Referral Criteria for Bulimia Nervosa

Advice and management should be offered to those who

- Have recurrent episodes of Binge eating
- Have recurrent, inappropriate compensatory behaviour in order to prevent weight gain such as: self-induced vomiting, misuse of laxatives, diuretics, enemas, other medications, fasting or excessive exercise.

Nutritional Management Aim

- To provide nutrition guidance that fosters a nourishing eating style and promotes normal physiologic function and physical activity.
- To support eating behaviors which bring about a normal relationship with food and eating.
- To separate weight and eating control problems from wider personal issues.

Nutritional Management Goals

- To normalize eating and stabilizing weight along with cessation of bulimic behaviours.
- To determine the level of malnutrition and muscle wasting present.
- To understand the weight, exercise and diet histories of clients.
- To assist in the medical management of patients through monitoring of electrolytes, vital signs, weight, food intake and exercise behaviours.

Nutritional Assessment

**Anthropometry**

- Height and Weight – BMI
- Skinfold Thickness.

**Biochemistry**

Dietitian should have access to the following:

- Blood Tests-complete blood count, serum chemistry (low potassium levels may be associated with vomiting or abuse of laxatives, and there may be nutritional anaemia)
- 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.
  - Ascertain the importance attached to shape and weight
  - The reaction to changes to weight
  - Previous attempts at dieting
  - Frequency of episodes of ‘overeating’
  - Frequency of purging behaviour
  - Use of over-exercising
  - Assess readiness to change eating pattern and lifestyle. Using motivational interviewing techniques and ‘stages of change’ model discuss behaviour change
  - Encourage client to monitor behaviour to become aware of patterns of dieting behaviour, and precipitants to binge eating
  - Address any specific actions requiring change as identified by client
  - Agree dietary and physical activity plan until next appointment
  - Educate client on dietary needs and support in establishing a regular meal plan that excludes dietary rules
  - 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
- Eat food items with utensils rather than fingers
- Use foods naturally proportioned or purchased in such form
- Incorporate high-bulk items such as fruits and vegetables.

Allow client to exclude certain high-risk binge food from their diet early in the course of treatment or choose foods that feel ‘safe’. (These foods may be added back into the diet slowly after some stability in eating has been achieved.)

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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