

# GP EATING DISORDERS PLAN (EDP)

Item Nos: 90250 - 90257

GP DETAILS				
GP Name Provider No.		Practice Name & address		
Practice postcode		Practice phone	Practice fax	
GP or practice email				
GP preferred method/s of multidisciplinary team communication	<input type="checkbox"/> Letter <input type="checkbox"/> Email. _____ <input type="checkbox"/> SMS _____ <input type="checkbox"/> Phone call _____ <input type="checkbox"/> Other _____			
PATIENT DETAILS				
First Name		Last Name		
Date of Birth		Age		
Marital Status	<input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married/De facto			
Current Gender Identity	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Not Stated <input type="checkbox"/> Transgender Female/Male-Female <input type="checkbox"/> Transgender Male/Female-Male			
Address				
Suburb		Postcode		
Phone 1		Phone 2		
Country of Birth		Cultural Identity		
Aboriginal or Torres Strait Islander	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Unknown			
Main language spoken at home				
Proficiency in spoken English	<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at All			
Family/ support person details Consider involving support person in session if appropriate				

## ELIGIBILITY FOR EDP

<p><b>EATING DISORDER DIAGNOSIS (DSM-V)</b></p> <p><a href="https://insideoutinstitute.org.au/resource-library/dsm-5-diagnostic-criteria-for-eating-disorders">https://insideoutinstitute.org.au/resource-library/dsm-5-diagnostic-criteria-for-eating-disorders</a></p>	<p><input type="checkbox"/> Anorexia Nervosa (AN) <i>(meets criteria for an EDP and additional eligibility criteria not necessary)</i></p> <p><input type="checkbox"/> Bulimia Nervosa (BN)</p> <p><input type="checkbox"/> Binge Eating Disorder (BED)</p> <p><input type="checkbox"/> Other Specified Feeding or Eating Disorder (OSFED) } <i>must meet all other criteria</i></p>
<p><b>EDE-Q Global Score</b> <i>(score ≥ 3 for eligibility)</i></p> <p><a href="https://insideoutinstitute.org.au/assessment?started=true">https://insideoutinstitute.org.au/assessment?started=true</a></p>	
<p><b>EATING DISORDER BEHAVIOURS</b></p> <p><i>(at least 1 for EDP eligibility)</i></p>	<p><input type="checkbox"/> Rapid weight loss</p> <p><input type="checkbox"/> Binge eating <i>(frequency ≥ 3 times/ week)</i></p> <p><input type="checkbox"/> Inappropriate compensatory behaviour (e.g. purging, excessive exercise, laxative abuse) <i>(frequency: ≥ 3 times/week)</i></p>
<p><b>CLINICAL INDICATORS</b></p> <p><i>(at least 2 for EDP eligibility)</i></p>	<p><input type="checkbox"/> Clinically underweight (&lt; 85% expected weight with weight loss due to eating disorder) <i>Detail:</i></p> <p><input type="checkbox"/> Current or high risk of medical complications due to eating disorder <i>Detail:</i></p> <p><input type="checkbox"/> Serious comorbid psychological or medical conditions impacting function <i>Detail any psychological/ medical comorbidities and impact on health/ function:</i></p> <p><input type="checkbox"/> Hospital admission for eating disorder in past 12 months</p> <p><input type="checkbox"/> Inadequate response to evidence-based eating disorder treatment over past 6 months <i>Details:</i></p>
<p><b>EDP ELIGIBILITY CRITERIA MET</b></p>	<p><input type="checkbox"/> YES                      <input type="checkbox"/> NO <i>(consider Better Access to mental health plan)</i></p>

## INITIAL TREATMENT RECOMMENDATIONS UNDER EDP

Psychological treatment services (EDPT) (Initial 10 sessions)	Dietetic services (up to 20 in 12 months)	Psychiatric/paediatic review  Assessment by psychiatrist/ paediatrician required for patient to access EDPT sessions 21-40
Referred to:          Goals:          Psychological treatments allowed under EDP (to be determined by MH professional): <ul style="list-style-type: none"> <li>- Family based treatment</li> <li>- Adolescent focused therapy</li> <li>- CBT</li> <li>- CBT-AN</li> <li>- CBT- BN/BED</li> <li>- SSCM for AN</li> <li>- MANTRA for AN</li> <li>- IPT for BN or BED</li> <li>- DBT for BN or BED</li> <li>- Focal psychodynamic therapy for EDs</li> </ul>	Referred to:          Goals:          	Referred to:          
<b>Actions</b> record the actions the patient needs to make     		
<b>Emergency Care/Relapse Prevention</b>     		
Physical examination conducted (see attached)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Patient education given	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Copy of EDP given to patient	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Copy of EDP given to other providers	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>GP REVIEW REQUIREMENTS</b>		
<input type="checkbox"/> Mental health: Prior or at sessions 10, 20 & 30 of psychological treatment & at EDP completion  <input type="checkbox"/> Dietetics: after Session 1 or 2 and at EDP completion  <b>Note: PSYCHIATRIC OR PAEDIATRIC REVIEW</b> Required in addition to GP review to access sessions 21-40. Consider referring early in course of treatment		

## MENTAL HEALTH ASSESSMENT & HISTORY

Previous specialist mental health care	
Family History of Mental Illness	
Social history	With whom does the person live?  Highest education level completed:  What is their employment status?  Other Relevant Information:
Personal History	(eg childhood, education, relationship history, coping with previous stressors)

### 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)	<b>Appetite</b> (Disturbed Eating Patterns)
<b>Attention/Concentration</b>	<b>Motivation/Energy</b>
<b>Memory</b> (Short and Long Term)	<b>Judgement</b> (Ability to make rational decisions)
<b>Insight</b>	<b>Anxiety Symptoms</b> (Physical & Emotional)
<b>Orientation</b> (Time/Place/Person)	<b>Speech</b> (Volume/Rate/Content)

### Risk Assessment

Suicidal ideation	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Suicidal intent	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Current plan	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Risk to others.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**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**

## EATING DISORDERS PATIENT PHYSICAL ASSESSMENT

<p><b>SUGGESTED INITIAL PHYSICAL ASSESSMENT</b></p>	<p>Height, weight, body mass index (BMI; adults), BMI percentile for age (children)</p> <p>Pulse and blood pressure, with postural measurements</p> <p>Temperature</p> <p>Assessment of breathing and breath (eg ketosis)</p> <p>Examination of periphery for circulation and oedema</p> <p>Assessment of skin colour (eg anaemia, hypercarotenaemia, cyanosis)</p> <p>Hydration state (eg moisture of mucosal membranes, tissue turgor)</p> <p>Examination of head and neck (eg parotid swelling, dental enamel erosion, gingivitis, conjunctival injection)</p> <p>Examination of skin, hair and nails (eg dry skin, brittle nails, lanugo, dorsal finger callouses [Russell's sign])</p> <p>Sit-up or squat test (ie a test of muscle power)</p>
<p><b>USEFUL LABORATORY INVESTIGATIONS</b></p>	<p>Full blood count</p> <p>Urea and electrolytes, creatinine</p> <p>Liver function tests</p> <p>Blood glucose</p> <p>Urinalysis</p> <p>Electrocardiography</p> <p>Iron studies B12, folate Calcium, magnesium, phosphate</p> <p>Hormonal testing – thyroid function tests, follicle stimulating hormone, luteinising hormone, oestradiol, prolactin</p> <p>Plain X-rays – useful for identification of bone age in cases of delayed growth Bone densitometry – relevant after 9–12 months of the disease or of amenorrhoea and as a baseline in adolescents. The recommendation is for two-yearly scans thereafter while the DEXA scans are abnormal.</p>