

NICE Guidelines for assessment

1.2.4 Although eating disorders can develop at any age, be aware that the risk is highest for young men and women between 13 and 17 years of age.

1.2.5 Do not use screening tools (for example, SCOFF) as the sole method to determine whether or not people have an eating disorder.

1.2.6 When assessing for an eating disorder or deciding whether to refer people for assessment, take into account any of the following that apply:

- an unusually low or high body mass index (BMI) or body weight for their age
- rapid weight loss
- dieting or restrictive eating practices (such as dieting when they are underweight) that are worrying them, their family members or carers, or professionals
- family members or carers report a change in eating behaviour
- social withdrawal, particularly from situations that involve food
- other mental health problems
- a disproportionate concern about their weight or shape (for example, concerns about weight gain as a side effect of contraceptive medication)
- problems managing a chronic illness that affects diet, such as diabetes or coeliac disease
- menstrual or other endocrine disturbances, or unexplained gastrointestinal symptoms
- physical signs of:
 - malnutrition, including poor circulation, dizziness, palpitations, fainting or pallor
 - compensatory behaviours, including laxative or diet pill misuse, vomiting or excessive exercise
 - abdominal pain that is associated with vomiting or restrictions in diet, and that cannot be fully explained by a medical condition
 - unexplained electrolyte imbalance or hypoglycaemia
 - atypical dental wear (such as erosion)
 - whether they take part in activities associated with a high risk of eating disorders (for example, professional sport, fashion, dance, or modelling).

1.2.7 Be aware that, in addition to the points in recommendation 1.2.6, children and young people with an eating disorder may also present with faltering growth (for example, a low weight or height for their age) or delayed puberty.

1.2.8 Do not use single measures such as BMI or duration of illness to determine whether to offer treatment for an eating disorder.

1.2.9 Professionals in primary and secondary mental health or acute settings should assess the following in people with a suspected eating disorder:

- their physical health, including checking for any physical effects of malnutrition or compensatory behaviours such as vomiting
- the presence of mental health problems commonly associated with eating disorders, including depression, anxiety, self-harm and obsessive-compulsive disorder
- the possibility of alcohol or substance misuse
- the need for emergency care in people whose physical health is compromised or who have a suicide risk.

Handout for parents From BEAT website

- Recognise that you are not to blame
- Acknowledge to your loved one that they are not to blame.
- Recognise how distressing the illness is for your loved one.
- Educate yourself about eating disorders where you can.
- Ask your loved one how they are feeling and what they are thinking, rather than making assumptions.
- Avoid discussing weight, shape, food, and diets in front of your loved one, and model a balanced relationship with your own food and exercise.
- Remind yourself that things can change and reassure your loved one that recovery is possible.
- Ask your loved one what you can do to help – for example, helping them to stick to regular eating, putting in boundaries following mealtimes, having a space to talk about how they are feeling. Your loved one may respond that you can just “leave them alone” or that you can’t do anything to help, so here it can be helpful to remind them you can hear their distress and how difficult things are, and you are there if they need you.
- Recognise any ‘accommodating or enabling behaviours’ – behaviours that you do to help reduce your loved one’s distress from the eating disorder, for example, cleaning up vomit or cooking different meals for them, but that collude with the disorder and cover up the negative consequences of the behaviours. For more tips see www.beateatingdisorders.com