12: Summary sheet for generic psychiatry teams

Who is this for?
Generic teams in general adult and child and adolescent psychiatry.

a. Risk assessment

The arrival of a severely ill patient with a severe eating disorder in your clinic or emergency department can present problems if the clinicians are unfamiliar with these disorders. The key tasks are diagnosis, risk assessment and initial management. For a patient who may have an eating disorder, rapidly exclude other causes and look for weight concern, reluctance to eat and purging. Look at the items on the risk assessment tool (Chapter 2) and apply the ones relevant to the patient. For young patients, obtain parents' accounts. If there are indicators of increased risk (red or amber items) consider admission. If in doubt, consult an eating disorders clinician.

See Chapter 2 and Appendix 3

b. Location of care

If diagnosis is clear and risk appears low, monitor in outpatients and consider referral to specialist eating disorder services. If risk is moderate or high, consider urgent referral to eating disorders services or admission to a medical or paediatric unit.

See Chapter 3

c. Safe refeeding

Refeeding of someone with an established eating disorder usually requires specialist oversight. In the absence of a specialist bed, or while waiting for one, consult a local physician and dietitian and arrange a consultation (online if necessary) with an eating disorders specialist.

See Chapters 4 and 5

d. Behavioural manifestations of eating disorders

Behaviours associated with eating disorders, such as self-induced vomiting, may be identified in patients receiving outpatient therapy or admitted to a generic inpatient service. Electrolytes should be measured. Over-exercising and rejection of food offered can be very difficult to manage in the community and on the ward. Consult an eating disorders specialist on the most appropriate care.

See Chapter 6

e. Families and carers

Families and carers of patients with eating disorders require support and information. They may be extremely anxious because their loved one may be very unwell but not willing to accept treatment. For a patient under 18, parents will almost always be involved and have a key role in their child's care and recovery. There are good resources to support families and carers to which they should be signposted.

See Chapter 7

f. Compulsory admission and treatment

A patient with an eating disorder who is at high risk and refusing treatment may require assessment under the Mental Health Act or equivalent. In crisis teams, you may be asked to arrange assessment under the Mental Health Act, as well as providing the necessary documentation and supporting and informing the patient and their family/carers.

See Chapter 8

g. Diabetes mellitus type 1

Diabetes complicates the management of any eating disorder. To promote weight loss, the patient may avoid insulin or hypoglycaemic drugs, and this can lead to failure of diabetic control. In the long term, increased severity of diabetic complications can occur. Psychiatrists must work closely together with physicians and GPs to optimise the outcome in these complex clinical situations.

See Chapter 9 and Annexe 3