Addressing a Possible Eating Disorder

Point of Care Reference

Applicable to: Health Professionals

This tool provides suggested strategies and approaches for health professionals that are supporting a patient with a possible eating disorder (ED). It is not intended as a step-by-step process for conducting an appointment or a script for talking to your patient. Tailor care to the individual needs of your patient.

The information is intended as a general resource only to help guide practice and is not meant to replace training in the assessment and treatment of EDs. It is also not intended to replace the medical counsel of a physician or individual consultation with a registered dietitian or a psychologist.

Considerations: Scope of Practice, Competencies, and Roles

- It is the responsibility of health professionals to evaluate the situation of each patient in their care, ensure that they have the required competencies to provide ED care, and apply this tool appropriately.
- Consider the professional scope of practice, as well as program-specific roles and decisions to determine who is best suited to provide ED care to patients and families.
- Whenever possible, refer patients and caregivers to the appropriate health professional to receive specialized care tailored to their needs. Individuals:
  - with a possible ED should be medically monitored by a physician, and referred to a health professional who has training and experience in the assessment, diagnosis, and treatment of EDs. Patients can call the AHS Mental Health Help Line for support with finding a mental health provider (1-877-303-2642 or 811).
  - who are at high risk of malnutrition or who have a medical condition that is impacted by nutrition should be referred to an RD for nutrition care. For more information on referral to an RD and RD services available in Alberta Health Services (AHS), see Nutrition Guideline: Referral to a Registered Dietitian and visit Referring Patients for Nutrition Services.
- For more information and resources to support practice, refer to Point of Care Reference: Addressing a Possible Eating Disorder (see "Mental Health" section on Nutrition Guidelines for Health Professionals) and AHS Addictions and Mental Health Information for Health Professionals.

Addressing a Possible Eating Disorder

Broaching the Subject of a Possible Eating Disorder

Symptoms of a possible eating disorder may emerge at various points during patient care. For example, a patient may be referred for weight loss to an RD, but symptoms of binge eating disorder surface during your assessment. Recommendations are provided below to support RDs and other health professionals in addressing a possible eating disorder during different scenarios they may encounter in their practice. It may be very difficult for a patient to disclose their eating behaviours as they may fear judgement or feel ashamed; therefore, it's important that you build a strong rapport with your patient. Patients may also hide information in an attempt to protect themselves.

Adults with a Possible Eating Disorder

Recommendations and Strategies	Sample Dialogue/Supports
Patient did not come willing to the appointment (e.g. came at the request of the doctor or other concerned person)	
• Explore the circumstances that brought the patient to your office.	• "My understanding is that your doctor sent you to see me. I'd like to know your thoughts about that?"
• Don't assume you should still go ahead with the appointment as the patient may comply, but feel you are dismissing their feelings or siding against them. This may affect your ability to establish a therapeutic relationship. • Offer some choices about how to proceed. • Ask the patient if they would like resources.	• "From what I'm hearing you say, you disagree with your doctor about the need to see someone about a possible eating disorder, and you didn't want to come to this appointment. We have some choices about where we go from here. We could talk more about what this has been like for you. I could also offer some general information about eating disorders and answer any questions you might have. Or, you could end the appointment and rebook another one in the future if things change for you. What are your thoughts?"
Patient came willingly to the appointment but is ambivalent about starting treatment	
• Explore the patient's thoughts and feelings. • Don't try to convince the patient they need treatment.	• "What are your hopes for the session?"

Recommendations and Strategies	Sample Dialogue/Supports
Patient is in denial about the seriousness of the illness	
• Show concern and support	• "I'm really concerned about the health problems you've described."
• Express empathy and understanding: ○ It is important to recognize that denial is not a conscious choice and can be influenced by changes in the brain as a result of starvation, or by other unconscious defences against treatment.	• "I am thinking all this might be really difficult for you, as others put pressure on you to change. I'm interested in your thoughts about this."
• Be honest.	• "Labs can appear normal even if someone is seriously ill. Nutrient stores in the body are depleted during starvation and moved to the bloodstream in an effort to keep the body functioning."
• Discuss potential supports for recovery.	• "Are there family members, friends or relatives who can provide support if you decide to go ahead with treatment?"
Patient is unaware they have an eating disorder	
• Discuss the possibility of an ED with kindness and empathy.	• "I am noticing some signs of a possible eating disorder. What do you think about this?"
• Acknowledge any hardships the patient has been enduring.	• You've gone through a lot of tests and procedures related to eating difficulties and weight change. What has this been like for you?"
• Provide reassurance that an ED is a treatable illness.	• A mental health provider and a dietitian can help you explore your thoughts and feelings about food and weight and learn to navigate them in a different way.
• Answer questions and offer education based on patients' needs to prevent overwhelming them.	• "You mentioned you have [insert type of concern or challenge, e.g. a history of dieting, GI concerns, special diets related to health problems.] Would you like to explore how this might be connected to your current eating challenges?"
• Invite questions throughout the session; if you don't know the answer, tell the patient you will find out and will get back to them.	• "Do you have any questions about what we just discussed? • "I'm not familiar with X. However, I can look into your question and get back to you."
• Instill hope about recovery, but don't make promises about success or the length of treatment; each patient is unique.	• "Length of treatment is unique to each person and we know that ED can improve with time. It's important you work with health professionals you feel comfortable with."
• Don't rush to begin setting goals as patients typically need time to process the session.	• "Before we go ahead with any next steps, I would encourage you to think about the session today and see what comes up for you."

Recommendations and Strategies	Sample Dialogue/Supports
Patient is eager to get started and make a lot of changes at one time	
• Some patients may be eager to get started and suggest a large goal that may be hard to achieve (e.g. "I'll stop all the binge eating before the next session"). If they are not successful with their goal it can reinforce feelings of failure. Gently suggest a 'one step at a time' approach.	• "I tend to recommend a 'one step at a time' approach."
• Invite the patient to make another appointment.	• "Shall we go ahead and make another appointment?"

Parents (or Caregivers) of a Child With a Possible Eating Disorder

Recommendations and Strategies	Sample Dialogue/Supports
Parents are unaware their child has an eating disorder	
• Acknowledge the parent's willingness to bring their child for an appointment. • Share the findings of your assessment.	• "I am seeing symptoms that suggest [insert name of child] has an ED. It was a good idea to bring them in today. They have lost a significant amount of weight and their body is showing signs of undernutrition."
• Provide education about eating disorders based on their needs and questions.	• "There is still a lot to understand about eating disorders. We don't know the cause, but we do know it's not just 'one thing' or somebody's fault. There are some resources I can give you, but keep in mind that each person is unique". • "A person can develop EDs for many reasons. There are often overlapping reasons, which can include biology, social, psychological, and even cultural aspects." • "A mental health professional can help you explore and understand your child's eating behaviours."
• When needed, provide reassurance that EDs are often hard to detect.	• "EDs can be hard to detect and many parents can be caught off guard."
• Provide reassurance when parents feel they have caused their child's illness.	• "EDs are complex and parents are not the cause of the illness. Do your best to focus your energies on helping [insert child's name] get well."

Recommendations and Strategies	Sample Dialogue/Supports
Parents are in denial about the seriousness of the illness	
• Acknowledge how difficult it can be to accept the significance of the illness.	• "EDs can be quite puzzling for parents. You rarely want to take away something your child wants to keep so badly. Kids don't want to see the damaging effect of the eating disorder and then it can turn into an obsession. Can I tell you more about how EDs can be treated?"
• Provide education about the impact of an ED on the physical and mental development of a child.	• "Children need energy and nutrition for growth and development. For example, their brain needs nutrients to continue its development. Brain function can be affected by starvation." • "We need to help your child confront their fears of food and weight gain so that they can develop a positive relationship with food."
Adolescent is reluctant to speak openly in front of parents	
• Try to divide the session so the patient and parents each have private time in the session. • Wrap up the session with everyone together to discuss the next steps.	• "I typically like to divide our time so each of you has a chance to speak privately with me if you like and then we can all meet for a few minutes at the end to look at any next steps we might need? How does that sound?"
• Avoid promising to keep potentially dangerous behaviours a secret from parents (e.g., cutting, suicidal thoughts or plans).	• "Some of the things you tell me can be kept private, but I'm obligated to discuss any potentially harmful things with your parents. We can decide together about the best way to let them know."

Counselling and Communication

Body weight, body image, and eating can be highly sensitive topics for patients. It may take several visits to obtain enough information to determine how best to move forward. The primary goal is to establish a therapeutic relationship with the patient.

Recommendations and Strategies	Sample Dialogue/Supports
Use a trauma-informed care approach	
• Reduce the risk of harm by providing trauma-informed care for all patients, even when the patient has not disclosed trauma.	• For more information on trauma-informed care see Addictions & Mental Health
• Be kind and welcoming. • Describe what to expect during the session.	• "Hi, my name is [insert your name], and I'm the [insert your clinical role] who will be meeting with you today to talk about [insert reason for visit]. Please take a seat wherever you feel comfortable." • "Today I hope to get an understanding of your overall health . We don't have to complete this today but I'd like to start. How does that sound?'.
• Maintain communication that is open, respectful, consistent, and compassionate; create an atmosphere of safety and trust.	• "Please let me know if you have any questions. The information we discuss is confidential. I will be taking some notes to make sure I don't forget anything important."
• Keep consistent schedules; inform patients ahead of time about any changes to your schedule.	• "Hi, this is [insert your name] calling. I have a meeting today just before our session, and it might run a bit late. Would you be okay with meeting at 2:15 instead of 2 pm?"
• Monitor patient's non-verbal behaviour (e.g. appears tense, withdrawn, uncomfortable, disengaged).	• "I see you are tearing up. Is something coming up for you?"
• Provide cultural safety (e.g. reduce power differences between you and the patient and avoid making any assumptions based on appearance or ethnicity).	• "I need to learn from you and what might work for you. I am hoping to understand your ideas about eating and recovery."
• Be mindful of patient boundaries during physical exams: ○ Ask permission before weighing, touching, or examining the patient.	• "May I use my hands to position your head and shoulders so we can get an accurate height?" • "May I lightly pinch the top of your hand to check for hydration?"

Recommendations and Strategies	Sample Dialogue/Supports
• If the patient declines a weight check (e.g. anorexia nervosa [AN]), explain why it is needed but don't insist; suggest revisiting at a later date. • Provide information about what you are looking for and why. • Remain neutral when discussing any findings.	• "I can understand weight checks are uncomfortable. At some point, we will need a baseline weight so we can periodically check your progress to ensure we're on track with nutrition care. Perhaps we can revisit this at a later date?" • "Thank you for showing me your back. The downy hair you've noticed is the body's attempt to keep you warm."
• Avoid speaking in a way that conveys judgment (e.g. "why don't you just eat?").	• "What is it like for you to eat or try to eat?"
• Avoid using forceful or demanding language (e.g. "You need to stop exercising so much!")	• "I think you know we should talk about exercise. Do you think you can tell me what exercise means to you?"
• Listen, believe, and validate any disclosures.	• "I'm really sorry you had that experience. It's a terrible shock to find out you've lost a friend in that manner."
• Work collaboratively with the patient.	• "What would you like to be different about how you eat?"
• Consider how the patient's experiences may influence their reactions or behaviours (e.g. "I wonder what happened to this patient" versus "what's wrong with this patient").	• "Has anything happened to you that makes talking about your weight uncomfortable?"
• As much as possible, offer choices for treatment.	• "We've talked about several options for moving forward. What are your thoughts about this?"
Avoid expert approach	
• Use the elicit-provide-elicit strategy to provide information in a neutral manner. • Treat the patient as an equal partner in the recovery process; meet them "where they're at". • Don't lecture/instruct the patient, tell the patient what they need to do, or try to scare them as this approach can be detrimental to their nutrition care.	• "Each person is different, but if you like, I can share some things other patients have found helpful?" • "Sometimes it can be difficult to talk about body weight concerns and how we are eating. I want to understand how things are going for you and where you are at so that we can try to find the best way to talk about this."

Recommendations and Strategies	Sample Dialogue/Supports
Provide general emotional support	
• General emotional support is within all health professionals' scope of practice. • Maintain a non-judgemental and accepting attitude. • Provide reassurance and encouragement. • Listen attentively. • Provide empathy. • Ask open-ended questions. • Encourage the patient to verbalize their feelings. • Avoid minimizing feelings.	• "I notice something is happening here. Is it ok to pay attention to how you feel?" • "Is it fair to say the way you eat is affecting your life? In what way or ways has it impacted you?" • "I'm curious to know how it's been for you to share these things?" • "During this session, I've had the impression this was not easy. Am I right? It's important for me that I understand how you are feeling. I'll need your feedback to know if I'm missing something."

Assessment

Use clinical judgment to determine the type and amount of information you try to collect during the assessment, as well as what questions you ask, and when. Be attentive to patient comfort levels and ask permission to take body measurements or examine any physical signs that may be related to the ED. Tell the patient why you are doing any part of the physical exam or anthropometric measurements. It may take several sessions to complete an assessment.

Summary of Types and Features of Common Eating Disorders

- The list below is not all-inclusive.
- Scope of practice: only physicians can formally diagnose an ED, however, other health professionals can tell a patient they have symptoms that suggest an ED.

Anorexia nervosa (AN)	Bulimia nervosa (BN)	Binge eating disorder (BED)
• Low body weight related to energy insufficiency/failure to maintain growth curve. • Fear of gaining weight or becoming fat. • May be a restricting type (e.g. weight loss is related to dieting, fasting or excessive exercise). • May be binge eating/purging type (recurrent episodes of binge eating or purging behaviour such as vomiting, misuse of laxatives, diuretics, enemas).	• Binge eating (i.e. large amounts of food within a specified time period (e.g. within 2 hours). • Feeling out of control during eating. • Recurrent compensatory mechanisms to prevent weight gain e.g. vomiting, misuse of laxatives, diuretics, or other medications such as insulin, fasting or excessive exercise. • Body weight and shape concerns • Body weight can range from below normal to obese.	• Binge eating (i.e. large amounts of food within a specified time period (e.g. within 2 hours). • Feeling out of control when binge eating (some will report a generalized pattern of uncontrolled eating versus an acute loss of control). • Can include: eating rapidly/eating until uncomfortably full/eating alone/eating when not hungry/negative feelings after binge eating.
Avoidant restrictive food intake disorder (ARFID)	**Other specified feeding or eating disorder (OSFED)**	**Orthorexia (not an official ED)**
• Feeding issues and compromised nutrition • Behaviours are not based on weight or body image concerns • May include extreme sensitivity to the appearance, colour, smell, temperature, texture, or taste of food • May be related to aversive experiences such as vomiting or choking	• **Atypical anorexia nervosa**: despite significant weight loss, the individual's body weight is still in the normal range • **Purging disorder**: frequent purging in the absence of binge eating	• Pathological obsession with eating pure or healthy foods • A restrictive diet with rigid avoidance of many foods • May develop complications seen in AN

Signs and Symptoms of an Eating Disorder

Common signs and symptoms of an ED are provided below. This list is not all-inclusive. For further information, refer to the American Psychiatric Association – DSM 5.

General and Behavioural	Sample Dialogue
• Following specific patterns of eating.	• "Do you follow any specific patterns of eating, such as trying not to eat after a certain time of day?" "Skipping meals?"
• Following specific diets.	• "Do you follow any specific diets?"
• Preoccupation with weight or food.	• "On a scale from 1 to 10, how worried are you about food or weight? – with 10 being as worried as you can get about something."
• Weight changes (up or down); changes in growth curve.	• "Have you noticed any changes in your weight? What is this like for you?"
• Mood or health changes.	• "Have there been any changes in your mood? Health?"
• Drop in marks at school.	• "How have you been doing in school lately?"
• Restrictive eating (types or amounts of food).	• "Are there any foods you try to avoid or limit amounts? What is it about the food that concerns you?" For how long have you been trying to avoid these foods? • "Do you try to limit the overall amounts that you eat?" "What does this look like?"
• Objective binge eating.	• "Some of my patients find they sometimes eat until they feel really uncomfortable or overfull. Does this ever happen to you?"
• Subjective binge eating (e.g. feeling guilty after eating only small or regular amounts of certain foods).	• "Do you ever feel guilty or upset after eating certain foods? Could you give me some examples?"
• Compensations for eating (e.g. vomiting, excessive exercise, fasting).	• "Do you ever do anything to get rid of the food you've eaten?"
• Gastrointestinal problems (e.g. nausea, constipation, stomach aches, reflux).	• "Are you having any problems or discomfort with digestion or eating?"
Endocrine	
• Loss of menses/irregular menses (not on birth control pill or intrauterine device [IUD]).	• "Have there been any changes in your periods?"
• Changes regulating body temperature, stress fractures, infertility.	• "Do you feel cold a lot of the time?" • "Have you had any stress fractures or problems conceiving?"

General and Behavioural	Sample Dialogue
Neuropsychiatric	
• Depression, anxiety, social isolation, difficulty concentrating, memory loss.	• "How have your moods and concentration been lately?"
• Insomnia, self-harm, suicidal thoughts, or attempts.	• "How have you been sleeping lately?"
Cardiorespiratory	
• Low blood pressure (feeling dizzy when changing positions), palpitations, chest pain, slow pulse rate.	• "Have you fainted recently, or do you find you get dizzy when you move from a sitting to a standing position?"
Gastrointestinal	
• Bloating, early satiety, nausea, heartburn, stomach aches, constipation.	• "Are you having any issues with digestion (e.g., heartburn or bowel movements)?"
Oral and Dental	
• Cavities, dental erosion, swollen glands, oral trauma, lacerations.	• "Are you having any problems with your teeth or mouth?"
Skin	
• Unusual hair loss, dry or brittle skin, dry skin, poor wound healing.	• "Have you noticed any unusual hair loss? Dry skin?"

Patient Education

Recommendations and Strategies	Sample Dialogue/Supports

• Provide education based on patient's needs and questions to help them make informed decisions:
  ○ Provide clarification as needed.
  ○ Offer patient resources, encourage questions.
  ○ Offer education in a respectful and gentle manner.
  ○ Ask the patient how they feel about any information provided.
  ○ If you don't know the answer to a question, offer to find out.
  ○ Avoid the use of technical and medical jargon.
  ○ Use a "teach back" method to check for understanding.
	• "Would you like to know more about the effects of starvation on eating behaviours and moods?"
	• "I'm wondering how you feel about what we just discussed?"
	• "I'd like to know your thoughts about vomiting and health. I'd like to be on the same page about what 'health' is for you."
	• "This is new information for you, and I want to make sure I am being clear. Can you tell me in your own words what we talked about today?"

Ending Appointments

Recommendations and Strategies	Sample Dialogue/Supports

• Use clinical judgment to determine when the session should end. Some patients may be emotionally drained and unable to complete a full session; others may need shorter sessions because of attention deficits.
• Schedule follow-ups according to patient needs whenever possible.
  ○ Children, teens, and those with health complications or risk of the refeeding syndrome will benefit more from frequent follow-up (e.g. weekly).
  ○ There is no standardized frequency for follow-ups.
• Answer any questions the patient/family might have about future care/visits
• Offer resources if appropriate.
• Don't attempt to provide interventions if you need more time to reflect on the assessment, review practice guidelines, or consult with a colleague or other health care professionals.
  ○ Document the visit in the patient's health record in accordance with AHS policy.
	• "How do you think we are doing today? Has this been a difficult session for you in any way?
	• "My sense, from my side of things, is that there were strong feelings in this session. Is that true?
	• "We've discussed a lot of things during this session. I find most of my patients need some time to process everything we talked about. Would you be agreeable to an appointment next week so I can answer any further questions you might have? "
	• "I feel [insert child's name] needs frequent monitoring and follow-up, but I also appreciate your childcare situation. I wonder if you would be able to see me again next week to talk further in more detail? We can also discuss the possibility of alternating office visits with phone appointments."