FREED

Time to win the race against eating disorders!

Eating disorders: Information for GPs

Rapid detection and treatment of eating disorders (EDs) are crucial in promoting a full recovery. This leaflet provides guidance for GPs to aid the detection and rapid referral of those with EDs.

What are EDs?

- Eating disorders are serious psychiatric conditions characterised by abnormal or disturbed eating behaviours.
- Anorexia nervosa has the highest mortality of any psychiatric disorder.
- Onset of ED is typically in adolescence or early adulthood.
- Psychiatric comorbidities are common, e.g. anxiety, depression, and obsessive-compulsive disorder.
- Patients with EDs often use a higher number of primary care appointments.

SCOFF Screening Tool:

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?

F: Do you believe yourself to be Fat when others say you are too thin?

F: Would you say that Food dominates your life?

1 point for each 'yes'

Score of 2 indicates a likely eating disorder

Diagnosis	Major criteria (adapted from ICD-10 and DSM-5)
Anorexia nervosa	Low BMI (<18.5kg/m^2) due to restriction of energy intake Fear of fatness or weight gain Significant body image disturbance
Bulimia nervosa	Usually normal weight Regular binge eating (>3 months duration) with compensatory behaviours, such as vomiting, laxatives, or excessive exercise Body image disturbance or weight concerns
Binge eating disorder	Often overweight or obese Regular binge eating (>3 months duration) with associated distress No regular compensatory behaviours
Avoidant/Restrictive Food Intake Disorder (ARFID)	Substantial weight loss and nutritional deficiency Weight loss not due to shape/weight concerns, or due to unavailability of food If this arises in the context of a medical condition, weight loss exceeds that expected due to the condition
Other specified feeding or eating disorder (OSFED)	Replaces the previously used term of ED not otherwise specified (EDNOS) Includes AN, BN and BED of low frequency and/or limited duration, Purging Disorder and Night Eating Syndrome

What are the barriers to detecting EDs in primary care?

- Patients may be ashamed or worried about stigma, be unable to recognize the severity of their ED, be ambivalent about change, or lack of knowledge about available help.
- Individuals with EDs do not readily present to primary care services with ED pathology as their main complaint.
- Patients may initially present with other mental health problems (e.g. depression), gynaecological/ contraceptive problems, or gastro-intestinal problems.

Why are early detection and intervention crucial?

- EDs are not likely to remit without treatment.
- Watchful waiting does not work.
- If someone has only been ill for a short period of time (i.e. has a short Duration of Untreated Eating Disorder, DUED), treatment works better.
- After 3 years of illness duration, treatment response becomes more muted, probably due to the impact of ED symptoms on the brain.

Early intervention is key to halting illness progression and promoting full recovery.

Rapid identification, assessment, and evidence-based treatment are crucial for improving outcomes.

People can fully recover from an ED with the right treatment.

Medical risk assessment:

- BMI (NB this is less reliable at extremes of height).
- BP and pulse (sitting and standing).
- Muscle strength (e.g. sit up/squat test).
- Regular bloods including FBC, U+Es, and LFTs, particularly if BMI <15 or current purging.
- ECG recommended if BMI <15.
- The following markers signify concern, and should be followed by urgent referral to a specialized eating disorder team:

BMI	< 14 kg/m^2
Weight loss/week	>0.5kg
Systolic BP	<90
Diastolic BP	<70
Postural drop	>10
Temperature	<35

First Episode Rapid Early intervention for Eating Disorders (FREED)

FREED is a novel early intervention service, based on the staging model and has been developed specifically to target adolescents and young adults (16-25 years) in the early stages of an ED (less than three years illness duration).

The FREED service model includes a rapid and proactive referral process, a holistic and non-stigmatising assessment (within two weeks of referral) based on a bio-psycho-social approach, followed by an evidence-based treatment plan (within two weeks of assessment).

Not all eating disorder services offer FREED, but it is always worth referring early.

To see if FREED is available in your area, visit www.freedfromed.co.uk.

Remember: Refer early for the best outcomes

Helpful resources

For a list of helpful resources for patients and carers please visit the FREED website.
www.freedfromed.co.uk

For full guide to Medical Risk Assessment (Treasure, 2009) go to:
www.kcl.ac.uk/ioppn/depts/pm/research/eatingdisorders/resources/GUIDETOMEDICALRISKASSESSMENT.pdf

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