



QUICK REFERENCE GUIDE **SUMMARY**

Eating Disorders:
Guide to Assessment and
Management in Primary Care



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Eating Disorders: Guide to Assessment and Management in Primary Care

Key Recommendations

- Screening: early identification and treatment of eating disorders are essential to improving clinical outcomes
- History: explore weight loss, dietary restriction, compensatory behaviours, social withdrawal
- Examination: check BMI/BP/pulse/temperature/muscle strength
- Blood tests: same day to laboratory to detect electrolyte imbalance
- ECG/DEXA/dental referral if indicated
- Perform a risk assessment in anorexia nervosa to enable referral stratification
- Discuss the possible diagnosis and offer support and educational services e.g. [Bodywhys](#), [Bibliotherapy](#), [Eating Disorders App](#)
- Discuss treatment options including referral to mental health services/ multidisciplinary team

Summary of management of patients with an eating disorder

A multidisciplinary approach is required in the management of eating disorders. The patient will be referred to the adult or child mental health service. Alternatively, a private referral can be made to a psychiatrist. The team includes a psychiatrist, a psychologist or chartered counsellor and a dietitian. A service directory is available from [Bodywhys](#)

Medication

SSRIs can be used for co-morbid anxiety or depression (but can prolong the QT interval)

Fluoxetine (up to 60mg) may reduce the urge to binge and purge in BN and BED

Anorexia Nervosa

Risk assessment

Rapid referral to mental health services once diagnosis suspected

Regular monitoring (depending on severity) until seen by secondary care

Bulimia/Binge Eating Disorder

Self care "Overcoming Binge Eating" by Chris Fairbourne

Dental referral if history of purging

Support & Education

Bodywhys.ie

[Bibliotherapy](#) – books, online supports and blogs

HSE website and app

Multidisciplinary Approach

Psychiatrist, psychologist or chartered counsellor and [dietitian](#)

Public referral through AMHS/CAMHS or private referral

Monitoring

Regular weight monitoring (frequency depends on severity of condition)

Mealtimes – 3 meals and 2 snacks a day, calm and consistent

Nutritional supplements based on blood results

Clinical Audit

Clinical audits that can be carried out using this guidance include use of screening tools, physical investigations, BMI monitoring and service evaluation. For example, an audit of the number of referrals of people with eating disorders to mental health services in the past 24 months.