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# Tonight’s webinar will begin shortly

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# RACGP Membership

# 2022-23

## Standing together

## for quality care

Renew your membership now at racgp.org.au/membership

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# After six years of diabetes check-ups, you notice that pigmentation on her cheek.

# You decide to excise the lesion and find early melanoma.

**General practice – everything you've trained for and more**

become a GP

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# Wonca 2023

*Sydney, Australia*

26–29 October 2023

**Find out more at wonca2023.com.au**

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Wonca

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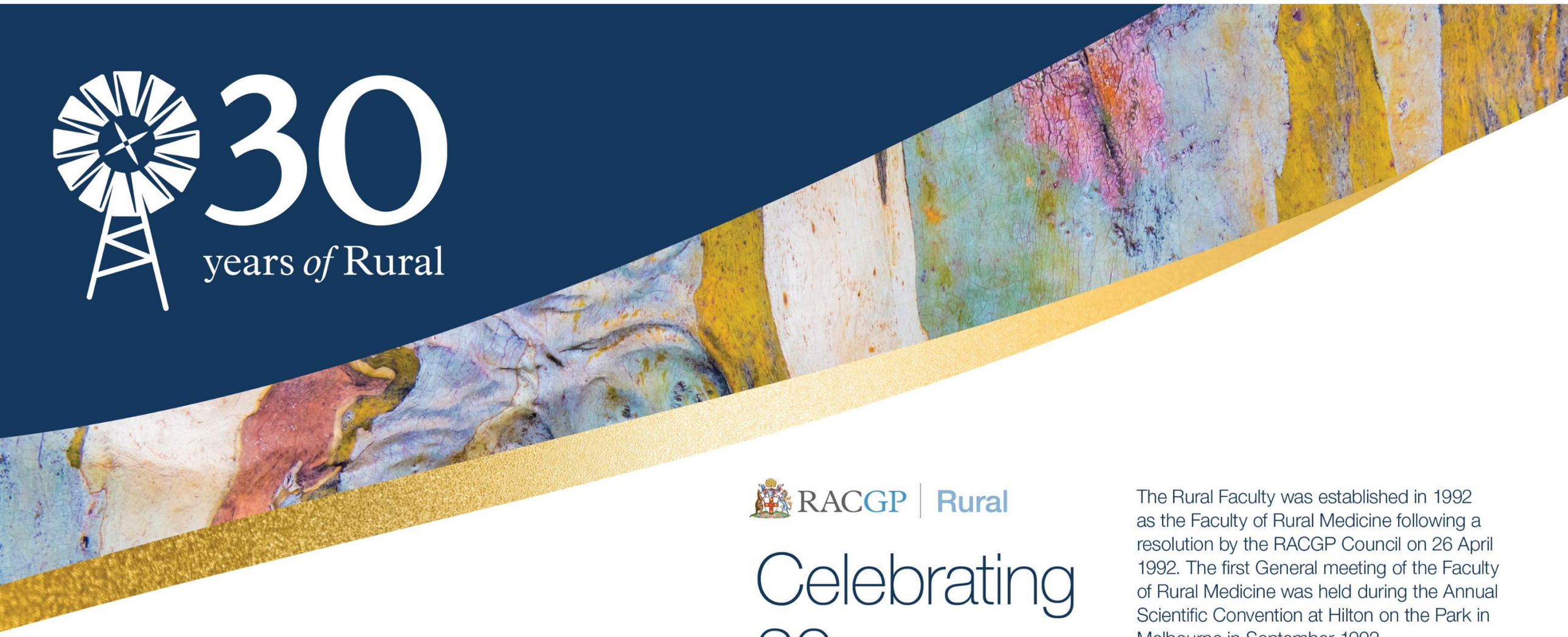


RACGP | Rural

# Celebrating 30 years

The Rural Faculty was established in 1992 as the Faculty of Rural Medicine following a resolution by the RACGP Council on 26 April 1992. The first General meeting of the Faculty of Rural Medicine was held during the Annual Scientific Convention at Hilton on the Park in Melbourne in September 1992.

Today RACGP Rural has over 22,000 members including more than 10,000 who are currently living and working in rural and remote Australia. We are the voice of rural GPs and provide education, training and support.

Visit **racgp.org.au/30rural**

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# 2022 RACGP AWARDS

Recognising excellence
in general practice

Nominations are now open for the 2022 RACGP Awards. Each year, the Awards celebrate the outstanding achievements of GPs and general practices.

Spread the word to your friends, family and community to nominate a general practice or GP who's gone above and beyond to improve the health of their patients.

**Nominations close Sunday 31 July 2022.**
Learn more at **racgpawards.org.au**

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GP22

25–27 November 2022, Melbourne

#GP22Connect

# Celebrating members

Join your colleagues from across the country to celebrate general practice and arm yourself with the latest industry updates and knowledge.

**Visit GP22.com.au**

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RACGP **Events**

# Access RACGP events and on-demand content

The RACGP digital events calendar is where you will find RACGP run events, from online workshops and webinars to podcasts and on-demand content.

Access our digital calendar at **www.racgp.org.au/racgp-digital-events-calendar**

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# Simplifying and improving your CPD experience.

**We've made even more improvements to your myCPD dashboard to save you time and personalise your experience.**

Find out more at racgp.org.au/yourcpdhome

RACGP | CPD

2020
22

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# We will begin in 30 seconds

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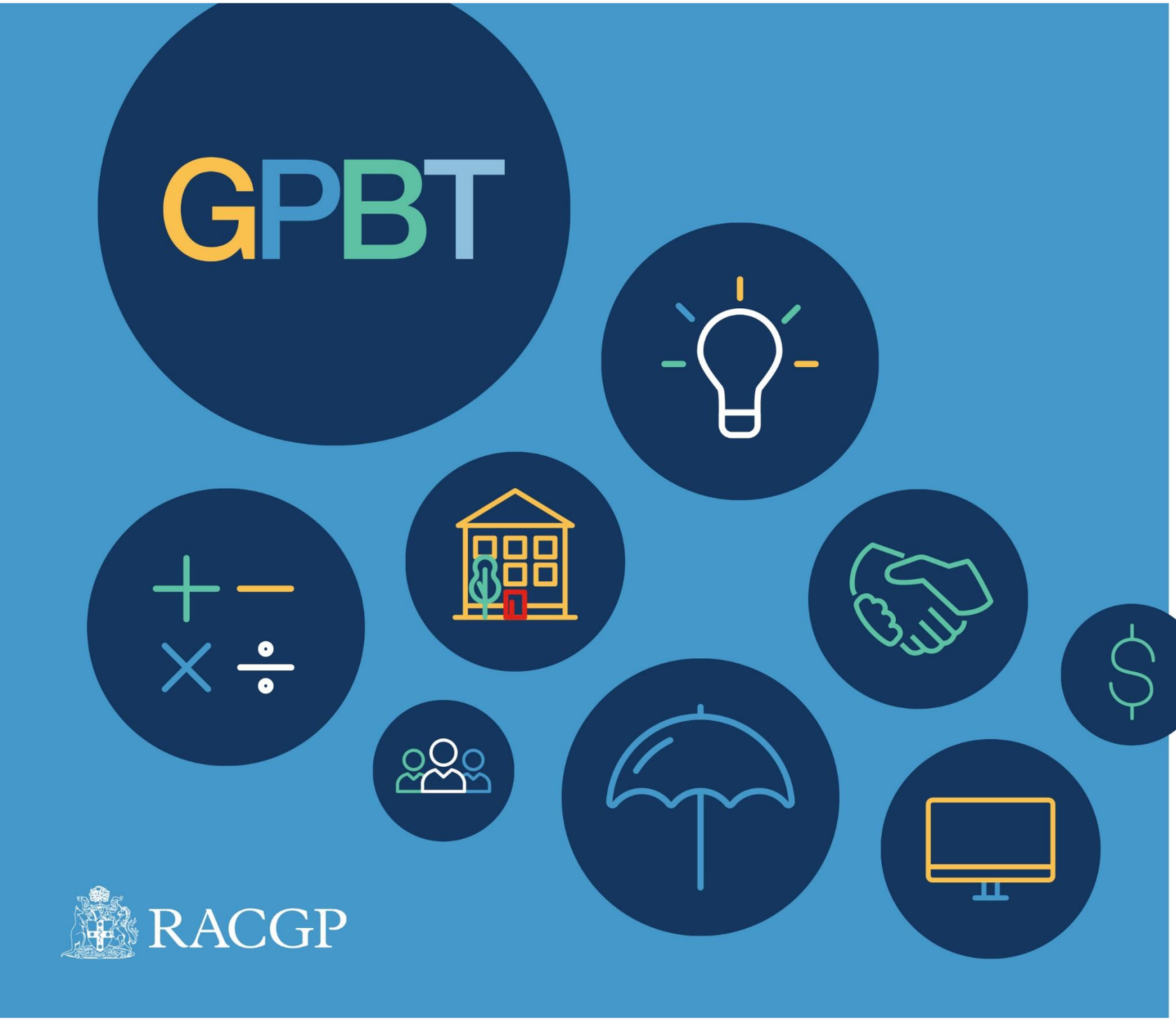


# General Practice Business Toolkit

Helping you look after the business side of general practice

Establish, manage and enhance your practice using our new General Practice Business Toolkit.

Build a sustainable business with six easy-to-navigate modules and a brand new set of interactive tools.

- Use the billing calculator to learn how to achieve your financial goals.
- Design your ideal practice layout.
- Set your vision and values and focus on what's important to you as a practice owner.

**TO FIND OUT HOW YOU CAN GET THE MOST OUT OF THE TOOLKIT, VISIT www.racgp.org.au/gpbt**

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**2023 | AGPT PROGRAM**

# *Broaden your horizons*

**8 AUGUST APPLICATIONS OPEN**
**30 AUGUST APPLICATIONS CLOSE**

**Download a copy of *Your AGPT Application Handbook 2023* now at racgp.org.au/agpt**

RACGP AGPT

GP training is funded by the Australian Government through the Department of Health

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We will begin in 15 seconds

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Alcohol and Other Drugs
GP Education Program

# Training GPs to help people tackle alcohol and other drug use

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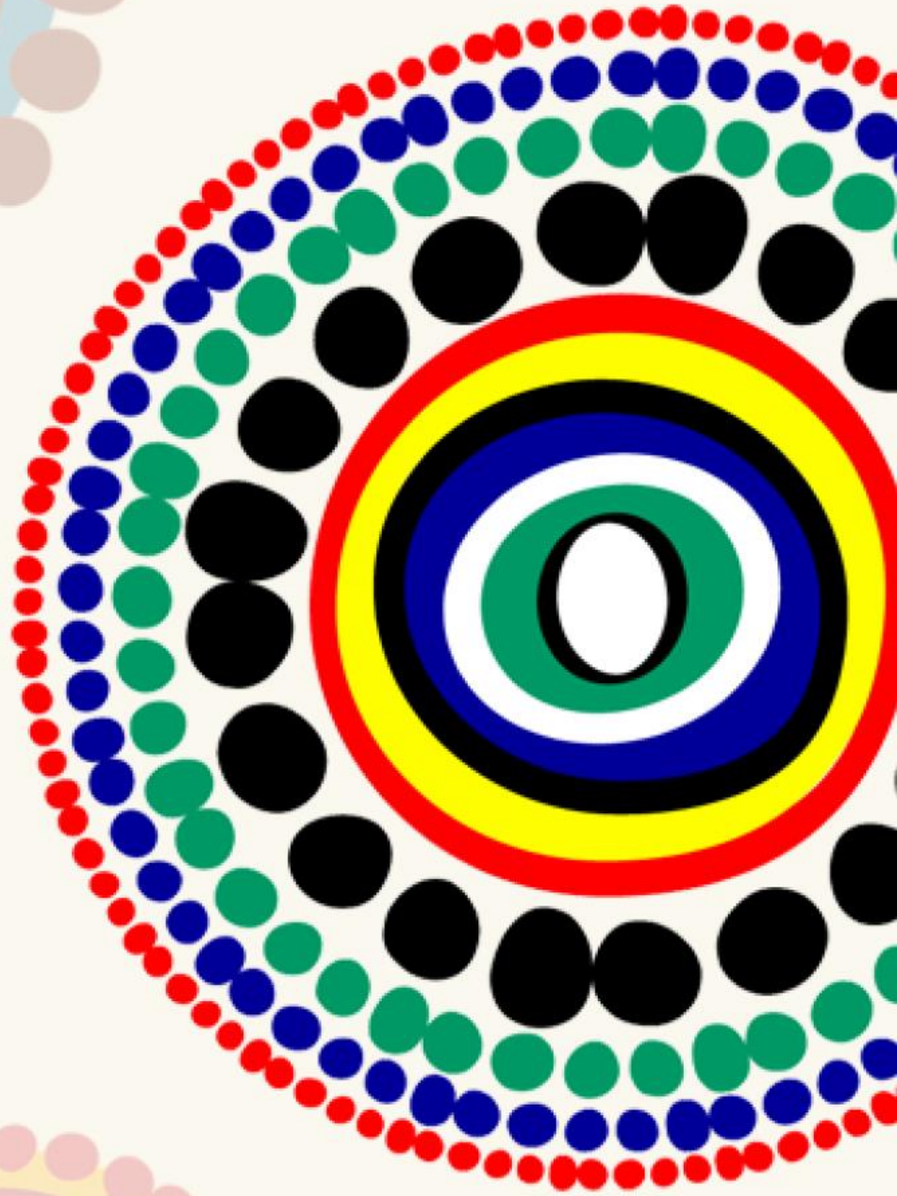
racgp.org.au/AOD

# *NACCHO–RACGP Resource Hub*

Supporting effective and culturally safe primary healthcare

Learn more at
www.racgp.org.au/cultural-safety



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Royal Australian College *of* General Practitioners

NACCHO

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# Welcome to today's webinar

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# Eating disorders

Presented by Dr Karen Spielman

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**Webinar series:**

## Mental bites

# Essential topics on psychological medicine for GPs

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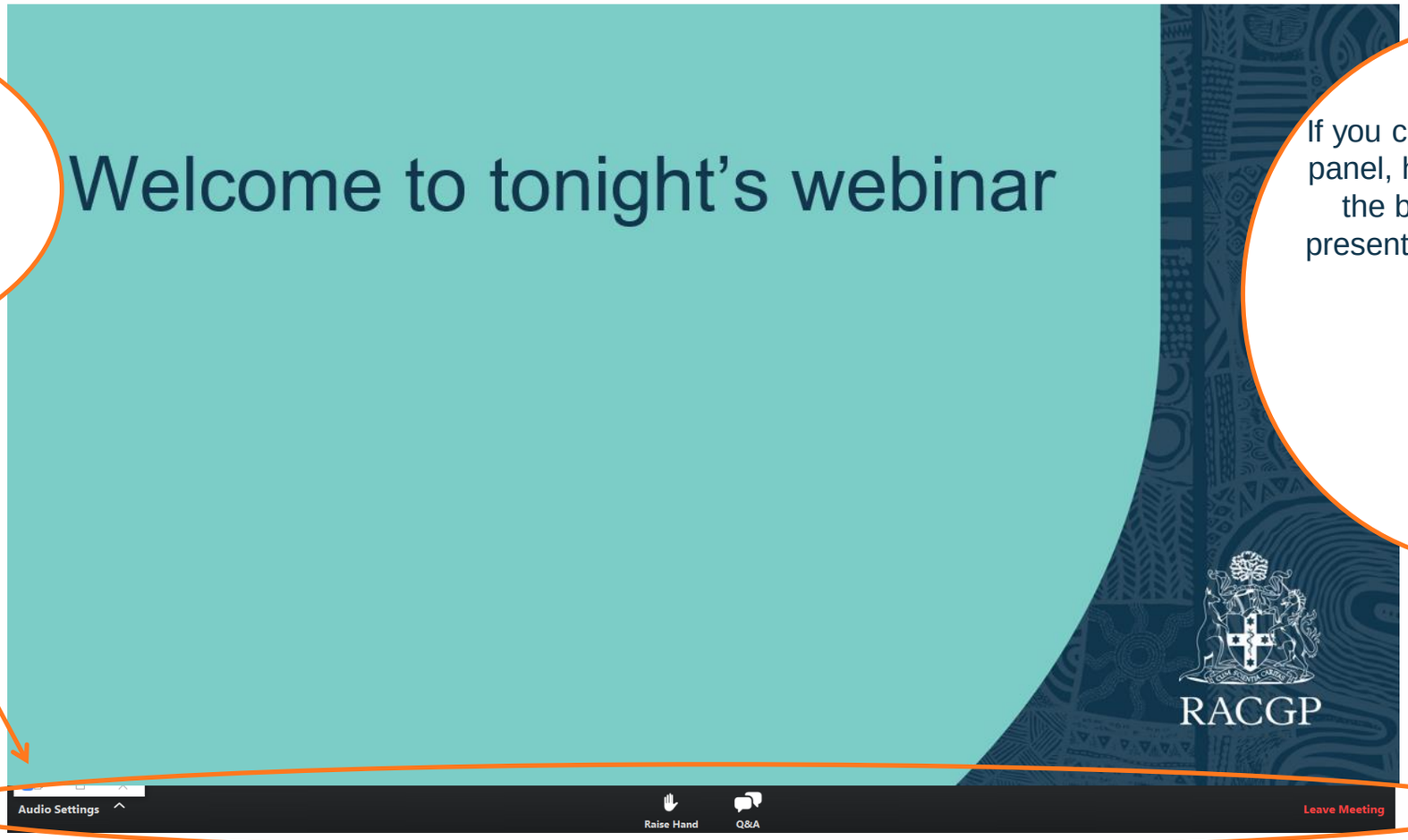
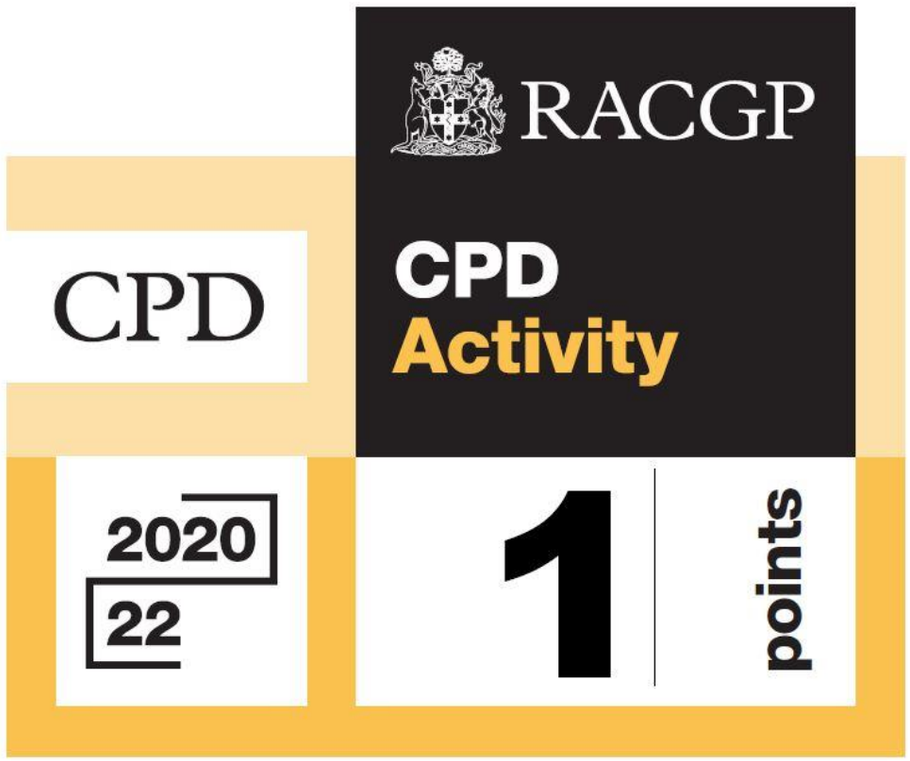
# Where is my control panel?

Your control panel will appear as a bar at the bottom of the presentation screen




If you cannot see your control panel, hover your cursor over the bottom of the shared presentation screen and it will appear

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# *GP host and facilitator*

Chair,
RACGP Psychological Medicine
Specific Interest group

RACGP Specific Interests

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# Learning outcomes

- To identify micro skills available to engage with patients and their mental health
- Apply techniques to form safe and therapeutic communication with patients

# Acknowledgement of Country

I would like to acknowledge the traditional owners of the lands from where each of us are joining this webinar today.

I wish to pay my respects to their Elders part, present and emerging.

# Eating disorders

Dr Karen Spielman

**Private practice 20 years inner city Sydney**
**Recently started small collaborative group practice in ED**
**Youth health 20 years - previously headspace Bondi**

**GP Consultant IOI**
**ASPM committee**

# Today

- understand GPs role
- learn some quick psychoed and FPS techniques
- acknowledge lived experience in self and family
- encourage self care and debrief if needed

# What GPs should know

- EDs are manageable like any other issue in primary care
- there are primary secondary and tertiary prevention approaches
- its perfectly placed for GP management - GPs at interface of mind body medicine, as are EDs
- GPs manage patient family and community and are “head of octopus’ for coordinating and collaborating with multidisciplinary team
- we are there throughout life cycle and have skills to manage at every level
- why now? increased incidence and we are managing more as system crumbles

# Language and Imagery

- being fed up
- you make me feel sick
- shove it down your throat
- food for thought
- swallow your feelings
- let me chew on it
- let’s get to the guts of it
- I’ve had a gut full!
- its all consuming

# What are EDs

- people when asked often talk about control
- in reality its a complex model of risk factors and precipitants and perpetuating factors
- most know about AN and BN
- now more diagnoses and even newer ones
- dont forget EDs occur at all body size = prob most in larger bodies
- try keep in mind transdiagnostic approach
- general treatment approach but when appropriate good to know evidence base for more specific treatments
- now more resources including GPEDPs and also IOI GP Toolkit

# DSM-5 Diagnostic criteria for Eating Disorders

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) is the 2013 publication of the American Psychiatric Association (APA) classification and assessment tool. The DSM-5 contains diagnostic criteria for mental health disorders, to assist clinicians in effective assessment and diagnosis. Outlined below are the diagnostic criteria for eating disorders:

- Anorexia Nervosa (AN)
- Bulimia Nervosa (BN)
- Binge Eating Disorder (BED)
- Other Specified Feeding and Eating Disorder (OSFED)
- Pica
- Rumination Disorder
- Avoidant/Restrictive Food Intake Disorder (ARFID)
- Unspecified Feeding or Eating Disorder (UFED)
- Other:

o MuscleDysmorphia

o OrthorexiaNervosa(ON)proposedcriteria

# Stats on prevalence

- 1.2 million Australians living with an eating disorder (IOI, 2018)
- 4-5% of the population
- 0.3% of GP presentations

*Presentations of eating disorders in males and females are significantly increasing and may go undiagnosed*

*(Hay et al., 20018; Hay et al., 2015)*

Onset mean at 17

Mortality rate high (5% per decade for AN)  (450 die AN  per year and 200 BN)

From screening validation study Emma Bryant J ED 2020

*Only one in four people with eating disorders seeks treatment, and of those who do seek treatment, 20% go on to experience a chronic course*

Early intervention has been associated with better prognosis, with those seeking specialised intervention in the early stages of their illness more than twice as likely to achieve remission

Whatever the diagnosis (AN, BN, BED, OSFED, ARFID etc) they share the same “psychopathological nucleus: the tendency to judge personal worth predominantly or exclusively in terms of weight and body form.”

Also they rarely exist in pure form and tend to persist and migrate

Please remember to look in “obesity management” context

# A nice summary…

- EDs are a biopsychosocial illness.
- They are a result of a complex interplay of factors including genes, temperament, social interactions, early attachment, culture and of course, life experiences. These variables come together and affect each other in a “perfect storm” fashion and may result in ED psychopathology.
- (Trauma-informed approaches to EDs ed Andrew Seibert and Pam Virdi Chapter 3 Holly Finlay)
- EDs are not just a simple matter of problematic eating. Rather they involve a complex mix of emotional, cognitive, perceptual, memory and personality factors that increase vulnerability and/or keep the behaviours stuck.
- (Medical Management of EDs, Birmingham and Treasure)

# SPECIALIST SUPPORTIVE CLINICAL MANAGEMENT FOR EATING DISORDERS

**RISK FACTORS: FAMILY**
- family history of depression
- family history of alcohol probs
- family conflict or trauma
- family dieting/weight issues
- parental deprivation
- sexual abuse
- physical abuse
- emotional abuse

**RISK FACTORS: SOCIETY**
- social pressures
- emphasis on thinness /shape
- role confusion
- mixed messages re gender roles
- weight or other stigma
- social media

**RISK FACTORS: PERSONAL**
- problem solving difficulties
- low self-esteem
- low mood, depression
- high anxiety, nervousness
- perfectionism
- self-critical
- impulsivity
- fears about sexuality
- sexual orientation or gender diversity
- relationship problems

-teasing /bullying
-higher weight
- body dissatisfaction
- early puberty
- weight loss from physical illness

**INITIAL DIETING & WEIGHT LOSS**

**BEGINNING OF THE EATING DISORDER**
- secrecy about dieting /eating
- hunger is ignored
- body dissatisfaction

**EATING DISORDER TAKES OVER**
- extreme fear of weight gain
- total preoccupation with food / weight / shape
- more frequent / intense disordered eating and weight control behaviours
- hunger is ignored

**SYMPTOMS**
- cold intolerance
- electrolyte disturbances
- low blood sugar
- dizziness
- tiredness /lack of energy
- lowered metabolic rate
- low (or irregular) heart rate
- muscle loss
- dry pasty skin
- headaches
- visual problems
- poor sleep
- water retention
- gastrointestinal problems
- irregular or absent periods
- exercise injuries
- moodiness / irritability
- dental erosion
- -yo-yo dieting
- weight gain/fluctuations
- rigid food rules
- erratic eating

-feel out of control

**OTHER IMPACTS ON LIFE**
- social / relationships /family
- education / work
- leisure / sports
- financial

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# *NSW Service Plan for People with Eating Disorders 2020-2024*

*Eating disorders vary in their level of severity and clinical complexity. The service level required is dependent on a number of variables including the nature of the disorder, the level of risk associated with comorbidities, and the physical and mental health complications of the disorders. The Service Plan acknowledges the challenges to deliver comprehensive care to people with eating disorders and their families and carers. The integration of medical and mental health care is integral to delivering care to people with an eating disorder. New models of integrated care across medical and mental health are being developed and are a key focus of this Service Plan.*

*General practitioners are a critical partner in the delivery of community-based care. While they play a critical role in the early identification, they also have a special role in the ongoing medical monitoring and management of people receiving community care due to the significant medical complications that arise from eating disorders.*

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**Principles, Standards, Lived Experience, Research**

**Care Team Approach - medical, mental health, nutritional, peer work, family and supports**

National Eating Disorders Collaboration

## Early Identification

Identification and screening of eating disorders in any setting to support early recognition and intervention for people who may be experiencing an eating disorder.

**Includes:**
Primary health care professionals;
Emergency departments;
Schools;
Sporting organisations;
Headspace

## Initial Response

Completion of a comprehensive assessment, preliminary diagnosis and referral to appropriate services according to a person's psychological, physical, nutritional and functional needs.

**Includes:**
Primary health care professionals;
Mental health and dietetic services in the community (private and public);
Headspace

## Treatment

### Community-based Treatment

Evidence-based treatment delivered in the community or outpatient setting with coordinated access to a range of services as needed.

**Includes:**
Primary health care professionals;
Mental health and dietetic services in the community (private and public);
Online Guided Self Help;
headspace

### Community-based Intensive Treatment

Evidence-based treatment delivered in the community or outpatient setting for people who require more intensive therapy.

**Includes:**
Intensive outpatient programs;
Day programs

### Hospital Treatment

Admission to hospital for people who require medical and/or psychiatric intervention, or admission to a residential eating disorder program for people who are medically stable but require a high level of treatment and support.

**Includes:**
Residential programs;
Emergency departments;
Medical and psychiatric inpatient units;
Eating disorder-specific inpatient units; Hospital in the home;
Rehabilitation unit

## Recovery Support

Community-based and online services accessible for anyone with experience of an eating disorder to reduce the risks associated with relapse and recurrence of illness and to support ongoing recovery.

**Includes:**
Primary health care professionals;
Mental health and dietetic services in the community (private and public);
Online resources;
Support groups;
headspace

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# The role of the GP

- prevention
- health promotion/advocacy
- detection - early identification
- early intervention - best chance for recovery
- diagnosis
- identification and management of comorbidities
- explaining physiology - education / psychoeducation - patient and family
- treatment  - and/or refer for appropriate level of EBM
- monitoring and medical management - weigh and measure
- coordination of care and communication between team members
- assess safety and appropriate level of care
- liaison with family and carers
- rehabilitation - safety plan, check in
- relapse prevention and management

# Prevention

Early childhood:

- Talking to parents about language and body shaming
- Be aware of parents' history

# Detection/early identification/screening

- identify risk factors -
- dieting parents,
- fam Hx,
- social media
- the IOI screener
- It is designed to ‘start a conversation’ so that it may be used to encourage help-seeking behaviour and improve timely referrals to relevant services (digital or otherwise)


| Item | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 1. How is your relationship with food? | Worry and stress-free | A bit problematic | Moderately problematic | Very problematic | Full of worry and stress |
| 2. Does your weight, body or shape make you feel bad about yourself? | Never | A little bit | Sometimes | Quite a bit | All the time |
| 3. Do you feel like food, weight or your body shape dominates your life? | Never | A little bit | Sometimes | Quite a bit | All the time |
| 4. Do you feel anxious or distressed when you are not in control of your food? | Never | A little bit | Sometimes | Quite a bit | All the time |
| 5. Do you ever feel like you will not be able to stop eating or have lost control around food? | Never | A little bit | Sometimes | Quite a bit | All the time |
| 6. When you think you have eaten too much, do you do anything to make up for it? | Never | A little bit | Sometimes | Quite a bit | All the time |

# Health promotion/advocacy

- debunking dieting,
- social media,
- girls in sport

# Early intervention

- Early intervention greatly improves treatment outcome, however currently only 1 in 4 people with an eating disorder seeks treatment.

- what is early intervention? be suspicious - psychoeducation, monitoring, referral to psychologist or dietitian

# Diagnosis

- dont worry too much about it
- its all on IOI website
- algorithms in new GP tool kit
- mild/mod/severe,
- help with stepped care and
- evidence based referrals

# Psychoed - resources

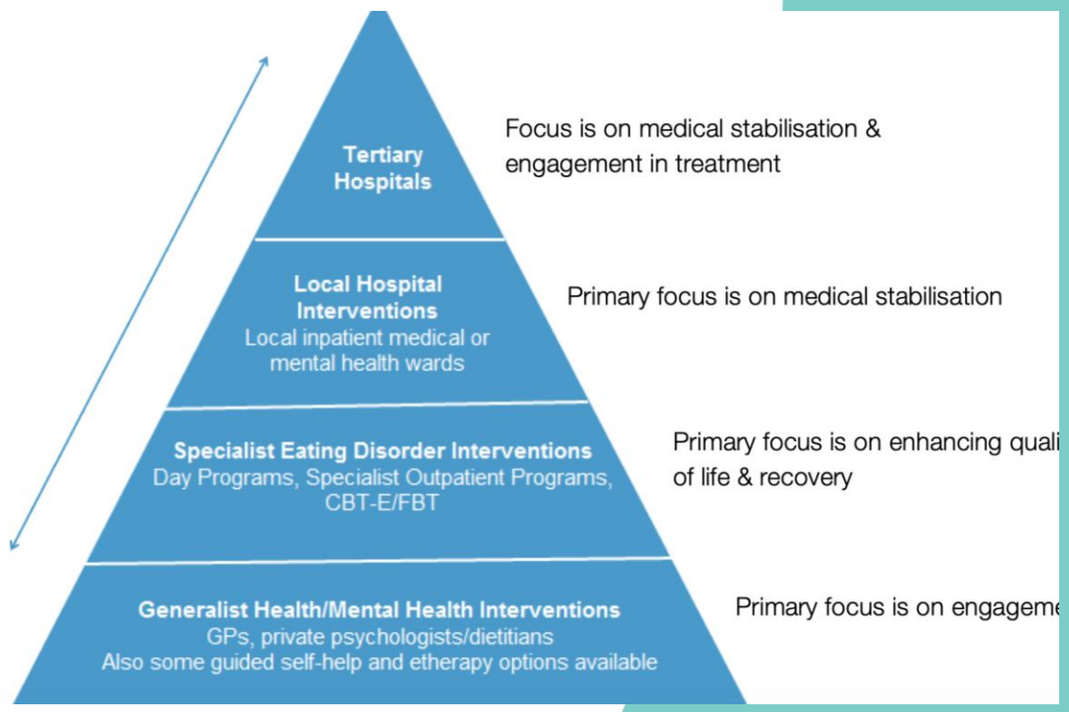
- inside Out
- Butterfly
- Centre for Clinical Innovations
- Eva Musby
- Gaudiani Clinic

# Identify and manage comorbidities

- 20-95%
- mood - esp anxiety
- autism spectrum disorders
- obsessive compulsive disorder
- adhd
- alcohol and other drug
- personality disorder
- gender and sexuality

# Treatment

- of course depends on age stage and comorbidities, complex and changing
- requires “both clinical judgement and skilled negotiation”
- AN teen FBT, maudsley
- AN adult - nutritional rehab and CBTe
- BN/BED CBT DBT IPT (50%)
- others - SSCM, focal psychodynamic
- day prog
- inpatient
- residential
- the future… oxytocin, MDMA….



# Medical monitoring

- weigh and measure”
- relational care - the doctor as the treatment
- stepped care - escalate deescalate
- watch for complications - eg electrolyte disturbances, arrhythmias, osteoporosis, infertility, etc
- guidelines for admission
- another whole webinar....

# Team coordination

- cant do it alone - it’s the nature of the illness
- people you can communicate with
- GPEDP - see later
- case conferences - regular!!

# Liaise family and carers

- support websites and groups and get them in to therapy
- butterfly
- feedyourinstinct
- insideout

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# Rehabilitation

- Severe enduring Eating Disorder ??20%
- palliation vs rehabilitation
- any patient may recover
- focus on physical and quality of life
- family issues - mediation, privacy

## Relapse prevention

- identify times of risk
- eg pregnancy
- a vulnerability exists

INSIDEOUT
Institute for Eating Disorders

**InsideOut Institute, a collaboration between The University of Sydney and Sydney Local Health District, is an Australian national body for research and clinical excellence in eating disorders.**

## We aim to drive change on four key pillars:

1. Research
2. Clinical innovation
3. Education
4. Public policy

**InsideOut Institute at the University of Sydney leads The Australian Eating Disorders Research and Translation Centre in collaboration with a national consortium.**

**The Centre is targeted towards co-designed research that improves the health, social and emotional wellbeing of Australians with eating disorders and the translation of evidence into practice.**

THE UNIVERSITY OF SYDNEY

NSW GOVERNMENT Health
Sydney Local Health District

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staging.insideoutinstitute.org.au

of Mental Health and Wel... | https://gpmhsc.org.au/getattachment/7... | Access to primary mental health care re... | https://www.ato.gov.au/uploadedFiles/C... | GP Hub - InsideOut Institute

# Welcome!

What would you like to do today?

⚠ IS THIS AN EMERGENCY? →

## Prevention & Health Promotion

## Early identification, Intervention & Screening

## Assessment & Diagnosis Support

## Treatment & Medical Management

## Rehabilitation & Relapse Prevention

## What to do when...

Re: further to my other email

INSIDEOUT

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# Early intervention is key

Young people are more likely to become sicker more quickly than adults and are prone to long-term health complications, particularly due to weight loss.

If there are any red flags, screening or a full assessment of the young person is always warranted.

**Scroll down for:**

Screening and Assessment

Calculating BMI

TIP

Adolescence is the most common period of onset for an eating disorder. However, young people rarely seek help themselves and are usually brought in by a concerned parent or adult.

Take parent or carer concerns seriously.

## 5min FPS

- goal - healthy relationship with food, body , exercise
- use screener as an example of the language
- RAVES - what is healthy relationship w food

# RAVES

A back pocket guide to developing positive food relationships

**Shane Jeffrey – Dietitian**
www.riveroakhealth.com.au

RAVES is an evidence informed framework that supports the development of positive food relationships through combining science and personal values. With years of practical clinical application in the fields of eating disorders and weight concerns, RAVES is the perfect "back pocket tool" to guide change for your clients in moving toward intuitive eating practices.

## R – REGULARITY

- **Provides the foundation of the model through structure**
- **Eating five to six times a day – no emphasis in quantity**
- Assists in reducing binge eating episodes
- Stimulates metabolic efficiency – gets the fire burning
- Improves digestive functioning – gym workouts for the gut
- Helps maintain blood sugar levels – reducing highs and lows

## A – ADEQUACY

- **Provides for nutritional adequacy**
- **Medical stability, Nutritional Rehabilitation**
- Quality of food choices - food groups and balance
- Quantity of food choices – portions and energy intake
- Addresses macronutrient intake and distribution
- Allows the client to stick with safer foods initially

## V – VARIETY

- **Challenges beliefs of good v bad foods – all foods equal**
- **Lays the foundation for social eating opportunities**
- Introduces wider range of foods – there are no 'bad' foods
- Explores relationship of trust with food – permission
- Explores concept of taste – get taste buds dancing
- Lays foundation for social connection around food

## E – EATING SOCIALLY

- **Establishes confidence in social eating situations**
- **Social reconnection with friends and family**
- Supports the development of values based social networks
- Conversations challenge and distract from internal rhetoric
- Extends trust in food to food prepared differently/by others

## S – SPONTANEITY

- **Flexibility in food thinking and practices**
- **Supports sustainable and intuitive eating practices**
- Allows the client to be more socially integrated
- Provides scope for a more natural food relationship
- Reduced cognitive engagement in the eating process
- Increased confidence and trust in natural body signals

## INTUITIVE EATING PRACTICES

## THE THREE PHASES OF RAVES

# Q&A

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