Specialised Outpatient Care for Eating Disorders

Welcome to the Darling Downs Eating Disorder Service. We offer comprehensive, evidence-based outpatient care, recognising that complex eating disorders require specialised treatment addressing biological, psychological, and social factors.

What is an Eating Disorder?

Anorexia Nervosa

Significantly low body weight due to self-imposed dietary restrictions and intense fear of weight gain.

Bulimia Nervosa

Recurrent binge eating followed by compensatory behaviours like purging or excessive exercise.

Binge Eating Disorder

Recurrent episodes of excessive eating without compensatory measures, causing distress.

ARFID

Avoidance or restriction of food intake not related to body image concerns (e.g., sensory sensitivities, fear of choking).

EDNOS

Clinically significant eating disturbances that do not meet full criteria for other specific disorders.

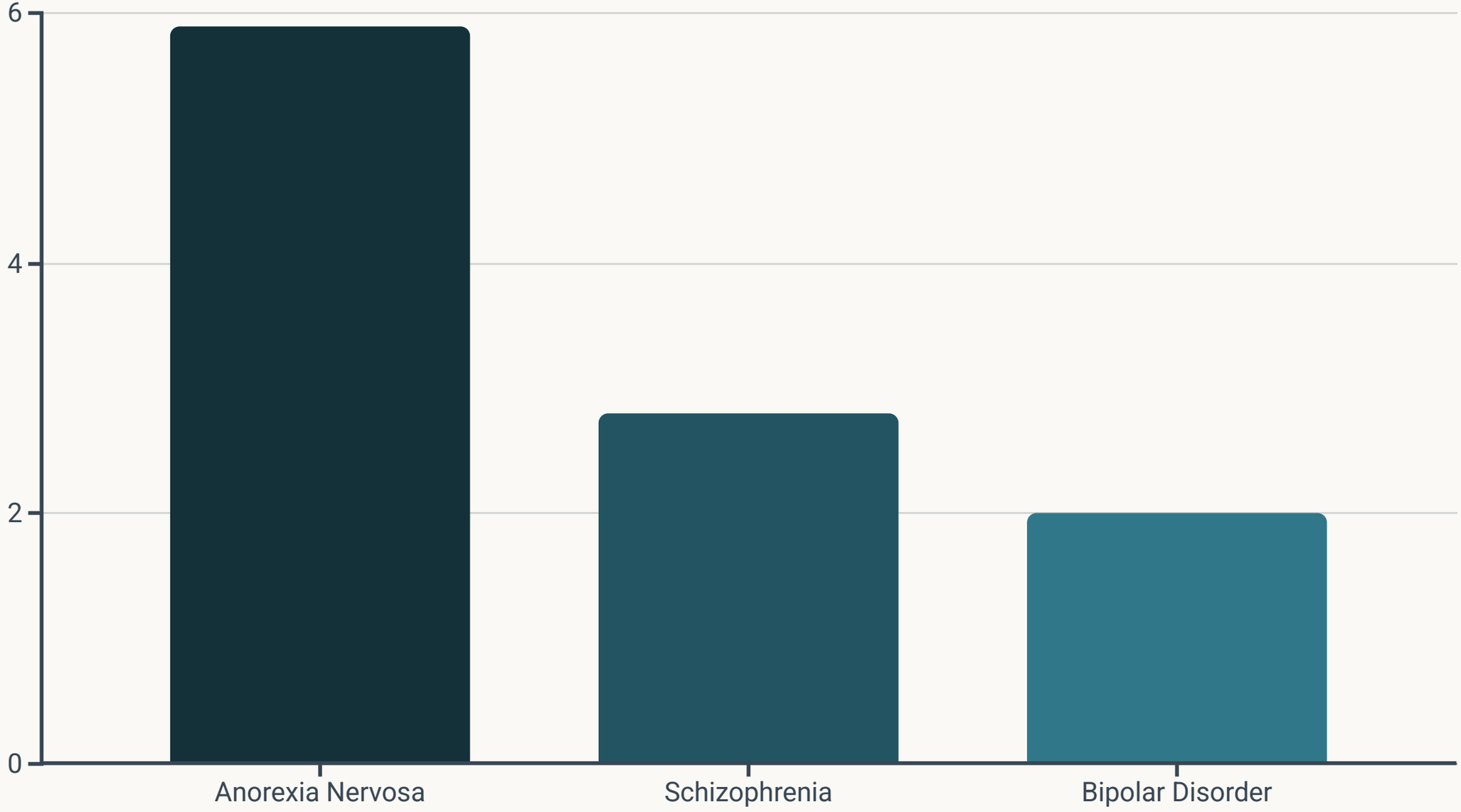
It's Never Just About the Eating

Eating disorders are profoundly complex. The visible struggles with food and body are merely the tip of the iceberg, often concealing deeper challenges related to emotional regulation, self-identity, and interpersonal relationships.

Beyond the Surface: Family Dynamics

Within family systems, eating disorders can serve as an unspoken language, expressing underlying tensions, unmet emotional needs, or struggles with control, independence, and intimacy.

The Hidden Severity of Eating Disorders



Anorexia Nervosa has the highest mortality rate among mental health disorders, yet patients often appear to function well in daily life, effectively masking their illness. This "hidden" nature makes timely diagnosis difficult, as clinicians may underestimate the medical and psychological risks.

When and How to Refer

Early Identification Signs

- Sudden or significant changes in weight
- Obsessive or compulsive behaviours around food
- Excessive exercise patterns
- Drastic dietary changes or restrictions

Psychological Distress

- Distress linked to eating behaviours
- Body image concerns impacting daily functioning
- Food-related anxiety or ritualistic behaviours
- Social withdrawal related to eating situations

Medical Concerns

- Rapid weight fluctuations
- Abnormal vital signs
- Electrolyte disturbances
- ECG abnormalities

Referrals must be voluntary, with patients fully aware and consenting to specialised care. Patient engagement improves substantially when they are active participants in the decision-making process.

How to Refer

Referral Pathways

Referrals are typically made by General Practitioners (GPs). Self-referrals are not accepted.

- Referrals are triaged through the Acute Care Team (ACT).
- Include relevant medical and psychological history.

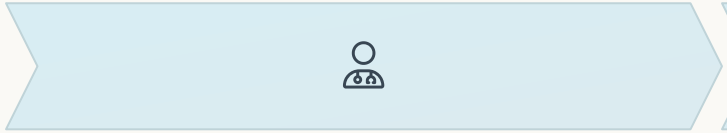
Required Documentation

To ensure a comprehensive assessment and appropriate care, please include:

- Recent medical summary (within 3 months).
- Current medications.
- Relevant blood tests (e.g., electrolytes, FBE, LFTs).
- ECG results (if medically indicated).

For urgent referrals or any questions regarding the process, please contact our team directly during business hours. We aim to process referrals efficiently to ensure timely access to care.

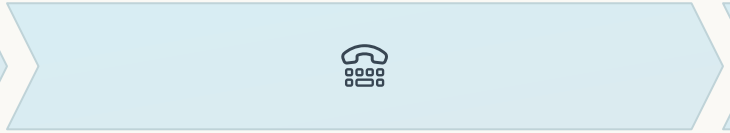
Clinical Governance



GP Role

Maintains clinical governance through medical monitoring and management

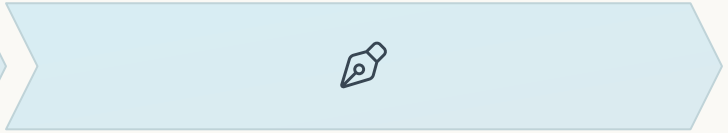
- Routine medical evaluations
- Addressing acute medical complications
- Overseeing ongoing health assessments



Communication

Regular information sharing between healthcare providers is essential

- Comprehensive care planning
- Mutual consultation
- Coordinated treatment approaches



Our Service

Provides specialised therapeutic treatment focused on:

- Psychotherapeutic interventions
- Dietary guidance
- Emotional and psychological support

What Exactly Do We Provide?

Evidence-Based Therapies

Structured psychological treatments

- CBT-E (Cognitive Behavioural Therapy - Enhanced)
- SSCM (Specialist Supportive Clinical Management)

Dietitian Support

Nutritional education, meal planning, and dietary guidance.

Psychiatric Assessments

Comprehensive evaluations per Eating Disorder Plan requirements.

Fulfilling EDP requirements (items 90260-90263)

Treatment Modalities

Cognitive Behavioural Therapy for Eating Disorders (CBT-E)

Highly structured approach that addresses distorted thinking patterns, negative body image, and maladaptive behaviours.

Particularly effective for managing binge eating and bulimia nervosa.

Emphasises structured interventions to foster lasting behavioural and cognitive change.

Specialist Supportive Clinical Management (SSCM)

Provides supportive therapeutic intervention coupled with practical dietary management.

Well-suited to patients with chronic or less severe presentations.

Offers a compassionate, patient-centred approach balancing emotional support and nutritional rehabilitation.

Treatment modality selection depends on symptom severity, psychological profile, patient readiness, and personal preferences.

Evidence for CBT-E

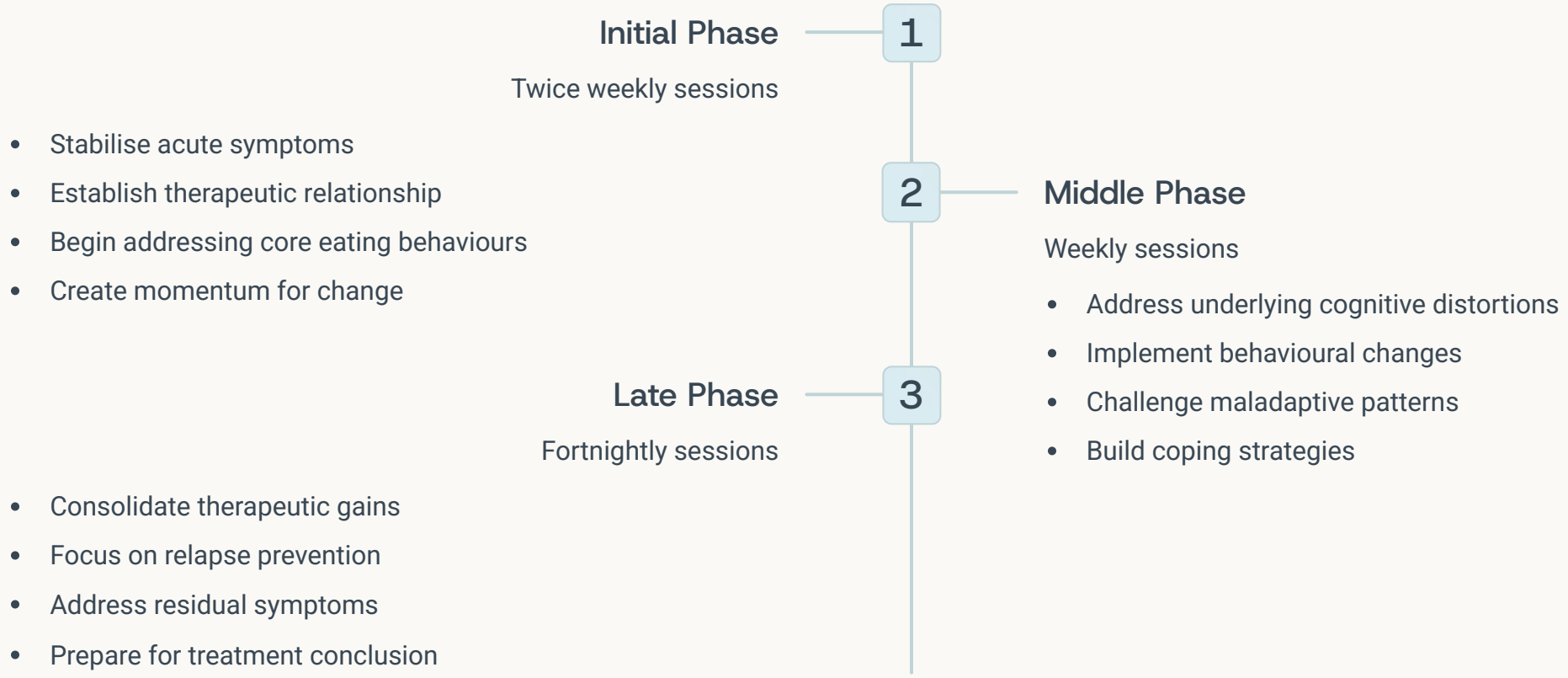
Strong Evidence

- Most evidence-supported treatment for bulimia nervosa and binge eating disorder
- Significant improvements in symptom reduction
- Reduced binge-purge frequency
- Enhanced psychological well-being
- Substantial, sustained improvements in ~2/3 of patients

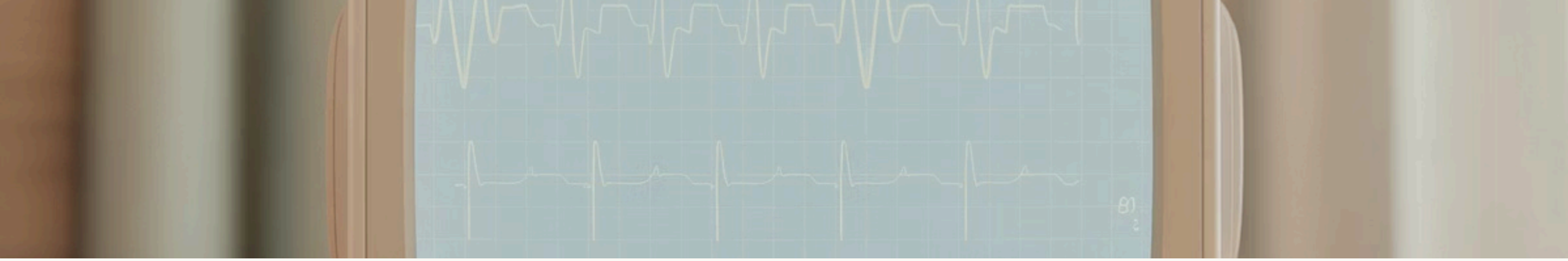
Limited Efficacy

- Less effective for chronic anorexia nervosa
- Necessitates realistic treatment expectations
- May require consideration of alternative interventions
- Often needs integrative approaches addressing deeper psychological issues
- May require longer-term psychotherapy

Treatment Duration and Intensity



Total treatment typically spans 20-40 sessions over 5-10 months, with frequency reducing as symptoms improve. Clearly outlining this journey fosters transparency, accountability, and patient engagement.



Medical Monitoring and GP Collaboration

Recommended Monitoring

- Weekly vital signs and weight checks
- Regular ECG monitoring
- Fortnightly blood tests (or more frequent if clinically indicated)
- Comprehensive physical assessments

GP Responsibilities

GPs maintain primary responsibility for medical stability, addressing potential complications such as:

- Electrolyte disturbances
- Cardiovascular issues
- Severe malnutrition
- Metabolic abnormalities

Regular communication between our service and GPs ensures timely identification and management of medical complications, reinforcing comprehensive, integrated patient care.

Liaison and Support

Consultation Services

We offer ongoing availability for consultations regarding medical management and emergency interventions, facilitating informed decision-making and timely responses to emerging medical crises.

Emergency Department Coordination

Our team works closely with Emergency Departments during acute crises requiring immediate intervention, ensuring appropriate medical care and follow-up planning.

Mental Health Team Integration

Coordinated care with Mental Health teams promotes cohesive management strategies, ensuring patient safety, minimising service duplication, and optimising resource utilisation.

Challenges and Common Issues

Patient Awareness

Patients unaware or unwilling to acknowledge their condition can significantly hinder initial engagement. Open, compassionate dialogue during referral discussions helps mitigate these barriers.

Comorbid Conditions

Low body weight associated with other conditions such as severe mental illness like psychosis or major mood disturbance, substance use or a medical condition can mask or exacerbate eating disorders, complicating diagnostic clarity and medical stability.

Borderline Personality Disorder

Co-existing BPD poses substantial challenges, particularly regarding emotional instability, impulsivity, and engagement with structured therapies like CBT-E.

Disengagement

Missed appointments and treatment dropouts remain significant barriers to effective management, requiring proactive communication and flexible intervention strategies.

When CBT-E Isn't Suitable: BPD and Affect Dysregulation

Challenges with CBT-E

For patients with significant emotional instability, impulsivity, and interpersonal difficulties characteristic of Borderline Personality Disorder (BPD), CBT-E might not be the most appropriate initial treatment.

BPD is often marked by affect dysregulation, unstable self-image, and intense relational conflicts, which frequently lead to erratic engagement and challenges adhering to structured therapeutic frameworks.

Alternative Approaches

Dialectical Behavioural Therapy (DBT)

Effectively addresses emotional dysregulation and impulsivity through skills-based interventions, enhancing coping mechanisms and emotional stability.

Mentalisation-Based Therapy (MBT)

Focuses on improving patients' abilities to understand and interpret mental states, significantly aiding emotional regulation and interpersonal functioning.

Case Discussion – Stacey

Patient Profile

- 19-year-old university student
- High-achieving and perfectionistic
- Symptoms dating back to age 14
- Stable BMI of 17
- Rigid dietary control and over-exercising
- Severe self-criticism

Family Dynamics

- Father largely absent due to professional commitments
- Enmeshed relationship with mother
- Complicated boundary-setting and autonomy development
- Mother's omnipresent involvement reinforces dependency
- Significant anxiety around independence

Motivation

- Acknowledges her issues
- Seeking help proactively
- Concerned about impact on future career as a lawyer
- Demonstrates strong intrinsic motivation
- Provides good foundation for therapeutic engagement

Stacey's Treatment Journey

1

Initial Phase

Focus on symptom stabilisation and establishing therapeutic alliance

- Twice weekly CBT-E sessions
- Regular dietitian consultations
- Weekly GP monitoring

2

Middle Phase

Challenging rigid dietary beliefs and introducing balanced eating patterns

- Weekly CBT-E sessions
- Ongoing nutritional rehabilitation
- Addressing perfectionism and self-criticism

3

Final Phase

Consolidation of therapeutic gains and relapse prevention

- Fortnightly CBT-E sessions
- Developing autonomy from treatment
- Building sustainable recovery strategies

Stacey's high-achieving, goal-oriented personality traits enhance her ability to engage with structured therapy tasks and homework assignments, contributing to a positive prognosis.

Case Discussion – Taylor

Patient Profile

- 26-year-old female
- Extensive psychiatric history
- Chronic suicidal ideation and self-harm
- Repeated ED presentations
- Poly-substance use
- Cyclical eating disorder symptoms

Trauma History

- Childhood sexual abuse at age 9
- Significant family instability
- Emotional dysregulation
- Relational trauma
- Maladaptive coping mechanisms

Borderline Features

- Inconsistent engagement with services
- Significant relationship instability
- Affective dysregulation
- Impulsive behaviours
- Identity disturbance

Taylor's eating disorder symptoms typically emerge during interpersonal crises, characterised by binge-purge episodes and food restriction as methods of emotional numbing and control.

Taylor's Treatment Journey and Challenges

Challenges with CBT-E

Initial CBT-E sessions focused on structured meal frequency inadvertently exacerbated suicidal ideation and self-harm behaviours, necessitating crisis-focused interventions.

Inconsistent attendance, frequent crisis episodes, and emotional dysregulation shifted focus towards stabilisation rather than symptom-focused treatment.

Alternative Approaches

Dialectical Behaviour Therapy (DBT)

Emphasis on distress tolerance, emotional regulation, interpersonal effectiveness, and mindfulness could better address core emotional instability.

Mentalization-Based Therapy (MBT)

Focus on developing reflective capacities and stabilising relational patterns could significantly enhance treatment adherence and emotional stability.

For complex cases like Taylor's, addressing the underlying emotional and relational issues must precede structured eating disorder interventions for meaningful recovery to occur.

Patient Flow Through Eating Disorder Service

Comprehensive Assessment

Initial evaluation by a multidisciplinary team to determine the nature and severity of the eating disorder, including psychiatric, medical, and nutritional status.

Suitability for CBT-E Pathway

Patients are assessed for their readiness and clinical appropriateness for the CBT-E program. This is a critical decision point for subsequent care.

Suitable for CBT-E

Initiation of Therapy

For suitable patients, care begins with either immediate allocation to a therapist or placement on a waiting list, followed by commencement of structured CBT-E.

Active Treatment Phase

Involves regular psychological therapy sessions (20-40) with a specialist eating disorder therapist, complemented by dietitian reviews for nutritional rehabilitation.

Discharge & Relapse Prevention

Upon achieving treatment goals, patients are discharged back to their GP, equipped with strategies for relapse prevention and long-term recovery.

Not Suitable for Immediate CBT-E

Brief Intervention & Support

For patients deemed not suitable (e.g., due to severe comorbidity or acute risk), we offer brief intervention and/or dietitian support.

Discharge & Recommendations

Patients are discharged back to the GP with recommendations for alternative therapies better suited to their needs.

Re-referral Option

Patients can be re-referred for reassessment at any point as their circumstances evolve, allowing for renewed consideration for CBT-E.

Concluding Remarks

Individualised Treatment

As illustrated by Stacey's and Taylor's cases, individualised treatment approaches tailored specifically to patient needs and presentations are crucial for successful outcomes.

Integrated Care Models

Collaborative models encompassing GPs, dietitians, mental health specialists, and other healthcare providers significantly enhance treatment effectiveness and patient safety.

GP Collaboration

Your proactive engagement and collaboration are instrumental in enhancing patient recovery and improving long-term outcomes for those experiencing eating disorders.

Thank you for your attention and commitment to supporting patients with eating disorders. We look forward to working with you to provide the best possible care for these complex conditions.