

The role of the nurse in eating disorder recovery

Primary care nurses must be able to treat patients with these conditions, writes **Nicola Davies**



The late teenage years are the most common age to develop an eating disorder

A 2015 report reveals that more than 725,000 people in the UK are affected by eating disorders such as anorexia, bulimia, and binge-eating disorder.¹ In recognition of the seriousness of these conditions, the government announced earlier this year that it was committing £150 million to improve access to mental health services for young individuals affected by eating disorders.²

In whatever form an eating disorder manifests, recovery is extremely complex and those affected cannot achieve it in a vacuum. To achieve successful and long-lasting recovery, the physical,

emotional and social wellbeing of the patient must all be considered. Nurses play a vital role in eating-disorder recovery through the delivery of person-centred care and the provision of a supportive, therapeutic relationship.

Identifying eating disorders in primary care

Nurses are often the initial point of entry to care for people with eating disorders and can therefore be

important in establishing the foundations for recovery, especially with those patients who may not realise they have a problem.

Possessing the skills to identify potential patients is crucial. It requires a breaking down of the myths associated with eating disorders. For example, not everyone with an eating disorder will present as emaciated. Even people with anorexia start on a continuum of illness and can

be identified before reaching a severely low body weight.

At times, people with eating disorders are not convinced that they have a condition that needs treatment, or are ashamed to volunteer personal information to a health professional. Nurses who have familiarity with the clinical, psychological and behavioural symptoms of eating disorders can better assist physicians during physical and mental health assessments. An understanding of eating disorder treatment guidance will also help nurses decide whether it might be appropriate to recommend an intervention.

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Typically, patients have clinical presentations such as nutritional imbalances (above/below average body mass index (BMI), pale mucous membranes in the eyes, oedema, hair loss, and cardiac irregularities) and body fluid deficiency (dry skin, increased body temperature and blood pressure, dehydration, physical weakness, and electrolyte imbalance).⁴

According to the National Institute for Health and Care Excellence (NICE) Guideline on the clinical management of eating disorders, there are some target groups in primary care and non-mental health settings who are suitable for eating disorder screening. These include:

- young women with below average BMI
- individuals consulting about their weight despite being within the normal weight range
- patients with gastrointestinal problems
- females with amenorrhoea (absence of menstruation)
- young people exhibiting poor growth
- people with signs of starvation or repeated vomiting.

Even adolescents diagnosed with Type 1 diabetes who show poor medication adherence must be screened because some may avoid taking insulin

to reduce calorie intake.⁵ This is also known as diabulimia.

A holistic approach to eating disorder treatment

The level of risk for engaging in eating disorder behaviours may increase when a patient starts to confront the deep emotional reasons for their condition, and when gaining weight after significant weight loss.⁶ Although eating disorders manifest physically, the causes are often psychological and therefore nurses must observe and support patients as they confront deeper emotional issues. Indeed, physical, emotional, cognitive and social aspects of treatment need to be taken into consideration when working with this patient group.

A holistic approach to nursing is congruent with the most common types of eating disorder treatments such as cognitive-behavioural therapy (CBT), dialectical-behaviour therapy (DBT), family therapy, group therapy, and art therapy, among others.

Since recovery involves patients having to face their deepest, most painful, and traumatic thoughts and emotions, supporting them as they go through treatment can be emotionally challenging for nurses. This emotional challenge can be exacerbated when the patient has also been diagnosed with Obsessive Compulsive Disorder (OCD),

depression, or substance abuse, as these may require more intensive one-to-one support.

As this might take nurses out of their comfort zone or clinical remit, worksheets are available for nurses to use in efforts to help patients challenge and overcome their obsessive and ritualistic behaviours and to adopt a more flexible perspective in day-to-day life.⁶ These can be supplemented by nurses familiarising themselves with the detailed guidelines and resources offered by NICE.⁵

Furthermore, learning motivational interviewing techniques can help facilitate communication with those who might be resistant to discussing topics related to food, weight, and recovery. Such techniques can help develop the skills of empathic understanding, rolling with resistance, and gently assisting patients to make their own, autonomous decision to work towards recovery. Often, the aim is to help patients learn new and healthier ways of coping, and nurses can achieve this through a mix of emotional support, education, and signposting.

Assisting patients to remain strong and adhere to treatment requires nurses to develop a relationship that is caring, empathetic and trusting, and in line with the person-centred approach to care. Patients affected by eating disorders require individualised support to better understand their condition, rediscover their identity, learn to accept themselves, enhance a positive body image and sense of self-worth, and achieve a balance in their lives so that they can move towards better health and wellbeing.

This kind of support needs to be consistent and health-care providers ideally need to be able to commit to being in it for the long-haul. This isn't always possible for

Box 1

- One in 250 females and one in 2,000 males will develop anorexia nervosa at some point in their life.
- Bulimia is two or three times more likely than anorexia.
- 90% of those suffering from bulimia are women.
- Anorexia typically develops at age 16 or 17 and bulimia at age 18 or 19 (although either can start much earlier or later).³

nurses, so offering advice on where to seek long-term support is essential and shows genuine care for the patient's future recovery.

The evolving role of nurses in the stages of recovery

General practitioners have a duty to provide the initial assessment and to coordinate care, which may include emergency psychiatric or medical attention.⁵ However, part of adopting a holistic approach is providing multidisciplinary care. Treatment requires collaboration between many health-care professionals, including physicians, nurses, nutritionists, therapists/counsellors, as well as the family members.

Referral to secondary care facilities is crucial for the prevention of relapse following treatment. Primary care nurses, therefore, require training in recognising the physical and emotional symptoms that may indicate an eating disorder so that they can make referrals to other health facilities that can assist in addressing comorbidities and ensuring that patients get comprehensive clinical attention.

Throughout secondary care treatment, nurses will need to attend to medical treatment priorities such as correcting electrolyte/fluid imbalances

Box 2

Nurses can monitor the following psychological markers among patients:⁴

- Disturbed thought processes - impaired decision-making, abnormal sleeping patterns, or failure to recognise fatigue or hunger.
- Distorted body image - consistently considers self to be 'fat' despite normal weight or emaciated appearance, or is overly dependent on the opinions of others.
- Impaired relationships with parents - the presence of family conflict, communication difficulties, or having poorly defined family roles.
- Knowledge deficit - has clear misconceptions about current disordered eating behaviours and their effect on health, or is preoccupied with fear of obesity.

and ensuring adequate nutritional intake. In addition, they will need to assist patients to develop a more realistic and self-affirming body image and help educate family members on their role in recovery maintenance.

The road to recovery from an eating disorder is a long one. Clearly, as patients' progress from awareness, diagnosis, treatment, and then to recovery maintenance, nurses provide an evolving type of support and therapeutic relationship that can have a good influence on the patient's health outcomes. In particular, nurses can offer surveillance and flexibility towards the patient's changing needs.⁷

In one study, patients recovering from anorexia identified three key roles of nurses throughout treatment:⁸

- Structure provider
- Role model
- Support system

During the early stages of treatment when patients are still new to recovery, they look to nurses to provide them with a highly structured environment, which sometimes involves nurses making food and behavioural decisions on their behalf. While this might not be an ongoing issue for primary care nurses, they may still be required to offer decisive advice on these areas. Here, it is imperative that nurses offer such advice with a clear message that patients have the power to make these decisions themselves.

As treatment progresses, patients eventually grow to appreciate nurses who act as role models and educate them in how to normalise their diet and involvement in social activities. Towards the end of treatment, nurses become more of a support system, encouraging the patient to move forward autonomously, while providing them with

guidance on where to seek help if it is needed.

Ultimately, there are different stages to eating disorder recovery and nurses can benefit from learning how to discern at which stage an individual is situated so that they can adapt their role according to what the patient might need in the moment.

From awareness of the eating disorder to recovery maintenance, the role of the primary care nurse evolves, but what doesn't change is the positive influence nurses can have on those with an eating disorder. With the skills of listening, empathy, adaptability and communication, primary care nurses can assist in identifying at-risk individuals and optimising the delivery of a multidisciplinary and holistic approach to care. **IN**

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