

ADULT EATING DISORDER SERVICE

Individuals receiving in-patient treatment for an eating disorder are viewed as a priority for access to the Adult Eating Disorder Service and will already have CMHT contact.

ANOREXIA



Indicates referral to AEDS for joint assessment with CMHT to determine level of input and management plan.
Assessment within 10 working days



Indicates management within CMHT and if this input has not resulted in progress towards recovery referral to AEDS for assessment.
Assessment within 30 working days



This would indicate management within CMHT or Primary Care Team with advice & support from AEDS

BULIMIA

SIGNIFICANT increase in symptoms in **AMBER** risk indicators:

- Dietary intake is restricted resulting in continuing weight loss more than 1kg per week
- BMI less than 14
- Plus one or more of the following:
 - Vomiting – once per day or more
 - Purging – once per day or more
 - Exercise – more than once per day
 - Significant depressive symptoms

- Frequent/recurring suicidal ideation and/or self harm and/or impulsive behaviours
- Co morbidity i.e. Diabetes, pregnancy
- Significant disruption to daily functioning
- PCT/CMHT input has not resulted in progress to recovery
- Physical complications: Abnormal blood results
Hypotension
Low core temp
Muscle weakness
Bradycardia
ECG abnormalities

SIGNIFICANT increase in symptoms in **AMBER** risk indicators:

- Bingeing – once per day or more
- Vomiting – once per day or more
- Purging – once per day or more
- Plus one or more of the following:
 - Significant fluctuations in weight with/ or without rapid weight loss
 - Exercise – more than once per day

- Significant depressive symptoms
- Frequent/recurring suicidal ideation and/or self harm and/or impulsive behaviours
- Co morbidity i.e. Diabetes, pregnancy
- Significant disruption to daily functioning
- PCT/CMHT input has not resulted in progress to recovery
- Physical abnormalities

MODERATE increase in symptoms on **GREEN** risk indicator:

- Dietary intake is restricted resulting in continuing weight loss
- BMI less than 16
- Plus one or more of the following:
 - Vomiting – approx 2-3 per week
 - Purging – approx 2-3 per week
 - Exercise – not more than once/day
 - Moderate depressive symptoms

- Physical complications (abnormal blood results e.g. electrolyte imbalance)
- Frequent suicidal ideation, self harm or impulsive behaviour
- Co-morbidity i.e. Diabetes, pregnancy
- Moderate disruption to daily functioning
- CMHT/PCT input has not resulted in progress to recovery

MODERATE increase in symptoms on **GREEN** risk indicator:

- Bingeing – approx 2-3 times per week
- Vomiting – approx 2-3 times per week
- Purging – approx 2-3 times per week
- Plus one or more than the following:
 - Weight Loss – moderate fluctuations in weight/moderate weight loss
 - Exercise – no more than once per day
 - Moderate depressive symptoms

- Physical complications (Abnormal blood results e.g. electrolyte imbalance)
- Frequent suicidal ideation and/or self harm and/or impulsive behaviours
- Co morbidity i.e. Diabetes, pregnancy
- Moderate disruption to daily functioning
- PCT/CMHT input has not resulted in progress to recovery

- Dietary intake is restricted resulting in gradual weight loss
- BMI more than 16 < 17.5

Plus one or more of the following

- Occasional vomiting &/or laxative/diuretic use approximately once per week
- Exercise – no more than 3 times per week
- Mild to moderate depressive symptoms

- Occasional (approx once/week) bingeing & vomiting and/or laxative/diuretic use (purging)
- Weight Loss – minimal fluctuations in weight/minimal weight loss
- Exercise – no more than 3 times per week
- Depressive Symptoms – mild to moderate