

Nutrition Assessment

Eating Disorders

This information sheet can be used to help guide you in conducting a comprehensive nutrition assessment with an individual that has an eating disorder, or that you suspect may have an eating disorder.

NB: Ensure the individual has been assessed and is medically managed by a GP.

Confidentiality

- Permission to contact other members of treating team, family/carers
- Explain confidentiality boundaries

Social & Family History

- Living situation, family/carer support, school, work
- Family history of mental health

Past Medical & Psychiatric History

- General past medical history Previous eating disorder treatment
- Psychiatric history

Assessment of Nutrition Intake

- Diet History
- Current nutrition intake
- Premorbid nutrition intake
- Fluid Intake
- Time course of beliefs around food
- Food rules
- Feared foods
- Food & taste preferences
- Food allergies and intolerances
- Food rituals
- Weighing, measuring & calorie counting
- Hunger & fullness cues

Assessment of Eating Disorder Behaviours

Binge Eating

- Usual binge episodes (type of food, quantity, frequency, duration)
- Feelings before, during and after
- Binge environment (where, when)
- Perceived triggers
- Behavioural consequences following binge eating (restrict/fasting, self harm, isolation)

Purging

- Self-induced vomiting (how often, one purge or multiple purges, method, precipitants)
- Blood vomited (how often, how much)
- Use of laxatives, enemas, suppositories, diuretics, diet pills, misuse of insulin, chewing and spitting, steroids, self phlebotomy, self lavage (what, how much, when)

Other Behaviours

Establish a baseline level of frequency and intensity of the following behaviours:

- Rumination (regurgitation of food, then re-chewed, re-swallowed or spat out)
- Night eating
- Medication and illicit drug taking
- Cigarette smoking
- Alcohol intake
- Chewing gum

Exercise

- Current pattern of exercise
- Types of exercise
- Incidental activity (walking, standing)
- Duration of exercise per 24 hours
- Calorie goals per session
- Changes to exercise patterns
- Motivation/intention to exercise
- Effects of missing a day of exercise
- Is weight and shape controlled with exercise?
- Exercise despite illness or injury?

Assessment of Weight

Weight History

- Weight history through adolescence/adult years
- Premorbid weight
- Highest and lowest weight
- Current weight, height and BMI
- Current trend
- Desired vs healthiest weight
- Healthy BMI range or BMI percentile for children and adolescents
- Body weight and shape within family

Attitudes Towards Weight & Shape

- Level of self-criticism (whole body and specific regions)
- Perception of shape
- Perceptions of others' attitudes about their weight and shape
- Fear of weight gain
- Presence of body checking behaviours (weighing, mirror checking, feeling/touching specific areas, using a piece of clothing as a 'ruler', mirror checking pre/post intake)
- Family attitudes towards food, weight and shape (including family history of dieting)

Assessment of the Effects of Disordered Eating

Physical Symptoms

- Fainting, collapse, light headedness, dizziness
- Delayed gastric emptying (causing prolonged fullness)
- Diarrhoea, constipation
- Lack of concentration
- Feeling tired and not sleeping well
- Lethargy and low energy

Psychological Symptoms

- Changes in mood (irritably and rigid, low mood)
- Evidence of starvation syndrome (cognitive impairment, personality changes, preoccupation with food)
- Impaired concentration and alertness
- Agitation
- Increased/decreased need for sleep
- Impaired ability to make decisions, rigid and inflexible thinking
- Personality traits (perfectionism, obsessiveness, impulsivity)

Menstrual Disturbances

- Age of menarche or pubertal status (using Tanner Stages)
- Regularity, length
- Absence of menstrual periods
- Date of last menstrual period
- Use of contraception (pill, IUD)

Effects on Quality of Life

- Effects of eating disorder (physically, emotionally, occupationally, socially, cognitively)
- Impact of eating disorder on family or significant other
- Amount of time spent thinking about eating, weight and shape (per hour or per day)
- Broken sleep, wake up thinking about the eating disorder
- Individual's view on what maintains the eating difficulties
- Client's beliefs about what needs to change in order for them to get better
- Denial or acknowledgment of illness severity
- Insight into illness
- Motivation to change

Risk Assessment

Managing an individual at risk of suicide and engaging in self-harm requires a skilled health professional to thoughtfully consider the level of risk and determine appropriate interventions to minimise the risk. Ensure the individual is engaged in a multi-disciplinary team, including a psychologist, psychiatrist, social worker or counsellor that is trained in assessing and managing risk.