

GP EATING DISORDER MANAGEMENT PLAN (EDMP)



Please complete all relevant sections.

This plan must be accompanied by a referral stating the plan is in place.

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

Form adapted with permission from the Centre for Integrative Health



ELIGIBILITY FOR EDMP	
EATING DISORDER DIAGNOSIS (DSM-V)	<input type="checkbox"/> Anorexia Nervosa (AN) (<i>automatically meets criteria for an EDMP</i>) OR <input type="checkbox"/> Bulimia Nervosa (BN) <input type="checkbox"/> Binge Eating Disorder (BED) <input type="checkbox"/> Other Specified Feeding or Eating Disorder (OSFED)
EDE-Q GLOBAL SCORE <i>(score ≥ 3 for eligibility)</i>	<div style="text-align: right;">} <i>must also meet additional criteria (below)</i></div>
EATING DISORDER BEHAVIORS <i>(at least 1 for EDMP eligibility)</i>	<input type="checkbox"/> Rapid weight loss <input type="checkbox"/> Binge eating (<i>frequency ≥ 3 times/ week</i>) <input type="checkbox"/> Inappropriate compensatory behaviour (e.g. purging, excessive exercise, laxative abuse) (<i>frequency: ≥ 3 times/week</i>)
CLINICAL INDICATORS <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
EDMP ELIGIBILITY MET	<input type="checkbox"/> YES <input type="checkbox"/> NO (<i>consider Mental Health Care Plan &/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 (required prior to session 20)
Referred to:	Referred to:	Referred to:

PATIENT TREATMENT GOALS

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

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

EATING DISORDERS PATIENT PHYSICAL ASSESSMENT

ASSESSMENT	FINDINGS	MODERATE ALERT GP MONITOR WEEKLY	HIGH ALERT MEETS ADMISSION CRITERIA
BMI		BMI <16	BMI <13 - not suitable for our clinic
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 ² OR rapidly dropping (25% within a week)
Bone Marrow		Neutrophilis <1.2 x 10 ⁹ /L	Neutrophilis <1.5 x 10 ⁹ /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

* ^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