Safety in Numbers

Safely practising dietetics across the eating disorders

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Introduction

- Setting the scene - a brief background to the eating disorders
- Why consider safe practice
- Overview of three key principles governing safe practice
  - medical monitoring
  - the multi-disciplinary team
  - professional supervision
- Bringing it all together

Background

- 4% of Australian population living with an eating disorder at any time

(Butterfly Foundation 2012)

- Highest mortality rate of any mental illness
  - x 2 compared with general population
  - x 6 for those with anorexia nervosa

(Arcelius et al 2011)

- Mortality most likely to result from suicide or cardiac event
  - x 31 suicide risk for anorexia nervosa cf general population
  - x 7 suicide risk for bulimia nervosa cf general population

(Preti et al 2011)

Background

- People with an eating disorder have high rates of other mental health disorders with 51-97% of presentations having a comorbid diagnosis
  - depression
  - anxiety
  - substance abuse
  - personality disorders
  - trauma

(Blinder et al 2006)

- Diagnostic distribution
  - 47% Binge Eating Disorder
  - 12% Bulimia Nervosa
  - 3% Anorexia Nervosa
  - 38% Other Eating Disorders

(Butterfly Foundation 2012)

Background

ALL Eating Disorders are serious mental health illnesses with significant life threatening medical and psychiatric morbidity and mortality, **regardless of an individuals weight**

(Academy of Eating Disorders 2016)

Background

Eating Disorders require input from a medical,
nutritional and psychological perspective,
Ie the multi-disciplinary team

Background

Expert consensus and cohort studies support a multi-disciplinary approach to ensure all individuals get access to combined medical, dietetic, and psychological interventions to maximise recovery

Ideally team members will have specialist knowledge, skills and experience in the area of eating disorders

(Royal Australian and New Zealand College of Psychiatrists 2014)

Background

Nutrition intervention is an essential component of team treatment of patients with eating disorders

This role requires an understanding of the psychological and neurobiological aspects of eating disorders.

Advanced training is needed to work effectively with this population

(ADA Position Statement 2011)

Background

Our dietitian focus should be on
safe and ethical practice in accordance with these guidelines

Medical Monitoring

Medical monitoring (physical and laboratory) is an essential component of assessing eating disorder presentations

(Academy of Eating Disorders 2016)

General Practitioners are often in the best position to be the key coordinating clinician

(Royal Australian and New Zealand College of Psychiatrists 2014)

Medical Monitoring

- All clients with an eating disorder warrant initial medical monitoring to ensure safety
  - Eating disorders have the potential to negatively impact on a wide range of physiological systems

- A range guidelines exist to guide medical monitoring parameters and the criteria for inpatient admission
  - QuEDS Guidelines 2018 (online)

    A guide to admission and inpatient treatment for people with eating disorders in Queensland (accessed 22.3.19)
  - RANZCP 2014
  - AED 2016

Medical Monitoring

Key medical parameters for monitoring and dietetic review include

- Lying and standing blood pressure
- Lying and standing heart rate
- Body temperature
- Full blood count
- Electrolytes, renal function and liver enzymes
- Electrocardiogram

(Academy of Eating Disorders 2016)

- Mental health assessment

Medical Monitoring

	Psychiatric admission indicated μ (bold parameters highlight adolescent criteria that are different to those for adults)	Medical admission indicated β
Weight loss	Rapid weight loss (i.e. 1 kg/wk over several weeks) or grossly inadequate nutritional intake (<1000kCal daily)	
Re-feeding risk	Low	High
Systolic BP	<90 mmHg **(<80 mm Hg)**	<80 mmHg **(<70 mm Hg)**
Postural BP		>20 mmHg drop with standing
Heart rate		≤40 bpm **(<50 bpm)** or > 120 bpm or postural tachycardia > 20bpm
Temp	<36.0	<35.5 or >38°c
12-lead ECG	Normal sinus rhythm	Any arrhythmia including QTc prolongation, or non-specific ST or T-wave changes including inversion or biphasic waves
Blood sugar		<3.0 mmol/L
Sodium	<130 mmol/L*	<125 mmol/L
Potassium	Below normal range	<3.0 mmol/L
Magnesium		Below normal range
Phosphate		Below normal range
eGFR	>60 $^{ml/min/1.73m2}$ and stable	<60 $^{ml/min/1.73m2}$ or rapidly dropping (25% drop within a week)
Albumin	Below normal range	<30 g/L
Liver enzymes	Mildly elevated	Markedly elevated (AST or ALT >500)
Neutrophils	<1.0 x 10^9/L	<0.7 x 10^9/L
Weight	Body Mass Index (BMI) 12-14 **(75-85% IBW, see IBW Ready Reckoner)**	BMI <12 **(<75% IBW, see IBW Ready Reckoner)**
Other	Not responding to outpatient treatment	

** Please note, any biochemical abnormality which has not responded to adequate replacement within the first 24 hours of admission should be reviewed by a Medical Registrar urgently*

Inpatient Admission Criteria (QuEDS 2018)

Medical Monitoring

Our role as dietitians

- Refer on to GP's for medical monitoring **AND** communicate with the GP re the need, benefits and parameters to facilitate medical monitoring
- Request medical results be shared with us (on consent of the client) to inform directions of clinical care and highlight potential eating disorder behaviours
- Safety of practice for us as dietitians and the client

The Multi-Disciplinary Team

- Acknowledges the complex nature of eating disorder presentations across medical, nutritional and psychological fields
  - General practitioner
  - Dietitian
  - Psychologist
  - Psychiatrist
  - Paediatrician

- Refer on as necessary, including to more experienced dietitians as appropriate (professional supervision)

The Multidisciplinary Team

When to refer on

- If we are the first point of contact
  - GP referral and MH clinician

- Lack of confidence in providing treatment
  - dietitian referral
  - professional supervision

The Multi-Disciplinary Team

- Scope of practice and professional boundaries – important due to the complexity of eating disorder presentations
- Important to “stay in our lane”
- The boundaries of “our lane” determined by the treatment model, our training, experience, and clinical practice
- Scope of practice is becoming more significant as more dietitians seek training in behaviour change models and eating disorder specific therapies such as cognitive behaviour therapy and family based therapy.

The Multidisciplinary Team

DAA Eating Disorder Role Statement

Address the following

- Key knowledge and skills
- entry level v higher level activities
- scope of practice for practitioners
- undertakings of practice in the eating disorder field

(DAA 2017)

The Multidisciplinary Team

Dietitians working in the eating disorders don't usually undertake

- sole management and treatment of clients without the involvement of a GP and mental health clinician
- practice without engaging in ongoing professional development to build on knowledge and skills and without clinical supervision
- the provision of psychological counseling outside their skill base

(DAA 2017)

The Multidisciplinary Team

Safety of practice further enhanced by

- Accurate and timely documentation of sessions
  - session notes
  - phone and email conversations
  - any non attendance and followup plans/outcomes

- Regular communication with treating team members
  - preferably in writing
  - If communicating by other means, document correspondence in clinical notes

Professional Supervision

- Little training (0-2 hours) in eating disorders across dietitian university degrees
  - screening and early identification
  - nutritional management
  - counseling skills
  - mental health

- In my experience, some dietitians lack confidence and/or a desire to work with clients with an eating disorder

- Professional supervision is different to DAA mentoring arrangements

Professional Supervision

Professional Supervision – all levels of experience

- An arrangement that provides regular, formal, in-depth self refection on practice that is facilitated with an experienced clinician (8 years or more) to discuss and receive feedback on all aspects of professional practice and development
- Has an associated fee

Mentoring – to meet APD requirements, largely new graduates

- As per DAA's mentoring requirements, this is an arrangement that provides regular and formal reflection on professional practice and development to meet requirements for APD status
- Does note require an experienced clinician, and often lacks depth and scope of discussion
- No associated fee

Professional Supervision

DAA Eating Disorder Interest Group Resources available online

- Understanding supervision for APD's
- What to look for in a supervisor
- Professional supervision heath check
- Dietetic clinical supervision contract

(DAA online accessed 21.3.19)

Professional Supervision

Where to find a supervisor?

- ANZAED (Australia and New Zealand Academy for Eating Disorders) have an online directory

https://www.xcdsystem.com/ANZAED/member_directory/

This is self select/opt in database. It is recommended you seek a supervisor who has at least 8 years of clinical experience, has had training in the provision of professional supervision, and participates in regular supervision as a supervisee.

Upcoming Training Opportunities

Shane Jeffrey – River Oak Health

- RAVES Eating Model / Nutritional Management of Eating Disorders
- Professional Supervision

Tara Macgregor – Practice Pavestones

- Professional boundaries
- Motivational interviewing
- Professional Supervision

Fiona Sutherland – Mindful Dietitian

- Body image
- Professional Supervision

State Based Eating Disorder Organisations

Summary

- Eating disorders are life-threatening, complex illnesses that need to be taken seriously, regardless of diagnosis or weight

- Three key factors in facilitating safe practice are
  - medical monitoring
  - working as part of a multidisciplinary team
  - engaging in professional supervision

- Important to keep these things in mind as we move to increased medicare funding for dietitians in the treatment of eating disorders proposed for November 2019

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Thank You

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