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Outpatient Handbook on Eating Disorders for Parents and Carers

Objectives

This handbook aims to:

- Provide parents/carers with an overview of eating disorders and their health risks
  Inform parents/carers on the treating team and management of eating disorder in the outpatient setting

Introduction

Eating disorders (EDs) are psychiatric illnesses that present extreme attitudes and behaviours in relation to food and body weight. They are most commonly known to affect young women, but in fact can affect anyone of any age or gender. Individuals with an ED need not be people who appear thin; those of healthy weight or are overweight can be affected as well.

In general, individuals with EDs have a distorted perception of their own weight and an extreme obsession with food and eating habits. They may become moody and irritable, secretive or ritualistic with food, withdraw and isolate themselves from social situations. There are different representations of EDs:

1. Anorexia Nervosa (AN), characterised by self-starvation, an intense fear of gaining weight and an unhealthy obsession with exercise or physical training, and measuring foods.

2. Bulimia Nervosa (BN), characterised by a cycle of binge eating (eating excessively compared to usual amount) followed by purging (self-induced vomiting and/or laxative, diuretic or enema abuse). Often individuals make secretive bathroom visits after meals. The cycles are accompanied by feelings of guilt and shame.

3. Other EDs, including Binge Eating Disorder (BED), characterised by period of binge eating without purging. Binging is usually triggered by an emotional event, followed by feelings of guilt.

There is no single cause of EDs – reasons are complex and vary widely from individual to individual.

What family members need to understand is that they did not cause the illness and are not to be blamed; neither did the patient choose to have it.

More importantly, professional help should be sought as soon as possible. If left untreated, serious medical complications that deteriorate both physical and psychological health may occur. Untreated individuals also have a higher risk of early death due to medical complications and suicides.

Complications of eating disorders

Eating disorders (ED) have the highest mortality rate amongst all mental health disorders and the most common cause of death is from suicide and heart complications. There are many complications arising from EDs and can be divided into short and long term complications.

Short term complications:

- ***Brain changes.*** Brain scans of adolescents with restrictive ED have shown that parts of the brain undergo structural changes due to self-starvation. Some changes return to normal after weight gain, while others become permanent alongside changes in the way the brain works. Some adolescents with ED report difficulty concentrating, mood changes, difficulty in thinking logically or understanding abstract information.

- ***Heart, blood pressure and circulation problems.*** Heart rate and irregular heart rhythms may be caused by low body weight or abnormal levels of minerals in the blood. These abnormalities are potentially life-threatening.

- ***Abnormal electrolyte (mineral) levels in the blood***. Due to low body weight and/or rapid loss of weight, ED patients are at risk of having low electrolytes in their body such as phosphate. The risk is higher during the first week of admission and daily bloods has to be performed and low electrolyte replaced when necessary. Recurrent vomiting in BN patients put them at risk of developing low potassium in the blood and for other ED patients, drinking excessive amount of water can give a false impression of weight gain. This is a risky behaviour because too much fluid in the blood can result in an extremely low level of sodium. This may lead to confusion, seizures, coma and death.

- ***Gastrointestinal***: Constipation and bloatedness is common in ED patients due to slow intestinal motility and gastric emptying. Medications may be necessary in the first few months of the recovery but having sufficient intake and weight gain is the best treatment.

- ***Skin:*** Dry skin with hair loss and yellowing of skin are commonly seen in ED patient.

- ***Nutritional deficiencies.*** Lack of calcium and iron are often found in ED patients, resulting in osteoporosis and anaemia. Anaemia is where the number of red blood cells in the blood decreases and transfer of oxygen from the lungs to organs and tissues are

reduced, causing lethargy, shortness of breath, heart palpitations and fainting.

- ***Mental health complications:*** Suicide and self-harm are common in ED patients.

Long term complications

- ***Bone problems.*** Osteoporosis is a common complication that may be irreversible in children and adolescents with EDs, particularly AN. The causes are multifactorial and commonly occur in low body weight, in ED patients whose periods are disrupted and poor nutrition. Osteoporosis affects the elderly population and increases the risk of bone fractures.

- ***Growth failure.*** There is a critical period during adolescence after which no further growth in height can occur. For adolescent ED patients, malnutrition impedes growth in not just weight but also height. Adolescent ED patients may never attain their full adult height potential.

- ***Risk of infertility.*** Undernourishment, excessive exercise and psychological stress cause hormonal changes and disrupt the menstrual cycle in females with EDs. Menstruation is commonly absent particularly in females with AN. This may lead to infertility at later life especially if body weight is not restored.

Treating Team

The treating team is made up of:

- ***Adolescent Medicine Physicians*** – provide medical monitoring, physical assessment, medical management, prescribing medication and directing care plans.

- ***Specialty Nurse*** – provide individual support and guidance throughout hospitalisation, advocate for patient needs and help patients and families to better understand the illness and treatment.

- ***Clinical Psychologist*** – provides psychological assessment of patient and family with on-going treatment.

- ***Dietitian*** – provides nutritional assessment, ongoing management and education on dietary requirements, food and nutrition.

- ***Psychiatrist*** – may be involved if other psychiatric evaluation is needed.

- ***Medical Social worker*** – provides support and practical assistance to patient and family when needed.

Outpatient Guidelines

It is important to continue with the outpatient family-based treatment as well as return for regular medical reviews for recovery in eating disorders.

The treating team will advise on the meal plans required and whether the patient will be fit to attend school, physical activity and other activities.

Should you have any questions or concerns, the treating team will be happy to address them with you.

PARENTING RESOURCES FOR EATING DISORDERS

Websites:

http://www.youtube.com/watch?v=pPSLdUUlTWE
Helpful website for tips on meal supervision and meal preparation.

https://www.youtube.com/watch?v=of9gDhuOhnQ
Helpful guidelines for successful recovery

http://www.maudsleyparents.org.
A good place to start for information on eating disorders and treatment.

www.feast-ed.org
It has a parenting forum.

https://www.youtube.com/results?search_query=eva+musby+bungee+jump
Video on understanding the difficulties of using logic in helping your child to eat.

https://www.youtube.com/watch?v=BVhKXh0gLGc
Same author as above. Good to get ideas on what has helped other parents in dealing with resistance in meals.

Books:

Help your teenager beat an eating disorder
By James Lock and Daniel Le Grange (The Guildford Press, 2005)

My Kid is back: Empowering parents to beat Anorexia Nervosa
By June Alexander and Daniel Le Grange

Skills-based learning for caring for a loved one with an Eating Disorder.
The new Maudsley method.
By Janet Treasure, Grainne Smith & Anne Crane

Brave girl eating: A family's struggle with Anorexia
By Harriet Brown

Eating with your anorexic: How my child recovered through family based treatment and yours can too
By Laura Collins

Eating disorders: A parent's guide
By Rachel Bryant-Waugh & Bryan Lask.

NOTE

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