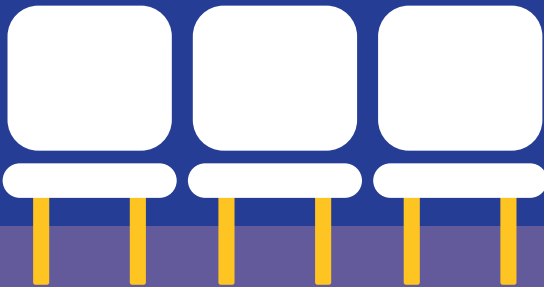


EATING DISORDERS

Speaking to your Doctor

A guidance document for visiting your General Practitioner (GP) or supporting someone with an eating disorder during this visit.



RECOVERY IS POSSIBLE



Founded in 1995, **Bodywhys** – The Eating Disorders Association of Ireland - is the national voluntary organisation supporting people affected by eating disorders and their families. We provide a range of non-judgemental listening, information and support services, as well as school talks, training, literature, webinars. Bodywhys is the support partner to the HSE's National Clinical Programme for Eating Disorders (NCP-ED).

This document is informed by the Irish College of General Practitioners (ICGP) guidelines, which provides detailed guidance on diagnosis, assessment and management of patients with eating disorders in a primary care setting.

BODYWHYS
The Eating Disorders Association of Ireland

How to use this document

This document is divided into **three** sections



Section 1 for
the person living
with an eating
disorder



Section 2 for
those supporting
someone with an
eating disorder



Section 3 for
the GP at your
appointment

Section 1



Visiting a GP to talk about your eating disorder

Attending a GP is the first step in getting treatment for an eating disorder. It is important to take things at your own pace, in a way that feels manageable for you. If you decide to visit your GP, keep in mind that you can discuss what you feel comfortable with, you have control over the next step, whether that is to revisit your GP again, go to another GP, move towards a form of treatment that feels right for you or discuss your experience with someone you trust.

We understand that it can be very difficult to open up about experiences around food and our bodies and we have heard it can feel overwhelming to share everything that might be going on at that first appointment. We hope that the following information will give you an idea of what to expect at that initial appointment with your GP, including common questions, what the GP might ask about and what physical examinations they might carry out.



Please know our support services are available to you at any time. www.bodywhys.ie

Frequently asked questions:



I don't feel I am ill enough to visit the GP

It is common to feel that you are not unwell enough to seek help. Part of recovery involves learning to recognise this internal dialogue that may serve to maintain the disorder and trying to listen to the part of your mind that can acknowledge that something is not quite right.

It is important to keep in mind that an eating disorder is not diagnosed by weight, it is a complex mental health condition that affects the way we think, feel and act. Recovery involves addressing each of these individual aspects of the eating disorder.

I don't know what to say?

Sometimes it can be helpful to think about that conversation in advance, what feels manageable to discuss at this time?

Could you write down any symptoms, behaviours or questions for your GP in advance? Things that might be useful to think about include:



Mood fluctuations - have you been feeling sad, withdrawn, angry or down more frequently?



Body image - Are you experiencing a lot of concern about how you look, engaging in body checking behaviours and avoiding social situations because of how you feel about your body?



Food and fluids - Has your relationship with food changed over time, are there any rules, rituals or habits around food or beliefs about certain food types?



Exercise - Have your exercising patterns changed? Are you finding it difficult to stop exercising even if you are unwell or injured?



Behaviours - Have you been engaging in any self-harming behaviours? Have you experienced episodes of bingeing or purging? Do these behaviours feel outside of your control?

I'm not sure how to approach the appointment

If you don't feel comfortable to talk through these feelings during the appointment, could you think about:

- Writing it down and handing it to your GP
- Sharing this resource with your GP?

After that initial appointment, it might be helpful to reflect on how it felt to speak to the GP. Please know our support services are available for you to talk through this experience.



What might be discussed at the appointment?

We hope that the following information will give you an idea of what your GP might ask about and what physical examinations they might carry out.



Personal History

- ✓ Body image or eating concerns
- ✓ Rapid weight change
- ✓ Dietary regime
- ✓ Behaviours around food and exercise
- ✓ Mood
- ✓ Menstrual cycle
- ✓ Social life
- ✓ Hobbies and interests
- ✓ History of illness
- ✓ Medications
- ✓ Laxative-diurectic use
- ✓ Gastrointestinal symptoms



Physical Aspects

- ✓ Blood pressure
- ✓ Heart rate
- ✓ Temperature
- ✓ Muscle strength may be assessed using the SUSS* test
- ✓ Skin assessment
- ✓ Dental check
- ✓ Blood tests
- ✓ Bone scan (DEXA/ECG)
- ✓ Weight/Height/BMI (If you don't feel comfortable with this please let your GP know. You can also request that the GP not let you know the result)

*SUSS - Sit Up Squat Stand

Section 2



Supporting someone at their first appointment

Attending a GP is the first step in getting treatment for an eating disorder. It can really be difficult for a person to acknowledge that something is going on for them and to reach out for help. It is important to be patient and understanding with them during this time.

I'm not sure if the person who is unwell is ready to get help

- The eating disorder is a coping mechanism which makes it really difficult to let go of, it offers a false sense of control. When the eating disorder feels threatened, or a person is pushed into doing something that they are not ready for, then the fear is that they will further retreat into the eating disorder. Allowing the person to take their recovery at their own pace will benefit them in the long term.
- It might be helpful to explain why you think it is important that they speak to their GP. That might sound like:

'I care about you very much. I've noticed several things which have made me concerned for your health. (Add specific things here). I'd really like for you to go and have a medical check up to check how you are doing. Could I help by booking the appointment? If you'd like me to come with you, I would be happy to.'

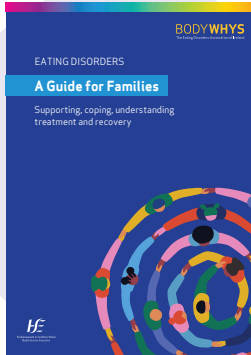


Bodywhys PiLaR programme is a free four week evidence based programme where carers can learn how to approach someone with an eating disorder and learn skills to support someone towards recovery, even if they are not yet ready to acknowledge that they have an eating disorder.

I am visiting the GP with someone under the age of 18, is there anything I should be aware of?

- It might be helpful to make the GP aware of the concern prior to the appointment so that they are prepared. This could involve listing any symptoms, behaviours or questions you may have for your GP in advance.
- If you can, it is helpful to know whether or not your family member feels comfortable with being weighed. If they don't, this is also something to flag with the GP, and to talk about other options, such as, the numbers not being discussed.
- A follow up appointment should be scheduled for 3 weeks after the first appointment, if things get worse during this time, it is important to act and get in touch with the GP sooner.
- The GP may ask about all aspects of how an eating disorder affects a person, not just weight.
- If the person is soon to be 18, it is important to keep in mind that your involvement might change when the person turns 18.

Are there any resources that might be useful?



Our Guide for Families goes through treatment and recovery in more detail. Find these resources on our website or please email: info@bodywhys.ie



Our support services are available to anyone, whether you are experiencing an eating disorder or supporting someone with an eating disorder.



For more information and support see: www.bodywhys.ie



Helpline: 01-2107906



Email Support: alex@bodywhys.ie

Section 3



Checklist for your GP

This checklist is designed by Bodywhys - The Eating Disorders Association of Ireland based on the ICGP guidelines.

History

- Eating concern, shape concern or weight concern
- Rapid weight change >1kg/week or 15% of weight loss in a three month period
- Restricting dietary intake/new dietary regime
- Binge eating
- Induced vomiting
- Laxative/diuretic use
- Exercise to control weight
- Medications, diet pills, steroids or other drugs
- Mood changes
- Past or chronic illness
- Amenorrhoea
- Social withdrawal
- Abdominal pain or irritable bowel syndrome (IBS) type symptoms associated with vomiting or restrictions in diet which cannot be explained by a medical condition
- Unexplained electrolyte imbalance or hypoglycaemia
- Taking part in activities associated with a high risk of eating disorders (for example, professional or elite sport, fashion, dance or modelling)



Exam

- Examination Weight/Height/ BMI calculation (or BMI centile if <18)
- Blood pressure sitting and standing
- Heart rate
- Temperature
- Muscle strength assessment (e.g. Sit Up Squat Stand - SUSS) test
- Skin assessment
- Dental check
- Blood tests (may be on a separate day as usually done in mornings)
- An ECG or DEXA bone scan may be recommended

Consultation

- Eating concern, shape concern or weight concern
- Was suggested to come in as there is a family/friend concern
- Has had a rapid recent weight change
- Restricts their dietary intake
- Has a new dietary regime (Vegetarian/vegan/clean eating)
- Does exercise to control weight
- Has amenorrhoea for 6 months
- Denies any binge eating
- Does not induce vomiting
- Does not use any laxatives/diuretics
- Not on any prescribed medications
- Does not take any diet pills/steroids or other medications
- Denies any mood changes
- No past history of diabetes/coeliac disease
- Denies hands/feet becoming more blue in colour

Frequently Asked Questions



Weight is not very low - should referral be delayed?

No, referral should never be delayed. Always make the referral for a comprehensive assessment.

The symptoms don't appear to have been going on long enough

An eating disorder is not a phase, it is a serious psychiatric disorder and early intervention is the key to recovery. Regardless of how long symptoms may be occurring, referral for a comprehensive assessment needs to be made.

The patient is denying there is a problem

It is important to understand that even if a person knows they have a potential problem, people with eating disorders find it very difficult to acknowledge they have an eating disorder. Roll with resistance, at this point in time, it is normal for a person to deny they have a problem. Regardless, if you have concerns due to your assessment make a referral for a comprehensive assessment.

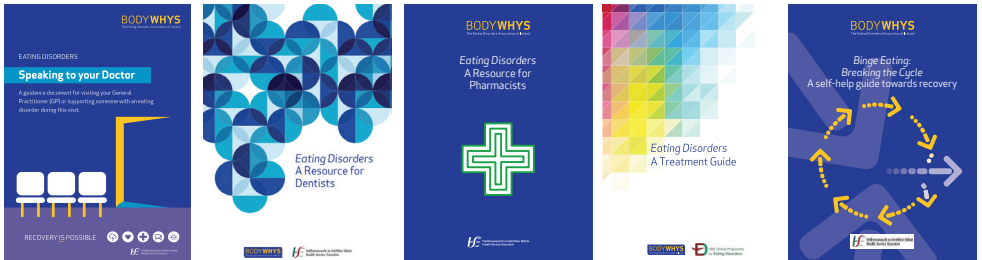
The person is under the age of 18

It is important to consider the transition from child to adult services and how this might affect the person's treatment and recovery.



Free Information and Resources

Bodywhys offers a range of leaflets and resources including, but not limited to, the following:



- ✔ Eating Disorders - A Guide for **Families**
- ✔ Eating Disorders - **Speaking to your Doctor**
- ✔ Eating Disorders - **A Resource for Dentists**
- ✔ Eating Disorders - **A Resource for Pharmacists**
- ✔ Eating Disorders - **A Treatment Guide**
- ✔ **Binge Eating: Breaking the Cycle. A self-help guide towards recovery**
- ✔ **Active Waiting Resources** - For those who have started the referral process.

🌐 For more information and support see www.bodywhys.ie

☎ Helpline: 01-2107906

✉ Email Support: alex@bodywhys.ie



If you have used this guide either as a source of information or as a recovery tool, we would be very happy to hear your feedback. You can send this to info@bodywhys.ie

Disclaimer: While every effort has been made to ensure that the information contained in this resource is accurate, no legal responsibility is accepted by the authors or Think Bodywhys CLG for any errors or omissions. This information resource should not substitute medical advice. Think Bodywhys CLG does not endorse any third party and is not liable for any actions taken based on information we provide.

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BODYWHYS

The Eating Disorders Association of Ireland

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