PATHWAY FOR MANAGEMENT OF EATING DISORDERS: PRIMARY CARE/CAMHS EATING DISORDER SERVICE (CEDS)

http://www.rcpch.ac.uk/system/files/protected/page/GIRLS%20and%20BOYS%20BMI%20CHART.pdf

The purpose of this pathway is to provide a guide for referrers regarding the appropriate pathway & urgency of referral for young people presenting with an eating disorder. In case of further questions, please ring 01246 514412 & discuss with a clinician from the CAMHS Eating Disorder Service or the duty professional for CAMHS.

RISK TO HEALTH	SIGNS & SYMPTOMS	ACTIONS
IMMEDIATE/HIGH RISK TO HEALTH	 Continued rapid weight loss, BMI below 0.4 centile Rapid physical deterioration: signs of anorexia nervosa, physiological instability Frequent compensatory behaviours Suicidal thoughts/behaviours Family/carers struggling Diagnosis of diabetes 	 If not GP then must inform GP GP to make urgent/emergency referral to Paediatrics for assessment treatment of physical needs: in meantime weekly GP monitoring including weight/height, bloods Consider safeguarding concerns - seek advice as needed Refer to CAMHS Eating Disorder Service 01246 514412 as urgent. Liaise with school on best management in that setting, to ensure safety. Information re support agencies First Steps/Freed Beeches/BEAT
MODERATE RISK	 BMI 0.4 to 2nd Centiles Continued weight loss with behaviours and thoughts of eating disorder Complex compensatory behaviours Body image distortion issues Evidence of depression 	 Discuss with CAMHS Eating Disorder Service or duty 01246 514412 Refer to CAMHS Eating Disorder Service team Food/weight history/dietary advice – Meal diary Arrange medical monitoring via GP Liaise with other services as necessary Regular appointments offered and progress coordinated Information re support agencies First Steps/Freed Beeches/BEAT/ Consider trigger factors Review within 4 weeks – if ongoing, seek further advice CAMHS Consider safeguarding issues
LOW RISK/early identification	 BMI 2nd-9th centile – some weight loss Eating pattern erratic and changed Thinking & behaviour thoughts of eating disorder Family concerned No physical signs No risk to physical/mental health Some body image issues Vulnerable to developing an eating disorder Consider co-existing problems 	 Consider safeguarding Appropriate treatment offered by tier 1 and support agencies refer first steps/freed beeches/BEAT Request medical review with GP - review height and weight, BP, pulse fortnightly. Review after 6 weeks or earlier if deterioration Ongoing or increasing difficulty after 6 weeks treatment - refer to CAMHS