Eating disorders role statement

This role statement was developed by members of the Eating Disorders Interest Group.

Importance of APDs in eating disorders

Eating disorders[a] are complex mental illnesses that are increasingly common. Approximately 16% of Australians are either affected by an eating disorder or experience sub-clinical eating disorder behaviours[b]. (1) Eating disorders have one of the highest mortality rates of any mental illness.(1,2) They are characterised by disturbances in eating behaviours, thoughts, attitudes to food, body image, body weight and shape, and an intense fear of weight gain. Eating disorders and sub-clinical eating disorder behaviours can impact people of any age, gender, socioeconomic group, culture, ethnicity, gender identity or sexual orientation.

APDs are trained to work with consumers, their families and loved ones.(3) APDs have extensive knowledge of nutrition, food and eating behaviours. They play an essential role in detecting, preventing and treating eating disorders. A person's quality of life can be greatly improved, and their risk of death reduced, when they are treated by a skilled, multidisciplinary team that includes an APD.

What all entry level APDs can do

All APDs in clinical practice are trained in the application of the Nutrition Care Process and play an important role in the identification and screening of eating disorders and sub-clinical eating disorder behaviours, particularly in high-risk groups with (4):

- a higher or lower body weight, rapid weight loss or gain, significant concerns regarding appearance or weight, repeated attempts to change body weight or shape, restrained eating, or restricted energy and nutritional intake
- self-imposed dietary restrictions (such as gluten-free, food allergy or intolerance, veganism)

- medically prescribed diets (for example, for type 1 diabetes, coeliac disease, low 'FODMAP' diets for irritable bowel syndrome)
- pre- or post-bariatric surgery
- unspecified gastrointestinal symptoms such as constipation or abdominal pain or a diagnosis of irritable bowel syndrome
- physical symptoms or electrolyte disturbance that could be caused by starvation, malnutrition or purging behaviours
- negative experiences or choking related to eating
- growth faltering (in children or adolescents)
- a concurrent mental health concern
- elite sports participation with weight criteria (for example, lightweight rowers, jockeys, martial artists, boxers, dancers, gymnasts) or where weight loss or body size reduction is perceived to improve performance (for example, runners, cyclists).

Many people with eating disorders or sub-clinical eating disorder behaviours may not have obvious signs or symptoms of illness. They may minimise or be unaware of any health, weight or nutritional concerns. They may see an APD for other dietary concerns without seeking treatment or support for an eating disorder. In these instances, APDs can adopt an explorative, empathetic approach and use a validated screening tool[c] to assist in early identification. APDs can then discuss any concerns with the consumer and make a referral for a formal diagnosis from a mental health professional or general practitioner.

What APDs with greater experience in eating disorders can do

APDs can take on more complex tasks as they gain further knowledge, skills and experience. They may also further enhance their skills by undertaking clinical supervision with an experienced eating disorders clinician.(4,8) APDs are important members of the multidisciplinary treatment team, which includes medical practitioners (for example, general practitioner, paediatrician, psychiatrist) and mental health professionals. APDs experienced in eating disorders:

- assess a consumer's risk of malnutrition from clinical symptoms, physical measurements, blood and other medical tests
- consider other information such as psychiatric risk, other current medical conditions, medications, carer or social supports, the consumer's motivation to change and the suitability for inpatient or community care
- promote engagement with therapy through a person-centred approach that emphasises empathy, unconditional positive regard, active listening, asking about the consumers' values and goals for recovery and involving consumers in the decision-making process

(3)

- explore the consumer's past and current experiences that may affect treatment
- work with the consumer and their supports, as well as members of the multidisciplinary team to create an individualised treatment plan and to support recovery[d]
- provide structure, psychoeducation and therapeutic support to encourage the consumer to return to an appropriate nutritional intake and reduce disordered eating behaviours
- develop mutually agreed goals and a treatment escalation and relapse prevention plan
- incorporate nutritional counselling that complements the psychological model used in therapy[e] to facilitate and enhance change
- engage in regular clinical supervision with an appropriate clinician (either intra- or inter-disciplinary) or as part of a multidisciplinary treatment team[f]
- act as a nutrition consultant to support and train APDs and other health professionals, inform policy and service development and engage in research and quality improvement projects.

For more, download the full role statement. The full statement includes a list of document references

[a] Including anorexia nervosa (AN), bulimia nervosa (BN), binge eating disorder (BED), and avoidant/restrictive food intake disorder (ARFID)

[b] Sub-clinical eating disorder behaviours (for example, disordered eating) include the signs and symptoms of an eating disorder but may not meet the full criteria for diagnosis of an eating disorder.

[c] For example, the SCOFF[5] – a 5-question screening instrument for detecting eating disorders, or BEDS-7[6] – a screening tool that has questions about binge eating to help identify individuals at risk, or NIAS[7] a nine item avoidant/ restrictive food intake disorder screen.

[d] APDs do not accept the sole responsibility for coordinating patient care

[e] For example, Enhanced Cognitive Behaviour Therapy for Eating Disorders (CBT-E), Family Based Treatment (FBT) for eating disorders, Specialist Supportive Clinical Management (SSCM) and other psychological treatments.

[f] Experienced APDs may provide clinical supervision when trained

Get in touch

If you have questions about this role statement, contact us at policy@dietitiansaustralia.org.au