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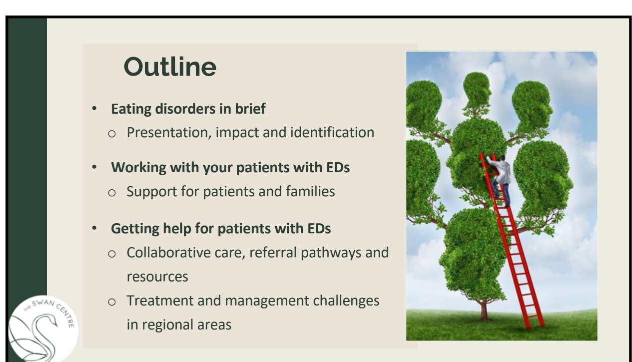

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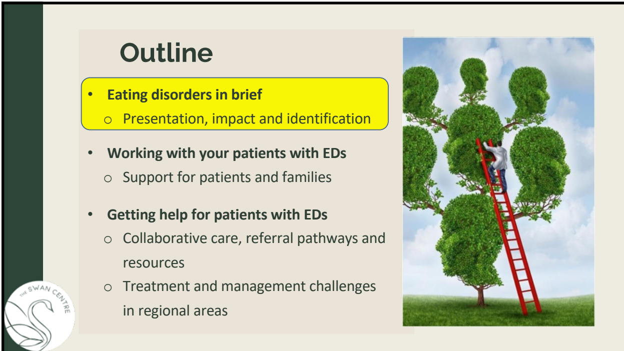

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Eating disorders are common

- 4% point prevalence and 9% lifetime prevalence (Deloitte Access Economics, 2015, NEDC, 2017)
- Eating disorders, when combined with disordered eating, are estimated to affect 16.3% of the Australian population (Hay, Girosi and Mond, 2015)

Examples of disordered eating behaviours	
Infrequent/irregular binge eating	Obsessive calorie counting
Strict dieting	Self-worth based on body shape and weight
Skipping meals regularly	Misusing laxatives or diuretics
Self-induced vomiting	Fasting or chronic restrained eating

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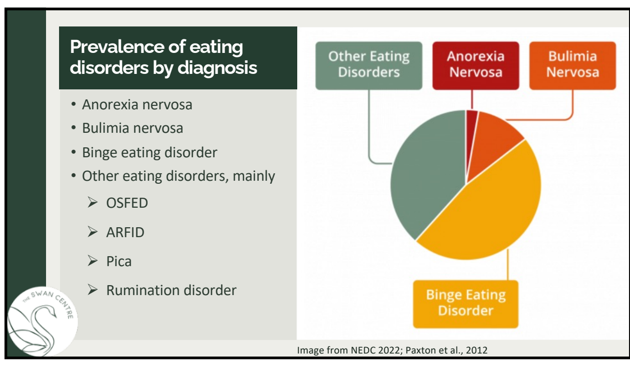

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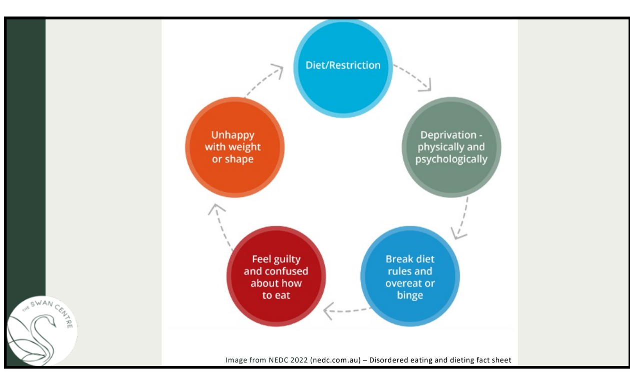

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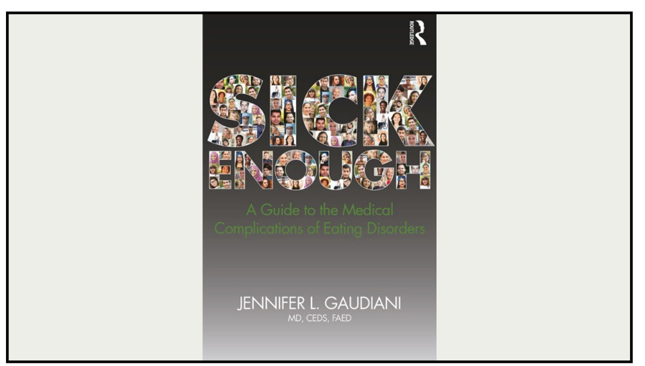

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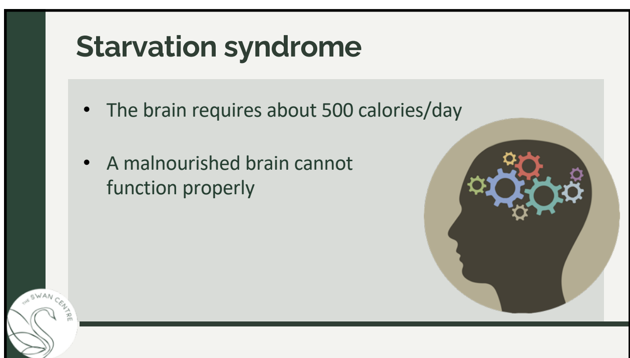

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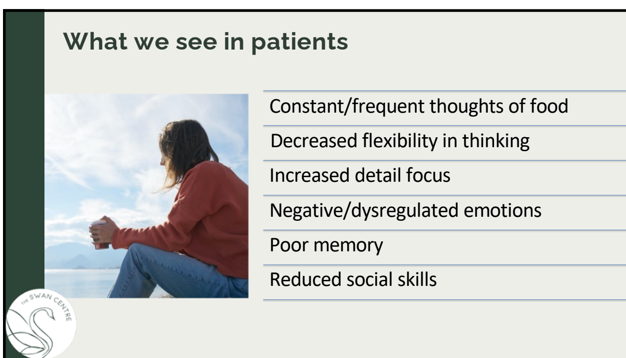

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Outline

- **Eating disorders in brief**
  - Presentation, impact and identification
- **Working with your patients with EDs**
  - Support for patients and families
- **Getting help for patients with EDs**
  - Collaborative care, referral pathways and resources
  - Treatment and management challenges in regional areas

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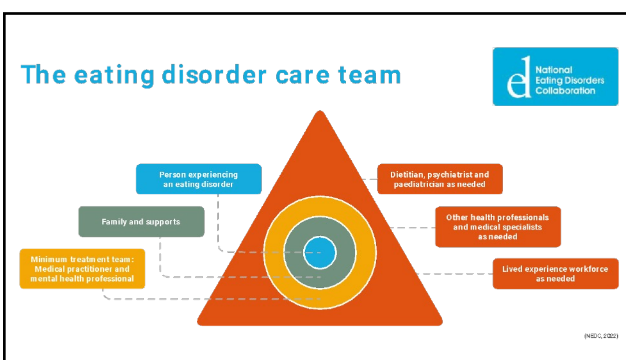

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Involving family

- Are generally highly invested in the person's recovery
- Usually recognize the need for change
- Emotional and practical support
- Help to access treatment
- Can provide additional observations and information to the treatment team
- Can be upskilled in their understanding of the ED and in communication with their loved one
  - Psychoeducation about EDs
  - Communication style (reflective listening, de-escalation of anger/anxiety, problem solving)
  - Supporting therapy goals
- Eating disorders families Australia (EDFA) - https://edfa.org.au
- The Butterfly Foundation and Butterfly National Help Line - https://butterfly.org.au

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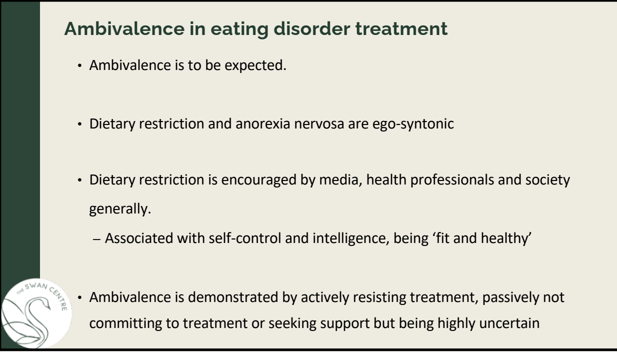

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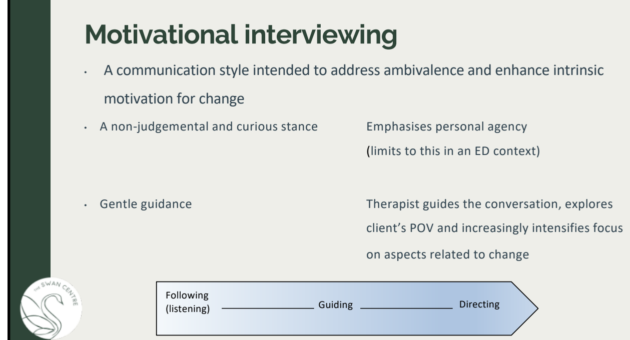

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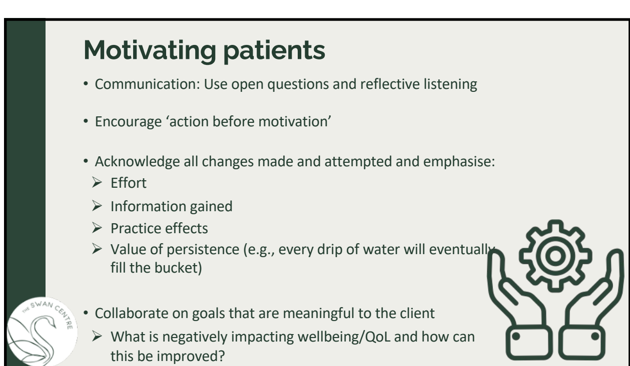

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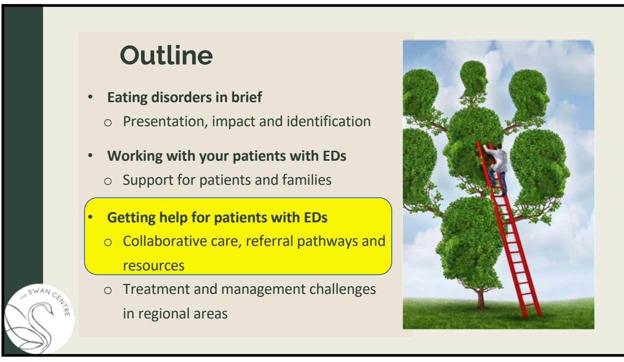

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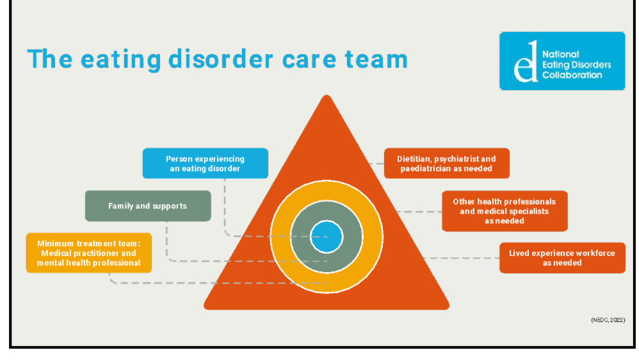

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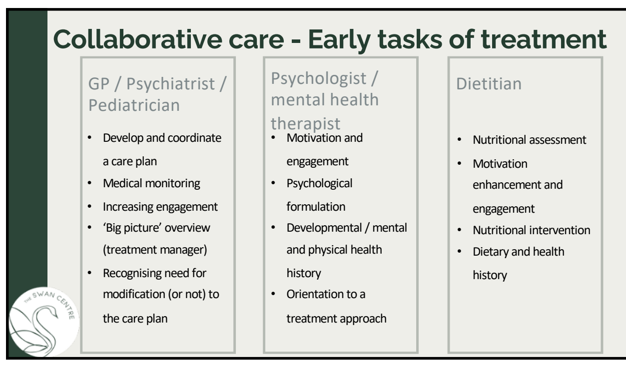

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Collaborative Care of Eating Disorders

What challenges might arise in working collaboratively with outpatient eating disorders?

What benefits might come from collaborative care?

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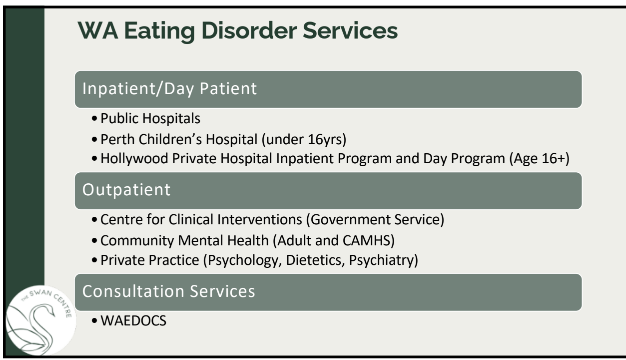

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WAEDOCS

State-wide service Monday-Friday 9-4pm

For advice and assistance with patients: Western Australian Eating Disorders Outreach and Consultation Service (WAEDOCS) - 1300 620 208

https://www.nmhs.health.wa.gov.au/Hospitals-and-Services/Mental-Health/Specialties/Eating

What they do	What they do not do
• Strive to ensure individuals receive optimal best practice care & where possible are managed close to home • Based at SCGH – MDT, Psychiatrist, Psychologist, NP, CNS(MH), Dietitian, (2.8 FTE) • Providing consultation, mentoring, support, education & training • Providing resources to guide safe practice in all settings	• Case manage patients • Have admitting rights to inpatient settings • Receive referrals for <16 years • No direct dealings with carers/ significant others

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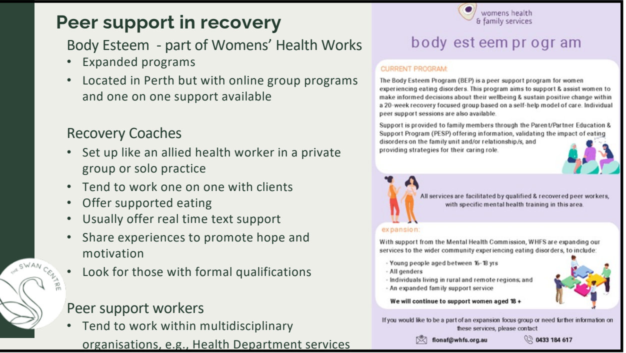

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Treatment Resources

- Butterfly Foundation – butterfly.org.au
- National Eating Disorders Collaboration (NEDC) – nedc.com.au
- InsideOut Institute – insideoutinstitute.org.au

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Eating disorder treatment and management plan (EDP)

- Alternative to MHCP
- Emphasises a model of stepped care and multidisciplinary care
- Developed by GP, psychiatrist or pediatrician
- Valid for 12 months from the date it is created
- Allows rebates for up to 20 dietetic and 40 psychological treatment sessions / 12 months

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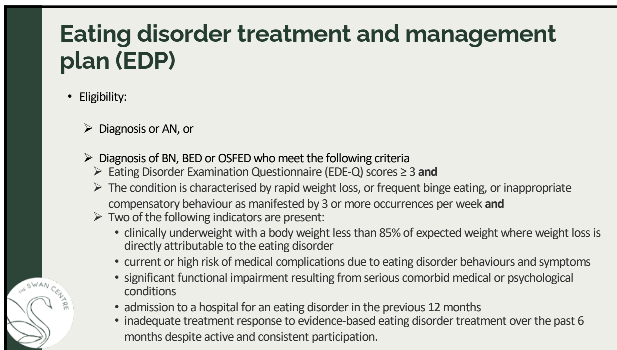

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ANZAED- Australia New Zealand Academy of Eating Disorders

Credentialing program- clinicians who have met requirements for eating disorder training and experience

connect-ed - ANZAED Eating Disorder Credential - Find a Treatment Provider

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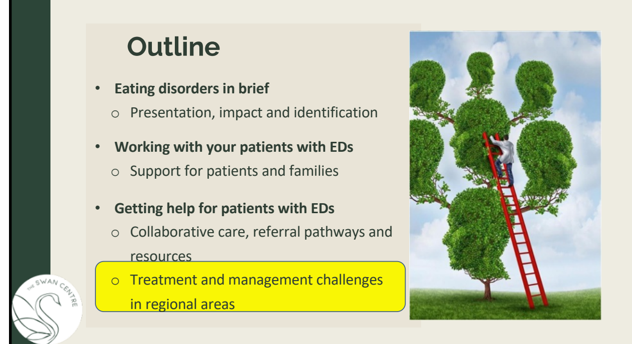

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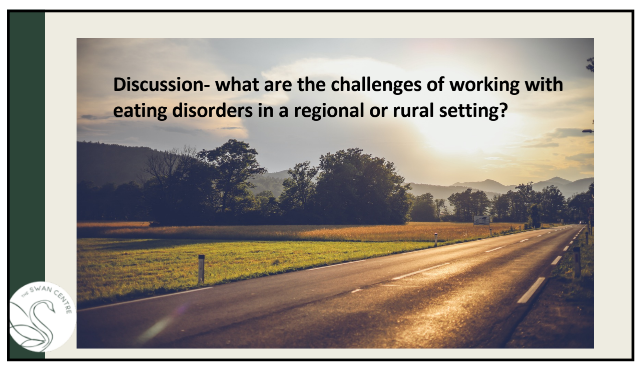

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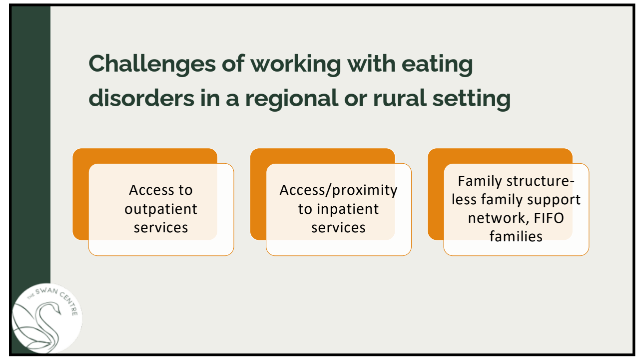

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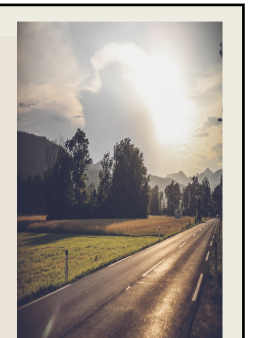
Best approaches for managing eating disorders in a regional or rural setting

- Know what services are available
- Recruit a team with ED knowledge (if possible)
- Work collaboratively
- Seek out WAEDOCS support
- Involve schools
- Encourage family to widen their support systems



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