

3:15 Guidance on the Management of Eating Disorder Patients within General Mental Health Ward Settings.

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3:15:1 An overview of Eating Disorder

The term Eating Disorder (ED) can be understood as a way of describing the difficult relationship some people have to food and their weight and shape how this influences their eating behaviours. Examples would include, eating too little, too much and eating in a chaotic fashion. These behaviours relate to the way in which people think about food and the impact it will have on their body. For example some people will experience fear of weight gain or will hold erroneous beliefs about certain types of food. EDs often represent a way of coping with the world and provide a way of managing distressing emotions.

There are three main categories of ED:

Anorexia Nervosa: Is characterized by a pattern of restrictive eating and low body weight, coupled with intense fear of weight gain and disturbed body image. Sometimes also associated with other behaviours to control weight such as excessive exercise.

Bulimia Nervosa: Is associated with episodes of binge eating and purging. Purging is often in the form of self induced vomiting, but can also include behaviours such as the mis-use of laxatives or diuretics. Bulimia is normally associated with normal weight.

Binge Eating Disorder: Is characterised by episodes of binge eating, with a sense of loss of control, in the absence of behaviours to compensate for this (such as exercising or purging). Binge Eating Disorder tends to be associated with higher body weight.

It is important to note that people may present with various combinations of symptoms from the above diagnostic categories at different times. All EDs are associated with serious physical and psychological sequelae, which are described below. In the remainder of this section we will focus on Anorexia Nervosa (An) and Bulimia Nervosa (Bn) as these are the presentations typically seen within the Adult Eating Disorders Service.

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