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# Eating Disorders

## Practice Based Small Group Learning Programme

### INTRODUCTION

Eating disorders are serious mental illnesses with significant medical and psychiatric morbidity and mortality. Identifying altered or restricted eating patterns and the associated thoughts and emotions experienced by patients can be challenging. Patients rarely self-identify, and signs and symptoms may not be disclosed or observed regardless of an individual's appearance. Early identification and timely intervention, using a multidisciplinary team approach, can result in better outcomes. Although routine screening is not recommended, primary care clinicians have a central role in identifying eating disorders because they often have established a good relationship with their patients. Working to develop trust can affect the outcome in what can go on to be a chronic illness.

### OBJECTIVES

This module will enable the clinician to:

- Identify the signs and symptoms of disordered eating behaviours.
- Initiate and coordinate care to collaboratively manage those with specific eating disorders in the outpatient setting; including medical monitoring, treatment (psychosocial, nutritional and pharmacological), identification of available resources, and consultation or referral.
- Recognise and manage somatic and psychiatric co-morbidities associated with disordered eating using a team-based care approach, as needed.

This module will focus on disordered eating in the older adolescent ( $\geq 16$  years) and adult populations. Disordered eating in younger individuals will not be covered.

#### ***Before starting the module, consider the following:***

- 1) Do you have any patients with an eating disorder in your practice? How did they present? Are any of them male or transgender?
- 2) Do you have access to a mental health professional and/or dietitian with experience working with individuals who have a diagnosed eating disorder? Is there a regional eating disorders referral centre available in your area?
- 3) How does your practice currently manage patients with an eating disorder?

## CASES

### Case 1: Diana, age 17

Diana has been your patient since childhood, but you have not seen her for three years. She has been a well child and adolescent; immunisations are up to date and she is on no regular medication. Her family history is unremarkable. She has an appointment this afternoon related to ongoing ankle pain which interferes with her dancing. This morning her mum called to say she knows Diana is coming in today. Mum is concerned that Diana has become a "picky eater" and recently became a vegetarian. Diana has become increasingly conscious about the calorie, fat and carbohydrate content of food over the past few months.