EATING DISORDERS IN PRIMARY CARE

Eating disorders are challenging to manage within most settings of healthcare. They often remain resistant in the face of even the very best practices and practitioners. They require attention to both medical and psychiatric information. Symptoms if left untreated, can lead to a broad range of chronic health problems. Primary Care providers are an integral part in care for patients with eating disorders.

Identification:
Identifying children and adolescents at risk for developing an eating disorder versus those who are ‘picky eaters’ or have other metabolic issues can be challenging. Recommendations may focus on:
- Rule out other metabolic conditions
- Keep a detailed, frequently plotted growth chart
- Ensure supports for the child exist, assess general stress management and coping skills
- Assess for co-morbid conditions, family history (e.g. mood disorders, substance abuse, post-traumatic stress disorder)

Ask family/friends to note what the patient eats and describe family eating patterns. Develop strong supportive and coaching style relationship with parents of children, adolescents and young adults.

Screening:
The SCOFF Questionnaire is a five-question screening tool designed to identify that an eating disorder might exist rather than to make a diagnosis.
S – Do you make yourself Sick because you feel uncomfortably full?
C – Do you worry you have lost Control over how much you eat?
O – Have you recently lost more than One stone (6.35 kg) in a three-month period?
F – Do you believe yourself to be Fat when others say you are too thin?
F – Would you say Food dominates your life?

An answer of ‘yes’ to two or more questions warrants further questioning and more comprehensive assessment.

A further two questions have been shown to indicate a high sensitivity and specificity for bulimia nervosa and indicate a need for further questioning and discussion.

1. Are you satisfied with your eating patterns?
2. Do you ever eat in secret?

Medical Management:
Keeping patients alive largely through medical stabilization is the main focus. Recommendations may focus on:
- Nutritional stabilization through the use of food and/or supplement nutrition as necessary (e.g., oral supplements, tube feeding, TPN)
- Safety: is the patient suicidal or engaging in self-harm behaviors that warrant a psychiatric assessment or admission?
- Palliative care– Is the patient in the final stages of the illness i.e. vital organs are now shutting down?

Medical Monitoring:
Ongoing medical monitoring ensures that the overall health of the patient is always first. Changes in health can be detected right away to enable more timely access to care. Recommendations may focus on:
- Regular bloodwork
- Regular height/weight measurement (varies with age and level of acuity)
- Regular assessment of achievement of life milestones
- Regular check-ins with family members to ensure adequate coping, perception of treatment progress and/or concerns, participation in treatment plan

Treatment:
The Primary Care Provider should not expect to provide all aspects of care or they are likely to end up feeling overwhelmed and isolated given the dual components of these disorders: medical and psychiatric. They are best supported in their work as a member of a “team” i.e. a group of professionals brought together to meet the multidisciplinary needs of the patient despite not being from the same practice or organization.
- A referral to a specialized outpatient eating disorder program for a comprehensive assessment, diagnosis and treatment plan
- Consultations with Psychiatrist
- Dentist
- Dietitian

Other Recommendations:
- Education- for clients and families.
- Provide resource lists, support group information and family psychoeducation
- Encourage families not to let the eating disorder run the household through continued maintenance of family meals, non-food or weight oriented discussions and an emphasis on whole health for the whole family

Please review cited references and attached resources for further information.
Screening Tool
SCOFF Questionnaire
(Useful Eating Disorder screening questions)

The **SCOFF** Questionnaire is a five-question screening tool designed to clarify suspicion that an eating disorder might exist rather than to make a diagnosis. The questions can be delivered either verbally or in written form.

**S** – Do you make yourself **S**ick because you feel uncomfortably full?

**C** – Do you worry you have lost **C**ontrol over how much you eat?

**O** – Have you recently lost more than **O**ne stone (6.35 kg) in a three-month period?

**F** – Do you believe yourself to be **F**at when others say you are too thin?

**F** – Would you say **F**ood dominates your life?

An answer of ‘yes’ to two or more questions warrants further questioning and more comprehensive assessment.

A further two questions have been shown to indicate a high sensitivity and specificity for bulimia nervosa. These questions indicate a need for further questioning and discussion.

1. Are you satisfied with your eating patterns?
2. Do you ever eat in secret?

Community Resources
Outpatient Treatment for Eating Disorders

Debbie Dunbar, LPC
2501 Parkview Drive Suite 304
Fort Worth, Texas 76102
(817) 993-6479

Laura Fleming, LPC
2501 Parkview Dr Suite 305
Fort Worth, Texas 76102
(817) 442-3249

Carla Garber, PhD, LPC
4200 S Hulen St Suite 318
Fort Worth, Texas 76109
(817) 764-1446

Susan Baldeolmar, Med, LPC
1706 Enderly Place
Fort Worth, Texas 76104
(817) 522-1475

Project Bliss
4409 Kelly Elliot Road
Arlington, Texas 76017
817-405-0192

Walker Wellness Clinic
12200 Preston Rd
Dallas, Texas 75230
1-877-959-8328

National Eating Disorders Association Helpline
1 (800) 931-2237
References


