

## GP EATING DISORDERS MANAGEMENT PLAN (EDMP)

Item Nos: 90250 – 90257

GP DETAILS			
GP Name		Practice Name & contact details	
Provider No.			
GP preferred method/s of multidisciplinary team communication	<input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Medical Objects	<input type="checkbox"/> Phone call <input type="checkbox"/> Other	
PATIENT DETAILS			
First Name		Last Name	
Date of Birth		Gender	
MENTAL STATUS EXAMINATION			
<b>Appearance and General Behaviour</b> Normal Other:		<b>Mood</b> (Depressed/Labile) Normal Other:	
<b>Thinking</b> (Content/Rate/Disturbances) Normal Other:		<b>Affect</b> (Flat/blunted) Normal Other:	
<b>Perception</b> (Hallucinations etc.) Normal Other:		<b>Sleep</b> (Initial Insomnia/Early Morning Wakening) Normal Other:	
<b>Cognition</b> (Level of Consciousness/Delirium/Intelligence) Normal Other:		<b>Appetite</b> (Disturbed Eating Patterns)	
<b>Attention/Concentration</b> Normal Other:		<b>Motivation/Energy</b> Normal Other:	
<b>Memory</b> Normal Other:		<b>Judgement</b> Normal Other:	
<b>Insight</b> Normal Other:		<b>Anxiety Symptoms</b> (Physical & Emotional)	
<b>Orientation</b> (Time/Place/Person)		<b>Speech</b> (Volume/Rate/Content)	

ELIGIBILITY FOR EDMP	
<b>EATING DISORDER DIAGNOSIS (DSM-V)</b>	<input type="checkbox"/> Anorexia Nervosa (AN) ( <i>meets criteria for an EDMP</i> ) <b>OR</b> <input type="checkbox"/> Bulimia Nervosa (BN) <input type="checkbox"/> Binge Eating Disorder (BED) <input type="checkbox"/> Other Specified Feeding or Eating Disorder (OSFED)
<b>EDE-Q GLOBAL SCORE</b> <i>(score ≥ 3 for eligibility)</i>	} <i>must also meet additional criteria (below)</i>
<b>EATING DISORDER BEHAVIORS</b> <i>(at least 1 for EDMP eligibility)</i>	
<b>CLINICAL INDICATORS</b> <i>(at least 2 for EDMP eligibility)</i>	<input type="checkbox"/> Clinically underweight (< 85% expected weight with weight loss due to eating disorder)
	<input type="checkbox"/> Current or high risk of medical complications due to eating disorder
	<input type="checkbox"/> Serious comorbid psychological or medical conditions impacting function
	<input type="checkbox"/> Hospital admission for eating disorder in past 12 months
	<input type="checkbox"/> Inadequate response to evidence-based eating disorder treatment over past 6 months
<b>EDMP ELIGIBILITY MET</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO ( <i>consider Mental Health Care Plan and/or Chronic Disease Management Plan</i> )

INITIAL TREATMENT RECOMMENDATIONS UNDER EDMP		
Psychological treatment services (Initial 10 sessions)	Dietetic services (up to 20 in 12 months)	Psychiatric/paediatric review*
Referred to:	Referred to:	Referred to:

PATIENT TREATMENT GOALS	
PRESENTING CONCERNS	GOALS
Abnormal eating pattern (restriction/ bingeing/ purging)	<input type="checkbox"/> Establishment of regular eating behaviour
Deviation from healthy body weight (weight loss / weight gain)	<input type="checkbox"/> Restoration of healthy body weight
Physiological complications of eating disorder (eg malnutrition, cardiac, GIT, electrolyte abnormalities, sequelae of purging)	<input type="checkbox"/> Reversal of same
Unhelpful compensatory behaviours (eg vomiting, laxative abuse, bingeing, stimulant abuse, over-exercise etc)	<input type="checkbox"/> Supported cessation of same
Over-exercise	<input type="checkbox"/> Restoration of healthy relationship with non-punitive exercise habits & understanding for nutritional requirements for exercise
Underlying biopsychosocial precipitating & maintaining factors, past trauma, relationship difficulties	<input type="checkbox"/> Address same

Psychosocial losses that have resulted from eating disorder	<input type="checkbox"/> Reclaim losses, build a fulfilling & balanced life
Future relapse	<input type="checkbox"/> Relapse prevention

### EATING DISORDERS PATIENT PHYSICAL ASSESSMENT

ASSESSMENT	FINDINGS	MODERATE ALERT MONITOR WEEKLY	HIGH ALERT MEETS ADMISSION CRITERIA
BMI		BMI <16	BMI <13
Weight loss		Weight loss > 0.5kg for several weeks	Weight loss 1kg or more for several weeks
Blood Pressure		Systolic – 90mmHg Diastolic - 60mmHg	Systolic – 80mmHg Diastolic - 50mmHg  OR Postural Drop >10mmHg
Heart Rate		<50bpm	<40bpm  OR Postural Tachycardia >20bpm increase
Temperature		<36° C	<35.5° C  OR cold/blue extremities
Fluid and electrolyte changes		Phosphate – 0.5-0.9mmol/L Potassium – <3.5mmol/L Sodium – <130mmol/L	Phosphate – <0.7mmol/L Potassium – <3.0mmol/L Sodium – <125mmol/L

Liver enzymes		AST – >40 ALT – >45	AST – >100 ALT – >100
Nutrition		Albumin – <35g/L Glucose – <3.5mmol/L	Albumin – <30g/L
Cardiovascular – ECG		<50	<40 OR Prolonged QT Interval >450msec OR Arrythmias
eGFR			<60ml/min/1.73m <sup>2</sup> OR rapidly dropping (25% within a week)
Bone Marrow		Neutrophilis <1.2 x 10 <sup>9</sup> /L	Neutrophilis <1.5 x 10 <sup>9</sup> /L
Physical Observations		Swollen ankles Pitting oedema Significant bruising	

#### GP REFERRAL REQUIREMENTS

Suicide risk performed	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Physical examination conducted	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Patient education given	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Copy of EDMP given to patient	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Copy of EDMP given to other providers	<input type="checkbox"/> YES	<input type="checkbox"/> NO

#### GP REVIEW REQUIREMENTS

- Mental health: Prior or at sessions 10, 20 & 30 of psychological treatment & at EDMP completion
- Dietetics: after Session 1 or 2 and at EDMP completion

**Note: PSYCHIATRIC OR PAEDIATRIC REVIEW**

Required in addition to GP review to access sessions 21-40. Consider referring early in course of treatment

## RECORD OF PATIENT CONSENT

I, \_\_\_\_\_, (patient name - please print clearly) agree to information about my mental and medical health to be shared between the GP and the health professionals to whom I am referred, to assist in the management of my health care.

\_\_\_\_\_  
Signature (patient):

\_\_\_\_\_  
Date:

I (GP) have discussed the proposed referral(s) with the patient and am satisfied that the patient understands the proposed uses and disclosures and has provided their informed consent to these.

\_\_\_\_\_  
GP Signature

\_\_\_\_\_  
GP Name

\_\_\_\_\_  
Date

\*Assessment by psychiatrist/ paediatrician required for patient to access EMPT psychological sessions 21-40

^Psychological treatments allowed under EDMP (to be determined by MH professional):

- Family based treatment
- Adolescent focused therapy
- CBT
- CBT-AN
- CBT- BN/BED
- SSCM for AN
- MANTRA for AN
- IPT for BN or BED
- DBT for BN or BED
- Focused psychodynamic therapy for EDS