AED® Academy for Eating Disorders

Partnership, Chapter & Affiliate Committee

This document is intended to provide direction to health care professionals who do not have access to specialized treatment for their patients with eating disorders.

Minimum Standard of Care — Cross-Cultural Action Guidelines for EATING DISORDERS

5 Basic Facts About EATING DISORDERS

1. EATING DISORDERS frequently affect teenagers and young people but also children and adults of all genders, ethnic backgrounds, cultures and body weights.

2. EATING DISORDERS are not lifestyle choices but serious mental disorders that cause patients to stop eating or to engage in binge eating and/or other dysfunctional eating behaviors and include several clinical presentations.

3. EATING DISORDERS are self-destructive behaviors that the patient cannot control.

4. EATING DISORDERS cause serious impairment, can have devastating chronic effects and have one of the highest mortality rates of all mental disorders.

5. EATING DISORDERS can be treated. If an ED specialized team is not an option the therapy should involve a multidisciplinary team of health care professionals if available and involve caregivers/relatives if possible. Working with relatives to support patients through this process is recommended no matter what the kind of eating disorder the patient is suffering from. Treatment should focus on the psychological, social, nutritional and medical aspects of eating disorders.

Common Symptoms (patients show some, but not necessarily all, of these)

- ❍ Behavioral change e.g. fasting, restriction of energy intake, difficulty eating, denial of appetite, binge eating, self-induced vomiting, laxative abuse, diuretics or diet pills, excessive physical exercise.
- ❍ Body dissatisfaction
- ❍ Distortion of body image
- ❍ Strong desire to lose weight / intense fear of gaining weight
- ❍ Low self-esteem
- ❍ Psychological distress
- ❍ Preoccupation with food
- ❍ Depression and/or anxiety/mood swings
- ❍ Reduction of libido
- ❍ Lack of acceptance of illness
- ❍ Social isolation
- ❍ Physical symptoms
- ❍ Excessive weight gain/loss
- ❍ Absent or irregular menstruation
- ❍ Sleep disturbances
- ❍ Patients with EATING DISORDERS often suffer from other mental and medical comorbid conditions that need to be addressed.

Always seek specialized eating disorder treatment (through well trained professionals within the eating disorders area) **for a patient with an eating disorder if available!**

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Minimum Standard of Care — Cross-Cultural Action Guidelines for ANOREXIA NERVOSA

ANOREXIA NERVOSA is well-described historically and known in all cultures. ANOREXIA NERVOSA is often characterized by a distorted body image and an obsessive pursuit of thinness that leads to weight loss with a morbid fear of becoming fat. Patients with ANOREXIA NERVOSA usually behave to interfere with weight gain. Patients with ANOREXIA NERVOSA are often, but not always, underweight.

5 Basic Facts About ANOREXIA NERVOSA

1. ANOREXIA NERVOSA is the mental disorder with the highest mortality rate as a result of both multi-systemic physical symptoms and suicide.
2. ANOREXIA NERVOSA is typically characterized by pronounced ambivalence with regard to receiving treatment and recovery.
3. ANOREXIA NERVOSA includes psychological symptoms (e.g. distorted body perception) that usually take longer to disappear than weight restoration.
4. ANOREXIA NERVOSA is characterized by self-esteem unduly influenced by the over-evaluation of body weight and shape.
5. ANOREXIA NERVOSA has a major impact on the patient and the lives of family members.

5 Most Important Things to Do as a Minimum Standard of Care When Treating a Patient with ANOREXIA NERVOSA

1. Stop altered eating behaviors and restore healthy weight as a priority.
2. Offer the patient strategies to cope with anxiety associated with eating and weight gain.
3. Help the patient understand the short and long term consequences of pathological behaviors on his/her medical and mental health and on his/her life plans.
4. Help the patient reach a more balanced sense of self-esteem that does not rely exclusively on body weight/shape.
5. Assess and treat other medical psychiatric co-morbidities if present

5 Things to Do After a Patient with ANOREXIA NERVOSA Has Restored Healthy Body Weight

1. Help the patient maintain healthy body weight.
2. Help the patient recognize the return of symptoms as soon as possible to prevent relapse.
3. Encourage the patient to follow flexible dietary guidelines, not rigid rules to normalize social life and prevent relapse.
4. Help the patient cope with life stressors and negative emotions without controlling food intake and/or body shape and weight.
5. Help the patient develop a more balanced view of him/herself and the world.

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Minimum Standard of Care — Cross-Cultural Action Guidelines for Bulimia Nervosa

BULIMIA NERVOSA is characterized by binge eating episodes accompanied with compensatory behaviors. Binge eating means eating an unusually large amount of food in a short time with subjective loss of control over eating. Binge eating episodes are usually followed by feelings of guilt and shame. Compensatory behaviors include attempts to get rid of the food consumed (e.g. by vomiting, taking laxatives or excessive physical exercise).

5 Basic Facts About BULIMIA NERVOSA

1. BULIMIA NERVOSA is well described historically and known in all cultures.
2. BULIMIA NERVOSA can be hard to recognize because most (but not all) patients' weight falls within an intermediate weight range.
3. BULIMIA NERVOSA can cause devastating multi-systemic physical symptoms.
4. BULIMIA NERVOSA is often characterized by severe psychological symptoms, and self-evaluation is over-dependent on body shape and weight.
5. BULIMIA NERVOSA is often characterized by high impulsivity.

5 Most Important Things to Do as a Minimum Standard of Care When Treating a Patient with BULIMIA NERVOSA

1. Stop binge eating and/or purging behaviors.
2. Help the patient to regulate emotions and cope with anxiety in other ways than binge eating and purging.
3. Help the patient to structure meals and avoid food restriction to prevent the restricting/binge/purge cycle.
4. Help the patient understand the short- and long-term consequences of pathological behaviors on his/her medical and mental health and his/her life plans.
5. Assess and treat other medical and/or mental co-morbidities if present.

5 Things to Do After a Patient with BULIMIA NERVOSA Has Restored Normal Eating Behavior

1. Help the patient recognize the return of symptoms as soon as possible, to prevent relapse.
2. Help the patient to regularly eat a varied and flexible diet.
3. Help the patient to control impulsivity and use functional mood-modulatory behaviors (e.g. distractions, self-soothing, mindfulness, interpersonal relationships).
4. Help the patient develop a more balanced sense of self-esteem that does not rely exclusively on body weight/shape.
5. Help the patient develop coping strategies to handle life stressors and negative affects.

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Minimum Standard of Care — Cross-Cultural Action Guidelines for Binge Eating Disorder (BED)

BINGE EATING DISORDER is characterized by binge eating episodes not followed by compensatory behaviors. Binge eating means eating an unusually large amount of food in a short time with subjective loss of control of food intake. Binges are usually followed by feelings of guilt and shame.

5 Basic Facts About BINGE EATING DISORDER

1. BINGE EATING DISORDER is the most common eating disorder.
2. BINGE EATING DISORDER can involve emotional eating.
3. BINGE EATING DISORDER is characterized by severe psychological symptoms, and self-evaluation often relies on body shape and weight.
4. BINGE EATING DISORDER can be associated with overweight/obesity, but not all patients are overweight/obese.
5. BINGE EATING DISORDER can have medical complications correlated with overweight/obesity.

5 Most Important Things to Do as a Minimum Standard of Care When Treating a Patient with BINGE EATING DISORDER

1. Stop binge eating and help the patient to regularly eat a varied and flexible diet.
2. Help the patient cope with life stressors using functional mood-modulatory behaviors other than binge-eating.
3. Help the patient to regulate emotions and cope with anxiety in other ways than binge eating.
4. Assess and refer (if possible) for treatment if other medical co-morbidities are present.
5. Assess and treat (if possible) other co-morbid mental disorders when they are present.

5 Things to Do After a Patient Receives a Minimum Standard of Care

1. Help the patient recognize return of symptoms as early as possible, to prevent relapse.
2. Help the patient maintain a healthy lifestyle.
3. Help the patient develop coping strategies to handle life stressors.
4. Help the patient to control impulsivity and use functional mood-modulatory behaviors (e.g. distractions, self-soothing, mindfulness, interpersonal relationships).
5. Help the patient have a more balanced sense of self-esteem that does not mainly rely on body shape and weight.

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Minimum Standard of Care — Cross-Cultural Action Guidelines for **Avoidant/Restrictive Food Intake Disorder (ARFID)**

AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER (ARFID) is characterized by either apparent lack of interest in eating food, or avoidance based on the sensory characteristics of food or the concern about the aversive consequences of eating. As a consequence, significant weight loss, nutritional deficits and/or interference with psychosocial functioning can occur.

5 Basic Facts About ARFID

1. ARFID differs from the typical eating disorders because it is not associated with body image issues or behaviors that interfere with weight gain.
2. ARFID can affect people of all ages, weights and genders but it is more frequent in childhood.
3. ARFID can be difficult to recognize because symptoms are highly heterogeneous
4. ARFID can stunt growth during development.
5. ARFID can cause serious physical and mental health symptoms.

5 Most Important Things to Do as a Minimum Standard of Care When Treating a Patient with ARFID

1. Help patients and caregivers with strategies to cope with anxiety associated with eating or previous traumatic food-related incidents (e.g. choking, severe food poisoning).
2. Correct nutritional imbalance, treat malnutrition and reverse stunted growth if present.
3. Help patients and caregivers to expand the range of foods eaten through structures and frequent food exposures, without force-feeding or threatening.
4. Encourage parents of younger patients to structure their children's eating routine that includes regular meals with no munching or grazing between them so as not to alter appetite during meals.
5. Minimize/reverse psycho-social impairment.

5 Main Things to Do After a Patient Obtains a Minimum Standard of Care

1. Help the patient recognize the return of symptoms as soon as possible, to prevent relapse.
2. Help the patient maintain a healthy lifestyle.
3. Help the patient to maintain his/her growth curve through a healthy weight (for children).
4. Help the patient develop coping strategies to handle life stressors.
5. Help the patient to follow a flexible diet that includes a range of foods that is wide enough to maintain their health and a normal social life.

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HELPFUL LINKS to Further Knowledge about Eating Disorders

AED

AED Home Page

Medical Care Standards

DSM – 5 Feeding and Eating Disorders

Nine Truths About Eating Disorders

Medical Care Standards

Eating Disorders Community – Language

World Eating Disorder Healthcare Rights

National Institute for Health and Care Excellence

Eating Disorders: Recognition and Treatment

Royal Australian and New Zealand College of Psychiatrists

Clinical Practice Guidelines for the Treatment of Eating Disorders

American Psychiatric Association

What Are Eating Disorders?

Practice Guideline for the Treatment of Patients with Eating Disorders