

Eating disorders overview

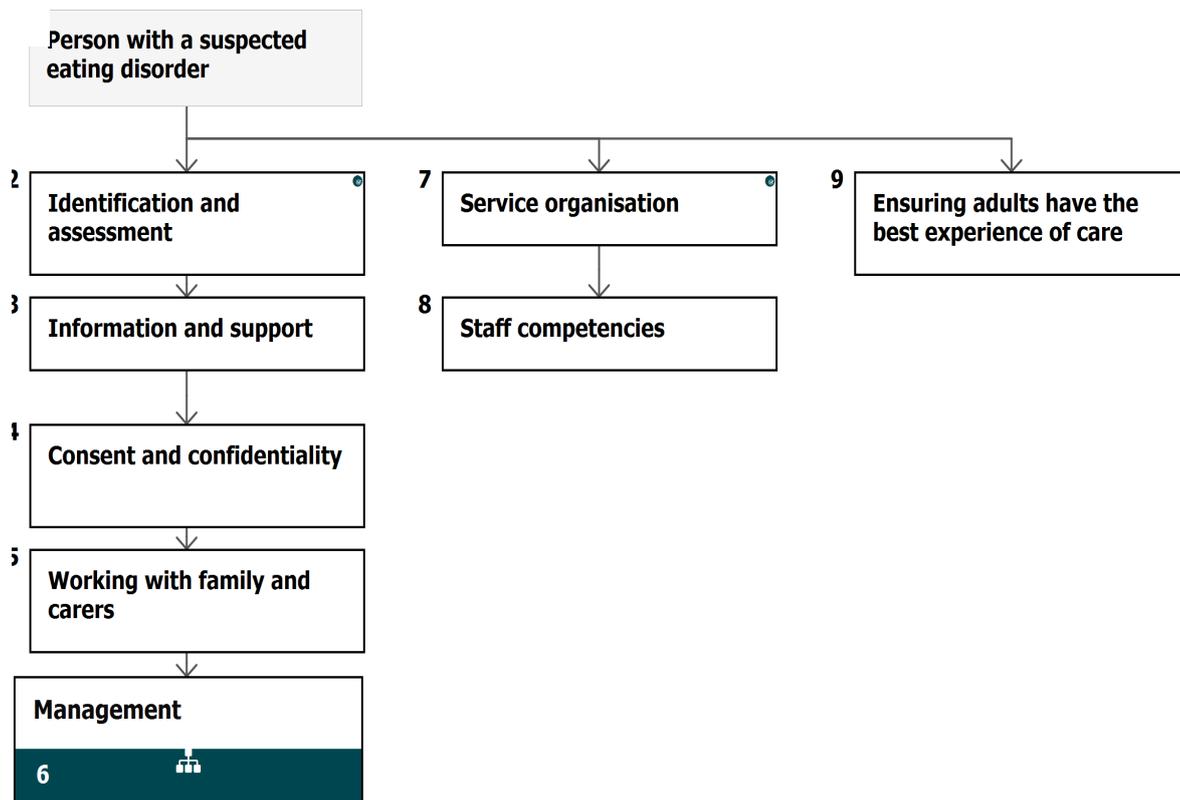
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/eating-disorders>

NICE Pathway last updated: 20 September 2018

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Person with a suspected eating disorder

No additional information

2 Identification and assessment

People with eating disorders should be assessed and receive treatment at the earliest opportunity.

Early treatment is particularly important for those with or at risk of severe emaciation and such patients should be prioritised for treatment.

Be aware that eating disorders present in a range of settings, including:

- primary and secondary health care (including acute hospitals)
- social care
- education
- work.

When assessing for an eating disorder or deciding whether to refer people for assessment, take into account any of the following that apply:

- an unusually low or high BMI or body weight for their age
- rapid weight loss
- dieting or restrictive eating practices (such as dieting when they are underweight) that are worrying them, their family members or carers, or professionals
- family members or carers report a change in eating behaviour
- social withdrawal, particularly from situations that involve food
- other mental health problems
- a disproportionate concern about their weight or shape (for example, concerns about weight gain as a side effect of contraceptive medication)
- problems managing a chronic illness that affects diet, such as diabetes or coeliac disease
- menstrual or other endocrine disturbances, or unexplained gastrointestinal symptoms
- physical signs of:
 - malnutrition, including poor circulation, dizziness, palpitations, fainting or pallor
 - compensatory behaviours, including laxative or diet pill misuse, vomiting or excessive exercise

- abdominal pain that is associated with vomiting or restrictions in diet, and that cannot be fully explained by a medical condition
- unexplained electrolyte imbalance or hypoglycaemia
- atypical dental wear (such as erosion)
- whether they take part in activities associated with a high risk of eating disorders (for example, professional sport, fashion, dance, or modelling).

Be aware that, in addition to the points above, children and young people with an eating disorder may also present with faltering growth (for example, a low weight or height for their age) or delayed puberty.

See what NICE says on [faltering growth](#).

Although eating disorders can develop at any age, be aware that the risk is highest for young men and women between 13 and 17 years of age.

Do not use screening tools (for example, SCOFF) as the sole method to determine whether or not people have an eating disorder.

Do not use single measures such as BMI or duration of illness to determine whether to offer treatment for an eating disorder.

Professionals in primary and secondary mental health or acute settings should assess the following in people with a suspected eating disorder:

- their physical health, including checking for any physical effects of malnutrition or compensatory behaviours such as vomiting
- the presence of mental health problems commonly associated with eating disorders, including depression, anxiety, self-harm and obsessive compulsive disorder
- the possibility of alcohol or substance misuse
- the need for emergency care in people whose physical health is compromised or who have a suicide risk.

Referral to an eating disorder service

If an eating disorder is suspected after an initial assessment, refer immediately to a community-based, age-appropriate eating disorder service for further assessment or treatment.

Safeguarding

Healthcare professionals assessing people with an eating disorder (especially children and

young people) should be alert throughout assessment and treatment to signs of bullying, teasing, abuse (emotional, physical and sexual) and neglect. See what NICE says on [child abuse and neglect](#).

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

1. Early assessment and treatment

3 Information and support

Be aware that people with an eating disorder may:

- find it difficult or distressing to discuss it with healthcare professionals, staff and other service users
- be vulnerable to stigma and shame
- need information and interventions tailored to their age and level of development.

When assessing a person with a suspected eating disorder, find out what they and their family members or carers (as appropriate) know about eating disorders and address any misconceptions.

Offer people with an eating disorder and their family members or carers (as appropriate) education and information on:

- the nature and risks of the eating disorder and how it is likely to affect them
- the treatments available and their likely benefits and limitations.

When communicating with people with an eating disorder and their family members or carers (as appropriate):

- be sensitive when discussing a person's weight and appearance
- be aware that family members or carers may feel guilty and responsible for the eating disorder
- show empathy, compassion and respect
- provide information in a format suitable for them, and check they understand it.

Ensure that people with an eating disorder and their parents or carers (as appropriate) understand the purpose of any meetings and the reasons for sharing information about their

care with others.

Assess the impact of the home, education, work and wider social environment (including the internet and social media) on each person's eating disorder. Address their emotional, education, employment and social needs throughout treatment.

If appropriate, encourage family members, carers, teachers, and peers of children and young people to support them during their treatment.

NICE has written information for the public on [eating disorders](#).

4 Consent and confidentiality

When working with people with an eating disorder and their family members or carers (as appropriate):

- hold discussions in places where confidentiality, privacy and dignity can be respected
- explain the limits of confidentiality (that is, which professionals and services have access to information about their care and when this may be shared with others).

When seeking consent for assessments or treatments for children or young people under 16, respect [Gillick competence](#) if they consent and do not want their family members or carers involved.

5 Working with family and carers

Be aware that the family members or carers of a person with an eating disorder may experience severe distress. Offer family members or carers assessments of their own needs as treatment progresses, including:

- what impact the eating disorder has on them and their mental health
- what support they need, including practical support and emergency plans if the person with the eating disorder is at high medical or psychiatric risk.

If appropriate, provide written information for family members or carers who do not attend assessment or treatment meetings with the person with an eating disorder.

6 Management

[See Eating disorders / Managing eating disorders](#)

7 Service organisation

Take particular care to ensure services are well coordinated when:

- a young person moves from children's to adult services (see what NICE says on [transition from children's to adults' services](#))
- more than one service is involved (such as inpatient and outpatient services, child and family services, or when a comorbidity is being treated by a separate service)
- people need care in different places at different times of the year (for example, university students).

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

5. Coordinated care across services
6. Risk assessment when moving between services

8 Staff competencies

Professionals who assess and treat people with an eating disorder should be competent to do this for the age groups they care for.

Health, social care and education professionals working with people with an eating disorder should be trained and skilled in:

- negotiating and working with family members and carers
- managing issues around information sharing and confidentiality
- safeguarding
- working with multidisciplinary teams.

Base the content, structure and duration of psychological treatments on relevant manuals that focus on eating disorders.

Professionals who provide treatments for eating disorders should:

- receive appropriate clinical supervision
- use standardised outcome measures, for example the EDE-Q
- monitor their competence (for example by using recordings of sessions, and external audit and scrutiny)
- monitor treatment adherence in people who use their service.

9 Experience of care

Use these recommendations with NICE's recommendations on:

- patient experience in adult NHS services
- service user experience in adult mental health services.

Glossary

AFP-AN

adolescent-focused psychotherapy for anorexia nervosa

BMAD

bone mineral apparent density

children

aged 12 and under

child

aged 12 and under

CBT-ED

eating-disorder-focused cognitive behavioural therapy

EDE-Q

eating disorder examination questionnaire

FPT

focal psychodynamic therapy

FT-AN

anorexia-nervosa-focused family therapy

FT-BN

bulimia-nervosa-focused family therapy

MANTRA

Maudsley anorexia treatment for adults

MARSIPAN

management of really sick patients with anorexia nervosa

OSFED

other specified feeding and eating disorders

SSCM

specialist supportive clinical management

young people

aged 13 to 17 years

young person

aged 13 to 17 years

Sources

[Eating disorders: recognition and treatment](#) (2017) NICE guideline NG69

Your responsibility**Guidelines**

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline

to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare

professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.