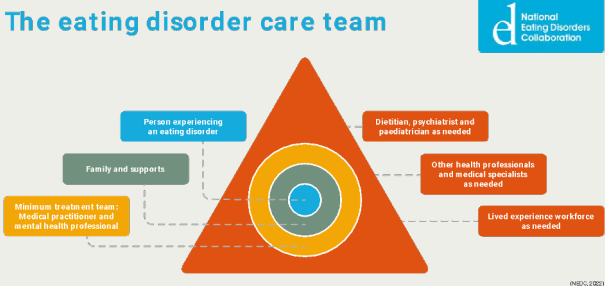
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The eating disorder care team



- Person experiencing an eating disorder
- Family and supports
- Minimum treatment team: Medical practitioner and mental health professional
- Dietitian, psychiatrist and paediatrician as needed
- Other health professionals and medical specialists as needed
- Lived experience workforce as needed

National Eating Disorders Collaboration

(NEDC 182)

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Collaborative care - Early tasks of treatment

<p>GP / Psychiatrist / Pediatrician</p> <ul style="list-style-type: none"> • Develop and coordinate a care plan • Medical monitoring • Increasing engagement • 'Big picture' overview (treatment manager) • Recognising need for modification (or not) to the care plan 	<p>Psychologist / mental health therapist</p> <ul style="list-style-type: none"> • Motivation and engagement • Psychological formulation • Developmental / mental and physical health history • Orientation to a treatment approach 	<p>Dietitian</p> <ul style="list-style-type: none"> • Nutritional assessment • Motivation enhancement and engagement • Nutritional intervention • Dietary and health history
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Collaborative Care of Eating Disorders

What challenges might arise in working collaboratively with outpatient eating disorders?

What benefits might come from collaborative care?

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WA Eating Disorder Services

- Inpatient/Day Patient**
 - Public Hospitals
 - Perth Children's Hospital (under 16yrs)
 - Hollywood Private Hospital Inpatient Program and Day Program (Age 16+)
- Outpatient**
 - Centre for Clinical Interventions (Government Service)
 - Community Mental Health (Adult and CAMHS)
 - Private Practice (Psychology, Dietetics, Psychiatry)
- Consultation Services**
 - WAEDOCS

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WAEDOCS

State-wide service Monday-Friday 9-4pm
 For advice and assistance with patients: Western Australian Eating Disorders Outreach and Consultation Service (WAEDOCS) - 1300 620 208
<https://www.nmhs.health.wa.gov.au/Hospitals-and-Services/Mental-Health/Specialties/Eating>

What they do	What they do not do
<ul style="list-style-type: none"> • Strive to ensure individuals receive optimal best practice care & where possible are managed close to home • Based at SCGH – MDT, Psychiatrist, Psychologist, NP, CNS(MH), Dietitian, (2.8 FTE) • Providing consultation, mentoring, support, education & training • Providing resources to guide safe practice in all settings 	<ul style="list-style-type: none"> • Case manage patients • Have admitting rights to inpatient settings • Receive referrals for <16 years • No direct dealings with carers/ significant others

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Peer support in recovery

Body Esteem - part of Womens' Health Works

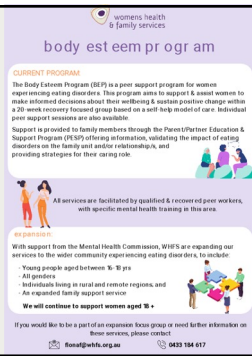
- Expanded programs
- Located in Perth but with online group programs and one on one support available

Recovery Coaches

- Set up like an allied health worker in a private group or solo practice
- Tend to work one on one with clients
- Offer supported eating
- Usually offer real time text support
- Share experiences to promote hope and motivation
- Look for those with formal qualifications

Peer support workers

- Tend to work within multidisciplinary organisations, e.g., Health Department services



The infographic for 'body esteem pr ogr am' includes the following text:

CURRENT PROGRAM
 The Body Esteem Program (BEP) is a peer support program for women experiencing eating disorders. The program aims to support & assist women to make informed decisions about their wellbeing & sustain positive change within a 20 week recovery focused group based on a self-help model of care. Individual peer support sessions are also available.

Support is provided to family members through the Parents/Partner Education & Support Program (PPES) offering information, validating the impact of eating disorders on the family unit and/or relationship/s, and providing strategies for their care role.

All services are facilitated by qualified & recovered peer workers, with specific mental health training in this area.

ELIGIBILITY
 With support from the Mental Health Commission, WHW's are expanding our services to the wider community experiencing eating disorders, to include:
 • Young people age 16-25 years
 • All genders
 • Individuals living in rural and remote regions, and
 • An expanded family support service

We will continue to support women aged 16+

If you would like to be a part of an expansion focus group or need further information on these services, please contact:
 Email: body@whw.org.au Phone: 0433 194 617

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Treatment Resources

- Butterfly Foundation – butterfly.org.au
- National Eating Disorders Collaboration (NEDC) – nedc.com.au
- InsideOut Institute – insideoutinstitute.org.au

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Centre for Clinical Interventions
Psychotherapy • Research • Training

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Resources

Assess Tools
Resources
For GPs
Treatment Protocols
Tools
Manual Health Practitioners
PDF Documents
Assess Tools

www.cci.health.wa.gov.au

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Eating disorder treatment and management plan (EDP)

- Alternative to MHCP
- Emphasises a model of stepped care and multidisciplinary care
- Developed by GP, psychiatrist or pediatrician
- Valid for 12 months from the date it is created
- Allows rebates for up to 20 dietetic and 40 psychological treatment sessions / 12 months

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Eating disorder treatment and management plan (EDP)

• Eligibility:

- Diagnosis of AN, or
- Diagnosis of BN, BED or OSFED who meet the following criteria
- Eating Disorder Examination Questionnaire (EDE-Q) scores ≥ 3 and
- The condition is characterised by rapid weight loss, or frequent binge eating, or inappropriate compensatory behaviour as manifested by 3 or more occurrences per week and
- Two of the following indicators are present:
 - clinically underweight with a body weight less than 85% of expected weight where weight loss is directly attributable to the eating disorder
 - current or high risk of medical complications due to eating disorder behaviours and symptoms
 - significant functional impairment resulting from serious comorbid medical or psychological conditions
 - admission to a hospital for an eating disorder in the previous 12 months
 - inadequate treatment response to evidence-based eating disorder treatment over the past 6 months despite active and consistent participation.

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ANZAED- Australia New Zealand Academy of Eating Disorders

Credentialing program- clinicians who have met requirements for eating disorder training and experience

[connect.ed - ANZAED Eating Disorder Credential - Find a Treatment Provider](#)

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Discussion- what are the challenges of working with eating disorders in a regional or rural setting?

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Challenges of working with eating disorders in a regional or rural setting



- Access to outpatient services
- Access/proximity to inpatient services
- Family structure-less family support network, FIFO families



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Best approaches for managing eating disorders in a regional or rural setting

- Know what services are available
- Recruit a team with ED knowledge (if possible)
- Work collaboratively
- Seek out WAEDOCS support
- Involve schools
- Encourage family to widen their support systems






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Let's Talk About Eating Disorders

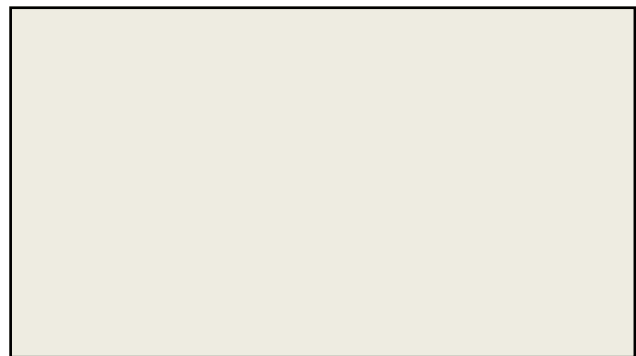
The way we talk about eating disorders matters. Here are some facts you can use to help shape the conversation around eating disorders.

- "Eating disorders are medical illnesses."**
Genetic and environmental factors can influence eating disorders. An eating disorder is not a trend or a choice.
- "Eating disorders are serious and can be fatal."**
Eating disorders often involve serious medical complications that can cause permanent damage or death. People with eating disorders also have an increased risk of dying by suicide.
- "Eating disorders can affect anyone."**
Eating disorders do not discriminate. They affect people of all ages, races and ethnicities, and genders.
- "You can't tell if someone has an eating disorder by looking at them."**
People with eating disorders can be underweight, normal weight, or overweight.
- "Family members can be a patient's best ally in treatment."**
Eating disorders are caused by a combination of genetic, biological, behavioral, psychological, and social factors. Family members do not cause eating disorders and can be great sources of support.
- "It is possible to recover from an eating disorder."**
Complete recovery is possible with treatment and time.

www.nimh.nih.gov/eatingdisorders

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