

Eating disorders

Your guide to what they are and how they are treated

Information and advice from mental health experts on:

- anorexia nervosa
- bulimia nervosa
- binge eating disorder
- avoidant/restrictive food intake disorder

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The Royal
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Contents

About this guide	4
About eating disorders	5
What are eating disorders?	5
Types of eating disorders.....	5
Symptoms of eating disorders	5
Causes of eating disorders	6
Who gets eating disorders?.....	6
Care and treatment for people with eating disorders	7
Why should I get treatment?.....	7
Is recovery from an eating disorder possible?.....	8
Who treats people with eating disorders?	8
Assessment: the first step in your treatment	8
Your treatment plan.....	9
Where will I have treatment?	10
Working with your health-care team.....	11
What is the treatment for eating disorders?	12
Staying well: self-care for people recovering from an eating disorder.....	15
For family, friends and carers	17
How to help someone with an eating disorder	17
More information and support	18
How this guide was prepared	19



About this guide

This guide provides information and advice about eating disorders in adults, teenagers and children. It covers the most common eating disorders: **anorexia nervosa, bulimia nervosa, binge eating disorder** and **avoidant/restrictive food intake disorder**.

It has been produced by psychiatrists – medical doctors who are experts in mental health – and is based on up-to-date scientific evidence.

This guide is for:

- people who have an eating disorder
- people who think they might have an eating disorder
- their family and friends.

It is mainly for people living in Australia and New Zealand.

Key facts

- Eating disorders are abnormal patterns of eating and exercising that severely interfere with a person's everyday life.
- The most common eating disorders are anorexia nervosa, bulimia nervosa and binge eating disorder.
- Eating disorders can occur in both males and females of any age.
- There is not one simple reason why eating disorders occur. They happen because of a combination of factors.
- If you think you might have an eating disorder, seek help as soon as possible. If eating disorders are not treated, they can result in serious medical problems.
- The first step is to speak to your usual doctor – for example, your general practitioner (GP).
- If your doctor thinks you most likely have an eating disorder, he or she will refer you to an eating disorder specialist or service. Most services that treat people with eating disorders bring together a team of different health-care professionals, including psychiatrists and other doctors, psychologists and dietitians.
- Treatment for eating disorders involves healthy eating, together with medical care and psychological treatment. Some people might also be prescribed medications.
- Most people with eating disorders have mainly outpatient treatment, but you may need to go to hospital for treatment if you are at risk of serious medical problems.
- With treatment, most people with an eating disorder make a good recovery, although it may take several years.

About eating disorders

What are eating disorders?

Eating disorders are abnormal patterns of eating and exercising that severely interfere with a person's everyday life. These patterns can include eating extremely small amounts of food or eating in an uncontrolled way. The person may also be very distressed, anxious or worried about food, body weight and appearance.

The most common eating disorders are **anorexia nervosa**, **bulimia nervosa** and **binge eating disorder**. **Avoidant/restrictive food intake disorder (ARFID)** is another eating disorder that occurs mainly in children.

Types of eating disorders

Anorexia nervosa

People with anorexia nervosa usually set themselves the goal of losing weight, and lose so much that they become very underweight for their age and height and become unwell. Most are also overly concerned or distressed about their body shape and weight.

Some people with anorexia nervosa severely restrict their eating, and may also exercise excessively. Others may binge-eat (eat a large and excessive amount of food in an uncontrolled way), and then make up for overeating by purging (vomiting or using laxatives or diuretics).

Bulimia nervosa and binge eating disorder

People with bulimia nervosa or binge eating disorder regularly binge-eat. Most people with these conditions are overly concerned or distressed about their weight and body shape.

People with bulimia nervosa compensate for their binge eating by repeatedly trying to control their weight in extreme ways, such as purging or exercising excessively. People with binge eating disorder do not display these behaviours regularly, so they can either have a normal weight or be overweight, even obese.

Binging and purging can be a symptom of both bulimia nervosa and anorexia nervosa. However,

people with bulimia nervosa are not extremely underweight like people with anorexia nervosa.

Avoidant/restrictive food intake disorder (ARFID)

People with ARFID have food phobias and avoid some foods, although they are not worried about their body shape and weight. They lose a lot of weight or develop nutritional deficiencies, and some people with this condition cannot eat food at all. When this happens, they might need supplements or need to be fed through a nasogastric tube (a tube passed through the nose and into the stomach).

Both children and adults can develop ARFID. Children with ARFID usually have medical problems similar to children with anorexia nervosa.

Symptoms of eating disorders

If you think you might have an eating disorder, you should speak to your usual doctor – for example, your general practitioner (GP). The only way to be sure that you have an eating disorder is to be diagnosed by a health professional.

These are some of the early signs and symptoms of eating disorders:

- you are afraid of putting on weight, or you weigh yourself all the time
- you think about food all the time, or you feel anxious at meal times
- you've started restricting how much food you eat
- you overeat uncontrollably
- you feel out of control around food
- you hoard food to binge on later
- you make yourself vomit after eating
- you take laxatives to make you lose weight
- you worry too much about how you look
- you check yourself in the mirror constantly
- you don't like eating around other people

- you have started to lie about what you eat or how much you eat
- you exercise too much
- you feel cold all the time, weak or lightheaded
- for girls and women, your periods have stopped, or have not begun by age 16.

You don't have to have all these symptoms to be diagnosed with an eating disorder. If you are at all worried, you should speak to your doctor. He or she can make an initial assessment, and may then refer you to an appropriate eating disorder specialist or service.

As well as these signs and symptoms, you may feel bad about yourself or that you are not good enough, feel sad, anxious or irritable, or not feel like spending time or getting involved in activities with other people.

Even if you are not unusually skinny or do not feel skinny you may have an eating disorder if you are experiencing the above symptoms.

Causes of eating disorders

There is not just one simple reason why eating disorders occur. Researchers think that eating disorders happen because of a combination of factors. These factors can be biological (the way your brain works), genetic (familial), psychological (how you think), social (your relationships with other people) or cultural (the customs and values of the people around you). Generally, girls/women are at higher risk of developing an eating disorder than boys/men.

Some other things that may make you more at risk of developing an eating disorder are:

- having feelings of low self-esteem or worthlessness
- living in a western culture in which being thin is considered the ideal body shape
- living in an urban area
- participating in activities in which body image is a concern (e.g. professional or competitive dancing, gymnastics or fashion modelling)

- having a history of strict dieting and body dissatisfaction
- having lived in an environment in which leanness or obesity has been a concern
- experiencing depression or loneliness
- being a perfectionist, or impulsive, or have difficulty managing emotions
- migrating from a developing country to a western culture
- experiencing stressful life changes (e.g. leaving home to go to university, a relationship breakup or the physical bodily changes of puberty)
- having experienced physical, emotional or sexual abuse.

Who gets eating disorders?

All eating disorders can occur in both males and females of any age.

People used to think that only young women and teenage girls could have eating disorders. We now know that eating disorders occur in both males and females, but that girls and women are twice as likely as boys and men to have an eating disorder.

People of any age can have any of the eating disorders, although some disorders are more common in particular age groups. Some people have an eating disorder for many years before it is diagnosed or treated. Even adults in late middle-age sometimes ask for treatment for an eating disorder that started earlier in life.

Anorexia nervosa most often starts at around age 15–19 years but it can occur at any age, including in childhood. About 1% of women and less than 0.5% of men will experience anorexia nervosa during their life.

Bulimia nervosa usually starts in the late teenage years or young adulthood. About 2% of women and 0.5% of men will experience bulimia nervosa during their life.

Binge eating disorder usually starts in the late teenage years or young adulthood. People in mid-life are more likely to develop binge eating

disorder than other eating disorders. Around 3.5% of women and 2% of men will experience the condition during their life.

Children and eating disorders

There are some differences between eating disorders in children younger than 12 and eating disorders in teenagers and adults. Children are:

- less likely to say that they are afraid of weight gain or being fat
- less likely to make themselves vomit or use laxatives
- less likely to understand that their condition is serious
- more likely to have physical symptoms

- less likely to have symptoms that fit the pattern of anorexia nervosa, bulimia nervosa or binge eating disorder, but more likely to have ARFID.

Indigenous peoples and eating disorders

Eating disorders occur at similar rates among **Aboriginal and/or Torres Strait Islander people** and non-indigenous Australians. Aboriginal and/or Torres Strait Islander teenagers who become overly worried about their body shape are sometimes more concerned about having a muscular body than a thin body.

Researchers do not yet know how common eating disorders are among **Māori people**.

Care and treatment for people with eating disorders

Why should I get treatment?

If you think you might have an eating disorder, it is very important to see a health professional as soon as possible. If eating disorders are not treated, they can result in serious medical problems.

Eating disorders can become medical emergencies, so some people with an eating disorder will need to go to hospital to get life-saving treatment, or treatment for long-term problems caused by malnutrition.

Having an eating disorder can interfere with your home life, education, work and social life. People with an eating disorder can also have other mental health conditions, such as anxiety disorders and depression.

Severe malnutrition due to starvation or purging can cause life-threatening heart conditions, osteoporosis (weak bones that fracture easily) and liver disease.

When the body is starved, the brain is also starved. This can interfere with your ability to think clearly and concentrate. It can also make it harder for you to understand situations clearly and judge your actions and those of other people properly. The effects of brain starvation can only be reversed by restoring your body to a safe weight that allows your body to function normally.

About one in 20 people with anorexia nervosa will die from this disease. The risk is highest when a person has had anorexia nervosa for several years.

Why it's important to get treatment

If you think you may have anorexia nervosa, get help straight away, before you have lost a lot of weight.

Anorexia nervosa can lead to severe malnutrition (from starvation). Starvation can cause changes in your brain and could have long-term effects on your health.

Starvation can also cause heart failure and sudden death.

The first step is to speak to your usual doctor – for example, your general practitioner (GP) – about your concerns.

Risks of eating disorders in children

Malnutrition in children with eating disorders can slow down normal growth, delay puberty, and cause brain problems such as an inability to learn and think normally. Girls may not start having their periods at the normal age.

Children with eating disorders can also have psychological problems, such as depression, anxiety and obsessive compulsive disorder. Having an eating disorder in childhood increases a person's chance of developing obesity, high blood pressure and heart disease in later life.

Low bone density and osteoporosis (having porous, fragile bones that are prone to fractures) is a risk, especially for girls with anorexia nervosa who become malnourished in early adolescence and who don't have normal periods. Even if they recover from anorexia nervosa, they may not build up normal bone mass.

Is recovery from an eating disorder possible?

With treatment, most people with an eating disorder make a good recovery, so it is important to have a positive attitude to your own recovery journey. At least 50% of people with bulimia nervosa or binge eating disorder fully recover with treatment.

It can take some time to get better – perhaps up to 5 years if you have anorexia nervosa. For some people, the eating disorder might return for a time (e.g. during a time of stress). Because it takes time to recover, it is important to establish an ongoing relationship with a health professional whom you trust and have confidence in.

Who treats people with eating disorders?

If you are worried that you might have an eating disorder, the first step is to speak to your usual doctor – for example, your general practitioner (GP). If your usual doctor thinks that you most likely *do* have an eating disorder, he or she will then refer you to an appropriate eating disorder specialist or service.

Most services that care for people with eating disorders bring together a team of health-care professionals that includes **doctors** (such as psychiatrists), **clinical dietitians** and **psychologists**. Ideally, each team member will have special knowledge, skills and experience

in eating disorders. Each has a different kind of expertise, and together they can help you work through your treatment plan to get well.

For **children** and **teenagers**, the team should include people with special experience and training in managing eating disorders in these age groups.

Treatment and care of Indigenous people with eating disorders should be culturally informed. If you are **Māori** or **Aboriginal and/or a Torres Strait Islander**, consider asking your health-care team to work with a cultural advisor or Indigenous health worker (e.g. Aboriginal and/or Torres Strait Islander health worker or Māori health worker).

Psychiatrists: their role in treating eating disorders

Many people who are treated for eating disorders will see a psychiatrist during their treatment. Psychiatrists are medical doctors who are experts in mental health. To become a psychiatrist in Australia or New Zealand, a doctor must train for at least another 6 years after finishing medical school.

Psychiatrists often lead a health care team. Some psychiatrists completely specialise in the care of people with eating disorders. Because they are doctors, they can prescribe medication, develop treatment plans and monitor physical health. They can also provide psychotherapy (also called talking therapy or psychological treatment).

Assessment: the first step in your treatment

Before they can work out how to help you, your health-care team will need to do an assessment. The assessment is a consultation in which a health-care professional will speak to you about things like your medical history, your thoughts and feelings, and your eating habits. They will also check your physical health and arrange tests if needed.

Your health-care team will use the assessment to gain a thorough understanding of you and your individual circumstances, so that they can:

- make sure the diagnosis of an eating disorder is correct

- find out if you have any other medical or mental health conditions
- understand which treatment may be best for you.

The health-care team will usually ask for your permission to talk to your family or carers, and to your GP and other health professionals who are involved in your care.

During the assessment, you may be asked about:

- your thoughts and feelings about your body
- any concerns or fears you may have about weight gain
- exercise
- whether you have times when you can't control your eating and eat large amounts of food at a time
- whether you have times when you avoid eating or restrict the amount you eat
- whether you take any medications or other substances to avoid putting on weight (e.g. laxatives, diuretics, diet pills or stimulant drugs)
- whether you have had an eating disorder in the past
- whether you have had other mental health problems (e.g. depression, obsessional thinking, or anxiety)
- whether you have had other psychological symptoms (e.g. finding it hard to concentrate or solve problems)
- your early life, including your relationships with your parents or other people who looked after you, and how you developed
- your family and relationships
- your general health, including any health conditions you have or have had in the past.

Collecting this information may take time and might continue over several sessions.

Your health-care team will also need to check your physical health. This will involve measuring your weight, height, pulse rate, blood pressure and temperature. If you are underweight or you

purge (or both), you will need blood tests and an electrocardiogram (to measure the speed and rhythm of your heartbeat). You may also need a scan to measure your bone mineral density. These tests are necessary to check if you have any serious or urgent medical problems and need to be seen by other medical services or specialists.

After your assessment is complete, the next step is to put together a treatment plan.

Questions to ask about your eating disorder

These are good questions to ask during your assessment:

- What is my diagnosis?
- What can I expect to happen if I don't get treatment?
- Can I get a second opinion?
- Are there any other problems that could make treatment more difficult or mean that it will take longer to see benefits from treatment?
- Where can I get reliable information about my condition? Can you recommend any books?

Your treatment plan

After your assessment, your health-care team will work with you and your family and carers to make your treatment plan. Your treatment plan is a written document that lists your goals for recovery, and the treatments that will be used to help you achieve those goals.

You will be given information about which available treatments are suitable for you. If there is more than one option, your doctors will help you decide what's best for you. Your treatment plan will be guided by your wishes and choices, as well as your health needs. The goals should be reasonable and achievable.

Some aspects of your treatment may have a higher priority than others; for example, if you need to be admitted to hospital for medical care to keep you safe, this will be the first priority.

For people with long-term anorexia nervosa, the first aims of treatment may be to improve your quality of life, keep you safe, and deal with crises when they happen. How well you respond to treatment will determine the length of your treatment. Treatment may last for several years.

Aims of treatment

Aims of treatment differ between individuals, but usually include:

- preventing medical problems, including life-threatening conditions
- overcoming dehydration
- getting enough nutrients and fluids to become healthy again
- preventing your health getting worse
- learning to eat without stress or anxiety
- overcoming unhealthy ways of thinking and acting
- overcoming depression or other mental illness
- enabling your body and mind to develop normally (if you are a child or a young person)
- learning to think and act for yourself, to keep yourself safe in future
- helping you to get back to work or school or helping you not to miss days because of your illness
- helping you to get involved in your community
- helping you to cope with your eating disorder and still live a full and meaningful life
- supporting your family or carers.

Adjusting your treatment plan

After you have begun treatment, your health-care team will regularly review your treatment plan and adjust it, if needed. Your treatment will depend on the progress you are making towards recovery. This is generally measured by whether you have a healthier eating pattern, whether you are less distressed, and whether you are able to participate in everyday activities more easily than before treatment.

For people with anorexia nervosa, progress towards recovery is also measured by medical checks such as your blood glucose levels, blood pressure, and brain and heart function. For women and girls with anorexia nervosa, the return of your periods is a good sign that you are getting better.

If you are not making progress towards recovery, your health-care team will talk to you about changing your treatment.

Where will I have treatment?

Whenever possible, you will be able to choose where you have your treatment, and it should restrict your life as little as possible. Usually there is a range of options, including:

- outpatient treatment (you live at home and go to a clinic or hospital for regular appointments)
- a day program (you sleep at home but go to a clinic each day)
- inpatient treatment (you stay in hospital during your treatment).

Most people with eating disorders have mainly outpatient treatment.

Will I need to go to hospital?

Most people with eating disorders have mainly outpatient treatment, but you may need to go to hospital if you:

- are at immediate risk of serious medical problems (e.g. if your tests show that you have, or could develop, a heart condition, even if you feel well)
- have suddenly lost a lot of weight
- have had no food or nourishment for several days
- can't control your purging or excessive exercise
- are feeling suicidal or have thoughts about harming yourself
- are pregnant.

If you need to go to hospital, it is best if you go to one that has a specialised eating disorders unit. If

specialist beds are unavailable, you may be offered treatment in a general mental health inpatient unit. If you are very unwell physically, you may need to be admitted to a general adult medical ward or general children's medical ward until you are physically stable. For children with anorexia nervosa, it is usually best to have treatment in a children's medical ward.

Hospital stays for eating disorders are usually not long, even if you have had the illness for a long time. Even for adults with long-term anorexia nervosa, hospital stays should only be arranged when the person's health needs to be stabilised, or to achieve goals agreed between the person and their health-care team.

What if I don't want to go to hospital?

Sometimes people with eating disorders are so distressed that they refuse life-saving treatment.

In Australia and New Zealand a person can be given treatment without their consent if it is needed to save their life and they are unable to make decisions for themselves (e.g. they are too sick to think clearly or to give their consent). This is called involuntary treatment. Involuntary treatment can only continue for as long as is needed to keep the person safe. The patient and their family or carers have the right to have the decision reviewed by an independent authority, such as a court or tribunal.

What if I don't live in a big city?

If there isn't a specialised eating disorder service close to where you live, your health-care professional (e.g. GP, Aboriginal and/or Torres Strait Islander health worker or clinical psychologist) can contact someone who specialises in eating disorders for advice about your care. You will normally be able to have most of your treatment in your own region, but may need to travel to a larger town or city if you need specialised treatment.

Working with your health-care team

As you work together to make a plan and begin your treatment, your health-care team will help you

to feel in control, comfortable and confident from your very first appointment. They know that it can be difficult and challenging for you to start working towards getting well. They will understand if you are extremely anxious about changing your eating habits, your weight and your ways of thinking.

The team will provide you with information in a format and language that you understand. They will listen carefully to you and your family or carers to learn about what is important to you, or when you tell them what is making you feel distressed or unsure.

Working with your health-care team

Tell them if anything is worrying or frightening you.

Try to be honest with them.

If they say anything you don't understand, ask them to explain.

Making decisions

You should expect your health-care team to give you the information you need to make decisions about your treatment (unless it is a medical emergency). Normally, they will speak with you and your family or carers about the types of treatment available.

You can ask them to explain anything you don't understand. The decisions you make about your treatment should be based on information that you and your family or carers can fully understand.

Involving family and carers

Usually, your health-care team will ask you to involve your family or carers in your assessment, treatment and care. Other people's understanding of your situation is very important; on your own, you may not be aware of how severe your symptoms are or how serious your condition is – or you may be struggling to admit it.

If you are worried about getting your family or carers involved, tell your health-care team.

Families and carers can expect to be given the support and information they need to help them understand your illness.

Confidentiality

Your health-care team will make sure that information about you is kept confidential. Sometimes it is necessary to share information with other health professionals, to keep you safe and to support you better.

It is important for family and carers who support you to be given enough information to be able to help you effectively. This does not mean that everything about you will be shared with other people – only the information that is really necessary to provide safe care and support to you.

Like adults, children and young people have the right to have information about themselves kept private. However, it may be a good idea for the child's school, child-care centre or sporting group to be told about their condition to help keep them safe.

How can I stay in control of my treatment?

The best way to stay in control is to make your own decisions about your health care. Some people make a written agreement about what should happen if they become too unwell to make their own decisions. This agreement is called an **advance care directive**.

An advance care directive is an agreement between you and the health-care professional who is coordinating your care (e.g. your GP). It spells out what steps should be followed in a crisis. You can plan while you are well enough to make decisions properly. If your physical or mental health becomes worse in the future, your own wishes will be followed by your health-care team.

What is the treatment for eating disorders?

Treatment for eating disorders involves **healthy eating** together with **medical care** and **psychological treatment**. Some people might also be prescribed **medications**. Your health-care team will work with you to decide which combination of treatments is right for you.

Healthy eating

For people with **anorexia nervosa**, effective treatment must always include regular and adequate nutrition. Your health-care team will talk this over with you in detail, but these are some key points:

- Adequate nutrition is a non-negotiable part of your treatment plan. Getting back to a healthy weight and getting the nutrients your body needs to stay healthy are essential to your treatment. Your health-care team will help you to do this yourself.
- Usually, a dietitian experienced in the treatment of eating disorders will plan a tailored diet for you to make sure you get all the essential proteins, carbohydrates, fats, vitamins and minerals your body needs. The dietitian's role is to help you make healthy eating part of your everyday life. Habits will not change overnight, but over time you can learn to have a healthy and stress-free relationship with food.
- Your health-care team will do their best to make sure you eat enough, either by staying with you at mealtimes if you are in hospital, or by asking you to agree to your family or

Questions to ask about your health-care team and your treatment

- How many patients with eating disorders have you treated?
- Do you have any special training in the treatment of eating disorders?
- What is your basic approach to treatment?
- Can we review progress regularly and, if necessary, revise our treatment plan?
- If you provide only one type of treatment, how do I get different treatment if I need it?
- Can I speak to someone who has been through treatment with you?
- How frequent are treatment sessions? How long does each session last?
- What are your fees? Will my health insurance cover these fees?

carers being with you at mealtimes if you are at home. When you are well enough, you can record what you eat at each meal and discuss this with your health-care team during your outpatient appointments.

- If you are unable to eat, or you refuse food, you will be given balanced food substitutes – drinks that are high in energy and protein. Food substitutes are generally avoided because the key goal is to get you to eat normal foods again.
- If you are seriously unwell and unable to eat food or drink food substitutes, you may need nasogastric feeding (where a feeding tube is passed through the nose and into the stomach).

When adults with severe or long-standing anorexia nervosa start to eat or be fed after a long period of not eating enough, there is a risk of a serious reaction known as 'refeeding syndrome'. Because of this risk, the process should be supervised by a specialised team with skills and experience in working with people with severe long-term anorexia nervosa.

People with **bulimia nervosa** or **binge eating disorder** may need to lose some weight to avoid or to overcome medical problems. Your health-care team may recommend a supervised and appropriate weight loss program in the short term. In the long term, the most effective way to manage your weight is to change your thinking and behaviour. Psychological treatment will help you do this.

For **children**, it is best to work on eating healthy food at the usual mealtimes, sitting at a table with their family (or in a situation that is like a family meal). Even after children and teenagers have reached a healthy weight they will still need their eating patterns checked regularly. Their doctor will also regularly measure their growth, do blood tests for hormones, and check their temperature, pulse and blood pressure.

Medical care

You may need treatment for medical complications caused by starvation, vomiting, or laxative use. You may also need general medical and dental care.

Medical complications due to starvation can include serious and even life-threatening problems such as dehydration, low blood glucose levels, anaemia (lack of red blood cells), low blood pressure, an extremely slow or irregular heartbeat, low white blood cell count (which reduces your ability to fight infection), and liver and kidney problems. Starvation can also cause changes in the structure of your brain, osteoporosis (weak, porous bones that break easily and heal slowly), and constipation or abdominal (gastric) distress. If you are female, your periods may stop (or not start).

Very rarely, a person who has been starving or severely malnourished for a long time can have a serious reaction when they start eating again (known as refeeding syndrome). If you are at risk of this, your doctors will check the levels of phosphate, potassium and magnesium in your blood every day for the first one or two weeks. If they find any dangerous changes, your doctors will treat them with oral supplements or by intravenous fluids (via a drip).

Making yourself vomit too often can cause ulceration or tearing of the oesophagus (the tube that connects the mouth and the stomach) or swelling of the salivary glands. You may need to see a specialist for oesophageal problems. The stomach acid in your vomit can damage the enamel of your teeth, so you may also need regular dental visits.

Losing too much potassium by vomiting can cause an irregular heartbeat, which can be life-threatening. Your doctor may test your blood and arrange treatment, if needed.

Over-use of laxatives can upset your normal bowel function. Sometimes this damage can be permanent. You may need specialist treatment for bowel problems.

People with **bulimia nervosa** or **binge eating disorder** who have put on a lot of weight may have (or be at risk of) cardiovascular disease because of abnormally high levels of cholesterol or triglycerides in the blood, high blood pressure or high blood glucose. They may also be at risk of developing diabetes. Your health-care team can arrange the usual tests and treatments for these conditions.

Medications

Medications (medicines) are not part of the standard treatment for **anorexia nervosa** because there is not strong enough evidence that they are effective.

For people with **bulimia nervosa** or **binge eating disorder**, if you also have another mental health condition such as depression, anxiety, impulse control or substance use disorder, your doctor may prescribe antidepressant or mood-stabiliser medications. These medications may also be useful alongside psychological treatment, even if you don't have one of these conditions. Research shows

that antidepressant medications can help people with bulimia nervosa reduce their uncontrolled overeating, as well as improve their mood.

Your doctors may suggest a low dose of an antipsychotic or antidepressant medication if you have symptoms of anxiety or obsessive thinking. People with a very low body weight have a higher risk of unwanted side effects from these medications, so they are prescribed only when necessary.

Tell your health-care team immediately if you think you may be having side effects from a medication.

What you should know about your treatment

Most people with an eating disorder need treatment from a team of health professionals (e.g. GP, psychiatrist, psychologist and dietitian).

Your team will work with you to find out about your symptoms, understand your eating disorder and work out if you have other mental health conditions (e.g. depression).

You and your health-care team will agree on a treatment plan. You will be given information about which available treatments are suitable for you. If there is more than one option, your doctors will help you decide what's best for you.

Most people with an eating disorder can have effective treatment while living at home – but if you are very unwell, you may need to go to hospital for a short time.

To maximise your chances of a full recovery, you will need medical care, good nutrition, and psychological treatment

Your family, or people who are close to you, can be involved in your care.

Your private information will not be shared with anyone else unless you agree, or it is really necessary to help you get well and stay safe.

Questions to ask about your medications

- What is the name of the medication?
- What dose am I on? Can this be increased or decreased if necessary?
- When and how often do I take the medication?
- What are the side effects? Will I be tired, hungry, thirsty, etc.?
- Are there any foods I should not eat while taking it?
- Can I have beer, wine or other alcoholic drinks while I am taking the medication?
- Can I take the medication with other medications I am taking?
- What should I do if I forget to take the medication?
- How long will I have to take the medication?
- What are the chances of getting better with this treatment?
- How will I know if the medication is working or not?
- What is the cost of the medication?

Psychological treatment

In addition to nutrition and medical treatment, to recover and stay well you must also make changes in your thinking and behaviour. Psychological treatment is an essential part of treatment for everyone with an eating disorder. It provides a chance to find out what triggers a person's eating problems and to work out how to deal with them.

There are many different types of psychological treatments, but all involve talking with a therapist (a psychologist or psychiatrist). These treatments are designed to help you understand your thinking, actions and relationships, so that you can make changes that will make you less distressed and make everyday living easier.

Some of the main psychological treatments used to help people with eating disorders are:

- family therapy (family members work together as a team to directly manage a child's behaviour)
- cognitive behavioural therapy (works by teaching you to recognise your negative thoughts and beliefs and to challenge them, so that you can change your behaviour)
- interpersonal psychotherapy (focuses on the link between when and how your symptoms started and on problems you have relating to other people)
- psychodynamic psychotherapy (focuses on uncovering what's on your mind that you are not normally aware of).

For **children and teenagers with anorexia nervosa**, family therapy is usually the best choice. Other types of psychological treatment are considered if family therapy is not possible or has not been successful.

If you are severely underweight, you will need to begin your physical recovery before you start psychological treatment, so you are strong enough and your brain is working properly.

Whichever therapy you and your health-care team decide on, three things will always be true:

- You will play an important role in your own treatment.

- You will need to be patient and keep persisting.
- You must be committed to the treatment.

Challenging the way you think, feel and behave is very hard work. This may be distressing as you work through issues and problems with your therapist, and begin to make changes that affect the way you live your life.

It takes time and persistence to achieve real change. Learning new ways of thinking, feeling and behaving will involve trial and error, and may be very frustrating. This process may take many months before you discover subtle changes in the way you think about yourself and the world around you. The goal for you is to be in control of your thinking and feeling – and therefore in charge of your behaviour.

It is important for everyone involved in your treatment to be committed to it. For example, family therapy would not be the best choice of treatment if a key person in your family is not supportive or is not always available.

Other practical help

Adults with long-term anorexia nervosa may need help with nutrition, housing, financial issues, and recreational and occupational activities. If substance use is a problem, your health-care team will arrange treatment.

Staying well: self-care for people recovering from an eating disorder

After you have started to recover from an eating disorder, you will need to keep working hard to stay well.

For people with **anorexia nervosa**, the risk of going back to the pattern of starving and losing weight is highest at about 4–9 months after successful treatment. People who have recovered from **bulimia nervosa** or **binge eating disorder** also find it very hard to resist going back to their old habits.

You need to stay in touch with your health-care team and keep working very hard on staying well, especially if bingeing or purging has been a problem for you in the past.

Tips for caring for yourself

Keep talking about your problem with the people who love and support you, even if this is hard to do.

Surround yourself with people who support you and want to see you healthy and happy.

Join an eating disorder support group. These groups provide a safe environment where you can talk freely about your eating disorder and get advice and support from people who know what you're going through.

Try to keep information flowing freely between the health-care professionals who manage your care and your family or carers.

Stick with your eating disorder treatment plan. Don't neglect therapy or other parts of your treatment, even if you're doing better. Follow the recommendations of your health-care team.

Do everything you can to make sure your brain and body are getting the regular and adequate nutrition they need to recover.

Get treatment for other mental health problems (e.g. anxiety and depression) if these are a problem for you.

Ask your health-care team to help you make a relapse prevention plan and an advance care directive.

Work out what triggers your symptoms (e.g. certain times of year or stressful life events). Make a plan to deal with them, such as going to therapy more often during these times or asking for extra support from family and carers.

Avoid people that drain your energy, make you feel bad about yourself or encourage your symptoms. If you can't avoid them, work out a way to protect yourself.

Fill your life with activities that you enjoy or make you feel fulfilled. Try something you've always wanted to do, such as learning a skill or a hobby. When you are busy doing something worthwhile, you will focus less on food and weight.

Remember that recovery is possible. Believe in yourself – that you *can* and *will* get better and stay well.

Adapted from the eating disorders advice at www.helpguide.org.

For family, friends and carers

Is it an emergency?

Get medical help immediately if the person:

- has deliberately injured themselves
- is expressing thoughts of suicide or of killing someone else
- is disorientated (does not know who they are, where they are, or what time of day it is)
- has delusions (false beliefs) or hallucinations (seeing, hearing, feeling or smelling things that do not exist)
- is confused or not making sense
- is complaining of chest pain
- has a pulse that is very slow (less than 50 beats per minute) or very fast (more than 120 beats per minute), or an irregular heartbeat

- has collapsed or is too weak to walk
- is experiencing fainting spells
- has blood in their bowel movements, urine or vomit
- has cold, clammy skin or a very low body temperature (less than 35°C)
- is vomiting several times a day
- seems to be dehydrated
- has painful muscle spasms.

If the person has any of these symptoms, call 000 in Australia or 111 in New Zealand, or visit the emergency department at your nearest hospital.

Adapted from: Mental Health First Aid Australia (2008). Eating disorders. First aid guidelines.

How to help someone with an eating disorder

If you are the family, friend or carer of someone with an eating disorder, these are some things you can do to help:

- Offer ongoing support to the person, including reassurance, listening, comfort and assistance to get help.
- Give the person hope for recovery by reassuring them that people with eating disorders can and do get better.
- If the person has not responded to treatment for eating disorders, reassure them that this does not mean that they will not succeed in the future.
- Encourage the person to be proud of the positive steps they are taking toward recovery.
- Suggest to the person that they surround themselves with people who are supportive.

Things that do not help

- Do not let issues of food dominate your relationship with the person and try to avoid conflict or arguments over food.
- Try not to give advice about weight loss or exercise.
- Try not to reinforce the idea that physical appearance is vital for happiness and success.
- Try to avoid comments about the person's weight or appearance.

What if the person doesn't want help?

Generally, an adult has the right to refuse treatment. But they can be treated without their consent if their life is in danger or if they lack the capacity to consent (see **Is it an emergency?**).

If the situation is not an emergency, continue with your support, and be open, approachable and non-judgmental. It is OK to tell the person that you are concerned and that you care for them.

If the person won't agree to go to their appointment:

- Let them talk about what is worrying them.
- Give them emotional support and encouragement.
- Talk about what kind of practical help the person needs to be able to go to their appointments.
- Contact the health-care team for advice.

Looking after yourself

Having a loved one with an eating disorder does not mean that you are a 'bad' parent, partner, brother, sister, child or friend. There is no evidence to suggest that any family dysfunction is the cause of eating disorders.

You will probably feel some pain, suffering, sadness, guilt or despair of your own. Being the

main support person can be hard work and it may sometimes feel that you are getting nowhere.

Never blame yourself. You are not alone.

It can be very hard to understand a person's eating disorder. It can be helpful to:

- Find reliable information and support if you feel you need to – for yourself and other family members.
- Take some time away from the person to do something for yourself.
- Join a self-help group for carers of people with eating disorders so you can talk about your thoughts and feelings with others who truly understand.
- Look out for psychological symptoms of your own that may be caused by the situation (e.g. depression), and get treatment. Your GP can refer you to someone who can help.

More information and support

On this page are links to other resources for people with eating disorders and their family, friends and carers.

Information and support: Australia

- National Eating Disorders Collaboration www.nedc.com.au
- The Butterfly Foundation www.thebutterflyfoundation.org.au
- Eating disorders first aid guidelines – Mental Health First Aid Australia mhfa.com.au/resources/mental-health-first-aid-guidelines
- SANE Australia www.sane.org

Information and support: New Zealand

- Eating Disorders Association of New Zealand www.ed.org.nz

Other resources

- RANZCP resources on mental health: mental health conditions, professionals and care www.ranzcp.org/advice
- RANZCP Find a Psychiatrist: find psychiatrists near you who specialise in treating eating disorders www.ranzcp.org/find-a-psychiatrist
- HelpGuide: eating disorders www.helpguide.org/home-pages/eating-disorders.htm
- UK National Institute for Health and Care Excellence Eating disorders: information for the public www.nice.org.uk/guidance/cg9/informationforpublic

How this guide was prepared

The information in this guide is based on the current RANZCP clinical practice guidelines for doctors and other health professionals who care for people with eating disorders.

The RANZCP clinical practice guidelines were prepared by a group of psychiatrists, clinical psychologists, other health care professionals and researchers. To develop the recommendations, these health professionals carefully considered all the available evidence, following a process guided by the principles of the National Health and Medical Research Council. They also worked with people who have personal experience of eating disorders, people who have cared for a partner or family member with an eating disorder, members of Australian and New Zealand communities, medical groups and other professional groups.

Disclaimer

This information and advice is based on current medical knowledge and practice as at the date

of publication. It is intended as a general guide only, not as a substitute for individual medical advice. The RANZCP and its employees accept no responsibility for any consequences arising from relying upon the information contained in this publication.

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The Royal Australian and New Zealand College of Psychiatrists

309 La Trobe St

Melbourne VIC 3000

Australia

Toll free: 1800 337 448 (Australia)

Toll free: 0800 443 827 (New Zealand)

ranzcp@ranzcp.org

www.ranzcp.org

About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is responsible for training, educating and representing psychiatrists in Australia and New Zealand.

Psychiatrists are medical doctors who undertake additional training to qualify as specialists in the treatment of mental illness.

Founded in 1963, RANZCP has more than 5000 members, including around 3700 fully qualified psychiatrists and almost 1200 trainees. The RANZCP has branches in every Australian state and territory and a head office in Melbourne as well as a national office in Wellington, New Zealand.

In both countries, all psychiatrists must be accredited by RANZCP before they can practise.