Beginners Guide to Working with Eating Disorders

WHAT ARE EATING DISORDERS?

- Eating disorders (EDs) are a group of complex mental health conditions with physical manifestations
- Often present with negative thoughts & behaviours towards food & their body weight/shape
- Development is multi-factorial; genetics, mental health, trauma and other factors such as dieting history and cultural pressures towards certain body "ideals" may play a role (1)
- Can impact anyone, regardless of age, gender or other demographics
- Requires a team-based approach with mental health and nutrition therapy as key pillars of care

WHO IS IMPACTED BY EATING DISORDERS?

Approximately, 1 million Canadians have a diagnosed Eating Disorder.

These include:

- Anorexia Nervosa (AN)
- Bulimia Nervosa (BN)
- Binge Eating Disorder (BED)
- Avoidance Restrictive Food Intake Disorder (ARFID)
- Otherwise Specified Feeding and Eating Disorder (OSFED) (2)

Actual numbers are estimated to be much higher and many individuals go undiagnosed for many years.

Eating disorders are serious and have the highest overall mortality rate among mental health conditions. (2)

ROLE of PRIMARY CARE DIETITIANS

- ✓ Screen for eating disorders.
- ✓ Provide a thorough assessment.
- ✓ Make/suggest referrals as appropriate.
- ✓ Provide medical nutrition therapy (MNT) while the patient waits for higher level of care, or as part of a treatment team at the primary care level when appropriate.

Dietitians are often the first health care provider to detect symptoms of disordered eating or an eating disorder.

PRIMARY CARE DIETITIANS' ASSOCIATION
Association des Diététistes de soins Primaires
Blending the science of nutrition with the art of food.

OVERVIEW of RD's ROLE in ED CARE

1. Complete a nutrition assessment including screening

Different screening tools are available including: EAT-26, SCOFF, ESP or you may choose to start with more general questions (3) about food/body attitudes including:

- *What is food like for you? How does it make you feel?*
- *What would you like to change about your eating?*
- *What are you most afraid of if you make changes to your eating?*
- *Are there any food that you avoid? Why?*
- *Do you sometimes feel guilty, shameful or embarrassed because you ate a particular food or just food in general?*
- *Do you experience thoughts of food in relation to how you feel about your body?*
- *What are your thoughts about your weight /shape or size?*
- *How much time do you spend thinking about your weight or shape?*
- *How much time do you spend thinking about food?*
- *Do you have a scale at home? If so, how often to you weigh yourself?*
- *Does it ever happen that you feel the need to get rid of the food from your body?*

2. Discuss assessment with PCP and request further tests as appropriate

When an ED is suspected, it is important to do blood work, ECG and vitals.

3. Assess level of care required and treatment options

Many options are available and may be appropriate for different patients.

4. Coordinate care with team

Dietitians often help to coordinate care by facilitating communication between team members (patient, RD, therapist, PCP, RN, family).

5. Provide Medical Nutrition Therapy

Gradually work towards adequacy (meeting nutrient needs), eating regularly, increasing variety and challenging new foods. Provide education and support to patient and family. Work closely with care team through this process.

6. Ensure continued medical monitoring

Monitor for stability and continue to work closely with patient and care team.

There is a significant gap in eating disorder knowledge and training among health care professionals, and this may lead to low detection and referrals.

In addition, there are limited resources and publicly funded treatment programs have long wait lists. Eating disorders can also be very difficult to treat, with a high risk of relapse.

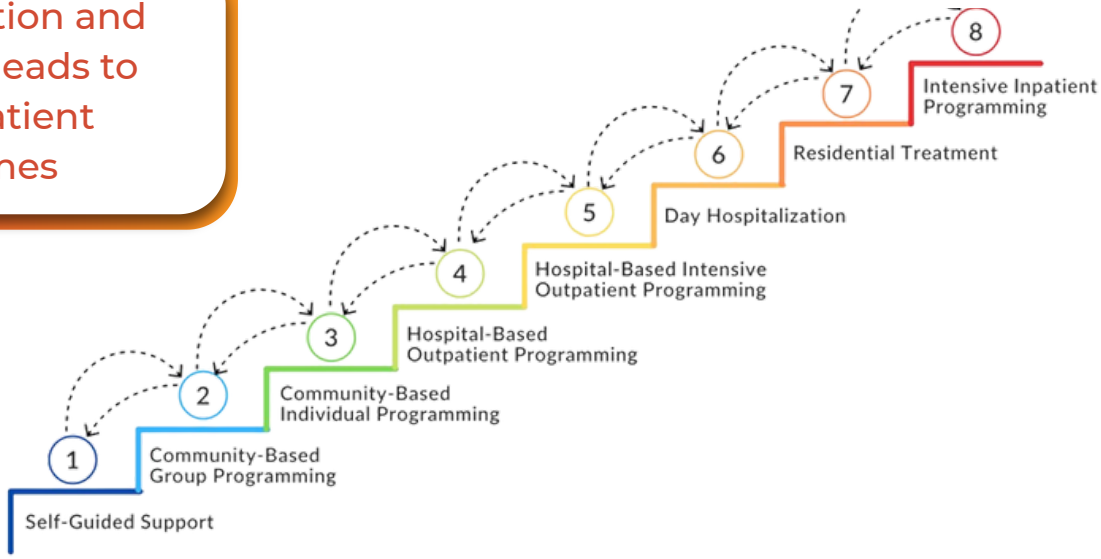
PRIMARY CARE DIETITIANS' ASSOCIATION
Association des Diététistes de soins Primaires
Blending the science of nutrition with the art of food.

DETERMINING the APPROPRIATE LEVEL of CARE

When it is determined that a patient has disordered eating, referral to specialized treatment may be necessary depending on severity of presenting illness and skill set and capacity of the primary care team. Dietitians often act as care coordinators to help facilitate referral to appropriate care.

Early detection and treatment leads to better patient outcomes

The Stepped Care Approach (4)



- Different patients will require different levels of care based on their individual needs.
- Access to programs will vary based on region and eligibility criteria.
- A "Stepped Care" approach can be used to select an appropriate level of care and provide patients with support and treatment options.
- Public and private options are available

PUBLIC PROGRAMS	PRIVATE PROGRAMS
• Usually hospital based programs (inpatient or outpatient) • Eligibility criteria may vary • Wait lists in many areas are over 1 year • May not treat certain types of EDs • May not be a good fit for some patients	• Often have shorter wait times • Good option when the family has insurance or can pay out of pocket • Look for a program with team based care (at least RD/therapist and not solo practitioner) • Make sure providers are specialized in treating EDs • With some programs, patients still require medical monitoring from their PCP

PRIMARY CARE DIETITIANS' ASSOCIATION
Association des Diététistes de soins Primaires
Blending the science of nutrition with the art of food.

PROVIDING SUPPORT in PRIMARY CARE

Primary care teams may provide treatment as part of community based programming *or* they may provide temporary 'bridging' support until a patient is able to access higher level of care. As part of evidenced-based treatment, patients should be supported by a multidisciplinary team which includes at minimum, a dietitian, mental health therapist, and primary care provider (doctor, NP). Some teams also have access to psychiatry and other allied health members. Team members should have close communication with one another, in order to coordinate care. Staggered care is best to reduce burden on one sole provider (patient sees one provider one week and another another week).

Assessing Competency of the Team

You can use the below check list to assess if your primary care team is able to safely and effectively treat patients with (mild/moderate) eating disorders:

- ✓ MRP feels competent in eating disorder management
- ✓ RD/MHC/RD/MD has the capacity and competency to provide regular and staggered care
  - ✓ Team members have training and experience in evidenced based ED treatment
- ✓ Patient is medically stable with reduced risk of self-harm
- ✓ Patient is wanting treatment from primary care team

Providing evidenced-based and effective treatment to those impacted by EDs requires specific knowledge, clinical judgement and more extensive training than what is typically provided through most dietetic programs and internships, which prepare RDs for entry level practice. Dietitians should assess their own level of competency in this area and seek to increase their skills through further training.

Other team members like mental health professionals may also need further training to increase competency in this area. Below is a list of some courses for professional development you can use or share with your colleagues.

Education for RDs	Education for other HCPs
Body Brave: • https://bodypeace.learnworlds.com/course/edu-for-physicians • https://bodypeace.learnworlds.com/course/eds-for-social-workers Change Creates Change: • https://changecreateschange.com/services-for-health-professionals/eating-disorder-care-course/ Dr. Anita Federici: • https://www.psychology-emotionregulation.ca/consulting-training/	ED for RDs: • https://www.edforrds.com/ Body Brave: • https://bodypeace.learnworlds.com/course/ed-101-for-dietitians

MEDICAL MONITORING

Due to the high risk nature of EDs, patients should have regular medical monitoring to determine stability* which should include: initial and ongoing lab work, ECGs and vitals (blind weight, orthostatic blood pressure, heart rate etc.) as needed. Patients should be seen by their PCP for regular monitoring and dietitians should have regular communication with the PCP. For more information on medical monitoring of eating disorders see: AED report 2021, 4th edition, Eating Disorders: A Guide to Medical Care. (5)

NUTRITION THERAPY for EATING DISORDERS

After screening and assessment to determine medical stability*, nutrition status, risk of re-feeding syndrome**, eating disorder symptoms, nutrition rehabilitation can be initiated. A patient's baseline nutrition status as well as mental health status, will determine the goals of nutrition rehabilitation. Dietitians should work closely with the care team (therapist, doctor and others) as they implement goals of nutrition therapy.

Key Pillars of Medical Nutrition Therapy in EDs

- Assess risk for refeeding syndrome
- Correct malnutrition and nutritional deficiencies
- Restore functional weight
- Normalize eating and reduce disordered eating behaviours
- Help to improve patient's relationship with food
- Help to educate family/caregivers on meal support
- Minimize recovery side effects
- Ongoing screening, assessment & communication with care team
- Coordinate care for patient, including referrals to higher level of care when appropriate

Nutrition Basics and Diet Progression

To meet the goals of nutrition rehabilitation, a patient's diet should be gradually progressed, working towards adequate intake with 3 regular meals and 2-3 snacks per day, based on individual needs. The Refeeding HierarchyTM,(© Change Creates Change Inc.) (6) can be a helpful guide for the refeeding process. Gradually work towards balance, variety, flexibility, confidence and autonomy (ED for RDs). (7) Meal support provided by family and friends can also be very helpful in the refeeding process (Kelty EDs) (8).
A patient's physical and mental health should be closely monitored and care plan adjusted as required. The re-feeding process may elicit an increase in anxiety other symptoms so working closely with the entire team is important.

* If the medical team determines that a patient is medically unstable and/or they are experiencing symptoms, they should be advised to go to the ER for immediate treatment. See https://cmhaww.ca/wp-content/uploads/2016/05/When-to-seek-Medical-Care-for-an-Eating-Disorder.pdf for a list of symptoms.
    - Very low BMI (<14) is also a likely indicator of medical instability but patients may be medically unstable at higher weights as well.

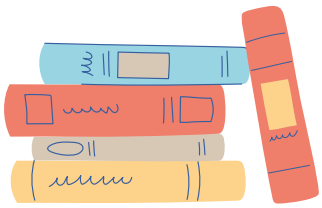
** Patients consuming <500 kcal (reported/suspected or npo for 2-3 are high risk of re-feeding.
    - Labs, ECG and vitals should be very closely monitored by the medical team.

ADDITIONAL INFORMATION

This resource is intended to provide only a basic overview of ED care.

Additional Resources

- AED 2021, 4th edition Eating Disorders – A Guide to Medical Care
- https://nedic.ca/media/uploaded/Resource_list_-_PWLE_BzOcKVU.pdf
- https://keltyeatingdisorders.ca/
- https://www.aedweb.org/home
- https://www.feast-ed.org/
- https://www.canped.ca/
- https://changecreateschange.com/
- https://www.bodybrave.ca/training-and-education
- https://nied.ca/resources/
- https://www.cci.health.wa.gov.au/Resources/Overview
- https://www.platebyplateapproach.com/



REFERENCES

1. National Eating Disorder Information Centre - https://nedic.ca/general-information/
2. National Initiative for Eating Disorders - https://nied.ca/about-eating-disorders-in-canada/
3. Questions adapted from: Shawna Melbourne's ED for RDs course and "Top 20 Questions to ask your client if you suspect and eating disorder": https://www.edforrds.com/freebies
4. Body Brave - https://www.bodybrave.ca/stepped-care
5. AED 2021, 4th ed. Eating Disorders; A Guide to Medical Care: https://higherlogicdownload.s3.amazonaws.com/AEDWEB/27a3b69a-8aae-45b2-a04c-2a078d02145d/UploadedImages/Publications_Slider/2120_AED_Medical_Care_4th_Ed_FINAL.pdf
6. © Change Creates Change Inc. - Eating Disorder Recovery Framework and the Refeeding HierarchyTM - https://changecreateschange.com/how-to-avoid-refeeding-syndrome-during-the-refeeding-process/
7. ED for RDs - Nutrition Rehabilitation Principles for Eating Disorder Support and Care: https://www.edforrds.com/nutrition-rehabilitation
8. Kelty Eating Disorders - Meal Support: https://keltyeatingdisorders.ca/recovery/meal-support/

PRIMARY CARE DIETITIANS' ASSOCIATION
Association des Diététistes de soins Primaires
Blending the science of nutrition with the art of food.
Professionnels enfusion de la science de la nutrition et de l'art de l'alimentation.

Resource created by: Anna Maria Fruscione, MHSc, RD and reviewed by the PCDA Best Practice Committee