

MEED GP Perspective

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MEED GP perspective

- Why do we need guidelines?
- What is the role of the GP?
- What is different?
- Summary sheet for GPs
- Traffic light system
- Case studies
- Challenges and Opportunitites

Why do GP's need guidelines?

- Professional experience
- Personal experience
- Objective measures

What is the role of the GP/primary care team?

- The role of the primary care team is to monitor such patients, refer them early and provide monitoring after discharge, in collaboration with medical services and EDSs (including community EDSs). Eating disorders are covered, in England, by the term severe mental illness and physical checks in primary care should be performed, even if under specialist outpatient care. Patients with eating disorders not presenting in an emergency may nevertheless require urgent referral.
- Engage –open questions, non judgemental, empathy, compassion
- Assess – including risk
- Refer (initiate treatment/provide information)
- Monitor
- Collaborate

What is different?

Marsipan/Junior Marsipan

- Separate guidance
- Focus on anorexia

MEED

- All ages
- All eating disorders
- Summary sheets for groups
- Clear traffic light system to use

Summary sheet for GPs

- A. Risk assessment
- B. Location of care (according to level of risk)
- C. Safe refeeding.
- D Behavioural manifestations of eating disorders
- E Families and carers
- F. Compulsory admission and treatment
- E. Diabetes mellitus type 1

Traffic light system

Parameter	RED: High impending risk to life	AMBER: Alert to high concern for impending risk to life	GREEN: low impending risk to life
Wt loss	Rapid loss any wt or > 1kg/wk for 2 wks in undernourished	500-900g/wk for 2 wks	<500g/wk
Eating behaviour	Acute food refusal or <500kcal/day for 2+ days		
Purging behaviours	Multiple daily episodes of vomiting and/or laxative abuse	> 3 x week vomiting and/or laxative abuse	
Activity + exercise	High levels dysfunctional exercise in malnutrition > 2h/day	Mod levels > 1h/day	Mild levels < 1h/day
Self harm + suicide	Self poisoning, suicidal ideas with mod-high risk of completion	Cutting or similar behaviours, suicidal ideas with low risk	
Engagement with plan	Physical struggles with staff/carers Unable to implement meal plan Harm to self Poor insight/motivation	Fear leading to some ambivalence but not actively resisting Some insight/motivation	May be ambivalent but not actively resisting

Parameter	RED	AMBER	GREEN
BMI and weight	Under 18: m%BMI < 70% Over 18: BMI < 13	Under 18: m%BMI 70-80% Over 18: BMI 13-14.9	Under 18: m%BMI >80% Over 18: BMI>15
HR (awake)	< 40	40-50	> 50
Cardiovascular health	18+standing systolic < 90 Or below 0.4 th centile for age with recurrent syncope + postural drop > 20mmHg Or HR > 30bpm on standing (> 35 bpm < 16yrs)	18+ standing systolic <90 or below 0.4 th centile for age with occasional syncope Postural drop > 15mm Hg or HR> 30 bpm on standing (> 35 bpm if < 16 yrs)	Normal standing systolic Normal orthostatic changes Normal heart rhythm
Temperature	< 35.5 C (tympanic)	< 36 C	> 36 C
Hydration	Fluid refusal Severe dehydration > 10% Reduced urine, sunken eyes, decreased skin turgor , HR+	Severe fluid restriction Mod dehydration 5-10% Reduced urine, normal skin turgor, some HR+	Min fluid restriction Mild dehydration < 5%
Other clinical state	Life threatening condition Eg acute confusion, DKA, Etoh+	Non life threatening Eg pressure sores	Physical compromise Eg poor concentration
SUSS/hand grip/MUAC			

Parameter	RED	AMBER	GREEN
Biochemical abnormalities	<p>Hypophosphataemia and falling phosphate</p> <p>Hypokalaemia (< 2.5 mmol/l)</p> <p>Hypoalbuminaemia</p> <p>Hypoglycaemia (<3.0 mmol/l)</p> <p>Hyponatraemia</p> <p>Hypocalcaemia</p> <p>Transaminases > 3 x normal</p> <p>In DM HbA1c > 10% (86mmol/mol)</p>		
Haematology	<p>Low white cell count</p> <p>Hb < 10g/l</p>		
ECG	<p><18yrs: QTc > 460ms (female)</p> <p>450ms (male)</p> <p>>18yrs: QTc > 450ms (female)</p> <p>430 ms (male)</p> <p>And any other significant ECG abnormality</p>	<p>< 18 yrs: QTc > 460ms (female)</p> <p>450ms (male)</p> <p>>18yrs QTc > 450ms (female)</p> <p>430ms (male)</p> <p>Taking medication known to prolong QTc interval</p> <p>No other ECG anomaly</p>	<p>< 18yrs QTc < 460ms (female)</p> <p>450ms (male)</p> <p>>18ys QTc < 450ms (female) 430 ms (male)</p>

Case Studies

- TM 13 yr old girl
- 6/12 h/o reduced eating, increased anxiety esp around food, ?coeliac
- Gradual loss then 3 kg wt loss in 4 wks AMBER
- Eating approx 800 cal/day
- Denying excessive exercise, purging, self harm or suicidal ideation GREEN
- Median BMI: 83 % GREEN
- BP: 105/70 sitting pulse 60 standing 95/65 pulse 80 GREEN
- Pulse: 60 GREEN
- Temperature:36.5 GREEN
- Hydration: mild dehydration GREEN
- Suss/muscle strength/MUAC: able to get up from chair

Case studies

- Bloods: slightly raised urea else normal
- ECG: SR rate 60 QTc 450ms
- Urgent referral to CEDS, information, safety netting and follow up
- On review:
 - 2kg loss in 1 week
 - Resistant to increase in calories/wt gain
 - BP sitting 105/72 pulse 60 standing 90/60 pulse 95
- ADMIT to A and E and inform CEDS, follow up to ensure monitoring

GREEN

RED

AMBER

AMBER

Case studies

- BR: 25 yr old male phone call
- Fatigue and low mood, denied DSH – resources, bloods, follow up
- Low potassium + elevated GGT

- On F2F review:
- Bingeing + purging intermittently 2/12, past 1/52 at least twice daily **RED**
- Suicidal thoughts without intent **AMBER**
- Moderate alcohol
- Denies excessive exercise **GREEN**
- BMI: 23 **GREEN**
- BP: sitting 110/70 pulse 70 standing 90/60 pulse 90 **AMBER**
- Pulse: 70 **GREEN**
- Hydration: mod dehydration **AMBER**

Case studies

- ADMIT A and E
- Urgent referral CEDS and arrange follow up
- If refuses, need to consider capacity – contact mental health team to discuss

Challenges

- Time constraints and stretched resources in primary, secondary care and specialist services
- Limitations of phone consultations
- Awareness of guidance (NB study didn't include GPs!)
- Availability of user friendly summaries in consultations

Opportunities

- Collaborative and innovative working
- Increased awareness and training
- Development of user friendly summaries/apps
- Local/regional/national networks

THANK YOU FOR LISTENING

- ANY QUESTIONS ?