

Private psychiatric hospitals with specialist ED units

Northside Clinic

Ph: (02) 9433 3555

Referral to Easy Access line: (02) 9433 3555
Greenwich

Wesley Private Hospital

Ph: (02) 9716 1400

Ashfield

Support Services

Centre for Eating and Dieting Disorders

Website: www.cedd.org.au Ph: (02) 9515-5843

Provides advice, info, case & referral suggestions for professionals

Offers GP online training with 40 Category 1

RACGP QA & CPD points approved



Butterfly Foundation

Support and information for carers, sufferers, health professionals and schools

Helpline: (02) 9412 4499

Monday–Friday 9am–5pm

Website: www.thebutterflyfoundation.org.au

Email: info@thebutterflyfoundation



Services

Search: www.cedd.org.au/?id=5

Child and Adolescent Services

Contact your local Child, Adolescent & Family Health Centre

Adult Community Health services

Contact your local Community Health Services

Adult services: 18+ years or 17+ if not at school

Tertiary Services

Children's Hospital Westmead

Referral by phone: (02) 9845 2446, 9845 2005

Fax: (02) 9845 2517

GP Referral required

Ages: up to 14 yrs 9 month for first referral

Westmead Hospital Adolescent Unit

Referral by phone: (02) 9845 6788

Fax (02) 9893 062 9am–4pm Monday–Friday

GP referral required at initial appointment

Outpatient and Inpatient service

Ages: 14–18 (attending high school)

Sydney Children's Hospital

Child and adolescent inpatient and outpatient services

Referrals by phone: (02) 9382 1111

Royal Prince Alfred Hospital

Missenden Psychiatric Unit

Inpatient, Outpatient & Day program for ages 16+

Appointments: Roberta on 9515 6040

Enquiries: Ranjani on 9515 5843

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Eating Disorders

Information for GP's and Health Professionals

An eating disorder is a serious mental illness that involves preoccupation with control over one's body weight, shape, eating and food; it can be a way of dealing with underlying unresolved emotional and psychological issues.

ANOREXIA NERVOSA is characterised by severe starvation and weight loss, sometimes with purging and amenorrhea in females. Sufferers experience an intense fear of "getting fat". They can have distorted views of their body, evaluate themselves in terms of their appearance, and/or deny the seriousness of their low body weight.

BULIMIA NERVOSA is characterised by binge eating followed by a compensatory behaviour such as self induced vomiting, misuse of laxatives, diuretics, enemas and other medications, fasting or excessive exercise to get rid of the calories. A binge occurs when someone consumes a large amount of food in a short period of time while experiencing a sense of lack of control over eating during the episode.

EATING DISORDER NOT OTHERWISE SPECIFIED (EDNOS) is used to describe mild, moderate and atypical presentations of eating disorders which do not meet the strict diagnostic criteria of anorexia or bulimia.

EDNOS includes -

BINGE EATING DISORDER (BED) is characterised by binge eating however sufferers may not engage in compensatory behaviour following the binge.

Warning Signs

When determining whether someone might suffer from an eating disorder - look for a cluster of symptoms.

Physical warning signs

- Rapid fluctuations in weight (loss or gains)
- Menstrual changes or irregularities
- Poor dental health, such as gum disease & enamel loss
- Broadening jaw line due to swollen salivary glands (if vomiting)
- Feeling cold and poor circulation
- Unexplained fainting, dehydration and/or electrolyte disturbances
- Poor sleep quality, tiredness
- Use of appetite suppressants, laxatives, diuretics
- Somatic complaints - GI disorders (bloating, constipation, intolerance to foods)

Behavioural warning signs

- Avoiding socialising, especially when eating is involved.
- Increasing isolation and loss of friends
- Frequent self weighing
- Excessive or extreme exercise
- Secretive behaviour and covering up the truth
- Changes in eating patterns, such as restrictive eating or reporting of food allergies or vegetarianism
- Extreme dieting to loose weight
- Trips to bathroom after meal times
- Body image disturbance

Psychological warning signs

- Refusing to maintain a healthy weight, including fear of weight gain
- Obsessive thoughts about food
- Feeling “fat” despite being a normal weight
- Perfectionism and self criticism
- Life centres around food and need for control
- Depression, Anxiety and irritable/moody
- Self harm, suicidal ideation and suicide attempts

The Truth about Eating Disorders

MYTH: Eating Disorders only affect young females

TRUTH: Eating Disorders can affect anyone; they do not discriminate by age, sex or race. 1 in 4 children and 1 in 10 adult sufferers are males. 2-3 % of females are classified as anorexic or bulimic, and 20% of women show signs of binge eating disorder.

MYTH: Eating Disorders are only about food and weight

TRUTH: Eating Disorders are potentially fatal mental illnesses, with anorexia nervosa having the highest death rate of any psychiatric illness. Telling someone to “just eat” will only make the situation more distressing for the sufferer. Eating Disorders can develop as a way of dealing with underlying unresolved emotional and psychological issues, and can also be precipitated by an acute medical illness.

MYTH: Eating Disorders are only serious when someone is emaciated.

TRUTH: You cannot tell how serious an eating disorder is just by looking at someone or weighing them. Although weight loss is an obvious sign of Anorexia, someone with Bulimia or EDNOS could be of normal weight or higher and still have serious medical complications. Some types of eating disorders are associated with high risk factors such as self harm, or substance abuse. It is important to treat each case seriously regardless of the person's current weight status. Anorexia nervosa has been estimated to be the third most common chronic medical illness in teenage girls after obesity and asthma.

Tips for Health Professionals

- Effective treatment usually involves a multidisciplinary approach, including regular medical reviews.
- Early detection and early intervention provides the best chance of a good outcome.
- Always listen effectively and compassionately. Respect the patient - remembering that they did not choose to develop an eating disorder.
- Be alert to features of the eating disorder such as reluctance to change, denial and ‘splitting’. Professionals need to ensure that this does not compromise the treatment plan.
- Respect the sufferer's confidentiality - however appropriately manage the situation when information needs to be disclosed to other parties (including discussing this with sufferer).
- Provide unbiased education about appropriate treatment choices and support services.
- Develop insight into the thinking of someone with an eating disorder.
- Know when you are out of your depth. If you can't help, refer to someone who can.

Carers, parents, partners

- Parents & carers are very important to the treatment process and can play an active role in assisting their child recover using family based treatment.
- Parents are able to play an important role in supporting their adult child without breaching confidentiality.
- The needs of parents/carers also need to be addressed if treatment is to be successful. Keep in mind that families often take day-to-day responsibility for the management of the sufferer's diet, symptoms and distress.
- Giving parents and carers information and avenues for support is essential.