

5: Summary sheet for relatives and carers



Who is this for?

Family and carers of people with severe eating disorders. You may want to keep this handy to refer to when you are concerned and are unsure what to do or what will happen. Carers, relatives and friends are an essential source of support.



When to ask for urgent assessment

If you are concerned or notice the following alarming symptoms/signs, encourage your relative to go to the emergency department for assessment or contact their eating disorder team immediately:

- fainting when standing up
- inability to climb stairs
- talking about ending their life
- acute food/water refusal
- intercurrent illness such as diarrhoea/vomiting.

a. Risk assessment

Clinical staff will complete a risk assessment to decide what level of care is needed. The areas covered are in the risk assessment tool (Chapter 2), including weight, rate of weight loss, muscle weakness and thoughts of self-harm. It will also include blood tests and an ECG (electrocardiogram/heart trace). An important consideration for parents and carers is how able you are to support your loved one. Accompany them if you can, and voice your areas of concern to the doctor or team member.

See Chapter 2 and Appendix 3



b. Location of care

Depending on their assessment, your relative may be treated as an outpatient, or as an inpatient on a medical or paediatric ward for medical stabilisation, or in an eating disorder unit. They may need to stay in an acute hospital until a specialist bed becomes available.

See Chapter 3



c. Safe refeeding

Following a period of sustained reduced oral intake, there is a risk from suddenly increasing food (re-feeding), so this may need to be done in hospital. However, if considered safe to do so, this can be done at home with the support of professionals who may provide a meal plan for you to follow. This can be very stressful, so ensure that you yourself have support.

See Chapters 4 and 5



d. Behavioural

Your loved one may be very scared to gain weight and avoid eating, hide food, over-exercise or make their weight seem more than it is. They may also overeat (binge) and vomit afterwards. These behaviours, which can happen both at home and in hospital, can be worrying and challenging to manage. Ask for advice from staff on how best to support your relative, and feel free to raise any concerns you may have. Some services offer carers training in how to manage eating disorders.

See Chapter 6



e. Families and carers

This is a very difficult time, so make sure that you have your own support network from family and friends. [Beat](#), [FEAST](#) and [Anorexia & Bulimia Care](#) all have helpful online resources and support groups for people with eating disorders, and for their carers and loved ones. Many of these can be found by searching online. They also have helplines if you feel that you need to speak to someone. You may need to discuss your situation with your work to allow some flexibility and consider how best to manage other commitments.

See Chapter 7



f. Compulsory admission and treatment

If your relative is considered at high physical/mental risk from their eating disorder and is refusing treatment, clinical staff may decide that compulsory treatment is required (also known as 'sectioning'). The nearest relative is consulted and supported during this process. Information is available on the [MIND website](#) about your rights. In some cases, compulsory treatment comes as a relief to the person, although they may not voice this, and when interviewed later many are grateful for the treatment received. Make sure that you have time and support to discuss the issues.

See Chapter 8



g. Type 1 diabetes mellitus

If a person with an eating disorder also has type 1 diabetes, they may avoid taking insulin to lose weight, putting them at risk of developing complications (the most urgent being diabetic ketoacidosis [DKA], when blood sugars become very high). As a carer, you will need to work closely with the psychiatrist, the diabetes specialist and your relative to avoid this from happening. Have a look at Chapter 9 to familiarise yourself with this particular situation.

See Chapter 9 and Annexe 3

