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Eating Disorders — What you need to know



A resource for GPs



GP Resource Pack

Information for GPs

With this project we hope to inform you about the positive things that people with lived experience have encountered from their GP as well as some of the things that have not been as helpful.

You as a GP play a key role in the detection, early intervention and support of someone with an eating disorder, which is why it is so important to be aware of these conditions. It is also important to acknowledge how much GPs have helped someone with an eating disorder.

Hopefully this resource is a starting point in increasing your knowledge and understanding about eating disorders which will lead to more people speaking out and seeking help sooner.

What are eating disorders?

Eating disorders are a range of conditions that can affect someone physically, psychologically and socially. They are serious mental illnesses and affect over 1.6 million people in the UK.

This project also includes a booklet which people can take away with them from the GP surgery as well as being able to access it online through the CAPS website – www.capsadvocacy.org

The front cover of the booklet:



As a GP - What next?

When people with lived experience were asked what would have been helpful responses from their GP, they said:

- More time – book double appointments
- Initial assessment/list of questions that address eating issues – ‘checklist’ – quicker diagnosis and treatment
- Validating the person’s feelings and acknowledging how difficult it is to talk about
- Being interested in the person, wanting to listen
- Involving the person in their treatment
- Taking it seriously, including binge eating disorder
- Eating disorders are broad – not just anorexia/bulimia
- Regular contact/appointments while on waiting list for referral or after discharge from services
- Refer to support group/self help, resources and information
- Speak to family or partners and friends

There are many types of eating disorders, not just Anorexia Nervosa and Bulimia Nervosa. It can involve overeating, e.g. Binge Eating disorder and OSFED, Other Specified Feeding or Eating Disorder. Eating disorders claim more lives than any other mental illness – one in five of the most seriously affected will die prematurely from the physical consequences or suicide.

The first appointment

As a GP, you are usually the first point of contact for someone with an eating disorder, or their carer. This may be the first time they are willing to recognise that there is a problem. It is vital to not only be able to spot the signs early but also know how to approach and treat people effectively.

"Immediately my GP had a can do attitude – he was eager to discuss all the different ways I could receive help to get better. He was empathetic, but not overly so – he wanted to maintain positivity. When I needed an urgent referral he made sure I was seen the next day. He would listen to me and when I found it too painful to talk about things he would read notes I had written."

The very first appointment can be an important factor in whether or not a person seeks further help and support.

My GP was my first point of contact in relation to my eating disorder and referred me straight on to outpatient services. My GP was extremely kind, never judged me, was always there if I needed them and went above and beyond to help me. Before receiving an outpatient eating disorder appointment I saw my GP very regularly, they were one of the few people who I felt understood me and took me seriously."

"When I first saw my GP, I had a bad experience. She told me I was underweight but she wasn't duly concerned and to just eat a bit more and come back if my 'problems' continued. I lost weight even more rapidly thinking I must have been as fat as I felt."

The most important thing, people said, was for GPs to:

- Listen
- Talk kindly
- Make it clear that they are not going to judge.

Eating disorders and sports

Although sport is not to blame for causing an eating disorder, there are some ways in which the environment, competitive pressures and physical demands of many sports, may increase the risk for the development of an eating disorder in people who want to succeed in sport.

Eating disorders are more common among athletes than non-athletes, and especially in endurance sports like distance running, sports where the body shape is scrutinised and weight category sports.

The causes are seldom straightforward and differ with every case. In some cases athletes may develop an eating disorder because they see weight loss as a means to better performance (e.g. running faster); in others, people with an eating disorder become athletes because they see it as a means to faster weight loss.

But not every athlete who diets will develop an eating disorder, just as thin athletes are not necessarily anorexic. It is important to be aware that the problem exists and ask questions about someone's attitude to sport and exercising.

Eating disorders and exercise

Exercise is an important part of everyday life and should be encouraged. However, people with eating disorders often use exercise for weight loss, self punishment or as form of control. Exercise often becomes both compulsive and no longer enjoyable.

On the other hand, moving away from an eating disorder and into recovery often leads to a change of attitude regarding exercise. People find that they start to exercise for health and relaxation, rather than to lose weight.

"I spent a long time questioning whether I love exercising because I have anorexia or because I actually enjoy it. I find thinking to what my relationship was with exercise before I started abusing it and therefore I believe I can one day get back to exercising at a healthy rate again."

As a GP you can play an important role in supporting someone with an eating disorder who is over exercising by asking the right questions and advising on how much exercise is appropriate for the individual.

"I felt I could be honest as the GP listened, empathised and didn't make me feel attacked or stupid for the way I was feeling or what I was doing."

"I think the kindness and even the ability to book a double appointment can make a difference to your mood and recovery. The fact that GPs care about your condition and you know that you have been listened to and respected in what you have said can have a positive impact"

"It made a difference to me to know someone was checking if I was okay not only physically but emotionally. She was direct about how I was harming my body and the long term implications that might have, but she was also supportive and explained what help she could refer me for if I wanted it."

Other positive experiences included:

- Reassurance
- Taking quick action, making referrals
- Involving family in treatment
- Asking questions and showing interest in the response
- Involving the person in their treatment

Who do eating disorders affect?

Stereotypes about the 'types of people' who develop eating disorders are common (e.g. only young females are affected). These stereotypes are harmful as they can increase the likelihood that eating disorders will go unnoticed in other people who don't fit the description. It can also make it less likely that all kinds of people will seek help. Anyone can develop an eating disorder, regardless of age, sex or cultural or racial background.

"For your average red-blooded male to admit to what is seen as a 'female-only' problem is not easy. It isn't macho so you hide it. You put on an act. It isn't easy for a man to say at a dinner party, 'oh, by the way, I'm on a diet.' It just doesn't wash."

"Eating Disorders affect all and all must be able to access care. Health care services that actively promote the inclusion of LGBTI people and other minority groups are essential in helping to break down the barriers that often keep people from seeking help from health care services."

People also said that mindfulness can be a useful tool for some people with eating disorders and something they could do while waiting for specialist treatment. There are quite often free groups within local communities.

"Mindfulness has helped me greatly. It helps you to be aware of staying in the moment rather than living your life worrying too much about food and weight."

Other resources that people with lived experience have found useful include:

BEAT - www.b-eat.co.uk

SEED - www.seedeatingdisorders.org.uk

NCED - www.eating-disorders.org.uk

MGEDT - www.mengetedstoo.co.uk

ABC - www.anorexiabulimiare.org.uk

MIND - www.mind.org.uk/information-support/types-of.../eating-problems

Edinburgh Crisis Centre - <http://www.edinburghcrisiscentre.org.uk>

The *EDSPACE*, *MIDSPACE*, *EASTSPACE* and *WESTSPACE* website signpost people to appropriate mental health and wellbeing services in their local areas.

Treatment and services

Although we know that the sooner someone gets the treatment they need the more likely they are to make a full recovery, this isn't always the case. Quite often with eating disorders there is a long wait for specialist services which can be a very difficult time for the individual. During this period it may only be the GP who can help to support the person so the issues don't become worse.

This can be done in a number of ways, along with the routine medical monitoring. In these instances self-help support services, either online or local groups may be useful. There are also many websites which offer information and resources.

"Going to an eating disorder support group – kept me on the path of recovery away from my eating disorder, enabled me to feel not as alone with what I went through, could relate a lot to the other people there."

Recognising the signs – and not just the weight

Although it is important and often necessary in many cases to assess the physical signs and symptoms, it is important to bear in mind that weight is not the only indicator of an eating disorder.

Eating disorders are first and foremost about coping with emotions, not weight and appearance. Most people living with eating disorders don't look like they have an eating disorder.

"I think that's a big misconception about eating disorders; a lot of the time people think it's just about wanting to look thin and about food, but really it's a way of coping with difficult emotions and negative feelings."

"I struggled as much being underweight as when I was of a 'normal' weight because the underlying issues (the feelings, the thoughts and beliefs) were just as dominating."

Taking the time to talk and listen to a person and asking the right questions can be very useful. The **SCOFF questionnaire** (below) is a useful screening tool. Two or more positive answers should prompt a more detailed enquiry:

- *Do you ever make yourself **Sick** because you feel uncomfortably full?*
- *Do you worry you have lost **Control** over how much you eat?*
- *Have you recently lost more than **One** stone in a three-month period?*
- *Do you believe yourself to be **Fat** when others say you are too thin?*
- *Would you say that **Food** dominates your life?*

This questionnaire can be accessed online via www.patient.co.uk

Used sensitively, this tool can give an initial insight into people's feelings and also show someone that their concerns are being taken seriously.

Negative experiences included:

- “ I felt that my GP was dismissive and uninterested.”
- “ My eating problems were seen as symptoms of something else.”
- “The GP didn't ask enough questions or know what to ask.”
- “My GP focused too much on physical aspects and not the psychological.”
- “I was just weighed and not asked about my feelings or mood.”

When asked how these made a person feel, the responses included:

- Frightened
- Less likely to go back
- “I felt that I wasn't 'ill enough' ”
- Worried about wasting the GPs time
- Frustrated – “Please don't tell me just to eat”

What not to do...

Unfortunately a negative experience with a GP, can be very damaging for the person with the eating disorder.

The initial experience is so important, if the appointment doesn't go well people are less likely to go back and get the help they need.

"I was far into recovery, self supporting and not in any kind of treatment. I had come to my GP about another minor issue, a sore throat. She had looked at my notes beforehand (good) and picked out my eating disorder. So the first thing she said to me was "How is your eating? Can I weigh you?" I understand she wanted to ensure I was still okay but she could have approached the matter in a more sensitive way – such as "Well done with your recovery – how is that going?" She also didn't seem to be aware that being asked for a weight expectantly could be triggering."

Eating disorders and medication?

Although useful in some cases, a lot of people felt that medication was not explained properly to them and some effects were very unhelpful, leaving them less encouraged to return to the GP.

I found the anti-depressants and anti-psychotics rather unhelpful. Personally it made me take a huge step back as I put on weight very quickly and could not shift it afterwards. This increased my levels of anxiety and I reverted to old habits of not eating and focussing on losing more weight. I feel my work with my psychologist and cognitive behaviour therapy better address my problems in everyday life, tackles strategies I find within myself and my weight can increase when my mind is ready to psychologically accept it. This doesn't happen with gaining weight too quickly on medication."

Eating disorders and other mental health conditions

For many, eating disorders occur together with other mental illnesses, for example, anxiety, depression, obsessive compulsive disorder, personality disorders and addictions. Eating disorders are not simply about food after all.

Some of these conditions may influence the development of an eating disorder. Alternatively, some may be a consequence of an eating disorder. Eating and co-occurring disorders can reinforce each other, creating a vicious cycle so it's important to address these issues too in the process of treatment.

It is important that a person can be treated as an individual and not just seen as a 'disorder or mental health problem.'

"When I mention my eating issues to my GP she says it could be worse by which she means it's not alcohol or drugs which I agree with but that invalidates the fact that I still struggle a lot with thoughts and feelings around food."

"I was thoroughly anxious and experiencing depression when I first fell ill with an eating disorder. I also self-harmed, became dependant on drinking alcohol; and generally abused my entire being for many years. Eating disorders can definitely increase the chances and, or severity of other mental health conditions, so it's absolutely essential to get help as early as possible."

"Despite being treated for anxiety and depression by my GP in my late teens at no point did the GP ask me about my eating or how I felt about my body. I was only offered medication. It was a short term fix but did not help long term. It took me a further five years before I went back to a GP to ask for help regarding my eating. I finally did this because I felt desperate and unable to see a life ahead. Looking back, if my original GP had only asked the right questions I would have been able to get the help I needed sooner."