PRIMARY CARE PROTOCOLS FOR COMMON MENTAL ILLNESSES
PROTOCOL III: EATING DISORDERS (18+ years) - identification and referral

Assessment including weight and height measured in surgery
Consider
• other causes of weight loss e.g. thyroid disease, stimulant use
• investigations FBC, blood chemistry, pulse, blood pressure

Diagnostic criteria
BULIMIA NERVOSA
• Bingeing, with preoccupation with food and craving of the same
• Attempts to counteract excess calorie intake by
  - self-induced vomiting
  - self-induced purging
  - alternating periods of starvation and bingeing
• use of appetite suppressants, diuretics, thyroid preparations or, in diabetes, neglect of insulin treatment
• Morbid dread of fatness
• Self–set low weight threshold
• Possible history of anorexia nervosa or atypical anorexia nervosa

Diagnostic criteria
ANOREXIA NERVOSA
• Body weight maintained 15% below expected for age and height /BMI<17.5kg/m²
• Weight loss self-induced by
  - restriction of intake
  - self-induced vomiting
  - self-induced purging
  - excessive exercise
• Morbid dread of fatness (over-valued idea)
• Self–set low weight threshold
• Disturbance of endocrine function to produce amenorrhoea in women and loss of sexual interest and potency in men (in prepubertal onset there is delay of puberty and growth restriction)

Support and monitoring
• Give information, encourage use of self help books, food diary* (see overleaf)
• Explore extent of problem, any co-morbidity, obvious underlying causes

Severe Bulimia
• Daily purging with significant electrolyte imbalance
• Co-morbidity e.g. diabetes

Severe Anorexia
• BMI<15kg/m²
• Rapid weight loss,
• Evidence of system failure

Support and monitoring
• Give information, encourage use of self help books and food diary* (see overleaf)
• Explore extent of problem, any co-morbidity, obvious underlying causes
• Involve family and other carers

Refer to Medical Unit if situation is life-threatening

Rapid weight loss

Routine

Bulimia Nervosa

Anorexia Nervosa

Severe Bulimia

Severe Anorexia

Routine

Consider referral to local mental health services (CMHT, psychology) - if known to have expertise

Moderate Bulimia
• Monitor for 8 weeks referral if failure to respond

Routine

Routine

Routine

Routine

Routine

Moderate Anorexia
• BMI 15-17kg/m²
• No evidence of system failure

Mild Anorexia
• BMI>17kg/m²
• No additional co-morbidity
• Monitor for 8 weeks and consider referral if failure to respond

EATING DISORDERS UNIT (if available)
**Self help books**


Cooper P. *Bulimia Nervosa and binge eating.* Published by Robinson 2000. Distributed by Oxford Stress and Trauma Centre. Phone: 01993 779077

Crisp AH, Joughlin N, Halek C, Bowter C. *Anorexia Nervosa. The wish to change.* Published by Psychology Press 1996. Distributed by Taylor and Francis. Phone: 01264 343071

Fairburn CG. *Overcoming Binge Eating.* New York, Guildford, 1995

Palmer RL. *Understanding Eating Disorders.* Published by Family Doctor Publications, London, available from website [www.familydoctor.co.uk](http://www.familydoctor.co.uk)

Schmidt U, Treasure J. *Getting better Bit(e) by Bit(e). Survival guide for sufferers of bulimia nervosa and binge eating disorders.* Lawrence Erlhaum 1993


**General Information**

The Eating Disorders Association  
1st Floor  
Wensum House  
103 Prince of Wales Rd  
Norwich NR1 1DW  
Admin enquiries: 01603 619090  
Helpline: 01603 621414  
website: [www.edauk.com](http://www.edauk.com)

*Food diary and binge monitoring form*

Electronic versions accompany the *WHO Guide to Mental Health in Primary Care*, 2000. ISBN1-85315-451-2, also available on Croydon Health Authority’s intranet site [www.croydon-ha.sthames.nhs.uk](http://www.croydon-ha.sthames.nhs.uk)