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Eating Disorders in Children and Young People in Primary Care

A Guide

IDENTIFICATION

- A single consultation about weight and eating concern is a strong indicator of possible eating disorder
- Behavioural indicators of an eating disorder include:
 - Reluctance to attend (when concern raised by parent or school)
 - Resisting weighing
 - Distress when asked about eating problems
- Therefore need sensitivity
- **Early intervention is associated with better outcome**

Features of an eating disorder:

**anorexia nervosa,
bulimia nervosa**

- Restriction of energy intake
- Severe weight loss and/ or significantly low weight for age
- Intense fear of weight gain
- Disturbed body image, or lack of recognition of seriousness of weight loss
- Compensatory behaviours: eg self-induced vomiting, excessive exercise, laxative use
- Symptoms of low weight: eg feeling cold, dizziness, secondary amenorrhoea in girls
- In some patients: recurrent bingeing (lack of control over eating)

ARFID

Avoidant/ Restrictive Food Intake Disorder

Some people present with very low weight, often long-standing, due to lack of appetite, sensory sensitivity, or anxiety

They do not have a fear of weight gain, nor disturbed body image.

There is no dedicated service for these patients in Suffolk currently, but they may require advice from paediatrics and/or mental health services.

AIM OF INITIAL CONSULTATION IN PRIMARY CARE

- Identify features (as above)
- Be alert to depression and suicidality
- Assess physical state (symptoms, weight, height, BMI, pulse, blood pressure, temperature) and feedback findings to child and parent
- Exclude other conditions
- Provide support, instill hope, foster motivation
- Discuss specialist referral, investigations, and monitoring
- Encourage regular meals to be supervised by parents or other adults
- Encourage reduction of compensatory behaviours
- Emphasise that an eating disorder is not the fault of the child or their parents

Investigations

Biochemistry: U+Es, LFTs, glucose, calcium, phosphate (bone profile), Vit B12, Vit D, folate, iron, zinc, Mg, TFTs, coeliac screen, IGF-1

- If abdominal pain: amylase
- If amenorrhoea: prolactin, LH, FSH, oestradiol
- If vomiting: bicarbonate
- If exercising excessively: CK

Haematology: FBC, ESR, CRP

Ecg: look for prolonged QTc (>460ms in girls, >400 ms in boys), or arrhythmia

Referral

Refer to CYP ED Team every young person under 19 with probable eating disorder

Refer urgently to paediatrics (aged under 16) or acute medicine (16-18) if:

- Weight loss with BMI under 0.4th centile
- Lost more than 1kg/ week for >2 weeks
- Heart rate under 40 bpm
- Blood pressure under 85/40
- Ecg abnormality
- Severe dehydration
- Temperature < 35.5 C

How to refer to CYP ED Team

Include: weight, height, pulse, blood pressure, temperature

Any previous records of weight or height even if years previously

Investigations: if urgent, do not delay awaiting results

Referral Form (via Children and Young People's Emotional Wellbeing Hub) is on the SuffolkInfoLink website.

Professionals, parents, carers and young people can also contact the Hub on: **0345 600 2090**, Monday to Friday 8am – 7.30pm for consultation or advice

WHAT INFORMATION TO GIVE TO YOUNG PERSON AND PARENT ?

- The parent (or young person) will be contacted by eating disorder team by telephone, usually within 1-2 working days, for a discussion.
- Assessments will usually be carried out within 7 days if urgent, or 28 days if routine.
- The YP will be seen on their own, as well as with a parent, unless they prefer not to do so
- Treatment is non-judgemental, closely involving parents in early stages; includes regular physical checks; use of medication is not routine.
- Useful websites: Suffolkinfolink, MindEd, Young Minds, BEAT

WHAT TO DO AFTER FIRST PRIMARY CARE APPOINTMENT

If urgent see weekly until YP has their assessment

- weigh the young person (weekly)
- monitor physical state (symptoms of malnutrition, pulse, blood pressure, and temp)
- If child is developing higher risk, alert specialist services
- Encourage regular meals and snacks to be supervised by parents or other adults
- Encourage reduction of compensatory behaviours

What Primary Care might expect after specialist assessment

Assessment letter, and plan of treatment

Occasionally GP might be asked to carry out a repeat investigation eg blood test or ecg and send results to specialist team

NB a CCG review is current, regarding sustainable medical monitoring arrangements for children, and adults

Further Information

BMJ Infographic Eating Disorders Initial Assessment in Primary Care

<https://www.bmj.com/content/359/bmj.j5245/infographic>

Risk assessment and medical advice:

Junior MARSIPAN (Management of Really Sick Patients with Anorexia Nervosa) 2016, Royal College of Psychiatrists

Treatment Advice

NICE Primary Care (CKS) Guide:

<https://cks.nice.org.uk/topics/eating-disorders/>

NICE Guidance on Eating Disorders (NG69) 2017

A GUIDE FOR GPs in SUFFOLK: Role of the General Practitioner in the management of a young person under 19, with suspected Eating Disorder (Suffolk CCG, Paul Garfield)