

WARD INFORMATION PACK FOR SUPPORTING CLIENTS WITH AN EATING DISORDER AT MEALTIMES

MANAGING MEALTIMES

The meal plan is part of the patient treatment plan to aid their recovery and improve their physical and mental health. This could take a variety of forms including weight gain, breaking food rules, establishing regular meal patterns, stopping weight loss and improve nutrition.

The meal plan may start off quite small and then gradually be increased to reduce the risk of refeeding syndrome. Eating too much too quickly could be detrimental so it is important that the patient adheres to the meal plan / guide provided.

A copy of the meal plan should be placed in the medical notes, nursing notes patient bed end (if general ward) and a copy given to Hotel Services Staff and Catering.

Nasogastric feeding (NG feeding) may be considered but this would part of a Multidisciplinary Team decision and would depend on compliance to meal plan / supplements, weight gain and physical health (bloods, ECG etc).

Mealtimes are generally the most difficult time of the day for a person with an eating disorder. Anxiety, agitation and strong feelings of guilt for eating will be very strong. 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. The following are some key points that important for all staff to be aware of.

- The Tier 2/3 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.
- Patient needs to go the toilet before meal starts.
- Check seating arrangements are appropriate.
- Mealtimes should be stuck to
- Try getting patient to relax before meal starts with distraction to help reduce anxiety.
- Meal should be eaten in a timely manner.
- Limit fluid during meal.

Possible scenarios 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 your treatment to stick to this until your next review.”

And / 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 now, 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.
- Patient will need to be encouraged to finish everything on their plate.
- Be careful about the use of praise; for some this increases feelings of anxiety and guilt.

Common delaying tactics

Stalling and avoiding – asking to go to the toilet, 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 etc.

Excessive use of *condiments* to make food inedible.

Covert exercising - walking back and forth to various stations (tea, medication, room); constant leg movement; standing where possible etc.

Food disposal through 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 must eat and drink what is given, replace any spilt food.

Remind them that they need to remain seated during the meal.

Acknowledge how difficult this is and keep encouraging.

Remind of meal plan agreement including consequences if it is not followed.

Helpful things to say when the person is struggling to eat.

In response to feeling full: - “Yes, you feel full. That’s normal but scary for you, over time if you eat more regularly you won’t feel so uncomfortable”.

“I am going to sit here and help.”

“I can see how difficult this is for you, but you need to eat this meal.”

“I can see you’re having difficulty with that. Try and tell me what you’re having trouble with?”

“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 you’re having trouble with...”

Eating in a timely manner

- ▶ 30 minutes for a meal (breakfast, light meal or hot meal)
- ▶ 15 minutes for a 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 typically be offered to replace this.
- ▶ Check that the supplement drink container or glass is empty afterwards.
- ▶ If this is refused there may be possibility of Nasal Gastric feeding – to be discussed and planned with multidisciplinary team.

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.

Possibilities after the meal

It is common for the person to feel overwhelmed by emotions in the period after the meal: -

Agitation/anger – verbal or physically

Low mood – withdrawn.

Feelings of 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.

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 Tier 3.

Self-care / reflections - 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 with supervisor. Ask for support if you need it.

Guidance for Hotel Services Staff

Making choices about food can be quite difficult for eating disorder patients. Some patients may have a very specific meal plan which has to be adhered to and they may not need any choices. Others will have more of a meal guide regarding portion sizes which may require the patient to choose their own meals/ dessert and snacks.

To help patient compliance it is important that Staff do not comment on the portion sizes or meal choices.

Any concerns you may have regarding compliance should be fed back to the Nurse in Charge and it is important to let Nurse in charge see any plate waste prior to disposal.

Meals must be kept to meal service times and not saved for later.

Meal plans and guides are specifically designed for each patient and will need to be served. Hotel service staff need to make sure all the food is available on the meal plan and serve it accordingly.

Fluids – patients are often on a specific fluid requirement – no extra fluid should be allowed particularly before meals.

The tier 3 team can also provide training and or supervision to the ward staff at ward manager's discretion. Please call Myfina Lewis-Williams for training and Susannah Melville for supervision both can be contacted at Ty Myddfai on 01267 229700