

Eating Disorders: managing mealtimes

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Disclaimer

- ▶ Please be aware that sensitive information will be discussed today, which may be upsetting/distressing in nature. If you are affected in any way please feel free to leave at any point, or to have a conversation with the team after the session



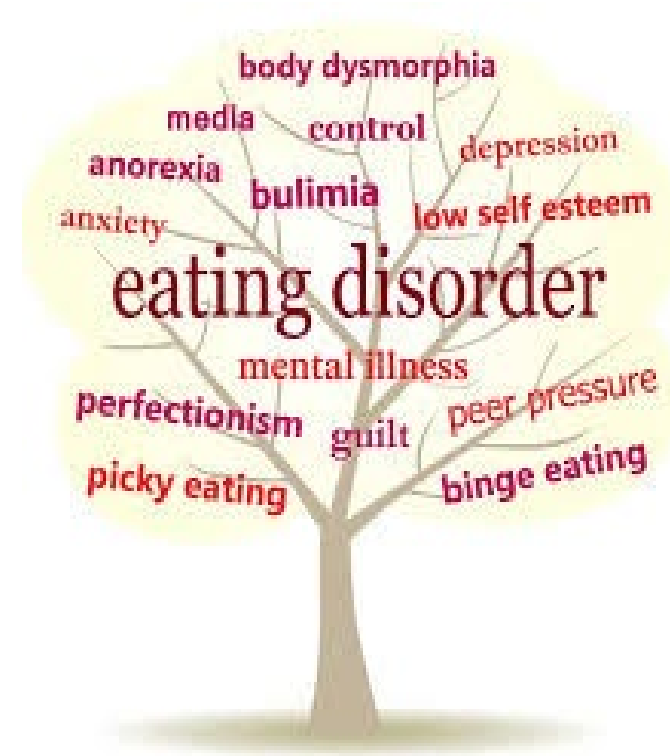
Objectives

- ▶ Improve knowledge and understanding of Eating Disorders and its impact on health and wellbeing
- ▶ Provide an approach for healthcare professionals to support managing meal times in an in-patient setting

Content:

- ▶ What is an Eating Disorder?
- ▶ Impact on self
- ▶ Eating Disorders care model and Tier 4 interventions
- ▶ Managing mealtimes - role of nursing team, problem solving and health promotion
- ▶ Documentation/communication
- ▶ Weighing

What is an eating disorder?

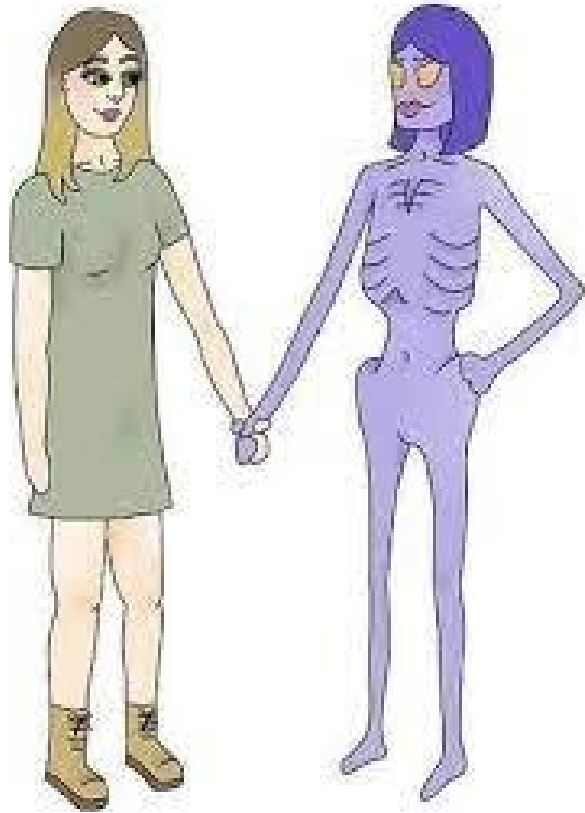


- ▶ Eating Disorders are serious mental illnesses that can happen to anyone at any age
- ▶ Severe disturbances in eating behaviours, thoughts and emotions
- ▶ Over-concern with weight and shape
- ▶ Compensatory behaviours
- ▶ Lead to physical health problems - AN high mortality risk



BEAT campaign video 2025: anyone can have an eating disorder

<https://www.youtube.com/watch?v=xRdKBLbb-bk>



- ▶ Eating Disorders are not all about food itself
- ▶ The way the person eats food may make them feel more able to cope, make them feel in control or safe, though they might not be aware of the purpose this behaviour is serving
- ▶ An eating disorder is never the fault of the person experiencing it, and anyone who has an eating disorder deserves fast, compassionate support

'At first it was such a relief not to worry about anything else. The eating disorder started as a coping mechanism to help me avoid my other problems. But in the end it became the biggest problem of all.'

Anon



Classification of Eating disorders

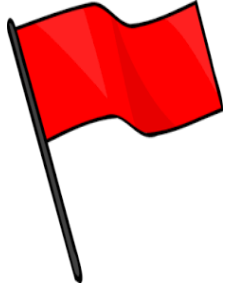
- ▶ Anorexia Nervosa (AN)
- ▶ Bulimia Nervosa (BN)
- ▶ Binge Eating Disorder (BED)
- ▶ Avoidant Restrictive Food Intake Disorder (ARFID)
- ▶ Other Specified Feeding or Eating Disorder (OSFED)

Anorexia Nervosa

- ▶ Persistent restriction of energy intake leading to significantly low body weight (in context of what is minimally expected for age, sex, developmental trajectory, and physical health).
- ▶ Either an intense fear of gaining weight or of becoming fat, or persistent behaviour that interferes with weight gain (even though significantly low weight).
- ▶ Disturbance in the way one's body weight or shape is experienced, undue influence of body shape and weight on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.

Bulimia Nervosa

- ▶ Recurrent episodes of binge eating. An episode of binge eating is characterised by both of the following:
 - ▶ Eating, in a discrete period of time (e.g. within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.
 - ▶ A sense of lack of control over eating during the episode (e.g. a feeling that one cannot stop eating or control what or how much one is eating).
- ▶ Recurrent inappropriate compensatory behaviour in order to prevent weight gain: self-induced vomiting, misuse of laxatives, diuretics, or other medications, fasting, or excessive exercise.
- ▶ The binge eating and inappropriate compensatory behaviours both occur, on average, at least once a week for three months.
- ▶ Disturbance of body image unduly influenced by weight and shape



RED FLAG



- ▶ Excessive exercise with low weight
- ▶ Severe vomiting with low weight
- ▶ Blood in vomit
- ▶ Restricting fluids in conjunction with poor eating
- ▶ Rapid weight loss even if BMI normal
- ▶ Diabetic (consider insulin misuse)
- ▶ Pregnant
- ▶ Suicidal thoughts
- ▶ Previous in-patient admission for ED/re-feeding
- ▶ Driving with BMI <15

Stigma

Attention
seeking

Narcissism
/Vanity

Insecure

- ▶ Stigma is a significant barrier to accessing help
- ▶ The reality is that eating disorders are very complex, serious psychological disorders that cause significant physical, mental, emotional and social impairment

Impact on Self and Others



Impact on self

Physical effects -

- Amenorrhea/hormones
- Headaches
- Fainting
- Dizziness
- Fatigue / Lethargy
- Palpitations
- Cold intolerance, poor circulation
- Hair Loss/Lanugo (fine body Hair)
- Bloating/Abdominal Pain
- Constipation
- Sore throat (from vomiting)
- Dental Enamel Erosion



Medical risks of starvation

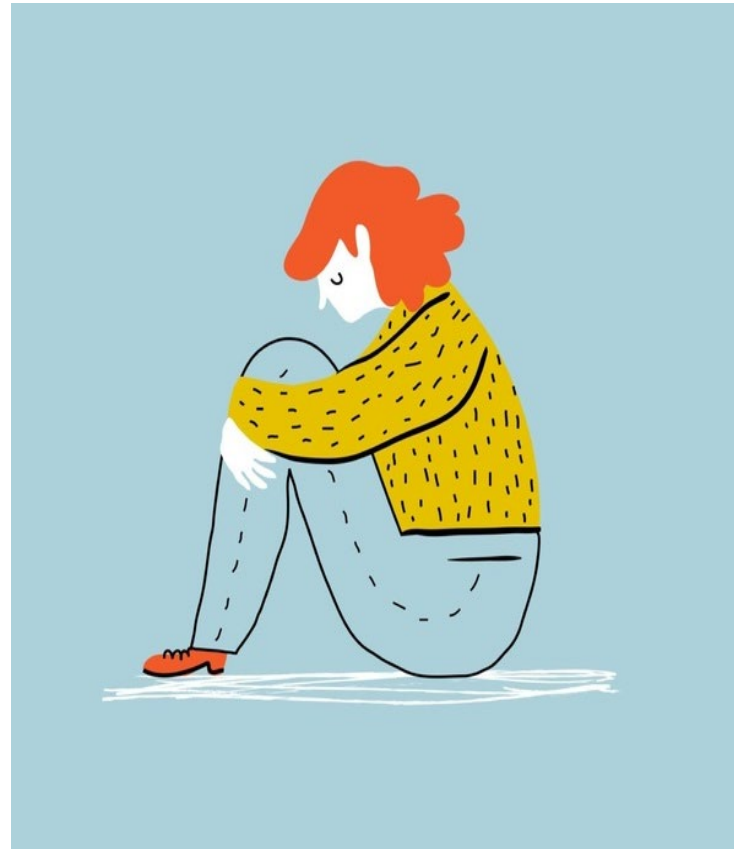


- ▶ Electrolyte disturbances
- ▶ Cardiac irregularities
- ▶ Gastrointestinal complications
- ▶ Dehydration
- ▶ Neurological abnormalities
- ▶ Kidney dysfunction
- ▶ Bone health
- ▶ Risk of re-feeding syndrome -MEED guidance

- ▶ **High risk of mortality**

Impact on self

- ▶ **Psychological** - inflexible thinking, concentration impaired, loss of interests, anxiety, low self-esteem, low mood, irritability, heightened obsessiveness, difficulty being spontaneous, self-harm, suicidal thoughts
- ▶ **Psychosocial** - social withdrawal, isolation, loss of motivation and interest for previous hobbies / interests



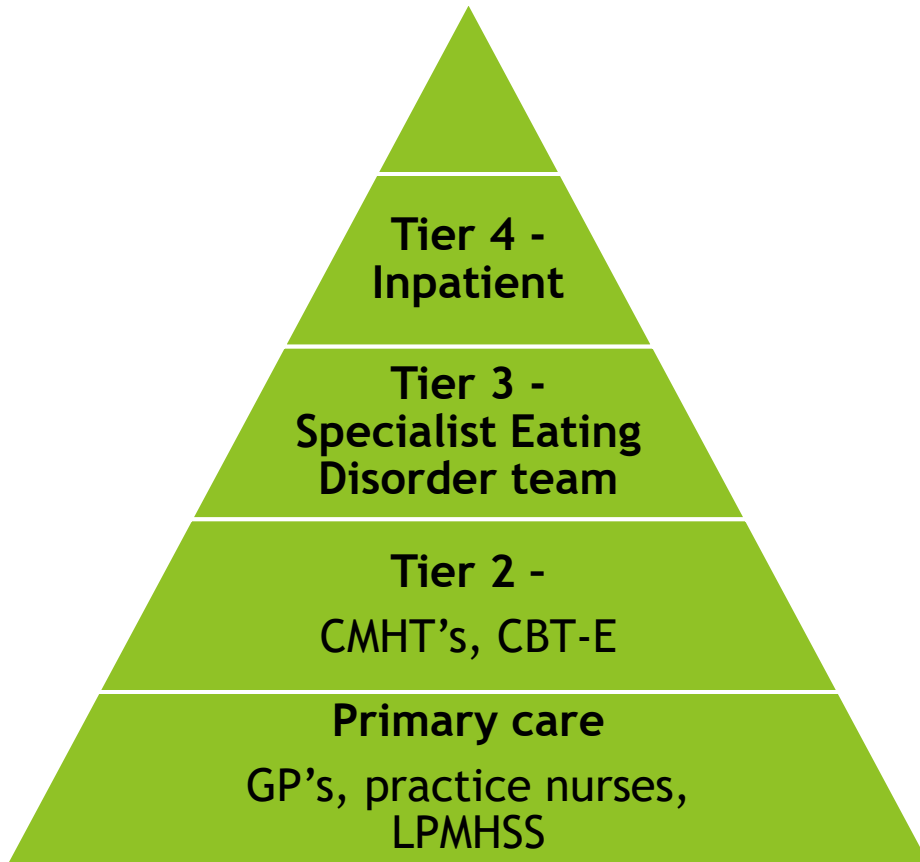
The tip of the iceberg



Impact on others



Stepped Care model



Eating Disorders- A framework for Wales (2009)
Welsh Assembly Government



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

High risk - Tier 4 intervention

- ▶ BMI <15 or Rapid weight loss
- ▶ Poor insight and refusing treatment
- ▶ Electrolyte imbalance
- ▶ Purging daily and Electrolyte imbalance
- ▶ System failure/Medical risks
- ▶ Mental health deterioration and/or Serious risk of self-harm/suicide



- If risks are high, initial refeeding should be undertaken on medical ward
- People who are at risk of re-feeding syndrome should **never** eat too much too quick!!
- Medical Emergency in Eating Disorders -guidance on recognition + guidance **(MEED)**

Use of Mental Health Act

- ▶ Used where treatment is **life-saving**
- ▶ People with eating disorders can be highly articulate and be very knowledgeable about nutrition and physiology, but be **unable to apply** this information to themselves to make reasoned and accurate judgements about their own risk and appropriate treatments
- ▶ If a person's physical health is at serious risk due to their eating disorder, they do not consent to treatment, and they can only be treated safely in an inpatient setting, follow the legal framework for compulsory treatment in the Mental Health Act 1983
- ▶ Feeding people without their consent should only be done by multidisciplinary teams who are competent to do so.
- ▶ Good communication and planning between general/physical and mental health services is paramount!

Managing mealtimes

- ▶ Mealtimes can be the most difficult time of the day for a person with an eating disorder
- ▶ Anxiety, agitation and strong feelings of guilt for eating
- ▶ This may result in attempts to avoid the meal

The role of the nursing team is to provide support to manage anxieties, perceived threat and guilt associated with eating and prevent compensatory behaviours from taking over, whilst enabling the person to adhere to their meal plan.



Meal plan



- The Mental Health dietitian will establish a meal plan with specific times which must be followed. This will be reviewed regularly with the patient
- Staff must check the meal plan before EVERY meal/snack



Eating in a timely manner

- ▶ 30 minutes for a meal (meal and dessert)
- ▶ 15 minutes for a snack
- ▶ If a meal or snack is not completed within the time limit an equivalent amount of a supplement drink will be offered to replace this.
- ▶ Check that the supplement drink container or glass is empty afterwards.
- ▶ If this is refused may be possibility of Nasal Gastric feeding - to be discussed and planned with multidisciplinary team.

Before the meal

- ▶ Check the meal plan
- ▶ Plan ahead - ensure that specified meals/snacks are available
- ▶ Staff should assess appropriate seating arrangements before each meal or snack
- ▶ Be consistent about meal times - be aware of the right times for meals/snacks as the patient is unlikely to tell staff
- ▶ Stick to the meal plan - do not add any extras -be strict and consistent about portion sizes - do not offer choices unless choices are suggested in the meal plan
- ▶ Ensure the patient uses the toilet before the meal begins
- ▶ Limit drinks
- ▶ Think about distraction/relaxation activities for before and after the meal.

Problem solving

Possibilities before the meal

- ▶ Disagreeing/attempting to substitute foods - asking to swap foods for low calorie/low fat versions.
- ▶ Portion sizes - “that’s too big”
- ▶ Trying to eat alone - “You don’t need to watch me”, “I don’t eat in front of people”
- ▶ Delaying tactics - “I ate earlier with the other carer”
- ▶ Complaining that they feel unwell

Suggestions

- ▶ Communicate in a calm but firm way
“Your meal plan has been discussed and agreed. It is really important to stick to this until your next review”

Or

“Changing plans and goals during mealtimes can make you more anxious. Let’s stick to the plan today and it will be reviewed with you regularly”

- ▶ Empathise and reassure the person that it is normal to feel this way at the moment but they still need to continue with the plan.

During the meal

- ▶ It is absolutely expected that the patient will complete their meal plan and eating is a non-negotiable aspect of their treatment
- ▶ Keep mealtimes as calm as possible, given the situation
- ▶ Try not to overly focus on the person
- ▶ Be firm and consistent
- ▶ Be aware of delaying tactics
- ▶ Avoid discussions about food, weight or appearance. Focus on conversation on the person not the eating disorder
- ▶ The patient may prefer to manage their meals quietly
- ▶ Be careful about the use of praise; for some this increases feelings of anxiety and guilt

During the meal

- ▶ Be vigilant about any unfinished food, e.g. yogurt left around edges of the pot, one gulp of milk left, food spread across the plate.
- ▶ Be vigilant for food concealment/secretly disposing of food items (dropping food on the floor, rubbing in hair/clothing)
- ▶ If there are concerns then staff should intervene and to offer support and set additional boundaries. For example, if there are concerns relating to food concealment, staff should ask the person to roll back their sleeves and keep their hands above the table.



Problem solving

Possibilities during the meal

- ▶ Stalling and avoiding - asking to go to the toilet and finding excuses not to sit down for meal, playing with food, asking for food to be reheated, asking for different cutlery, complaining about the food
- ▶ Anxiety+++/agitation - could result in spilling food/drinks
- ▶ Excessive condiment use to make food inedible
- ▶ Covert exercising
- ▶ Be aware of food being hidden/mashed/broken into smaller pieces.
- ▶ “I can’t do this” , “I can’t do this anymore” , “my stomach hurts”
- ▶ Total refusal to eat

Suggestions

- ▶ Continue to stick to time boundaries and remain calm
- ▶ Relaxation techniques
- ▶ Reassure the person you know it is difficult but they have to eat and drink what is given, replace any spilt food
- ▶ Reminding that they need to remain seated during the meal
- ▶ “I can see your having difficulty with that. Try and tell me what you’re having trouble with”
- ▶ Acknowledge how difficult this is and keep encouraging. “Yes you feel full. That’s normal but scary for you, over time if you eat more regularly you won’t feel so uncomfortable”
Remind of meal plan agreement including consequences if it is not followed.

Helpful things to say when the person is struggling to eat

- ▶ “I am going to sit here and help”
- ▶ “I can see how difficult this is for you but you need to eat this meal”
- ▶ “This meal plan is safe and will not cause rapid weight gain”
- ▶ “I am impressed by your courage in fighting back against the eating disorder”
- ▶ “Think of the meal as medicine which your body needs”
- ▶ “Remember that it is normal to eat and your body needs it. Food is fuel”
- ▶ “I can see that you are hiding your (fruit, bread etc.) in your sleeve. Try and tell me what your having trouble with...”

After the meal

- ▶ Remove the plate/bowl immediately
- ▶ Ensure that the person is not alone for 1 hour after the meal has finished
- ▶ The person should be encouraged to relax and remain seated - standing is not acceptable
- ▶ Have a pre-planned seated distraction activity immediately after the meal, e.g. board games, electronic games, mindfulness colouring, music
- ▶ Prevent bathroom visits for 1 hour after the meal/snack has finished

Problem solving

Possibilities after the meal

- ▶ It is very common for the person to feel overwhelmed by emotions in the period after the meal:
- ▶ Agitation/anger - verbal or physically
- ▶ Low mood - withdrawn
- ▶ Guilt and shame
- ▶ Blame - at others or themselves
- ▶ Complaining of stomach pain or nausea

Suggestions

- ▶ Continue to reassure and be supportive. Avoid getting into a discussion about weight at this time.
- ▶ This is a good time to use some distractions
- ▶ Acknowledge the effort they are making but avoid praising them for eating.
- ▶ Reassure that this is normal and that over time with regular eating they will feel less uncomfortable.

After the meal

- ▶ Document your observations
- ▶ Accurately record all food and fluid intake
- ▶ Communicate any concerns with ward team and/or ED team



Meal support can be difficult - it can bring up strong emotions and be extremely stressful. You might want to talk over how the meal experience was for you afterwards or write something down to share at a later date.

- ▶ Ask for support if you need it.



Behaviours you may you notice....

- ▶ Exercising in the toilets
- ▶ Micro exercising -leg shaking, restlessness, standing
- ▶ The person should be discouraged from walking and use a wheelchair as an alternative
- ▶ Obsessional behaviour - e.g. wanting to clean, put belongings in order
- ▶ Be aware of keeping the person warm - make sure windows are not open for long periods, have access to plenty of blankets

Weighing

- ▶ Weigh in the morning after the patient has been to the toilet
- ▶ The patient should wear minimum clothing - ask that they have no mobile etc. in pocket
- ▶ Do not comment on the weight unless the person wants to know





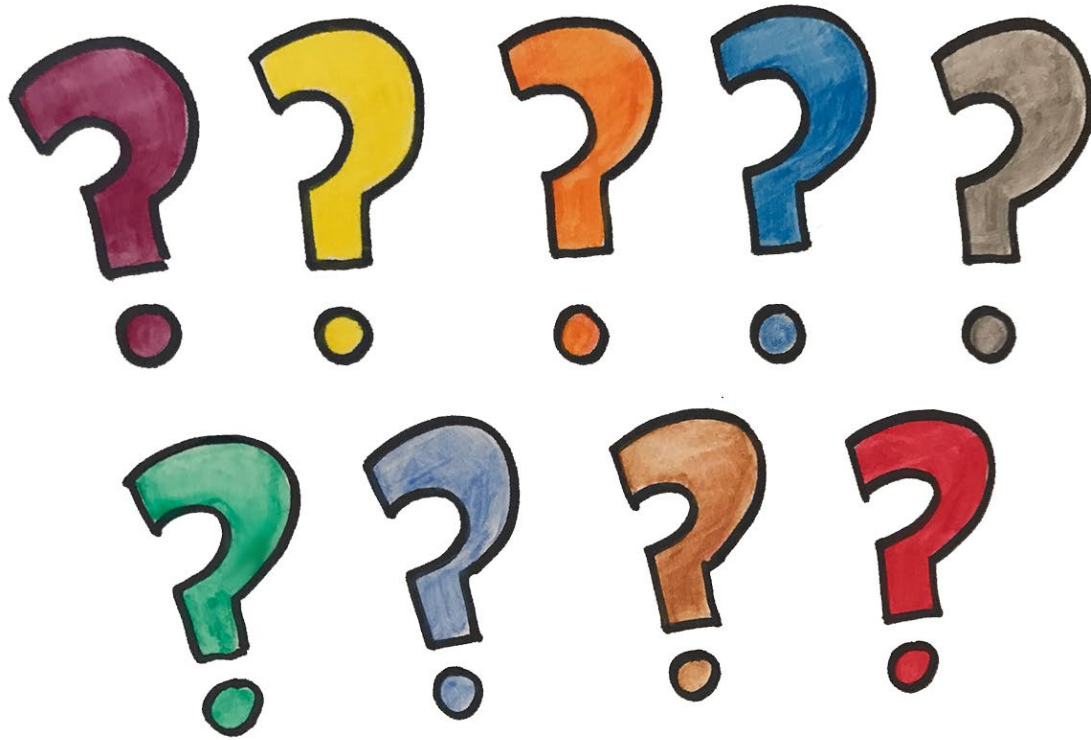
- ▶ Dedicated helpline number and email address for people in Wales has opened
- ▶ New Wales helpline number: 0808 801 0433
- ▶ Email: Waleshelp@beateatingdisorders.org.uk
- ▶ Open 365 days a year from 9am - Midnight during the week, and 4pm - Midnight on weekends and bank holidays.
- ▶ Callers can call the confidential free phone line or email for friendly, non-judgmental advice regarding an eating disorder or supporting someone with an eating disorder

Managing mealtimes is essential for eating disorder recovery and preventing serious harm and further deterioration



Thankyou

Any Questions



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