Eating Disorders: Nutritional Management (Adult)

Site Applicability

All RHS delivery areas caring for individuals with eating disorders, including outpatient and community settings.

Practice Level

Specialized skill level within the scope of practice of dietitians working with eating disorders. Basic skill level for dietitians working with adults with eating disorders where specialized service unavailable.

Need to Know

There is good evidence recommending that dietary counselling not be the only treatment in any of the eating disorders; an interdisciplinary approach that includes psychological counselling is recommended. Experts recommend a caloric intake of 30-40 kcal/kg/day (1100-1600 kcal/day) as an initial goal. This group is at a high risk of refeeding syndrome, and routine monitoring of electrolytes, phosphate, magnesium, blood glucose and fluid gains are recommended.

Anorexia Nervosa

It is a syndrome in which a person's preoccupation with his/her weight contributes to maintained body mass index (BMI) of 17.5 kg/m² or less (3). It is induced by avoiding higher calorie foods, excessive exercising or self-induced purging. Because of compromised cardiovascular function of some individuals, there is fair evidence suggesting that cardiac status be monitored. Medications to be avoided or used cautiously include: antipsychotics, tricyclic antidepressants, some antihistamines and macrolide antibiotics. Physical implications of anorexia nervosa may include: renal dysfunction, anemias (decreased ferritin, vitamin B12, folate), immune abnormalities, hair loss and yellowing of skin related to vitamin deficiencies, elevated creatine kinase causing cardiac or skeletal muscle weakness, decreased pulmonary capacity, amenorrhea, osteoporosis, and/or osteopenia.

Bulimia Nervosa

It is characterized by recurrent binge eating and purging behaviours in order to prevent weight gain; BMI is maintained above 17.5 kg/m² (3). There is limited evidence suggesting that obese patients with bulimia nervosa should receive different weight management nutritional advice than obese individuals who do not binge eat. Physical implications of bulimia nervosa include: hypokalemia, cardiomyopathy, esophagitis, heartburn, gastritis, gastroesophageal erosions or varices, pancreatitis, Mallory-Weiss tears, dental decay or loss of enamel, oligomenorrhea or amenorrhea, fractures, and/or enlarged salivary glands.

Most patients can be managed as an outpatient except when their following criteria exist:

Common criteria for Anorexia Nervosa admission	*Common criteria for Bulimia Nervosa admission*
Bradycardia, tachycardia, arrhythmia, hypotension, hypothermia, suicide risk, weight < 75% of ideal, refusal to eat or drink, syncope	Syncope, hypokalemia (<3.2), hypochloridemia (< 88), esophageal tear/hematemesis, arrhythmia, intractable vomiting, hypothermia, suicide risk, underweight as well as purging

(Adapted from *Center for Balanced Living (2007) Medical Stabilization Guidelines for Eating Disorders)*

Practice Guideline

Anorexia Nervosa (including binge/purge subtype) Outpatient Treatment:

1. Recommend a supportive, nonjudgmental approach. As part of an interdisciplinary team, evaluate risk to patient, physical and mental health, and daily detailed intake. Discuss healthy target weights with the patient.
2. Provide nutritional plan to the patient and where appropriate, involved family members.
3. Recommend regular balanced meals and snacks, spaced every 2-3 hours over the course of the day.
4. Recommend up to 375 mL of fluid at each meal and snack, similar to Canada's Food Guide recommendations. Monitor fluid intake as some may use these to suppress hunger.
5. Monitor physical activity. Activity may need to be limited if dietary intake is not sufficient for output.
6. Provide support in reducing patient's frequency of measuring body weight.
7. Monitor pregnant women carefully and patients with diabetes to prevent complications.
8. Anticipate an ideal weight gain of 0.5 kg/week for individuals in outpatient programs.
9. Recommend multivitamin or mineral supplements in individuals with inadequate micronutrient intake. Recommend routine intake of thiamine and folate.
10. Recommend motility agents to manage discomfort with delayed gastric emptying with malnutrition if needed.

Anorexia Nervosa Inpatient Treatment

1. Contact dietitian from the Adult Eating Disorders Clinic to determine if there is a current nutritional plan for the patient.
2. Provide balanced meals according to Canada's Food Guide with a minimum number of calories to 1200 kcal per day. Increase by 200 kcal/day until reach goal daily calories. Monitor for refeeding syndrome.
3. Recommend multivitamin or mineral supplements in individuals with inadequate micronutrient intake; recommend routine thiamine (100 mg/day orally X 5 days) and folate (5 mg/day orally X 5 days).
4. Recommend close supervision of food being consumed i.e. many patients will eat meals at the nursing station.
5. Recommend up to 375 mL fluid at each meal and limiting of condiments, as some patients with anorexia will fill up on lower calorie fluids, refusing to eat, or may spoil the food with excessive condiments making it unappealing to eat. Discourage use of non-nutritive sweeteners unless diabetic.
6. Limit reheating of meals, which may burn or spoil the meal or reduce the caloric content.
7. Anticipate an ideal weight gain of 0.5-1 kg/week for inpatient treatment.
8. Replace unconsumed portions of meals with corresponding supplement drink.
9. If enteral feeding is recommended, initiate and progress feeding rate gradually. Initial goal intake should not exceed 1200 kcal/day. Once tolerating this rate with no signs of refeeding syndrome, increase goal rate by 200 kcal daily until reach recommended rate for height and weight.
10. Monitor physical activity while in hospital. Activity may need to be limited if dietary intake is not sufficient for output.
11. For new referrals to the Adult Eating Disorders Clinic, a doctor's referral is required. Contact Chimo at 604-279-7077 and request that they fax the referral form for the physician to complete.

Bulimia Nervosa Outpatient Treatment

1. Recommend a supportive, nonjudgmental approach. As part of an interdisciplinary team, evaluate risk to patient, physical and mental health, and daily detailed intake.
2. Provide nutritional plan to the client and where appropriate, involved family members.
3. Recommend regular balanced meals and snacks, spaced every 2-3 hours over the course of

the day. Regardless of previous day's intake or binging/purging, regular meals should be restarted the following day.

4. Recommend routine dental examinations. Recommend good dental hygiene for patients who continue to vomit i.e. do not brush teeth immediately after vomiting, rinse with a non-acidic mouthwash, and limit highly acidic foods.

5. Recommend routine monitoring of fluid and electrolytes in individuals with frequent vomiting or laxative use.
6. Recommend food diaries to help monitor dietary intake and address triggers to a binge/purge episode.
7. Assess bowel patterns and recommend plan to gradual cessation of laxatives. Suggest alternatives if constipation occurs with cessation. Recommend that diet pills, diuretics or caffeine be stopped if they are used.
8. Monitor physical activity. Activity may need to be limited if dietary intake is not sufficient for output.

Bulimia Nervosa Inpatient Treatment

1. Contact dietitian from the Adult Eating Disorders Clinic to determine if there is a current nutritional plan for the patient.
2. Recommend a supportive, nonjudgmental approach. As part of an interdisciplinary team, evaluate risk to patient, physical and mental health, and daily detailed intake.
3. Provide nutritional plan to the patient and where appropriate, involved family members.
4. Recommend regular balanced meals and snacks, spaced every 2-3 hours over the course of the day. Monitor for refeeding syndrome.
5. Recommend multivitamin or mineral supplements in individuals with inadequate micronutrient intake; recommend routine thiamine (100 mg/day orally X 5 days) and folate (5 mg/day orally X 5 days). Recommend phosphate, magnesium and potassium are monitored daily for the first 5 days and replaced as per hospital protocol.
6. Recommend meals be supervised to ensure all is consumed and a duration of 1 hour afterwards to inhibit purging.
7. Recommend food not consumed from tray be replaced with a corresponding amount of supplement drink.
8. Recommend up to 375 mL fluid at each meal and limit the amount of condiments sent on trays.
9. Monitor activity around the hospital closely to reduce purging.
10. Recommend routine monitoring of fluid and electrolytes in individuals with frequent vomiting or laxative use.
11. For new referrals to the Adult Eating Disorders Clinic, a doctor's referral is required. Contact Chimo at 604-279-7077 and request that they fax the referral form for the physician to complete.

Patient/Client/Resident Education

Canada's Food Guide Food Diary

Documentation

Documentation according to Nutrition Assessment form used for all patients or clients seen.
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References

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