



A summary of prescribing recommendations from NICE guidance

Eating disorders: recognition and treatment

NICE NG69: 2017

This guideline covers recognition and treatment of eating disorders including anorexia nervosa, binge eating and bulimia nervosa for children, young people and adults.

Definition of terms

BMI body mass index
U unlicensed indication

Identification and assessment

- ◆ Assess and treat people with eating disorders at the earliest opportunity. Patients at risk of severe emaciation should be prioritised for treatment.
- ◆ Be aware that eating disorders present in a range of settings, including: primary and secondary health care (including acute hospitals), social care, education, work.
- ◆ When assessing for an eating disorder or deciding whether to refer take into account any of the following that apply:
 - > an unusually low/high BMI or body weight for their age,
 - > rapid weight loss,
 - > dieting or restrictive eating practices (such as dieting when underweight) that are worrying them, their family members/carers, or professionals,
 - > family members/carers report a change in eating behaviour,
 - > social withdrawal, particularly from situations that involve food,
 - > other mental health problems,
 - > a disproportionate concern about weight or shape e.g. concerns about weight gain as a side effect of contraceptive medication,
 - > problems managing a chronic illness that affects diet, such as diabetes or coeliac disease,
 - > menstrual or other endocrine disturbances, or unexplained gastrointestinal symptoms,
 - > physical signs of malnutrition (including poor circulation, dizziness, palpitations, fainting or pallor), compensatory behaviours (including laxative or diet pill misuse, vomiting or excessive exercise),
 - > abdominal pain associated with vomiting or restrictions in diet that cannot be fully explained by a medical condition,
 - > unexplained electrolyte imbalance or hypoglycaemia,
 - > atypical dental wear (such as erosion),
 - > taking part in activities with a high risk of eating disorders (e.g. professional sport, fashion, dance, or modelling).
- ◆ Eating disorders can develop at any age but risk is highest for young men and women between 13 and 17 years of age.
- ◆ Be aware that, children/young people with an eating disorder may present with faltering growth, e.g. low weight or height for their age, or delayed puberty.
- ◆ **Do NOT** use screening tools as the sole method to determine whether or not people have an eating disorder.
- ◆ **Do NOT** use single measures such as BMI or duration of illness to determine whether to offer treatment.
- ◆ Professionals in primary and secondary mental health or acute settings should assess the following in people with a suspected eating disorder:
 - > physical health, including checking for any physical effects of malnutrition or compensatory behaviours such as vomiting,
 - > possibility of alcohol or substance misuse,
 - > presence of mental health problems commonly associated with eating disorders, including depression, anxiety, self-harm and obsessive compulsive disorder,
 - > need for emergency care in people whose physical health is compromised or who have a suicide risk.

Referral

- ◆ If an eating disorder is suspected after initial assessment, refer immediately to a community-based, age-appropriate eating disorder service for further assessment or treatment.

Treatment and Management

General principles - see [NICE pathway](#)

Do NOT offer medication as sole treatment for any eating disorder

Do NOT offer a physical therapy e.g. transcranial magnetic stimulation, acupuncture, weight training, yoga or warming therapy as part of treatment for eating disorders

Psychological treatments

Anorexia nervosa – see [NICE pathway](#)

Binge eating disorder - see [NICE pathway](#).

Bulimia nervosa – see [NICE pathway](#)

Anorexia nervosa

- ◆ Provide support and care for all people with anorexia nervosa in contact with specialist services, whether or not they are having a specific intervention. Support should:
 - > include psychoeducation about the disorder,
 - > include monitoring of weight, mental and physical health, and any risk factors,
 - > be multidisciplinary and coordinated between services,
 - > involve the person's family members/carers (as appropriate).
- ◆ For people who have declined treatment and who have severe or complex problems, eating disorder services should provide support as above.
- ◆ When treating anorexia nervosa, be aware that:
 - > helping people to reach a healthy body weight or BMI for their age is a key goal, **AND**
 - > weight gain is key in supporting psychological, physical and quality of life changes needed for improvement or recovery.
- ◆ When weighing people consider sharing the results with them and (if appropriate) their family members/carers.
- ◆ For people not having treatment and who do not have severe or complex problems, discharge them to primary care and advise that their GP can refer them again for treatment at any time. See [NICE pathway](#).

Dietary advice for anorexia nervosa

- ◆ Only offer dietary counselling as part of a multidisciplinary approach.
- ◆ Encourage people to take an age-appropriate oral multi-vitamin and multi-mineral supplement until their diet includes enough to meet their dietary reference values.
- ◆ Include family members/carers (as appropriate) in any dietary education or meal planning for children/young people who are having therapy on their own.
- ◆ Offer supplementary dietary advice to children/young people and their family/carers to help them meet their dietary needs for growth and development (particularly during puberty).

Anorexia nervosa**Low bone mineral density**

- ◆ Before deciding to measure bone density, discuss with the person and their family members/carers why it could be useful.
- ◆ Explain that the main way of preventing and treating low bone mineral density is reaching and maintaining a healthy body weight or BMI for their age.
- ◆ Consider a bone mineral density scan:
 - > after 1 year of underweight in children/young people, **OR**
 - > after 2 years of underweight in adults, **OR**
 - > earlier if they have bone pain or recurrent fractures.
- ◆ Use measures of bone density that correct for bone size, such as bone mineral apparent density (BMAD), in children/young people with faltering growth.
- ◆ Consider repeat bone mineral density scans in people with ongoing persistent underweight, especially when using or deciding whether to use hormonal treatment.
- ◆ **Do NOT** repeat bone mineral density scans more than once per year, unless they develop bone pain or recurrent fractures.
- ◆ **Do NOT** routinely offer oral or transdermal oestrogen therapy to treat low bone mineral density in children/young people with anorexia nervosa.
- ◆ Seek specialist paediatric or endocrinological advice before starting hormonal treatment for low bone mineral density. Coordinate treatment with the eating disorders team.
- ◆ Consider transdermal 17-B-estradiol^U (with cyclic progesterone) for young women (13 to 17 years) with anorexia nervosa who have long-term low body weight and low bone mineral density with a bone age over 15.
- ◆ Consider incremental physiological doses of estrogen^U in young women (13 to 17 years) with anorexia nervosa who have delayed puberty, long-term low body weight and low bone mineral density with a bone age <15.
- ◆ Consider bisphosphonates for women (≥18 years) who have long-term low body weight and low bone mineral density. Discuss benefits and risks (including risk of teratogenic effects) before starting treatment.
- ◆ Advise people with anorexia nervosa and osteoporosis or related bone disorders to avoid high-impact physical activities and activities that significantly increase the chance of falls or fractures.
- ◆ Also see NICE pathway: [Assessing the risk of fragility fracture](#).

Other specified feeding and eating disorders (OSFED)

- ◆ For people with OSFED, consider using treatments for the eating disorder it most closely resembles.

Medication risk management

For people with an eating disorder and a co-morbidity:

- ◆ When prescribing take into account the impact malnutrition and compensatory behaviours can have on medication effectiveness and risk of side effects.
- ◆ Assess how the eating disorder will affect medication adherence e.g. for medication that can affect body weight.
- ◆ Take into account the risks of medication that can compromise physical health due to pre-existing medical complications.
- ◆ Offer ECG monitoring for people who are taking medication that could compromise cardiac functioning (e.g. cause electrolyte imbalance, bradycardia <40 beats per minute, hypokalaemia, or a prolonged QT interval).

Recommendations – wording used such as ‘offer’ and ‘consider’ denote the [strength of the recommendation](#).

Drug recommendations – the guideline assumes that prescribers will use a drug’s [Summary of Product Characteristics \(SPC\)](#) to inform treatment decisions.

All eating disorders: health monitoring

- ◆ Assess fluid and electrolyte balance in people believed to be engaging in compensatory behaviours, such as vomiting, taking laxatives or diuretics, or water loading.
- ◆ Assess need for ECG monitoring based on the following:
 - > rapid weight loss,
 - > excessive exercise,
 - > severe purging behaviours,
 - > bradycardia,
 - > hypotension,
 - > excessive caffeine (including from energy drinks),
 - > prescribed or non-prescribed medications,
 - > muscular weakness,
 - > electrolyte imbalance,
 - > previous abnormal heart rhythm.
- ◆ Seek specialist paediatric or endocrinology advice for delayed physical development or faltering growth in children/young people with an eating disorder.
- ◆ Provide acute medical care (including emergency admission) for people with severe electrolyte imbalance, severe malnutrition, severe dehydration or signs of organ failure.
- ◆ Offer oral supplements to restore electrolyte balance when needed unless the person has problems with gastrointestinal absorption or if electrolyte disturbance is severe.
- ◆ For people with continued unexplained electrolyte imbalance, assess other causes.
- ◆ Encourage people who are vomiting to:
 - > have regular dental and medical reviews,
 - > avoid brushing teeth immediately after vomiting,
 - > rinse with non-acid mouthwash after vomiting,
 - > avoid highly acidic foods and drinks.
- ◆ Advise people who are misusing laxatives or diuretics:
 - > that laxatives and diuretics do not reduce calorie absorption and do not help with weight loss,
 - > to gradually reduce and stop laxative or diuretic use.
- ◆ Advise people exercising excessively to stop doing so.
- ◆ For guidance on identifying, assessing and managing overweight and obesity, see NICE pathway: [Obesity](#).

Diabetes

- ◆ When treating eating disorders in people with diabetes:
 - > explain to the person (and if needed their diabetes team) that they may need to monitor blood glucose and blood ketones more closely during treatment,
 - > consider involving family members/carers (as appropriate) in treatment to help with blood glucose control,
 - > address insulin misuse as part of any psychological treatment.
- ◆ Offer people misusing insulin the following treatment plan:
 - > a gradual increase in the amount of carbohydrates in their diet (if medically safe), so that insulin can be started at a lower dose,
 - > a gradual increase in insulin doses to avoid a rapid drop in blood glucose levels, which can increase the risk of retinopathy and neuropathy,
 - > adjusted total glycaemic load and carbohydrate distribution to meet their individual needs and prevent rapid weight gain,
 - > psychoeducation about the problems caused by misuse of diabetes medication,
 - > diabetes educational interventions, if needed.
- ◆ When diabetes control is challenging:
 - > **Do NOT** attempt to rapidly treat hyperglycaemia (e.g. with increased insulin doses), because this increases the risk of retinopathy and neuropathy,
 - > regularly monitor blood potassium levels,
 - > **Do NOT** stop insulin altogether, because this puts the person at high risk of diabetic ketoacidosis.
- ◆ For further guidance see NICE pathway: [Diabetes](#).

*This bulletin summarises key prescribing points from NICE guidance. Please refer to the full guidance at www.nice.org.uk for further detail.
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