Table 1

Role of primary care in managing children and adolescents with eating disorders

Referral

- Refer to local specialist community-based eating disorder services for children and young people (CEDS-CYP) as early as possible. Refer even when in doubt
- Unless local protocols specify otherwise, there is no need to arrange blood tests or any other investigations prior to referral
- Contact CEDS-CYP by phone/electronically as soon as a possible eating disorder is identified
- For rare high-risk/emergency cases e.g. medical instability, or intense suicidality, referral to local paediatric ward/adolescent eating disorders/psychiatric unit may be needed, before referral to CEDS-CYP. It is still important to inform CEDS-CYP immediately

Investigations

Depending on local protocols with CEDS-CYP/CAMHS, some cases may require investigations to be organised before a referral and/or after the patient has been accepted. The following investigations are likely to be the most commonly required:

- Blood tests – U&Es, LFTs, FBC, TFTs, Ca, phosphate, vitamin D, folate, B12
- ECG
- DEXA bone scan

Management

- Psychoeducation – highlight the importance of healthy nutrition for physical and emotional wellbeing growth and development; and the risks of inappropriate eating and undernutrition
- Issue repeat prescriptions for psychotropic medication, which will be initiated and monitored by CEDS-CYP
- Prescribe nutritional supplements e.g. Ensure, Fortisip, for the most severely unwell who cannot manage sufficient calorie intake through normal food and fluids