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PRACTICE

PRACTICE POINTER

Assessment of child or young person with a possible eating disorder

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What you need to know

- When a child or young person presents alone, it is important to be honest with them from the start about the limits of confidentiality
- Parents can become used to the "new normal" of disordered eating; it is important to explain the risks
- Focus ideas about treatment on helping the young person feel better about themselves rather than particularly on their weight

A mother presents to discuss her 13 year old daughter's changed eating patterns. The daughter is involved in a lot of sport at school and is running cross country for the county, but is no longer eating properly and seems withdrawn. The daughter appears to be losing weight, but she does not want to be weighed and alludes to thinking she is fat. She doesn't know her mother has come to see you; the mother wants to know what she can do without you seeing her daughter, as she is worried her daughter will become upset and withdrawn if others are involved.

Assessing young people with possible eating disorders can be complex for a variety of reasons. Building a therapeutic relationship with a young person with a possible eating disorder and their family is key to enabling a thorough assessment and ongoing management, but it introduces difficult issues regarding confidentiality and risk. This Practice Pointer is aimed at non-specialist doctors and will offer advice on building therapeutic relationships in consultation with a child or young person, and with their parent(s), what information to gather, and how to do so sensitively, and the role of the parent or carer in treatment. We recommend that it is read alongside the accompanying Clinical Update for the evidence base and detailed notes on examination, investigations, when to refer, and risk. The advice in this Practice Pointer is based on expert experience.

Developing the therapeutic relationship

An approach to a young person and parent/carer presenting together

Sensitive information gathering

The most important task in the first appointment is to establish a rapport with the young person and their parent(s) such that they feel able to talk about these difficult subjects. The following subheadings highlight important areas to cover, and some examples of how questions might be phrased. Ideally, questions will be directed to the young person, but you will need to be alert to times when the parent has a different opinion. More than one appointment might be needed.

Extent and speed of weight loss

This can be difficult for the family to assess as they are seeing the person daily. You could ask whether clothes are now too big, and when they were last weighed. Practice records of previous weight and height can be useful for secondary services. Weight loss of 1 kg or more per week is particularly worrying. Weighing and measuring height are useful; however some young people find this very challenging. It can be helpful to offer the option not to be told their weight. Remind them that weight fluctuates during the day with amount of fluid, and that different scales often give different weights because of differences in calibration. Some young people might try to conceal the extent of their weight loss by drinking extra fluids before weighing or carrying heavy things in pockets. Ideally, weighing should be done after removing outer layers of clothing and shoes, and

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repeated weighing over several weeks can give a more accurate picture of true weight.

Food restriction and binge eating

Explore the young person's relationship with food, and try to quantify their daily intake.

Questions might include: What did you have to eat yesterday? Have you changed what you eat? Are you trying to cut back the amount you eat, even if you're not able to? Are there foods you don't eat any more? Have you got more interested in food preparation or cooking? Do you ever eat until you're uncomfortably full? Does it ever feel like you're eating gets out of control?

Weight loss behaviours

Explore the possibility of harmful exercise behaviours, whether the person is purging, or use of weight loss medication or supplements. Questions might include: Do you do any exercise at the moment (type and frequency)? What happens if you can't exercise? Distress at injuries or other engagements interfering with exercise can indicate feeling driven to exercise rather than enjoying it. Have you been making yourself sick, taking laxatives, diet pills, or water tablets, or drinking excessive water to prevent hunger? (These can disturb electrolyte balance). Have you been drinking excessive caffeine, smoking heavily, or using weight loss medications bought online? Have you stopped taking prescribed medication (eg, steroids, anticonvulsants) for fear of weight gain side effects?

Ask for detail about any behaviour related to the weight loss, for example: What is your main worry about the vomiting? How long has it been happening, and how often? When do you normally vomit, and why? Shame might lead to the young person underestimating frequency.

Motivation and preoccupation with shape and weight

It is important to try to establish the aims of restricting eating, vomiting, or other behaviours related to weight loss.

Begin with an open question around why the person is engaging in the behaviour. Then probe further with questions like: Are you trying to lose weight? Do you feel like you're too fat? What would be your ideal weight? How often are you weighing yourself at the moment? (An unrealistically low target weight or a belief that they are very overweight would point towards a disorder). What do you see when you look in the mirror?

Social history

Ask about

Family relationships—eating problems can be stressful for parents and siblings. (How are things in the family generally? Do you feel like you're withdrawing from others?)

Peers (Are you being bullied or picked on? Are you withdrawing from friends?)

School (How is your school work? Do you find it hard to concentrate? Are you getting into any trouble at school? Are there current pressures, eg, exams?)

Social media (What sort of things do you look at online? Pictures of models, social media, advice on diet and weight loss? Are you in contact with people with eating disorders?)

Family history

Is there a family history of eating disorders, dieting, or being overweight?

Mood and risk of suicide

Eating disorders are often comorbid with anxiety or depression. Ask about mood, self harm, and suicidal ideation. Plans to end their life indicate a need for urgent psychiatric assessment.

Safeguarding

Always consider whether there are any safeguarding concerns when seeing a child or young person. Ask direct questions about any history of emotional, physical, or sexual abuse, or neglect, explaining that this is part of your routine practice when you see a young person. This might not be appropriate in the first meeting, but should be raised once you have established a trusting and supportive therapeutic relationship with the young person.

Physical complaints and differential diagnosis

As we highlight in the linked Clinical Update article, it is important to identify and treat physical complications and to consider possible differential diagnoses, such as diabetes, hyperthyroidism, diarrhoea and vomiting, and inflammatory bowel diseases.

Questions might include

Have you had any faints or funny turns? (this might indicate postural hypotension)

Are you feeling the cold more than previously? (common in severe weight loss)

Have you had

abdominal pain (might be related to binge eating or inflammatory bowel disease)

constipation (can occur in fasting)

sore throat (resulting from vomiting)

bloating (often experienced after eating in the context of prolonged fasting)

lethargy (related to an eating disorder or differential)

haematemesis (in vomiting)?

Have you started your periods/when was the last time you had a period? (this is not in DSM 5 diagnostic criteria but remains an important marker of excessive weight loss or malnutrition).

Approach to a child/adolescent presenting alone

A non-judgmental and respectful manner is crucial in developing rapport.

• Thank them for being brave enough to tell you about this. "It's really important to talk about it and think about how I can help with your concerns."

• Confidentiality—As in all appointments where you see a child or young person alone, it is important to be honest from the start about the limits of confidentiality.

• Ideally, you will be able to agree with the young person that they, you, or both of you together let their parent(s) know what is happening. ("I think it's really important that we find a way to let your parent(s) know about what's going on. They are worried and want to help—can you think of a way we could do

that? Could you tell them here with my support, or would you like me to tell them what's happening? Could we do that now, or should we make another appointment together?") Parents play an important role in managing risk and helping the young person get better, and they might offer useful collateral about behaviours around eating and weight, which the young person might minimise.

• Make sure you can maintain contact with them—do you have their mobile number? Can you book a follow-up appointment before they leave? Is there anyone else they might be happy to involve in their care?

• Depending on the severity, risks involved, and the young person's age, it might be necessary to break confidentiality, balancing this against the risk of losing trust. It might be appropriate to prioritise establishing a relationship with the young person over a few meetings. A conversation with a colleague, or calling your local child and adolescent mental health team might help you make this decision.

Approach to a parent or carer presenting alone

Parent(s) sometimes present alone with concerns about their child's eating and weight. Reassure the parent that he or she has done the right thing in coming to see you.

If the consultation reveals that the young person has lost weight, is restricting food, vomiting, taking laxatives, exercising excessively, or has physical problems or low mood, then the young person will need to be seen for follow-up. Your consultation might lead the parent to conclude that this is necessary. If not, you need to share your concerns with them. Parents can become used to the "new normal" of disordered eating, and might need help understanding the risks.

Parent(s) might want advice about how to persuade the child or young person to see you. Let the parents know that, although a young person might be angry with being required to seek help, they often feel reassured that parent(s) care enough to insist on it. If the parent-child relationship is already tense, the parent(s) could build it up by focusing positively on neutral areas not related to food or weight.

When raising concerns about eating, it is difficult but important for parents to stay calm and authoritative even though they might feel very anxious and frustrated. They could open a conversation with something like "you haven't seemed yourself recently—is there a problem we can talk about? We need to keep you healthy and help you feel better about yourself." If there are physical symptoms (eg, periods stopping) this can be a good reason for seeking medical help; otherwise the parent can explain their worries about the risks of not eating enough. It might be helpful to let the young person decide whether they would rather visit the general practitioner or the school nurse initially (school nurses can usually refer directly to child and adolescent mental health services, and their perception of the child and their peer group provides useful information for specialist services).

Meeting a young person for the first time having met alone with their concerned parent presents its own challenges. The young person might be unhappy that you have apparently formed an alliance with the parent. Some strategies to try include open questions about current difficulties; what the young person thinks their parent is worried about and why; what their worries are about opening up to you; explaining why you are worried. Avoid commenting on weight. Focus ideas about treatment on helping the young person to feel better about themselves. Try also to see the young person alone.

Initial management after diagnosis of an eating disorder

If you think that a young person has an eating disorder, promptly refer them to your local child and adolescent eating disorder team, as early intervention is associated with improved outcome. Refer to the associated Clinical Update for guidance on determining the urgency of the referral and whether a simultaneous referral to Paediatrics is indicated. In the meantime, you can usefully share your concern about the risks of food restriction and weight loss behaviours for physical health. Encourage a gradual increase in oral intake in those who have not been severely restricting. However, if there has been severe restriction, return to normal eating needs to be done carefully under the care of a specialist team because of the risk of refeeding syndrome.

Where a young person is binge eating and vomiting, you can highlight the ineffectiveness of vomiting, laxatives, and diuretics in weight loss, and explain the usefulness of regular, normal meals and snacks to minimise the risk of binges. If she is prescribed an oral contraceptive, counsel her that vomiting will reduce its efficacy, and if sexually active she will need to use another method of contraception. You also need to consider whether vomiting is affecting any other prescribed medications.

Arrange a follow-up appointment and for blood tests (as detailed in the associated Clinical Update) and an electrocardiogram.

The role of a parent or carer in treatment process

It can be helpful for families to conceptualise the eating problems as separate from the young person, so that parent and child can team up against it. Some young people find it helpful to think of the eating disorder as having a bullying "voice."[1] This can be difficult initially when the young person might not believe they are unwell.[2] It is challenging and stressful looking after a child with an eating disorder—encourage the parent(s) to look after themselves and ask for help of their own if needed; recovery can take many months. An alliance of both parents (or alongside a respected relative or professional) can be more powerful than one parent acting alone. If the other parent is not able to help, a lone parent might usefully seek support from a respected and supportive relative, or a professional in school. The child and adolescent eating disorder team will likely encourage involvement of the whole family, including siblings. The linked Clinical Update provides useful sources of information for parents and carers.

Education into practice

How might you assess the speed and extent of weight loss in a young person who does not want to be weighed?

Are you aware of how to access resources that could support you in discussing eating disorders with parents and young people?

How might you ensure you regularly assess for risk of suicidal ideation in young people with an eating disorder?

How patients were involved in this article

A recovered patient, her mother, and another parent of a young person with an eating disorder who wished to remain anonymous, read drafts of the article and made valuable suggestions, including how we worded specific ideas, which we have incorporated here.

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