

key points

SELECTED BY

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It is common for patients to present to health

professionals with symptoms that are secondary to an undiagnosed eating disorder. Many cases of eating disorder are hidden, and up to half of those meeting the diagnostic criteria for anorexia nervosa are unknown to their GP. It is important to remember that not all patients with an eating disorder will be underweight. A significant proportion of those with bulimia nervosa or who suffer from binge eating will be of normal weight or even overweight.

The NICE guideline on eating disorders recommends

the use of screening tools in primary care. Screening efforts should target: young women with a low BMI; patients of normal weight who reveal weight concerns; women with menstrual difficulties; patients with gastrointestinal symptoms; patients with physical signs of malnutrition or repeated vomiting and children with poor growth.

Characteristics of the history that may be associated

with increased risk include: excessive exercise with low weight; haematemesis; combined restriction of food and fluid; rapid weight loss or interruption of ritualised eating habits (eg during holidays or exams).

The treatment for anorexia nervosa is primarily

psychological and medication should not be used as the sole or primary treatment.¹² Patients with a BMI below 17kg/m² should be referred.

The use of a stepped care model is appropriate in

patients with bulimia nervosa, and self-help can be useful as a first step in treatment. Providing minimal guidance improves the effectiveness of self-help therapy. Antidepressants may also have a role but high doses are needed to treat bulimic symptoms. There is strong evidence that CBT should be the treatment of choice for patients with bulimia nervosa.