

## 1. What is an Eating Disorder?

An eating disorder is a mental illness, and can develop no matter what your age, gender, cultural or racial background. You will have an unhealthy relationship with food. There are many different types including Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder and 'Other Specified Feeding and Eating Disorders'.  
[More information on Eating Disorders](#)

## 7. Local Contact Information:

Knowing what to do to help and support parents/carers and the child can be complex especially if the child is refusing help. Below is some local contact information:

Adults' children and families

[BEAT Eating Disorder Association](#)

Adults

[Connect West Yorkshire](#)

Children

[Thriving Kirklees via CAMHS](#)

[Calderdale Open Minds via CAMHS](#)

## 6. Learning Points:

"Was not Brought" – Should follow up when children do not attend for planned tests or appointments. Should also provide an opportunity for adolescents to be seen alone.

Recommend that all children's weights are plotted on a centile chart for trend (electronic versions are available).

Signposting to Community Children's Nursing Service or School Health Service for the mother to support the daughter and consideration to referral to Paediatric Consultant.

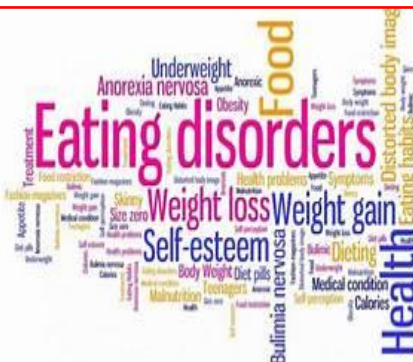
Relevance of EHE and link to physical/ mental health issues.

## Safeguarding: 7 Minute Briefing

## EATING DISORDERS CASE STUDIES

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## LEARNING



## 5. Case Study 2 (Child):

15-year-old female was electively home educated (EHE) by mother. Prior to leaving school roll, concerns were raised about extreme difference in appearance/pale/gaunt/feeling sick constantly.

In this period post transition to EHE was seen by her GP five times for chest pain/reflux and anaemia. At one appointment her height/weight was taken indicating she weighed the same now as 3 years ago. She missed 2 further follow up appointments. There was then 13 months where no agencies were involved. 5 days before her death the mother attended the GP alone to discuss her daughters "poor eating", she was encouraged to bring the child to the Practice.

## 2. Case Study 1(Adult)

25-year-old female adopted at aged 4 and lived in supported accommodation. She received input and positive support by her family network. In last 8 years of her life had a history of mental health, borderline personality disorder (BPD) and she was known to the Eating Disorders Team.

In 2016 she weighed 34 kgs and attended her GP 8 times due to her mental health, eating disorder and self-harming. At one appointment there was concern she required inpatient care; GP documented she had capacity to decline this intervention, as was aware of the fatal consequences of her decision. She DNA her next appointment. Her weight continued to deteriorate. Her last contact with a GP noted she was frail, tired, coughing, antibiotics were prescribed. Three months later she was found unconscious weighing 19kg.

## 3. Learning Points:

Consider referring safeguarding concerns when patient presents with physical health, mental health, self-harming, and weight deterioration - are they an adult at risk?

Mental Capacity: Think About: How did her mental health impact on her capacity and decision making?

What was the intersection of anorexia and BPD within this? How did the physiological effects of malnutrition affect brain functioning and therefore her capacity?

In conclusion what did capacity mean for her and how that decision was evidenced is so important. [Mental capacity to consent to treatment in anorexia nervosa: explorative study](#)

## 4. Further Information:

[Royal College of General Practitioners and Eating Disorders](#)

[NICE Eating Disorders: Recognition and Treatment NG69](#)

[Safeguarding and Eating Disorders Factsheet 2021](#)

[Anorexia, Capacity, and Best Interests: Since the Mental Capacity Act 2005](#)