

Assessment of eating disorders in children and young people

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Section 1: Responding to a referral and initial assessment

- The NICE guidelines recommend that GPs should take responsibility for initial assessment and management of young people with eating disorders, including requesting medical and psychiatric assessment. Early referral to CAMHS is advisable to avoid treatment delay.
- Physical assessment should include measurement of weight, height, BP, pulse, and baseline blood tests to exclude underlying organic cause. Weight should be monitored weekly.
- Information about eating disorders and available services should be provided for families and young people after the first presentation.
- Assessment of young people with eating disorders should be comprehensive, including physical, psychological and social needs and risk to self.
- Young people and their families should be included in the initial assessment.
- Practitioners should consider consent and confidentiality issues.
- Young people should have the opportunity to talk on their own.

Section 2: Assessing the history of the eating disorder

- A comprehensive family assessment is essential, including family background and the current context and relationships.
- Detailed assessment of dietary intake and eating behaviour is best done with the family present, and should include details (including portion size) of food and fluid consumed during a typical day, the rate of reduction of dietary intake, calorie targets and any compensatory behaviours.
- Individual assessment should include assessment of eating attitudes and behaviour as well as the presence of comorbidities and the possibility of abuse
- The clinician needs to actively promote motivation by eliciting concerns about the effect of the eating disorder and the impairment to the young person's short term and long term goals.

- The school context needs to be assessed including academic ability and achievement, peer relationships (including any bullying), support available at school, and any difficulties in learning (including problems with concentration).

Section 3: Risk assessment, consent and confidentiality

- An initial medical assessment should include a physical examination to assess the severity of malnutrition, and relevant investigations.
- Risk assessment should include assessment of:
 - physical risk:
 - short term (speed of weight loss, severity of dietary restriction, vomiting, electrolyte disturbance, cardiovascular abnormalities, inability to maintain normal body temperature, low blood sugar levels, infections)
 - long term (osteoporosis, infertility and poor mental health)
 - psychological risk: comorbid depression, suicidality
 - social risk: family conflict, cost of caring for a child with a chronic illness, isolation
 - educational risk: poor concentration, obsessionality.
- The right to confidentiality needs to be balanced against the parents' responsibilities and duty of care.
- Willingness to be weighed and for knowledge of weight to be shared with parents and professionals is a prerequisite to outpatient treatment. This should be clarified from the start.

Section 4: Making a diagnosis

- Making a diagnosis of an eating disorder requires identifying core psychopathology as well as the presence of reported behaviours and physical characteristics.
- Atypical presentations are common but changing clinical features or failure to respond to treatment should alert the clinician to possible differential diagnoses.
- Individual temperament, family factors, life events and developmental factors may all be implicated in the development of an eating disorder.
- Maintaining factors are often the most amenable to treatment, and include cognitive, behavioural and emotional factors.

- The process of assessment differs slightly with increasing age in terms of emphasis on family involvement.

Section 5: Bulimia nervosa

- In bulimia nervosa it is appropriate to engage the young person individually to elicit psychopathology, eating behaviour, as well as history of abuse.
- The young person will need to be seen with their parents to assess their relationship with parents, discuss parents views and ways that the family can manage the risk.
- Self-harm, low mood and substance misuse are common and it is important to focus on these aspects in the assessment.
- Diagnostic criteria include:
 - recurrent binge eating with a sense of loss of control
 - compensatory behaviours, such as vomiting, laxative abuse and over-exercise
 - self evaluation unduly influenced by weight and shape.
- Young people with bulimia nervosa are usually of normal weight.
- Particular physical signs to look for are:
 - Russell's sign (a callus or lacerations on the dorsum of the hand)
 - enlarged salivary glands
 - dental caries
 - lesions on the palate
 - petechiae on the face and neck.
- Risk assessment should cover physical, psychological and social risks.

Reflection questions

(1.3) How might the CAMHS team respond to the referral prior to assessment? List at least three steps you might take at this point.

(1.6) List at least five key aims of assessment.

(1.12) List at least five general aspects of the process of assessment that need to be considered.

(2.2) Name eight factors that are best assessed in the family context?

(2.10) Assessment of current dietary intake gives important information regarding potential nutritional deficiencies, level of risk, and is also important in establishing how the re-feeding should be tailored for the patient in a safe way. How might you, as a non-dietician, assess intake as a guide to the risks of refeeding?

(2.15) How would you assess mental state and eating disorder psychopathology?

(2.19) Name eight additional features in the individual assessment that you would want to explore?

(2.22) How would you improve motivation during the interview? Write down any strategies you might use that would help improve motivation.

(2.26) What factors in the school context need to be assessed?

(3.3) How would you assess, through history and examination, the nutritional status of the young person? List at least five components of a nutritional assessment.

(3.14) How would you respond to Sarah's request for confidentiality?

(3.17) How would you deal with this situation? (

(4.4) What other differential diagnoses do you need to consider?

(4.13) If you were unable to make a diagnosis following the assessment, what would you do next?

(4.17) If Sarah were 17, what aspects of the assessment might be different?

(4.20) If Sarah were a boy, what aspects of the assessment might be different?

(5.3) How would the focus of the assessment be different with Angela from Sarah?

(5.7) What physical signs would you be looking for?

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Health for all children: <http://www.healthforallchildren.co.uk/>.

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