

# A Guide to Spotting Eating Disorders in Primary Care and What You Should Be Doing.



Be **PROACTIVE** not **REACTIVE**

Lucy Hines - June 2020

## Why is this SO Important?

- Of **all** mental illnesses, anorexia nervosa (AN) has the **highest mortality rate**
  - By the time 'obvious' signs of eating disorders (EDs) have manifested, it is likely the behaviours are so ingrained in patients that treatment is harder and less successful
- **Early intervention is a critical factor in determining the success of treatment for EDs**
- The role of the primary care professional is to **identify** EDs, do initial biochemical **investigations** and **refer early** for assessment
  - Use this guide on placement or at work when seeing patients
  - It will help you know when to consider an ED as a diagnosis even when **disordered eating is not the presenting complaint**, the **signs and symptoms** to look out for, how you can **explore the diagnosis** and when you should be **referring patients** for further assessment

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### Anorexia Nervosa (AN)

- **Restriction** of energy intake relative to requirements, leading to low body weight
- Intense **fear of gaining weight or becoming fat**
- **Disturbance in body image**
- Atypical AN:
  - All criteria met for AN **except** significant weight loss; weight remains normal

### Bulimia Nervosa (BN)

- Recurrent episodes of **binge eating\***
- Recurrent inappropriate **compensatory behaviors** to prevent weight gain: vomiting, exercising, laxative misuse or fasting
- Over concern regarding shape and weight

\* Consumption of unusually large amounts of food in a brief period of time with feelings of loss of control

### Binge Eating Disorder (BED)

- **Recurrent and persistent** episodes of **binge eating**
- Episodes of bingeing associated with 3 or more of:
  - **Eating faster** than normal
  - Feeling **uncomfortably full**
  - Eating **large amounts** of food when **not hungry**
  - **Eating alone** due to **embarrassment** of food consumption
  - Feeling **disgusted** with oneself
- **Distress** regarding binge eating
- **Absence** of regular compensatory behaviours

EDs do not discriminate; they can affect anyone

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## The A- Z of ED Signs and Symptoms

Appetite change  
**Bradycardia, Beau Lines**  
 Cold Intolerance  
**Distorted body image**  
 Excess fine body hair  
**Fear of fatness**  
 Growth Restriction  
**Hair thinning; Hypotension**  
 Inappropriate dress for the weather  
**Jittery due to anxiety**  
 Knuckle calluses  
**Low body weight**  
 Mood changes  
**New dieting behaviour**  
 Obsessive behaviour  
**Poor concentration**

Quality of life reduced  
**Rigid exercise regime**  
 Social withdrawal  
**Tooth discoloration**  
 Unexplained hypokalemia  
**Vomiting**  
 Water intake is excessive  
**Xerosis (dry skin)**  
 Yellowing of the skin  
**Zzzz due to insomnia**

Looking a 'healthy weight' doesn't automatically rule out the diagnosis

#### Red Flags

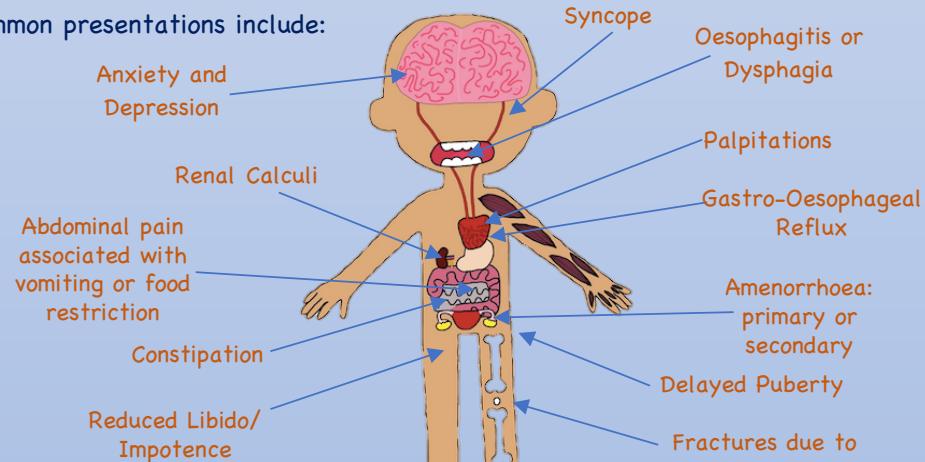
- Hypothermia
- BMI below safe range
- <40 bpm or postural tachycardia
- Hypotension (may be orthostatic)
- Failure of Sit up – Squat – Stand
- Prolonged QTc >450ms

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Patients with EDs are unlikely to present complaining of disordered eating... in fact a study has shown, people suffering with an ED attend their GPs frequently with other presenting complaints prior to diagnosis

Common presentations include:



Keeping EDs in mind as a differential will help you pick up cases **earlier**

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## What questions should you ask to explore the possibility of an ED diagnosis?

SCOFF Questionnaire

Five simple questions can give you a good starting point for questioning:

1. Do you make yourself **Sick** because you feel uncomfortably full?
2. Do you worry you have lost **Control** over how much you eat?
3. Have you recently lost more than **One** stone in weight (7.7kg)?
4. Do you believe yourself to be **Fat** when others say you are thin?
5. Would you say that **Food** dominates your life?

**Two or more positive answers** indicate further questioning and examination **BUT** do not rely solely on these questions to determine whether or not people might have an ED

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If you think the patient may be suffering from AN or BN, these questions can be used to explore the diagnosis further....

- Have you set yourself **strict rules** around food?
- How do you feel about **social events** involving food?
- Do you feel you are **less spontaneous** with social situations?
- Do you find yourself **lying** to people about the amount of food you eat?
- Do you find yourself **thinking about food** most of the day?
- Do you find that you are **indecisive** and spend excessive amounts of time in supermarkets **looking at food**?
- Do you have **feelings of guilt** after eating certain foods?
- Do you feel like you have a **constant internal battle** with yourself when it comes to deciding what to eat?
- How often do you **weigh yourself** and how does it make you feel?
- Do you find yourself trying to **falsely justify your food decisions** e.g. saying you don't like something when you do?
- Do you find that you **don't seem to laugh or have fun** anymore?

Other things to explore:

- Family support and history of EDs
- Occupation
- Relationships
- Exercise

EDs are not just about the food, they affect all aspects of a patient's life

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If you think the patient may be suffering from BED, these questions can be used to explore the diagnosis further....

- Do you ever find yourself **eating large volumes** of food with the feeling you've **lost control**?
- Do you find yourself **eating in secret**?
- Do you **think about food** most of the day?
- Do you ever feel **embarrassed** about the amount of food you eat?
- Do you **organise your life around food**?
- Do you find yourself **collecting and storing** large amounts of food?
- Do you **lie** to people about the amount of food you eat?
- Do you ever eat until you feel **uncomfortably full**?
- Do you **socially isolate** yourself?
- Have you **previously restricted** your food intake?
- Do you suffer with **mood swings** and **irritability**?
- Do you have feelings of **shame and guilt** after binge episodes?
- How do you feel about **social events** involving food?

## What should you do?

If you suspect a patient may be suffering from an ED, you should **REFER IMMEDIATELY** to a community based , age – appropriate ED service for further assessment and treatment  
Early referral **should not be delayed** because of lack of 'physical symptoms'  
Use MARSIPAN protocols to assess whether low, moderate or high risk in AN

Reassure the patient that a **FULL recovery** is possible and they are not alone

Guidance from – NICE CKS: Eating Disorders



MARSIPAN



Junior MARSIPAN <18s

If signs of severe malnutrition, electrolyte imbalance, dehydration or signs of incipient organ failure, consider emergency admission and acute medical care

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## What should you be doing whilst awaiting referral?

- Arrange **regular review** to monitor level of mental and physical health risk
- Assess for **biochemical** and **ECG** abnormalities
- Inform patients of **online services** they can access for support and information e.g. **BEAT**
- Encourage patients an appropriate **multi-vitamin supplement**



Most people with EDs have normal blood results **BUT** they should be done to check for any complications

Investigation	Potential Finding
FBC	Anemia, thrombocytopenia, Leukocytosis
U&Es	Hypokalemia, Hyponatremia
LFTS	Elevated
Glucose	Low
Creatinine	May be elevated development kidney disease
Magnesium Phosphate Calcium	Low

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Disclaimer: this is not a fully comprehensive guide to EDs and should be used alongside NICE Guidelines

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## References

1. Arcelus J, Mitchell A, Wales J, Nielsen S. Mortality Rates in Patients with Anorexia Nervosa and Other Eating Disorders. Archives of General Psychiatry. 2011;68(7):724
2. Royal College of Psychiatrists. Position statement on early intervention for eating disorders [Internet]. RC PSYCH; 2019 [cited June 20]. (Position statement [PS03/19]). Available from: [https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/ps03\\_19.pdf?sfvrsn=b1283556\\_2](https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/ps03_19.pdf?sfvrsn=b1283556_2)
3. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, 5th Ed. Arlington, VA, American Psychiatric Association, 2013.
4. Harding D. Anorexia. [Internet]. Patient.info. 2017 [cited 21 June 2020]. Available from: <https://patient.info/doctor/anorexia-nervosa-pro>
5. Harding D. Bulimia Nervosa. [Internet]. Patient.info. 2017 [cited 21 June 2020]. Available from: <https://patient.info/doctor/bulimia-nervosa-pro>
6. Ogg E, Millar H, Pusztai E, Thom A. General practice consultation patterns preceding diagnosis of eating disorders. International Journal of Eating Disorders. 1997;22(1):89-93.
7. Cotton M, Ball C, Robinson P. Four simple questions can help screen for eating disorders. Journal of General Internal Medicine. 2003;18(1):53-56.
8. National Collaborating Centre for Mental Health (UK). Eating Disorders: Core Interventions in the treatment and management of anorexia nervosa and bulimia nervosa and related eating disorders. The British Psychological Society; 2004 (Clinical Guideline [CG9]). Downloadable Resources [Internet]. Beat. [cited 26 January 2020]. Available from: <https://www.beateatingdisorders.org.uk/types/downloadable-resources>
9. NICE. Eating disorders - NICE CKS [Internet]. Cks.nice.org.uk. 2019 [cited 26 January 2020]. Available from: <https://cks.nice.org.uk/eating-disorders>
10. Schiess M. Guide to Common Laboratory Tests for Eating Disorder Patients [Internet]. Maudsleyparents.org. [cited 26 January 2020]. Available from: [http://www.maudsleyparents.org/images/lab\\_tests.pdf](http://www.maudsleyparents.org/images/lab_tests.pdf)
11. Robinson P, Rhys Jones W. MARSIPAN: management of really sick patients with anorexia nervosa. BJPsych Advances. 2018;24(1):20-32.
12. Royal College of Psychiatrists. Junior MARSIPAN: Management of Really Sick Patients under 18 with Anorexia Nervosa [Internet]. RC PSYCH, 2012 [cited June 20]. (College Report [CR168]). Available from: [https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr168.pdf?sfvrsn=e38d0c3b\\_2](https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr168.pdf?sfvrsn=e38d0c3b_2)
13. Beat. [cited 23 June 2020]. Available from: <https://www.beateatingdisorders.org.uk/>

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