

Welcome to MHPN's webinar on supporting a young woman struggling with bulimia and depression

We will begin shortly.

Webinar

An interdisciplinary panel discussion

**Working together, working
better to support a young
woman struggling with
bulimia and depression**

Tuesday 4 December 2012

“Working together. Working better.”

Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society, the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

This webinar is presented by



Panel

- Dr Jan Orman (GP)
- Dr Susan Hart (dietitian)
- Dr Warren Ward (psychiatrist)

Facilitator

- Dr Mary Emeleus (GP)

Learning Objectives

At the end of the session participants will:

- *Recognise the key principles of intervention and the roles of different disciplines in treating, managing and supporting people with bulimia and depression*
- *Better understand the merits, challenges and opportunities in providing collaborative care to people with bulimia and depression*

GP perspective

Symptoms of depression a common way that patients with bulimia present in general practice

Also:

- **Fatigue (due to anaemia, sleep disturbance, inadequate nutrition)**
- **Sleep disturbance (due to hunger, depression, gastro-oesophageal reflux)**
- **Gastro-oesophageal reflux pain**



Dr Jan Orman

GP perspective

Continued....

- Abdominal pain and bloating (due to inadequate diet, laxative abuse)
- Requests for help with weight loss
- Menstrual disturbance (low weight, rapid weight loss, disturbed eating)

History of disturbed eating may not be volunteered



Dr Jan Orman

GP perspective

Short and long term issues in Meredith's care

- Is she at risk of suicide or self harm?
- How depressed is she? What kind of depression does she have? Does she need medications?
- What is her past experience of depression? Has she had any treatment before? Does she have any other psychiatric diagnoses that can usefully be made?



Dr Jan Orman

GP perspective

Short and long term issues (cont.)

- Is there anything physically wrong with her?
- Is she in physical danger from her behaviour?
- What is the relationship between her depression and her disordered eating?
- How much support will she need to recover?
- Is she working in the right job?

Very complex



Dr Jan Orman

GP perspective

Priorities

- Risk assessment – suicidality and self harm
- Assess current psychological health (psych history incl family history, DASS, online MAP, eating disorder cognitions, other psych diagnoses)
- Exclude underlying physical illness with both depression and disordered eating in mind (Full blood count, kidney and liver function, thyroid function, coeliac screen, pregnancy test, hormone assay etc)



Dr Jan Orman

GP perspective

Priorities (cont.)

- Assess current medical stability (weight & BMI, blood pressure and pulse, ECG, electrolytes)
- Assess current nutritional status (weight & BMI, iron, B12, folate)
- Develop comprehensive treatment plan

20 minutes



Dr Jan Orman

GP perspective

Plan

- Agree on clear weight and behavioural goals
- Refer to dietitian
- Refer to psychiatrist if you are uncertain of the diagnosis, if inpatient care likely, if not confident about treating the complex issues
- Refer to psychologist for attention to bulimia (CBT), laxative abuse (graded withdrawal), depression (CBT), emotional vulnerability (DBT groups?), career issues.



Dr Jan Orman

GP perspective

Plan (cont.)

- Monitor regularly for medical complications (weight, electrolytes, cardiovascular status)
- Monitor for longer term complications (dental health, bone density, nutritional deficits)
- Establish a mechanism for communication within the treatment team
- Advise on health insurance



Dr Jan Orman

GP perspective

Pitfalls

- Trying to do too much at the first consultation – the most important issues are engagement and safety
- Confusing purging anorexia with bulimia
- Not taking the illness seriously enough when the patient is in the normal weight range or overweight.



Dr Jan Orman

GP perspective

Pitfalls (cont.)

- Treating the eating disorder without treating the depression (and other psychiatric problems)
- Treating the depression without treating the eating disorder
- Inadequate physical monitoring over time
- Trying to do it all alone



Dr Jan Orman

GP perspective

Ongoing care

Chronic psychiatric illness with potentially severe medical consequences:

- **Needs medium to long term psychological support**
- **Needs attention to medical consequences**
- **Needs expert care that is well co-ordinated by her GP.**



Dr Jan Orman

Dietitian perspective

Engagement and assessment

- What does Meredith want help with? What are her goals i.e. The big picture?
- Consent to communicate with other team members?
- Pros and cons of change?



Dr Susan Hart

Dietitian perspective

Treatment plan

- Frequency of sessions?
- Who else is in the team?
- Who weighs?



Dr Susan Hart

Dietitian perspective

Intervention

- Structured and regular eating “rule of threes”; introduce meal plan
- Improve nutritional quality
 - Decrease fillers, diet foods, fat modified products, diet drinks
 - Increase carbs, protein, essential fats, energy
 - Behavioural experiments with “fun” foods
- Improve nutritional quantity – work on adequate amounts of food.



Dr Susan Hart

Dietitian perspective

Education topics (introduce as necessary, and as questions arise)

- What is a healthy weight?
- Fears of weight gain
- Planning meals
- Social eating – who can support her? Friends?
- Binge eating cycle
- Myths and fears about food



Dr Susan Hart

Dietitian perspective

Education topics (cont.)

- Food and mood – restriction can affect mood and anxiety
- Bone health (calcium + Vitamin D + weight + oestrogen)
- Side effects of purging (vomiting and laxatives)
- “4E’s” rule – Exercise Equals Extra Eating



Dr Susan Hart

Psychiatrist perspective

Assessment

- Clarify Eating Disorder Diagnosis
- Medical complications
- Psychiatric co-morbidities



Dr Warren Ward

Psychiatrist perspective

Clarify Eating Disorders Diagnosis

- Body image disturbance/dissatisfaction
- Weight loss
- Severe dietary restriction
- Bingeing/purging/exercise/laxatives
- Amenorrhoea



Dr Warren Ward

Psychiatrist perspective

Medical complications

- **Acutely life-threatening**
 - Hypokalemia
 - Hypophosphatemia
 - Hypoglycemia
 - Bradycardia
 - Hypotension
- **Other**
 - Neutropenia/Osteoporosis



Dr Warren Ward

Psychiatrist perspective

Psychiatric Comorbidities

- Depression
 - Suicide risk
- OCD/other anxiety disorders
- Personality Disorder
- Alcohol/Substance Use Disorders



Dr Warren Ward

Psychiatrist perspective

Treatment – 5 goals

- Engage/inform/educate (eg re osteoporosis, laxatives)
- Medical stabilisation
- Treat co-morbidity (depression)
- Nutritional restoration/rehabilitation
 - To reverse cognitive effects of starvation
 - Allow antidepressants to work
- Psychotherapy (CBT-e) and/or Pharmacotherapy (Fluoxetine 20-80mg)



Dr Warren Ward

Thank you for your participation

- Please ensure you complete the *exit survey* before you log out (click on the 'resources library' tab at the bottom of your screen).
Certificates of attendance for this webinar will be issued in 4-5 weeks
- To continue the interdisciplinary discussion please feel free to continue to utilise the chat box
- Each participant will be sent a link to online resources associated with this webinar within 1-2 days
- For more information about MHPN networks and online activities in 2013 visit www.mhpn.org.au

Thank you for your contribution and participation

Don't forget to fill out the exit survey under the 'resource library' tab at the bottom of your screen! →

