

A GUIDE FOR GPs in SUFFOLK

**IDENTIFICATION**

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

**Box 1: Diagnostic features of an eating disorder (anorexia nervosa, bulimia nervosa, binge eating disorder)**

- Restriction of energy intake
- Severe weight loss and/ or significantly low weight for age and height
- 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)

NOTE: some young people present with very low weight, sometimes long-term, due to sensory sensitivity, or anxiety (ARFID: Avoidant/ Restrictive Food Intake Disorder). They do not have a fear of weight gain, nor disturbed body image. There is no dedicated service for these patients in Suffolk, but they may require advice from paediatrics or mental health services.

**AIM OF INITIAL CONSULTATION WITH GENERAL PRACTITIONER**

- Identify features as above
- Assess physical state (weight, height, BMI, pulse, blood pressure, temperature) and feedback findings to patient and parent
- Exclude other conditions
- Provide information (see box 3)
- Discuss specialist referral, further investigation, and monitoring (see below)
- 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 patient or their parents

**It is helpful if the following investigations can be organised by the general practitioner:**

**Box 2: 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

## WHEN TO REFER

Refer to Eating Disorder Team every young person under 19 with probable eating disorder (Box 1 above)

- Patient does not need to be at low weight to be referred, if has other features of an eating disorder
- Atypical presentations will be assessed

Refer urgently to paediatrics (aged under 16) or acute medicine (16 and over) any Young Person with

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| <ul style="list-style-type: none"><li>• Weight loss with BMI under 0.4<sup>th</sup> centile (or under 70% median BMI)</li><li>• Lost more than 1kg/ week for &gt;2 weeks</li><li>• Heart rate under 40 bpm</li><li>• Ecg abnormality (see box 2 above)</li></ul> | <ul style="list-style-type: none"><li>• Blood pressure under 85/40</li><li>• Severe dehydration</li><li>• Temperature &lt; 35.5 C</li></ul> |
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- and make simultaneous referral to Eating Disorders Team

**CONSULTATION FOR GPs** For advice 9am-5pm Monday-friday, ask for eating disorder team (you may need to leave a message for a call back):

East Suffolk: 01473 279200, email: [EastSuffolkEatingDisTeam@nsft.nhs.uk](mailto:EastSuffolkEatingDisTeam@nsft.nhs.uk)

West Suffolk: 01638 558650

Out of Hours: Access and Assessment Team 0300 123 1334

## HOW TO REFER TO CHILDREN AND YOUNG PEOPLE'S EATING DISORDER TEAM

Include: Weight, height, BMI, centiles, pulse, blood pressure, temperature

Any previous records of weight or height even if years previously

Investigations: if urgent, do not delay awaiting results; team medical staff have online access

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

### Box 3: WHAT INFORMATION TO GIVE TO YOUNG PERSON AND PARENT

- The parent (or young person with mental capacity) will be contacted by eating disorder team staff by telephone, usually within 1-2 working days.
- 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
- Useful websites: Suffolkinfolink, MindEd, Young Minds, BEAT
- If not referring immediately, consider: School nurse (monitoring, support), consultation with Primary Mental Health Worker (professional's advice), BEAT (Parent Helpline 0808 801 0677, Youthline 0808 801 0711), Wellbeing Service (general counselling)

**WHAT TO DO AFTER FIRST GP APPOINTMENT** if urgent see weekly until YP has their assessment

- weigh the young person
- monitor physical state (symptoms, sitting and standing pulse, and 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

### Further Information

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

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

NICE Guidance on Eating Disorders (NG69) 2017; NICE Primary Care (CKS) Guide: <https://cks.nice.org.uk/topics/eating-disorders/>