

GP Connect *In Brief*

Keeping GPs informed in the changing primary health landscape



17 October 2019

Eating disorders: The implications of starvation and importance of nutritional rehabilitation

Dr Anthea Fursland (Associate Director and Consultant Clinical Psychologist) and Dr Lisa Miller, (Psychiatrist and Medical Director) at the WA Eating Disorders Outreach & Consultation Service.

Increasingly, eating disorders are understood as neurobiological disorders, sitting at the interface of physical and mental health. Emerging evidence suggests early intervention, including assertive nutritional rehabilitation and structured psychological support with a multidisciplinary plan for relapse prevention, can significantly improve prognosis.

Severe malnutrition and 'starvation syndrome'¹ can be experienced in people at any weight, resulting in physical and cognitive effects including poor insight regarding nutritional and medical risk. Severely malnourished individuals are unlikely to be able to reverse starvation on their own.

Sometimes people with high risk medical complications or recurrent presentations may require inpatient admission to enable nutritional rehabilitation/weight gain to a level sufficient for brain recovery from malnutrition. Otherwise, this will continue to drive cognitions and impair engagement with psychological treatments, perpetuating the cycle of weight loss and readmission. Access in Perth to public psychological services and private day programs for people with eating disorders requires a BMI >16 kg/m² and BMI ≥17kg/m² is associated with improved ability to benefit from outpatient treatment².

Prevalence, screening and early intervention

Eating disorders are not rare. A longitudinal study from WA showed that by the age of 17, 15.2% of females have a diagnosable eating disorder³.

Since shame often hinders people from seeking help and early intervention is known to improve prognosis, all patients should be asked about their eating habits and whether they purge, binge and/or severely restrict their food. A screening tool such as the **SCOFF** can help identify disordered behaviours and cognitions. Trustworthy psychoeducation, such as handouts provided by the **Centre for Clinical Interventions**, is helpful in explaining such concepts as the need for regular eating, the dangers of purging and the effects of starvation.

"...just talking to someone about their eating disorder, without changing the behaviour, is unlikely to be helpful."

Medicare changes and evidence-based treatments

From 1 November 2019, Medicare reimbursement will be increased for people with severe eating disorders. Dietitians will be able to provide up to 20 sessions per year and psychologists up to 40 sessions. (To obtain beyond 20 mental health sessions, the individual will need to be assessed by a psychiatrist or paediatrician).

Whilst assertively addressing nutritional rehabilitation goals with people experiencing eating disorders can be challenging, it is also critical to recovery i.e. just talking to someone about their eating disorder, without changing the behaviour is unlikely to be helpful. Therefore it is important that GPs refer their patients to psychologists and dietitians who offer evidence-based treatment, which involves:

- A focus on the current eating disorder
- Early change
- Reducing eating disorder behaviours (restriction, binge eating, purging, driven exercise)
- Weekly weighing
- Weight regain for those needing it

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Clinical Updates

Perth Measles Alert

Dr Paul Effler, A/Director, Communicable Disease Control Directorate has recently advised that visitors and residents of the Perth metropolitan area may have been exposed to measles and more cases may occur over the coming weeks. There are now 19 confirmed measles cases in the Perth metropolitan area since mid September, with the number of cases in WA this year now reaching 45. Over the past five years there has been eight to 43 cases reported in WA each year.

All suspected or confirmed cases are to be notified immediately to the Communicable Disease Control Directorate on 9222 0255 (9328 0553 A/H) or to the local [Public Health Unit](#) in regional areas. GPs are also advised to:

- Consider measles in a febrile patient with a compatible clinical picture
- Treat suspected measles cases with immediate isolation with airborne precautions
- Be alert for further locally acquired cases of measles
- Offer the MMR vaccine to people aged 53 years and under who do not have documented evidence of two doses of MMR (see '[Immunisation – Adult](#)' HealthPathway.)

Signs and symptoms

Patients with measles usually look and feel very unwell. Prodrome generally consists of two to four days of fever and malaise, AND one or more of:

- Cough
- Coryza
- Conjunctivitis or Koplik spots on buccal mucosa (not commonly observed).

This is followed by the onset of a rash two to seven days after prodrome, usually characterised by:

- Fever present at time of rash onset
- Commencing on face/head then descending
- Maculopapular, becoming confluent.

Infection and prevention control

Patients with symptoms and signs consistent with measles should be:

- Identified promptly at reception
- Fitted with a surgical mask
- Isolated in a room (negative pressure, where available) separate from other patients, with the door shut.

Only staff who are immune to measles should attend the patient and airborne precautions should be used, including the wearing of appropriate PPE. All equipment in contact with the patient should be single use or reprocessed before use on another patient.

The examination room should also be left vacant for at least 30 minutes after the patient has left and all touched surfaces thoroughly cleaned.

Visit the [Department of Health website](#) to download a series of posters to display at the front door of general practices and in clinical areas.

Laboratory testing

Formal diagnosis should be supported by the following patient testing:

- Throat or nose swab, or nasopharyngeal swab or aspirate, for measles PCR, in viral transport medium
- Urine for measles PCR
- Serology for measles IgG and IgM.

New Telehealth MBS items

From 1 November 2019, there will be 12 new Medicare Benefits Schedule (MBS) items for telehealth video consultations with patients living in rural and remote areas. The new items will be available to GPs and non-specialist medical practitioners, and can be used for patients who:

- Are living in a Modified Monash Model (MMM) 6 or 7 area (use the online Health Workforce Locator to search the MMM map);
- Have had three face-to-face professional attendances in the preceding 12 months from the practitioner who will provide the telehealth service; and
- At the time of the consultation, are at least 15 kilometres by road from the practitioner.

To find out more, read the factsheets available from [MBS Online](#). More information about Telehealth consulting can be found on the '[Telehealth](#)' HealthPathway.

Expressions of Interest – Mental Health Network Clinical Co-Lead

The Mental Health Commission, in partnership with the Department of Health, is seeking Expressions of Interest from suitably qualified individuals for the position of Clinical Co-Lead for the Mental Health Network. The Clinical Co-Lead will work together with the Community Co-Lead to provide leadership and direction to the Mental Health Network. To apply, complete the [application requirements](#) and email to MHNetwork@mhc.wa.gov.au by 4pm Friday, 18 October 2019. For more information, contact Assistant Director, Planning, Policy and Strategy, Ms Renae Hodgson on 6553 0412 or email renae.hodgson@mhc.wa.gov.au

Viewing diagnostic testing now easier through My Health Record

To better support clinical decision making, My Health Record has recently upgraded the viewing of pathology and diagnostic imaging. The upgrade's enhanced clinical workflow capabilities will better enable GPs to easily identify and group together relevant tests and results, keep track of tests from multiple providers, and allow patient test results to be monitored over time. Visit the [Australian Digital Health website](#) for more information.

Silver Book - new aged care guide

The RACGP has recently published a new edition of the [RACGP aged care clinical guide \(Silver Book\)](#). The fifth edition provides GPs with up-to-date information on the complex care of older people, with the first section now accessible online. It is designed to assist in clinical decision-making by presenting a snapshot view of the diagnosis and management of a range of clinical conditions. Practitioners in this area may also wish to view the suite of ['Older Adults' Health'](#) HealthPathways.

Coping with self-harm resource for GPs and patients

A new youth mental health resource, [Coping with self-harm: A guide for parents and carers](#), has been developed by the Orygen National Centre of Excellence in Youth Mental Health with funding support from the Perth South Suicide Prevention Trial led by WA Primary Health Alliance. The guide provides practical information for parents and carers but is also a useful resource for GPs to reference and provide should they see presentation in their practice.

There is also a ['Deliberate Self Harm'](#) HealthPathway.

Second round of GP Urgent Care applications now open

Applications have now opened for practices wishing to join the GP Urgent Care Network Pilot. [Click here](#) for more information on essential criteria and how to access the application form. Any questions about the application or the Pilot can be emailed to urgentcare@wapha.org.au Applications close 31 October 2019.

Eating disorders (cont)

- A focus on eating regularly and reducing food avoidance by exposure to food and eating.

The local Women's Health and Family Services Eating Disorders Resources Directory, which lists practitioners with expertise in this area, can be accessed via the ['Eating Disorders Specialised Assessment'](#) HealthPathway.

The two most widely used evidence-based psychological treatments are:

- Family Based Treatment (FBT) – for adolescents with anorexia nervosa
- Cognitive Behaviour Therapy (CBT) – for all diagnoses and all ages from adolescence

Although the onset of anorexia nervosa and bulimia nervosa is usually in the teen years, binge eating disorder can develop at any age, and affects men in equal numbers. Patients presenting in later life may have tried many treatments, but the evidence suggests that evidence-based approaches can still work with this older group and that even longstanding eating disorders can be treated successfully.^{4,5}

Eating disorders are complex in nature, cause enormous distress to patients and their families, and carry a large burden of care. Because of this, it is critical to screen for eating disorders, intervene early and refer appropriately, plus provide regular medical monitoring. The WA Eating Disorders Outreach & Consultation Service (WAEDOCS) is available to support clinicians throughout the state and can be reached on 1300 620 208. WAEDOCS has also created [clinical guidelines](#) to facilitate best practice care.

More information can also be found in the recently completed ['Eating Disorders'](#) HealthPathway.

References:

1. Keys, A. The Biology of Human Starvation. Minneapolis, MN: University of Minnesota Press; 1950.
2. Wade, T., Allen, A., Crosby, R., Fairburn, C., Fursland, A., Hay, P., McIntosh, V., Touyz, S., Schmidt, U., Treasure, J. & Byrne, S. (2017) Trajectory of weight change over the first 13 sessions of outpatient therapy for anorexia nervosa and relationship to outcome. International Conference on Eating Disorders, Prague
3. Allen, KL, Oddy, WH, Byrne, SM & Crosby, RD (2013) DS M-IV-TR and DSM-5 Eating Disorders in Adolescents: Prevalence, Stability, and Psychosocial Correlates in a Population-based Sample of Male and Female Adolescents. *Journal Abnormal Psychology*. 122 (3) 720-732
4. Raykos, B., Erceg-Hurn, D., McEvoy, P., Fursland, A. & Waller, G. (2018) Severe and enduring anorexia nervosa? Illness severity and duration are unrelated to outcomes from enhanced cognitive behaviour therapy. *Journal Consulting & Clinical Psychology*. 86, 8; 702-709
5. Eddy, KT, Tabri, N, Thomas, JT, Murray, HB, & Franko (2016) Recovery from Anorexia Nervosa and Bulimia Nervosa at 22-year follow-up. *J Clinical Psychiatry*

Education Events



HealthPathways WA GP Education Event at Rockingham General Hospital: Linking Primary to Tertiary Care PLUS CPR Refresher

Presented by Rockingham Peel Group and Rockingham General Hospital in partnership with WA Primary Health Alliance; HealthPathways WA, this full day event will cover a variety of topics and also provide GPs with an opportunity to connect with local service providers. Education sessions include:

- Syphilis and STIs by Dr Lewis Marshall
- Allied Health & NDIS by Belinda Whitworth & Mark Burrows
- Aged Care Transition by Deb Jones
- Dementia by Dr Nisha Antony
- Menorrhagia & Urinary Incontinence by Dr Yadav Yogender
- Endocrinology by Dr Krish Chikkaveerappa
- Paediatric ADHD by Dr Colin Derrick

Presentations will be followed by an optional one hour CPR session at a cost of \$99 for RACGP members and \$121 for non-members.

Date: Saturday 9 November
Time: 8:30 AM - 3:30PM
Venue: Rockingham General Hospital
 Education Centre Lecture Theatre
 Elanora Dr, Coooloongup 6168

Accreditation:
 40 Cat 1 RACGP QI&CPD and 30 ACRRM PRDP points.

Registration and more information :
<https://waproject.healthpathways.org.au/Events/RGHGPEventNov2019.aspx>

TADPole: The 'Heartsink' Consultation- Managing Complex Needs
 ECU and WA Primary Health Alliance
 Saturday 19 October

GP & Practice Team: Advanced Care Planning Education Event - Greenwood
 WA Primary Health Alliance
 Saturday 26 October

RACGP GP 19 Conference
 RACGP
 Thursday 24 to Saturday 26 October

Chronic Pain Management Webinar
 ECU & WA Primary Health Alliance
 Monday 21, Thursday 24 October

ARMED - Annual Review of Metabolism, Endocrinology and Diabetes
 FSH, Diabetes WA and WA Primary Health Alliance; HealthPathways WA
 Saturday 2 November

TADPole: Treating Alcohol and Other Drugs in Primary Care
 WA Primary Health Alliance
 Saturday 16 November

Australasian Doctors' Health Conference
 Rural Health West
 Friday 22 - Saturday 23 November

For more information on upcoming GP education events or to register, visit wapha.org.au/events

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