

# 6: Summary sheet for people with eating disorders



## a. Who is this for?

Patients with symptoms of eating disorders requiring medical attention.

### a. Risk assessment

Eating disorders can threaten health and even life owing to medical complications, such as low weight, malnutrition and the effects of purging behaviour such as low potassium. The risk assessment tool (Chapter 2) lists the areas that can be affected, divided into levels of risk. See which areas might be relevant to you. The staff will be very interested in assessing your risk. Try to work with them to stay safe.

**See Chapter 2 and Appendix 3**



### b. Location of care

Depending on your risk and age, you may be treated as an outpatient, a day patient or an inpatient in a specialist or a non-specialist unit such as a medical or paediatric ward. Eating disorders specialists should always be involved in the inpatient treatment of someone with an eating disorder – you can ask about this from the team looking after you. You may need to be in a medical ward if you need something that is only available there, such as heart monitoring or an intravenous drip. Your team will talk to you about continuing your treatment in the community once you are well enough, or whether you need a specialist unit.

**See Chapter 3**



### c. Safe refeeding

You may be frightened of weight gain, even when it is medically indicated. Try to talk to the staff about your anxieties, letting them know what you can manage, and try to reach a compromise. Staff will need to increase your calories at first, carefully checking your blood test results regularly. If your potassium or phosphate level are low, this can be dangerous and will need tablets or intravenous medicines to correct it. You can also discuss medicines to help you manage your feelings if you are finding it very hard.

**See Chapters 4 and 5**



### d. Behavioural manifestations of eating disorders

You may be very scared of gaining weight and therefore feel compelled to avoid eating, hide food, exercise or make your weight seem more than it is. You may also be unable to control the urge to binge and vomit. Staff may have different levels of experience in helping with these behaviours, and you may find some you trust to talk to about these

compulsions and how to control them. Relationships with staff can sometimes feel like a battle; they should try to work with you, both of you fighting against the eating disorder.

See Chapter 6



## e. Families and carers

Your family or carers and loved ones may be very worried about you and see things differently from you. It might help them be less anxious if you can convey the idea that although you cannot agree with them, you can respect their views. Sometimes, some members of the family may say you should be in hospital while others agree with you that you should stay at home. This sort of difference of opinion is usually best managed by a skilled expert in eating disorders, who will work with you to make sure the right people are involved in decisions about your care.

See Chapter 7



## f. Compulsory admission and treatment

Occasionally, members of your family or carers and the clinical team may think you should be in hospital in order to save your life, even though you strongly disagree. The law allows the clinical team to insist that you go into hospital for treatment, but you can appeal to a tribunal. You may be interested to know that most patients treated against their will regard the treatment as having been helpful when interviewed later.

See Chapter 8



## g. Diabetes mellitus type 1

If you have a combination of an eating disorder and type 1 diabetes, it can be very dangerous for you and worrying for those around you. You may be tempted to reduce your insulin to lose weight, but this risks you being admitted to hospital with your diabetes out of control. If you have poor control of your diabetes, you may experience more complications from diabetes in the long term. This situation should be managed with the help of a psychiatrist and a medical expert in diabetes. If you work together closely with your medical teams, you have a good chance of staying healthier.

See Chapter 9 and Annexe 3

