

Eating Disorders

An Information Pack For General Practitioners

A project of the Eating Disorders Association Queensland

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(Selected Sheets - [link to full kit](#))

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APPENDIX A: What To Look For In A Treatment Program

1. Recent, specific training and experience in treating people with eating disorders.
2. Willingness to discuss professional qualifications and management approach.
3. At least rudimentary and regular evaluation of the person's physical condition, nutritional habits, psychological problems and strengths, and social situation (family, school, employment).
4. Basic nutritional counseling designed to restore healthy eating habits and maintain a body weight that is normal for that person.
5. Cognitive behavioral therapy and/or interpersonal psychotherapy that, at a minimum, address starving, bingeing and vomiting patterns, concern about body weight and shape, the urge to diet, problem-solving, and problematic relationships, both within and outside the family.
6. Some form of individual and group therapy that helps the person develop interpersonal skills, new coping strategies and broader, more sustaining interests.
7. The opportunity to participate in or referral to a support group as a useful adjunct to therapy.
8. Where it has been deemed appropriate and necessary by a careful psychiatric evaluation, judicious use of medication.
9. Some form of education, support, and/or therapy that helps family and friends understand and assist in the processes of recovery and future development.
10. Willingness of the treatment professionals to collaborate with the general practitioner, school staff, family, friends, and the person with the eating disorder in designing a comprehensive program including aftercare.

APPENDIX B: Survival Suggestions for Families

- Don't force anyone to eat. In cases of children and young adolescents adults should be in charge. Use firmness and confidence, but not force. Consult a treatment team for advice.
- Don't spend an unusual amount of time trying to persuade someone to eat, or going out of your way to arrange special foods or meals.
- Don't make your love or approval a condition of the individual's appearance, health, weight, achievement, or any other attribute.
- Don't assume the person knows what they need or how you can help, but it doesn't hurt to ask.
- Don't comment - positively or negatively - on appearance or weight.
- Don't impose rules except those which are necessary for the individual's or the family's safety and well-being, and avoid power struggles.
- Don't dwell on feelings of guilt.
- Don't expect yourself to be a perfect parent.
- Do realise there is no quick and easy solution.
- Do show a united front with other carers.
- Do inform yourself about the disorders and their treatment.
- Do understand that your relative may be ambivalent about getting well, and takes comfort in the control and rituals of the disorder.
- Do encourage the person to get an assessment from a practitioner experienced in eating disorders. In the case of a child, insist on an assessment.
- Do seek life saving treatment for anyone who is acutely in danger.
- Do allow the person with the eating disorder to be in charge of his or her routines of daily life.
- Do encourage decision making and being responsible for those decisions, at a level appropriate to the persons age.
- Do attend support groups, they can help.
- Do maintain the relationship with your child or friend as normally as possible, don't let it become all about whether or not they have eaten or lost weight.
- Do express honest love, by physical and verbal expression.
- Do examine your feelings and thoughts about *anorexia* and *bulimia nervosa*, and your own body image or fear of fat issues.
- Do make time for yourself, spouse, friends, and other family members. Remember to provide for yourself with rest, freedom from worry, and fun.
- Do get help for yourself. The disorder disrupts the family too, and the family needs help coping with it.
- Do remember to do fun things with the person with the eating disorder.

Recommended Reading for Families and Friends:

- Ball, J and Ball, R (1995). Eating Disorders: A Survival Guide for Families and Friends. Moorebank: Doubleday.
- Costin, C (1997). Your Dieting Daughter: Is she dying for attention? New York: Brunner / Mazel.
- Friedman, S (1997) When Girls Feel Fat: Helping Girls through Adolescence. Toronto: Harper Collins.
- Palmer, R (1980). Anorexia Nervosa: A Guide for Sufferers and their Families. New York: Penguin Books.
- Pipher, Mary, (1996). Reviving Ophelia. New York: Doubleday
- Seigel, M, Brisman, J and Weinschel, M (1988). Surviving an Eating Disorder: Strategies for Family and Friends. New York: Harper and Row.
- Treasure, J (1999). Anorexia nervosa: A survival guide for families, friends and sufferers. East Sussex, Psychology Press Ltd.

APPENDIX F: Self-Monitoring for Bulimia Nervosa or Binge Eating Disorder Only

Having the patient monitor their eating habits helps develop insight into their behaviours and triggers that may have caused them. Keeping a record can be very revealing and it is essential to ensure the patients' willingness to undertake this exercise otherwise it would be futile. Keeping a record might seem both tedious and pointless for the patient. However, for the patient to begin to change it is necessary the they become aware of exactly what is happening with their eating and it will soon become apparent that the record is an invaluable aid in this process.

Guide for monitoring

- Use a standard form
- Use a separate sheet for each day
- Record everything you eat and do not abandon monitoring when your eating goes wrong
- Write down what you have eaten immediately after having done so, rather than trying to remember everything at the end of the day.

Key questions to ask after a week of monitoring

- Are there particular times when binges seem more likely to occur?
- Are there particular situations which tend to trigger binges?
- Are there times when eating is relatively easy to control?
- What types of food have you been eating during binges?
- Are these food different from the types you eat at other times?
- Are there long periods of time when you eat nothing at all?
- Are these periods often followed by binges?
- Are days of strict dieting often followed by days when you binge?

These questions, continually reviewed, will provide a clearer understanding of the nature of the eating problem which is crucial to further attempts to stop binge-eating and restore eating habits to 'normal'.

Source: Bulimia Nervosa and Binge-Eating. A Guide to Recovery. Peter J. Cooper (2000)

	TIME	FOOD + DRINK (Quantity)	Place	Binge	Compensation Vomiting, laxatives or diuretics	Context of Overeating What happened during the day? Mood? Food related thoughts?

APPENDIX G: Dietary Guidelines

FOR BULIMIA NERVOSA, BINGE EATING DISORDER AND LATER STAGE ANOREXIA NERVOSA

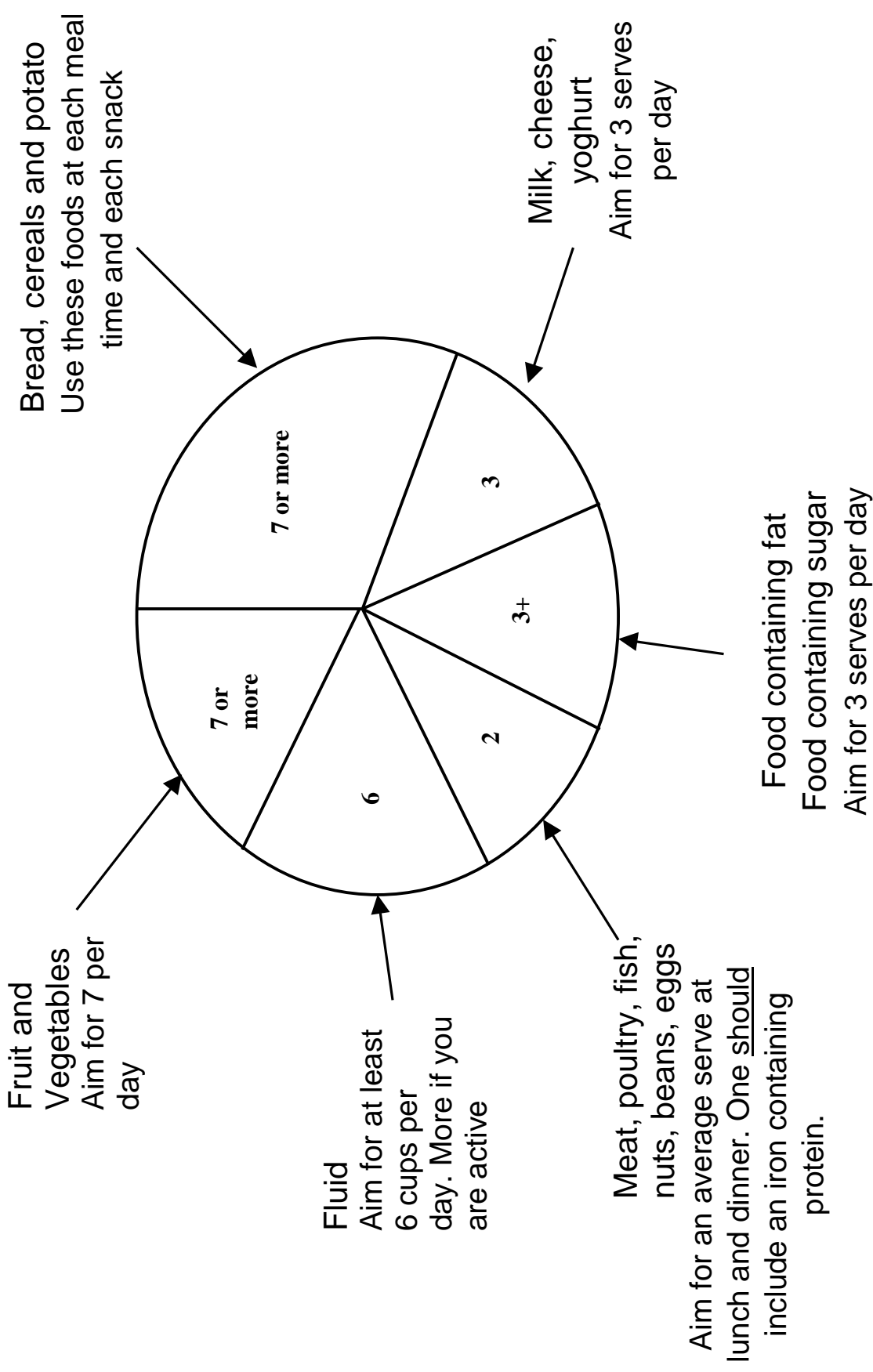
AIM To stop dieting and 'normalise' eating. That is, to be able to eat a wide variety of food in moderate amounts and in a relaxed and flexible manner.

- ✓ Avoid weighing yourself.
- ✓ Plan to eat 3 meals + 2 - 3 snacks/day.
- ✓ It is important to go no longer than 3 - 4 hours without eating.
- ✓ Plan your next meal or snack (when and what it will be).
- ✓ Aim to eat balanced main meals with a combination of protein foods (such as meat, fish, poultry, cheese, eggs, pulses), starch (potato, rice, pasta, pastry, bread) and vegetables/fruit.
- ✓ Choose to serve yourself meals that you would be happy to serve to others (with respect to the type and quantity of food).
- ✓ Before you start eating your meal or snack plan what you are going to do after eating.
- ✓ When possible, sit down and eat in a relaxed atmosphere.

Remember in the early stages, even if you're not hungry doesn't mean your body doesn't need food - you need to eat regular meals and snacks for a few weeks or months before your body will send out normal signals.

Source: Department of Nutrition and Dietetics, Royal Prince Alfred Hospital

A GUIDELINE FOR BASIC NUTRITIONAL NEEDS



APPENDIX H : Treatment Recommendations for Osteoporosis in Anorexia Nervosa

Drs Lucy Serpell and Janet Treasure, of the Institute of Psychiatry, London, suggest the following steps for managing osteoporosis in patients with chronic anorexia Nervosa:

Patient Characteristics	Comment	Recommendations
Children with premenarchal onset of <i>anorexia nervosa</i>	Risk of stunting and irreversible osteoporosis in this group; thus, oestrogen is not recommended for it may cause premature fusion of bones and exacerbate stunting.	Concentrate on good nutrition and weight gain.
Women with <i>anorexia nervosa</i> for less than 3 years	This group has a good prognosis.	Oestrogen replacement not indicated. Consider increasing calcium supplements and weight gain.
Women with <i>anorexia nervosa</i> for 3-10 years	Intermediate prognosis; depends on other factors, such as comorbidity.	Consider increasing dietary calcium and calcium supplements.
Women with <i>anorexia nervosa</i> for >10 years	This group has a poor prognosis and is likely to remain chronically ill.	Oestrogen replacement may be appropriate.
Men with <i>anorexia nervosa</i>	Little knowledge about risk, but reduced testosterone/low dietary calcium may be important.	Appropriate treatment is unclear, further research is needed.

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