Key Questions:

Behaviour: purging, exercise, self harm

Restriction: type, quantity, kcals, hydration

Observation: parental concerns

Weight: weight loss, status vs height/age/norms

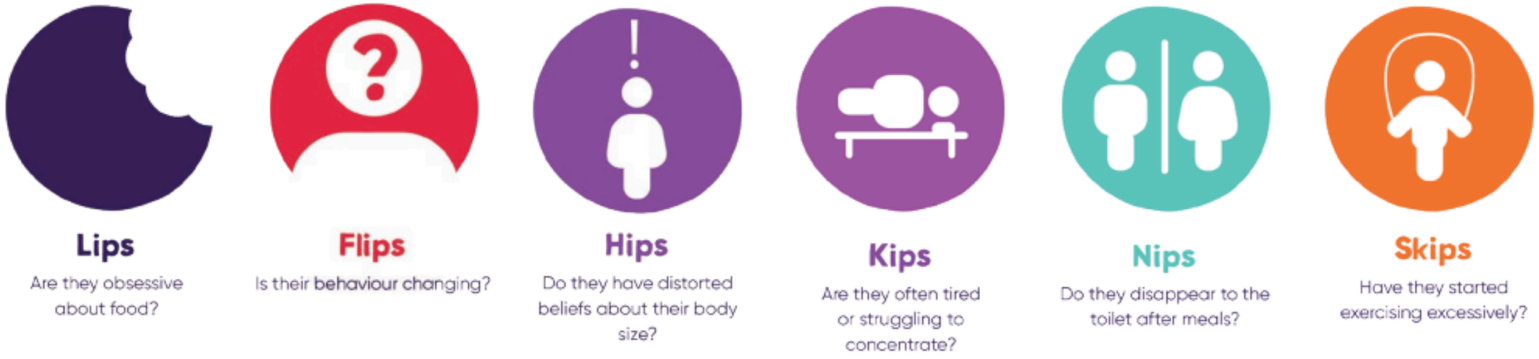
Sickness: frequency, reasons for making self sick?

Control: is there a loss of control over food? and/or does it dominate their life?

One stone weight loss or more in 3 months? (adults/older teens only)

Fat: are there beliefs of being fat when others say they are too thin?

Key Considerations - click here for BEAT website.



Physical Health Monitoring - click here for MEED guidance.

Weight and height

BP and pulse

Temperature

Postural assessment - sitting/standing blood pressure and heart rate

Presentations - click below for more details:

Restricted eating with no desire to lose weight.

Sudden and acute cessation of food and or liquid.

Co-existing with self harm and/or high expressed emotion

Body image concerns, fear of calories and gaining weight.

*This tool was developed by the North East and Yorkshire Regional Mental Health Team and North East North Cumbria Provider Collaborative

Back

Restricted eating with no desire to lose weight

Presentation:

- Less than 10 foods
- Similar sensory profile (e.g. processed, beige food)
- Difficulties eating at school, social occasions
- Long history of feeding challenges
- No aim to lose weight
- May have unusual eating methods i.e. eating away from others, disliking food touching.

Consider ARFID

Next Steps:

- Signpost to Regional ARFID support website for parents/families.
- Refer to local support service, clinical or VCSE.

Presentation:

- High comorbid physical health symptoms alongside avoidance of food types, quantities, volumes due to physical symptoms i.e. pain, nausea, swallowing difficulties
- No desire to lose weight.

Consider differential physical health explanation to ARFID

Next Steps:

- Refer for paediatric assessment and exclusion.

Presentation:

- Sudden and acute cessation of food and/or liquid.
- Fears of vomiting or choking.
- May include significant and sudden restriction and avoidance of whole food groups, whole texture categories (i.e. solid food) or all intake of food and fluids.
- No desire to lose weight.

Consider ARFID

Next Steps:

- Refer to local community eating disorder service (and acute admission if indicated) due to high physical health risks from acute and sudden cessation of oral intake.

Additional Considerations

- If the young person is below the age of 8 consider **Paediatric Feeding Difficulty**. Action: referral to the paediatric/feeding clinic.
- If the YP presents with 10-30 foods with some detrimental psycho-social impact consider **Non-Clinical Sensory-Selective Eating**. Action: as per ARFID next steps.

It may be helpful to assess basic micronutrient deficiency (folate, ferritin, B12, vitamin D).
Pay particular attention to cardiac function in those with very low weights and acute cessation of intake (ECG and K+)
All patients at high physical risk need to be referred to your local acute ward as well as the appropriate community clinical team.
Check High Risk Flags

Back

Sudden and acute cessation of food and/or liquid

Presentation:

- Sudden and acute cessation of food and/or liquid.
- Fears of vomiting or choking.
- May include significant and sudden restriction and avoidance of whole food groups, whole texture categories (i.e. solid food) or all intake of food and fluids.
- No desire to lose weight.

Consider ARFID

Next Steps:

- Refer to local community eating disorder service (and acute admission if indicated) due to high physical health risks from acute and sudden cessation of oral intake.

Presentation:

- Co-exists with poor engagement/withdrawal in other areas of life (school, social isolation, activities/interests including those of general living)
- Can include both cessation of both food and fluids.
- No desire to lose weight.

Consider differential autistic burnout

Next Steps:

- Refer for local mental health service (and acute admission if indicated) due to high physical health risks from acute and sudden cessation of oral intake.

It may be helpful to assess basic micronutrient deficiency (folate, ferritin, B12, vitamin D).
Pay particular attention to cardiac function in those with very low weights and acute cessation of intake (ECG and K+)
All patients at high physical risk need to be referred to your local acute ward as well as the appropriate community clinical team.
Check High Risk Flags

Back

Co-existing with self harm and/or high expressed emotion

Presentation:

- Eating difficulties co-exist with self harm and high expressed emotion i.e. self hatred
- Aims to lose weight.
- Openly expressed the severe restriction(or may over report with clinical symptoms)
- Typically acutely and suddenly restricts both food and fluid.
- Previous diet includes a range of types, textures and includes high kcal/fat foods.

Consider formulation based restrictive eating self harm (RISH)

Next Steps:

- Refer to local community eating disorder service for comprehensive formulation assessment.

It may be helpful to assess basic micronutrient deficiency (folate, ferritin, B12, vitamin D).
Pay particular attention to cardiac function in those with very low weights and acute cessation of intake (ECG and K+)
All patients at high physical risk need to be referred to your local acute ward as well as the appropriate community clinical team.
Check High Risk Flags

Back

Body image concerns, fear of calories and gaining weight.

Presentation:

- Typically restricts low kcal/fat foods.
- Limits both variety and quantity.
- Fluid not typically restricted (may overconsume).
- Features of an extreme dieting profile.
- May include purging (laxative/vomiting) behaviours.
- Aims to lose weight.

Consider Anorexia Nervosa

Next Steps:

- Refer to local community eating disorder service.

Presentation:

- Periods of binge eating (objective or subjective) with/without restriction.
- May present with weight loss or may have increased in weight.
- Body image distortion and aims to lose weight with expression of self hatred/disgust.
- Feelings of shame.
- +/- purging (laxative/vomiting) behaviours.

Consider Bulimia Nervosa / Binge Eating Disorder

Next Steps:

- Refer to local support service (clinical/VCSE sector)

It may be helpful to assess basic micronutrient deficiency (folate, ferritin, B12, vitamin D).
Pay particular attention to cardiac function in those with very low weights and acute cessation of intake (ECG and K+)
All patients at high physical risk need to be referred to your local acute ward as well as the appropriate community clinical team.
Check High Risk Flags

Back

High Risk Flags (MEED)

Presentation:

- Below 70% median BMI.
- Recent weight loss of 1kg or more/week for 2 consecutive weeks in an undernourished patient or rapid weight loss from any starting weight.
- Pulse rate <40 BPM.
- Increase in heart rate of over 30BPM (35BPM in >16 years).
- Standing systolic BP <0.4th centile, associated with recurrent syncope and postural drop in systolic BP of >20mmHg.
- ECG abnormalities of QTc >460 ms (girls) or 450 ms (boys) and any other significant ECG anomaly.
- Fluid refusal / severe dehydration.
- Temperature of <35.5oC Tympanic or <35oC Axillary.
- Biochemical abnormalities of Hypophosphataemia and falling phosphate. Hypokalaemia (<2.5 mmol/l). Hypoalbuminaemia. Hypoglycaemia (<3mmol/l). Hyponatraemia. Hypocalcaemia. Transaminases(>3x normal range). Low white cell count (<3.8). Haemoglobin (<10g/L).
- Multiple daily episodes of vomiting and/or laxative abuse.
- Acute food refusal of below 500kcal per day for 2+ days.
- Violent when parents try to limit the disordered behaviour or encourage food/fluid intake. Harm to self.
- High levels dysfunctional exercise in the context of malnutrition (>2hrs/day).
- Self-poisoning / suicidal ideas with moderate to high risk of completed suicide.

It may be helpful to assess basic micronutrient deficiency (folate, ferritin, B12, vitamin D).
Pay particular attention to cardiac function in those with very low weights and acute cessation of intake (ECG and K+)
All patients at high physical risk need to be referred to your local acute ward as well as the appropriate community clinical team.

Local Service Details