

Referral to the Adult Eating Disorder Program (AEDP) is via The Acute Care Team (ACT) Intake 1300744284 (1300MH CALL). ACT will conduct a Phone triage to determine suitability for engagement with AEDP and the following questions will be asked:

Step 1. GP/Psychiatrist Screening of Patient (Yes/No responses, please also refer to Appendix):

1. Is the person considered medically stable (e.g. as per the General practitioner guidelines for treatment of a consumer with an eating disorder – see Appendix)
2. Do they lack the presence of a clinically significant co-morbidity (this can be medical such as diabetes or a severe mental health diagnosis)?
3. Is the person help seeking or willing to engage in an eating disorder program?
4. Do they have practical access to an alternative provider through either their GP and the mental health eating disorder management plan, private insurance cover or the financial ability to pay their own treatment fees?
5. Is their current BMI 18.5 or above?

Step 2. If NO to any question:



1. Referrer to call 1300 744 284 (1300 MH Call) and speak to the Acute Care Team's (ACT) Intake Clinician
2. ACT Intake clinician will complete a comprehensive triage, including up to date medical observations (i.e., GP will be asked for copies of recent bloods and physical observations to ensure medical stability)

If YES to all questions:



GP/Psychiatrist to assess for eligibility for MHCP including Eating Disorder Management Plan (EDMP)

Complete EDE-Q (note criteria is Global Score of 3 or more)

GPs can access additional tips and guides on accessing the EDMP for patients:

Eating Disorders Screening, Identification & Referral

<https://www.nedc.com.au/assets/NEDC-Resources/Screening-identification-referral-guide.pdf>

NEDC Website for information on the new MBS items for Eating Disorders

<https://www.nedc.com.au>

Eating Disorders Queensland (EDQ)

<https://eatingdisordersqueensland.org.au>

APPENDIX

GENERAL PRACTITIONER GUIDELINES FOR THE TREATMENT OF A CONSUMER WITH AN EATING DISORDER

Continue at least **weekly** medical monitoring of the following parameters, with any abnormalities addressed as per the statewide guidelines below:

- Physical observations (including postural BP and HR 2 minutes apart);
- Bloods (FBC, E/LFTs, BGL, Mg)
- ECG
- Weight and BMI

If under the care of a Community Mental Health team please fax through physical observations, weight and blood results to the community team after review.

Taken from **“A guide to admission and inpatient treatment”** by the Queensland Eating Disorder Service

| | Psychiatric Admission Indicated# | Medical Admission Indicated## |
|-----------------|---|---|
| | (bold parameters highlight adolescent criteria that are different to those for adults) | |
| Weight loss | Rapid weight loss (i.e. 1kg/wk over several weeks) or grossly inadequate nutritional intake (<1000kCal daily) | |
| Re-feeding risk | Low | High |
| Systolic BP | <90 mmHg (<80 mmHg) | <80 mmHg (<70 mmHg) |
| Postural BP | | >20 mmHg drop with standing |
| Heart rate | | ≤40 bpm (<50 bpm) or > 120 bpm or postural tachycardia > 20bpm |
| Temp | <36.0 | <35.5 or >38°C |
| 12 lead ECG | Normal sinus rhythm | Any arrhythmia including QTc prolongation, or non-specific ST or T-wave changes including inversion or biphasic waves |
| Blood sugar | | <3.0 mmol/L |
| Sodium | <130 mmol/L* | <125 mmol/L |
| Potassium | Below normal range | <3.0 mmol/L |
| Magnesium | | Below normal range |
| Phosphate | | Below normal range |
| eGFR | >60 ml/min/1.73m ² and stable | <60 ml/min/1.73m ² or rapidly dropping (25% drop within a week) |
| Albumin | Below normal range | <30 g/L |
| Liver enzymes | Mildly elevated | Markedly elevated (AST or ALT >500) |
| Neutrophils | <1.0 x 10 ⁹ /L | <0.7 x 10 ⁹ /L |
| Weight | Body Mass Index (BMI) 12-14 (75-85% IBW, see IBW Ready Reckoner) | BMI <12 (<75% IBW, see IBW Ready Reckoner) |
| Other | Not responding to outpatient treatment | |

*Please note, any biochemical abnormality which has not responded to adequate replacement within the first 24 hours of admission should be reviewed by a Medical Registrar urgently.

If any parameter is met at the time of assessment, inpatient treatment is advised. The list in the table is not exhaustive; therefore, any other medical problems which are of concern should be discussed with the relevant medical team.

Psychiatric admission is indicated if BMI <14 for adults or 75-85% IBW for adolescents, or there are other abnormalities of physical parameters that are not of sufficient severity to warrant medical admission.

In some cases, as indicated in the column of indicators under the ‘Medical admission’ heading, an initial medical admission is indicated. Generally speaking, this is recommended if BMI <12 for adults or weight is <75% IBW for adolescents, or there are significant abnormalities of physical parameters.

Admission should be facilitated as per below:

1. Letter explaining concerns and outlining physical observations / bloods;
2. Send letter with patient, or consider direct fax to the Emergency Department if letter contains information that may cause distress to patient;
3. Consider use of the Mental Health Act as per the Queensland Eating Disorder Service (QuEDS) “A Guide to Using the Mental Health Act 2016 for Patients with an Eating Disorder”

https://qheps.health.qld.gov.au/metronorth/mental_health/queds-consultation