

EATING DISORDERS

Screening, Identification & Referral

Eating disorders are complex mental illnesses with a range of potentially life-threatening medical complications. This guide can help you identify and assess eating disorders through common physical, behavioural and psychological symptoms and signs.

Binge Eating Disorder

characterised by repeated episodes of binge eating without the use of compensatory behaviours such as purging.

Bulimia Nervosa

characterised by repeated episodes of binge eating followed by compensatory behaviours to prevent weight gain

Disordered eating

disturbed and unhealthy eating patterns that can include restrictive dieting, compulsive eating or skipping meals.

Disordered eating behaviours such as dieting are the most common indicators of the development of an eating disorder.

Other Specified Feeding and Eating Disorders (OSFED)

refers to eating disorders that do not meet the full diagnostic criteria of another eating disorder

Anorexia Nervosa

characterised by extreme food restriction, intense fear of gaining weight and significant weight loss

Brain & Behaviour

- Preoccupation with eating, food, body shape, weight or exercise
- Depression, anxiety, self harm, suicidal ideation
- Social isolation, sense of shame
- Sleep disturbances, dizziness
- Impaired thinking and difficulty concentrating
- Substance misuse (e.g. alcohol, drugs, steroids)
- Overexercising and resulting injuries

Stomach, Intestines & Liver

- Pain, ulcers, stomach rupture
- Constipation, diarrhoea, cramps, bloating, bowel problems
- Impaired liver function
- Haemorrhoids

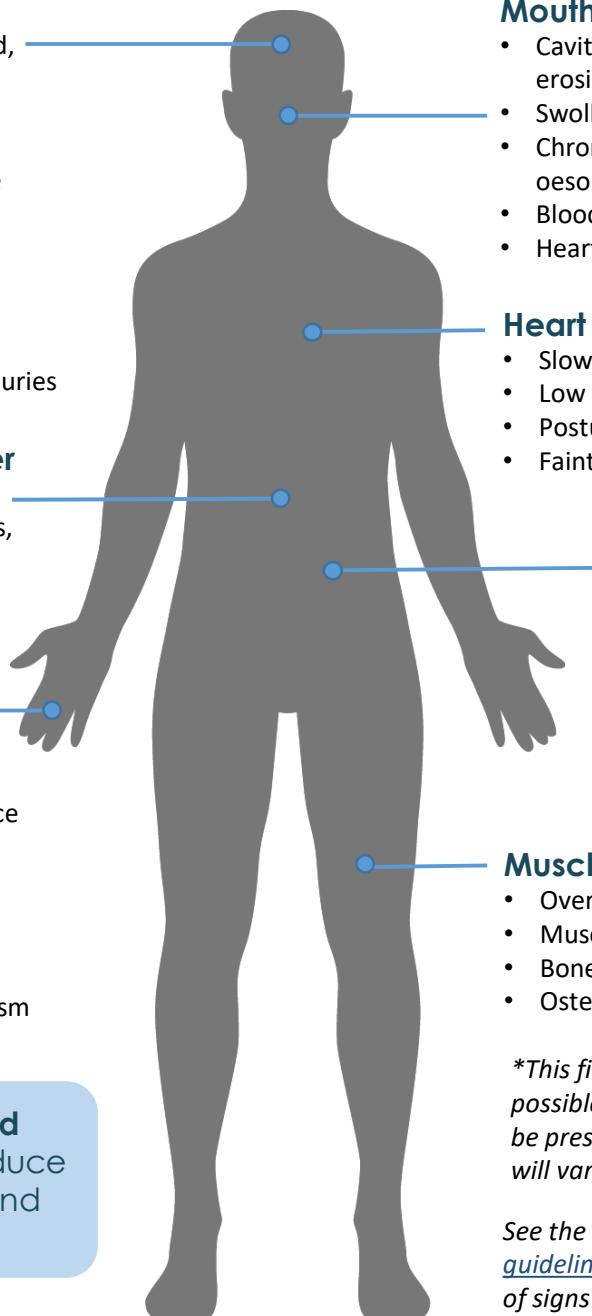
Skin

- Dry skin
- Calluses on knuckles
- Lanugo hair on back, arms & face

Hormones

- Irregular or missed periods
- Infertility, miscarriages, pregnancy complications
- Changes in growth or metabolism
- Low libido

Early identification and intervention is vital to reduce the severity, duration and impact of the illness.



Mouth & Throat

- Cavities, gum disease, tooth enamel erosion, sensitivity to hot & cold
- Swollen jaw, bad breath, puffy cheeks
- Chronic sore throat, inflamed oesophagus
- Bloody vomit
- Heartburn & indigestion

Heart

- Slow or irregular heartbeat
- Low blood pressure
- Postural blood pressure changes
- Fainting, dizziness

Kidneys

- Abnormal renal function
- Dehydration (from purging)
- Hypokalemia, natriemia, phosphatemia

Weight

- Unexplained weight loss, gain or fluctuation

Muscles & Bones

- Overall fatigue, cramps
- Muscle wasting
- Bone density changes
- Osteopenia & osteoporosis

**This figure displays a wide range of possible symptoms, and is not meant to be prescriptive or conclusive. Symptoms will vary by disorder and individual.*

See the current [RANZCP guidelines](#) for a detailed list of signs and symptoms.

Screening

Screening questions can help detect the presence of an eating disorder and identify when a more detailed assessment is needed. The SCOFF and ESP are two evidence-based tools that have been validated for use in primary and specialist care settings. Either tool may be used in the context of a trusting therapeutic relationship.

Note that these tools are not diagnostic and should not be used as the sole method of determining whether or not an individual has an eating disorder.

SCOFF Questionnaire

- Do you ever make yourself **Sick** because you feel uncomfortably full?
- Do you worry you have lost **Control** over how much you eat?
- Have you recently lost more than **Over 6kg** in a three month period?
- Do you believe yourself to be **Fat** when others say you are too thin?
- Would you say that **Food** dominates your life?

One point is given for each 'yes' given to a question, and a score of ≥ 2 indicates further questioning is warranted.

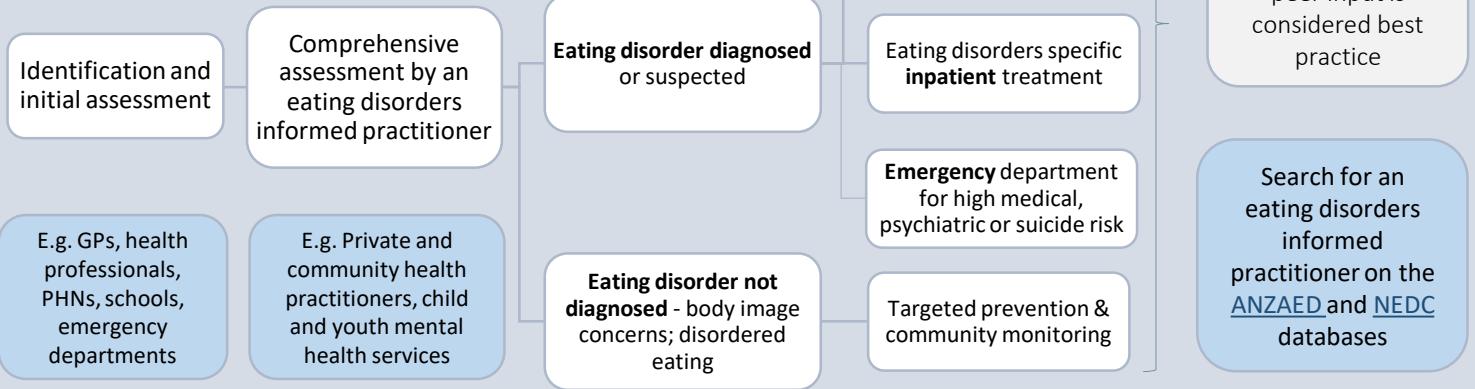
Eating Disorder Screen for Primary Care (ESP)

- Are you satisfied with your eating patterns? –A "no" to this question is classified as an abnormal response
- Do you ever eat in secret? –A "yes" to this and all other questions is classified as an abnormal response
- Does your weight affect the way you feel about yourself?
- Have any members of your family suffered with an eating disorder?
- Do you currently suffer with or have you ever suffered in the past with an eating disorder?

See the NEDC resource, [Eating Disorders: A Professional Resource For General Practitioners](#)

If you identify someone at risk of an eating disorder, connect them with treatment options immediately. Do not "watch and wait". Early intervention is key to improved health and quality of life outcomes.

Referral



Identifying risk

Eating disorders have among the highest morbidity and mortality rates of any mental illness.

Emergency help should be sought if you observe:

- Suicidal ideation
- Deliberate self-harm
- Heart rate <50 bpm
- BMI <12 (adults)
- Difficulty breathing
- Muscle weakness
- Breathlessness when lying flat
- Deterioration in consciousness
- Arrhythmia, severe hypotension, cardiac failure
- Pins and needles in toes
- Bleeding (blood in vomit)

*If you are concerned about the patient's safety and capacity to make informed decisions, refer for comprehensive assessment and seek eating disorders-specific services.

Call **Butterfly Foundation's National Helpline ED HOPE**
(1800 33 4673) for guidance on treatment options and referral pathways

Disordered eating behaviors often come with a sense of shame, guilt and fear. Building rapport through a non-judgmental, empathetic, person-centered approach is key.