

### Referral Criteria for Anorexia Nervosa

Advice and Management should be offered to those who:

- Are newly diagnosed with Anorexia Nervosa
- Have continuing weight loss
- Are severely emaciated
- Have a BMI below 17.5Kg/m<sup>2</sup>
- Have marked vomiting or laxative abuse.

### Nutritional Management Aim

- To provide help with nutritional rehabilitation, weight restoration, cessation of weight reduction behaviours, improvement in eating behaviours and improvement in psychological and emotional state

### Nutritional Management Goals

- To determine the level of malnutrition and muscle wasting present
- To ascertain the level of eating disturbance based on food beliefs, and present eating patterns
- To understand the weight, exercise and diet histories of clients.

### Nutritional Assessment

#### *Anthropometry*

- Height and Weight – BMI
- Skinfold thickness.

#### *Biochemistry*

Dietitian should have access to the following:

- Blood Tests- complete blood count, serum chemistry
- Blood Pressure, Urinalysis
- Bone Density Measurements.

#### *History*

- The length of time the client has had the eating disorder
- Medical History – menstrual cycle, skin, teeth, energy, gastrointestinal function
- Weight History - usual and current weight, desired weight, attitude towards weight, weight fluctuations, and significant events associated with changes.
- Weight Management History - previous diets and weight management methods, presence or history of binge-eating, purging and/or fasting, nutrition counselling
- Physical Activity History
- Family History - family eating patterns, food avoidance or allergy
- Social and Work History- work and home environment
- Emotional State
- Mental Health - depression, borderline personality, and obsessive compulsive disorder
- Medication and substance – use history – medications including thyroid replacement, vitamin/herbal supplement use, alcohol consumption, diet pills, diuretics, laxatives.

## Initial Consultation

- Assess clients understanding of condition and need for treatment. Educate as appropriate
- Nutritional History
  - Meal Pattern* - The usual distribution of meals and snacks throughout the day and the extent to which this varies from day to day, between weekdays and weekends, or is influenced by factors such as shift work, business, school meals, travel.
  - Food Choices* - Food beliefs, and rituals, food preferences and aversions, 'safe vs scary' or forbidden foods, 'triggerfoods', portion sizes, nutrient content of meals, and meal or food supplements.
  - Overall Dietary Balance* - How the dietary pattern compares with recommendations for all food groups in the food pyramid
  - Nutritional Adequacy* - The likelihood of dietary surplus or deficiency
  - Alcohol Consumption* - Typical intake and whether this exceeds safe limits
  - Eating Pattern* - Where client eats meals, alone, with family or friends. Length of time client takes to prepare and eat foods.
- Assess readiness to change eating pattern and lifestyle. Using motivational interviewing techniques and 'stages of change' model discuss behaviour change
- Address any specific actions requiring change as identified by client
- Agree dietary and physical activity plan until next appointment
- Agree level of weight gain in short and long term
- Offer support and reassurance with respect to gastric discomfort
- Provide support literature and written action plan
- Liaise with patient's spouse/guardian/parents where appropriate
- Liaise with other members of multidisciplinary team as appropriate.

## On Review

- Follow procedure for anthropometry, biochemistry, and nutritional assessment.
- Discuss positive and negative changes in the diet and behaviour since initial appointment
- Using behavioural therapy, assess and motivate client
- Assess dietary intake and physical activity levels
- Agree dietary and physical activity action plan until next appointment
- Provide ongoing nutrition education to the client, dispelling any myths that may arise
- Provide ongoing support to client.

## Topics to be addressed include:

- Appropriate food portion sizes
- Use of cold or room temperature foods, finger foods, and calorie containing foods to minimize early satiety
- Meal planning to introduce nutrient dense food to substitute for low calorie foods
- Limiting caffeine due to its appetite suppressing properties
- Inclusion of high fibre foods.

*Community Nutrition & Dietetic Service,  
PCCC – Galway/Mayo/Roscommon,  
HSE West, West City Centre, Seamus Quirke Rd, Galway  
Tel: 091-548335      Email: [community.nutrition@hse.ie](mailto:community.nutrition@hse.ie)*