

Western Australia Eating Disorders Outreach and Consultation Service (WAEDOCS)

What can I expect from my admission to hospital?

This handout has been prepared by someone who has recovered from an eating disorder, and has information to help you understand why you're in hospital. The WA Eating Disorders Outreach & Consultation Service (WAEDOCS) is a multi-disciplinary specialist team, here to support and advise your treating team, to help make your admission as supportive as possible.

Background to eating disorders

- Eating disorders are serious illnesses, with both physical and mental consequences, that require specialist care and treatment.
- They can affect anybody regardless of life circumstances, gender, age and weight.
- An eating disorder affects your mental and physical well-being.
- Nutritional restoration is essential for your brain and body.
- Families/carers and loved ones can provide valuable support during treatment and recovery.

Why have I been admitted to hospital?

You've been admitted because your health is at dangerous risk. The nature of the eating disorder causes you to have limited understanding about the serious impact it has on your body and your mind. You may feel you don't need to be in hospital because you believe there is nothing wrong.

It is very common for a person with an eating disorder to be terrified of eating, food and regaining weight. This fear can become so intense that it drives the person to reject help, and is part of the eating disorder itself. It is not unusual to have mixed feelings about being admitted to hospital for your eating disorder. At times, it may be necessary to be admitted ("involuntarily") under the Mental Health Act. This can be confronting but necessary where the illness has affected your decision making. The treating team are here to protect you from your eating disorder and keep you safe.

Remember, eating disorders are mental illnesses, not lifestyle choices. You did not choose to become so unwell, and you will need adequate support to becoming well again. Recovery from an eating disorder is possible for anyone.

Malnutrition and Starvation Syndrome

Malnutrition from not eating adequately can occur at any weight and can be life-threatening. Severe malnutrition can cause a number of physical and psychological symptoms that we call "starvation syndrome".

1. Starvation tends to distort the way you think so severely that you cannot make safe decisions or look after yourself properly (even if you believe you can).
2. Starvation creates physical problems that can cause death, and this urgently needs to be addressed in order to save your life.

Examples of the severe consequences of an eating disorder include:

Physical	Psychological
<ul style="list-style-type: none">• Heart attack or irregular heartbeat• Fainting, feeling dizzy and weak• Digestive problems• Organ failure• Dehydration and electrolyte imbalance (e.g. low potassium)• Hair falling out• Feeling cold• Loss of normal hormonal functioning• Osteoporosis (brittle bones) – irreversible	<ul style="list-style-type: none">• Obsessive thoughts about food• Restlessness, agitation• Low mood, depression• Mood swings• Loss of concentration• Difficulty making decisions• Destructive, negative self-talk• Loss of interest in social interactions• Ritualistic behaviours• Rigid thinking• Self-harm and/or suicidal thoughts

We've attached a handout on Starvation Syndrome (pages 5-6) to help you understand what a person will experience when malnourished.

What can I expect?

There are many aspects of your treatment experience that will be helpful for you to understand:

- You've been admitted into hospital because you are dangerously ill.
- Your blood will be taken daily and your pulse, temperature and blood pressure will be measured throughout the day. You may have a regular ECG (echocardiogram) to measure the electrical activity of your heart.
- Bed rest is necessary. Your body needs to be kept safe from further weakness and damage.
- Specialist nurses may be required to supervise you 24/7. It is important to keep you safe and help you manage. Remember the treating team is here to support you and to protect you from your eating disorder behaviours.
- Food is NOT negotiable. It is vital medicine required for to restore nourishment to your brain and body and get you back to medically stability.
- It is common when treating restrictive eating disorders to require a Nasogastric (NG) Tube to be inserted, to receive nutrition in liquid form, as it may be very difficult at the start to have enough nutrition for your body. Your treating team understands this is anxiety-provoking. The NG tube will only be necessary until you can eat enough to and are medically stable.
- As you start to receive nourishment your health will start to stabilise and you will restore some body weight, which may be confronting emotionally. We encourage you to trust the treating team; they are not here 'to make you fat'. They are focused on helping you become medically safe.
- A starved body can react erratically when food is re-introduced - this is known as Refeeding Syndrome. Your treating team will be constantly looking out for this and monitoring your health carefully.
- You may feel uncomfortably full and that you are expected to consume more food than you feel is necessary. It takes a very high amount of energy to restore and stabilise a starved body - when your body has experienced malnutrition, your metabolism changes and 'normal' eating isn't enough.
- Repairing the damage done to your body will take time and energy. The content of nutrition you receive will be essential, such a vitamins and proteins. Low calorie and low-fat foods will not restore your body to become medically stable.
- As you resume eating, you may feel torn between relief and a sense of fear. This is very common, and distress tolerance techniques can be helpful throughout this stage.

A symptom of your eating disorder is the urgency to become very focused on ‘numbers’: e.g. calories, food, exercise and weight. In hospital, your treating team and supports will avoid talking in those terms and will refer to “BMI bands” - this relates to the general trend of your weight, which can vary from day to day. The aim is to focus on getting your life back and to help you we will avoid discussion that get you stuck on the details of numbers related to your weight.

Clinical decisions will be made based on your health status rather than on your specific weight.

A dietitian will take charge of your food plan, the psychiatrist will address your psychiatric/psychological state and nurses will care for you throughout the day and night. Many aspects of your treatment will be “non-negotiable”. This might feel unfair or frustrating, which is understandable. **Remember the team are doing this to care for you and help you get well, not to punish you.** This is why you’re here; to receive treatment and support to overcome you’re eating disorder. As your health improves and eating becomes more manageable, you’ll have more freedom to make decisions for yourself. While your body is medically unstable, the priority focus is on regaining medical stability. Therapy will become an important part of your recovery, once you are medically stable.

Your family/carer can be a valuable support during your hospital stay and recovery. Several organisations in Perth run support/skill sessions for families/carers.

We’ve attached a handout on how your family might access those group sessions. (Page 7.

How might I think and feel?

The experience of restoring nutrition and medical stability from an eating disorder can involve physical and psychological side-effects. Part of this is due to the side-effects of your body working to recover. Your body may experience ‘hyper metabolism’ which is your metabolism re-starting after having slowed down from malnutrition. Unfortunately, these symptoms are unavoidable but they are not permanent. This may seem frightening but we want to reassure you that this is part of the process and to help you understand. These symptoms will improve the sooner you become medically stable.

Examples of side-effects during renourishment:

Physical	Psychological
<ul style="list-style-type: none"> • Feeling overheated, night sweats • Bloating, abdominal pain • Slow gastric emptying (constipation) • Limbs swelling, fluid retention • Hunger • Fullness/nausea 	<ul style="list-style-type: none"> • Anxiety, restlessness • Mood swings • Obsessive thoughts about food • Self-critical thoughts • Uncertainty and suspicion of others • Behaviours that are not in line with your values

It’s really important to talk to the treating team about how you are feeling, and ask for support and help as they may have suggestions and ways to support your distress and discomfort. There are many self-coping strategies to use while you are in hospital. These could include:

- Sharing your concerns and fears with someone supportive.
- Being curious and learning what recovery is like from an eating disorder
- Journaling can be therapeutic and help you to disempower you’re eating disorder thoughts and discover your own voice again. It can also be helpful to refer back to with your therapist.
- Distraction techniques to take your mind away from the harmful bullying of the eating disorder voice e.g., drawing, watching a movie, reading, and board games, what you enjoy.
- Phoning an eating disorder helpline such as the Butterfly Foundation support service.
- Sometimes medication can help with anxiety. Speak to your treating psychiatrist about this.



- Sleep, rest and regular nutrition will bring you closer to becoming well again.

We've attached a handout on online resources to help you manage anxiety that might interest you (page 8).

Leaving Hospital and Recovery

Hospital admission addresses the most severe aspects of your eating disorder. When you are well enough to leave, a discharge plan will be discussed with you and your family/carer. You should be medically stable and out of immediate risk. The reality is you have a challenging road in front of you to fully overcome your eating disorder. Psychotherapy is required, often in conjunction with group work, bodywork and skills development. Remember, family/carers and reliable friends are a valuable resource to support you in your recovery journey.

Most outpatient therapy for eating disorders is conducted by clinical psychologists and can be very helpful in your recovery. It is advised you to consult a dietitian and seek Peer Support (speaking with someone who previously had an eating disorder). You may also benefit from relaxation techniques such as mindfulness, yoga and meditation.

We have attached a handout with treatment resources that you can pursue (page 9).

Eating disorders have a genetic component and can affect anyone, especially those who have certain predispositions, such as anxiety or perfectionistic traits. We live in an extremely confusing media culture which over-emphasises fad diets and unrealistic body shapes, and these influences the way we feel we are supposed to look. Everyone can be vulnerable to these confusing messages, especially if you have an eating disorder. For that reason, you should take time to recover and build on your personal strengths and values in order to build resilience to manage these unrealistic and unhelpful cultural messages.

It is important to accept that recovery from an eating disorder will take time. Relapses/lapses may happen but they become less likely as you develop a strong healthy relationship with yourself and learn ways to manage challenging times. An eating disorder can rob you of your quality of life. Recovery will give you the opportunity to pursue your passions such as travel, work, and study, having meaningful relationships, raising children and most importantly living the life you deserve. Over time your life will become more manageable and balanced. You will regain a sense of purpose and hope for the future.

Recovery is possible and it will be worth it. Believing in yourself will free you from your eating disorder!

All the best,

The WAEDOCS team

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This document can be made available in alternative formats on request for a person with a disability.

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Starvation Syndrome

The effects of starvation on the human body are well documented. When starved of calories, the human body responds with “Starvation Syndrome”. People with Anorexia Nervosa suffer from starvation as a result of severely restricting their calorie intake. People with Bulimia Nervosa suffer from starvation by engaging in restriction and purging behaviour (which also reduces caloric absorption) and from irregular intake of vital nutrients.

The Minnesota Experiment

In the 1940s, there was an experiment involving 32 fit young men who had been drafted into the US army. They were conscientious objectors to military service and had volunteered to do humanitarian work. They became subjects of a year-long experiment. This involved:

- 3 months of normal eating
- 6 months where rations were cut by 50%
- 3 months of full rations

For the first three months, when they were receiving normal rations, the men engaged in normal behaviours, getting along well with one another, playing games, following the war on the radio and in newspapers.

After six months of half rations (semi-starvation), the men experienced not only the expected physical changes, but dramatic mental changes too.

Physical changes: On average, the men lost 25% of their body weight, both fat and muscle. Their hearts (muscle) also reduced by 25%, and slowed down. Their basal metabolic rate slowed down so that their bodies could conserve energy—about 600 calories per day. Body temperature decreased so they felt cold all the time. Many reported dizziness and momentary blackouts. They lost strength and were constantly tired. Hair often fell out; hair and skin were dry. Many suffered from fluid retention. Their hormone levels decreased, resulting in loss of sexual desire and performance.

Personality changes: The men became depressed and apathetic, self-centred and less interested in life going on around them. Their mental alertness decreased and they became moody and irritable, restless and anxious. They reported poor concentration and decision making. Their thinking became more rigid and they obsessed more

Social changes: The men lost their sense of humour and became sarcastic with one another. Group spirit deteriorated and social interaction became stilted. When they talked to each other it was mainly about food.

Food preoccupation: The change in attitude to food was one of the most surprising outcomes of the study. The men became preoccupied with food, including having persistent thoughts and dreams about food. There was a change in mealtime behaviours, including toying with food, or being ritualistic about the way they ate and taking longer to finish a meal. They even collected recipes—unusual in males during the 1940s!

These symptoms are experienced by anyone who is starved of calories. *If you recognise these symptoms in your own life, it is important to remember that they all stem from one thing: starvation.*

Recovery from Starvation

The men in the Minnesota Experiment recovered from their physical and mental symptoms once they were given regular rations, although it took some men a while to normalise their eating.

Many men reporting feeling full and some developed binge eating. Their mood remained low for a while and usual social behaviours took longer to return.

How is this relevant to eating disorders?

We now believe that ANY kind of weight loss (from dieting or even having a stomach bug) can push someone into developing anorexia nervosa or an eating disorder.

People with anorexia nervosa and anyone who has lost a lot of weight will probably be suffering from full-blown starvation syndrome. Starvation does not just affect weight and food; it affects all aspects of your psychological and social functioning.

However, there are some major differences. The men in the Minnesota Study wanted to eat, they weren't afraid of regaining weight, whereas people with anorexia nervosa are terrified of eating and weight regain. So anyone with anorexia nervosa will be suffering from BOTH starvation AND an eating disorder.

We need to remember that eating disorders are mental illnesses, and the most relevant point about anorexia nervosa is the **intense** fear of weight regain. This is NOT merely the commonly held fear of gaining weight experienced by many women and some men. It is a fundamental characteristic of anorexia nervosa, and it is usually a fear so strong that it keeps them ill and underweight.

So having an intense fear of weight regain makes starvation syndrome in someone with an eating disorder different from starvation in the men in the Minnesota Experiment. And the paradox is that the only way out of anorexia nervosa is first getting out of starvation mode — which means gaining weight, the scariest thing for someone with anorexia nervosa!

Getting out of starvation

The fear of weight regain is something that your therapist will understand. He or she will be very empathic, but will be encouraging you to relearn to eat, since it is not helpful for them to support you to remain in a state of starvation.

The physical and mental changes you have experienced will also be reversed when you increase and normalise your food intake, giving your body the energy it needs. The mental changes often take longer. Through regular and healthy eating, your body can regain its strength and fight these symptoms of starvation. You may need to consult a medical practitioner, psychologist, dietitian or other health professional for support with this.

Your brain will not function as it should without adequate nutrition. A starved brain will have problems processing and regulating emotions, which means your moods and reactions to situations might be unpredictable.

You will find that you feel stronger and have more energy when you return to a weight that is healthy for you. Your hormones and your heart will be functioning in a healthy way, but for a while you may still feel anxious about food. Your brain will take longer to return to its former levels of functioning, but it will catch up!

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See website www.cci.health.wa.gov.au for more handouts and resources.



Family/Carer sessions to support someone with an eating disorder

Centre for Clinical Interventions (CCI)

Eating Disorders Support & Skill Building Group for Family & Friends

These interactive groups are designed to provide information about eating disorders in addition to giving participants the opportunity to share their personal experiences and to learn and practice helpful strategies relating to their loved ones eating disorder.

Groups run for 2.5 hours in the early evening and will be held on the same day across two consecutive weeks. The groups are free, but registration is essential.

For enquiries, call 9227 4399 or email: info.cci@health.wa.gov.au

Body Esteem Program

Supporting a Person with an Eating Disorder

The Parent/Partner Education and Support Program (PESP) provides information about the nature of an eating disorder and recovery, in order to help people gain a deeper understanding of what their loved one may be experiencing, strengthen family communications, and learn strategies for self-care.

These sessions are held on a Saturday from 9.30-4 and cost \$75 each or \$100 per couple. Registration is essential.

For enquiries, call 9300 1566 or email: BEP@whfs.org.au

Perth Children's Hospital (PCH)

Parent and Family Support Workshop: ED Essentials

The PMH Eating Disorders Program (EDP) runs monthly free education workshops for parents, carers and family members. It explains how physical health, emotions, developmental milestones and family relationships are impacted by an eating disorder, as well as their role in supporting a loved towards recovery. We know that families do not cause eating disorders, but they are instrumental in helping a young person recover. The workshop is open to all parents / carers in the community who have a loved one experiencing an eating disorder, regardless of age or whether they are receiving treatment through EDP.

Please speak to the triage officer at EDP on (08) 9340 7012 for more details and upcoming workshop dates or email: pmhedp@health.wa.gov.au



Resources for Emotional Regulation

There are now many very helpful online tools to be found, for example:

The Centre for Clinical Interventions (CCI) has some very useful online self-help booklets. The following relate directly to managing your moods:

Facing Your Feelings

<https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Tolerating-Distress>

Overcoming Disordered Eating, especially Module 7: Moods & Disordered Eating

<https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Disordered-Eating>

Beyond Blue has put together resources to help start a conversation when someone you know isn't acting the way they usually do. There are some videos that can help you with what to say and what to do as well as some more tips and a check in app:

<https://www.youthbeyondblue.com/help-someone-you-know/thecheckin>

Mindshift is an app designed to help teens and young adults cope with anxiety:

<https://www.anxietybc.com/resources/mindshift-app>

Mindspot has a telephone and online service for Australian adults troubled by symptoms of anxiety or depression: <https://mindspot.org.au/>

MoodKit draws upon the principles and techniques of Cognitive Behaviour Therapy (CBT) and provides a wide variety of suggestions for specific steps you can take to improve your mood:

<http://www.thriveport.com/products/moodkit/>

MoodMission is an evidence-based app designed to empower you to overcome low moods and anxiety by discovering new and better ways of coping: <http://moodmission.com/>

ReachOut WorryTime is a free mobile app that gives you a place to store your worries, and alerts you when it's time to think about them. When a worry no longer matters to you, you can ditch it and move on: <http://au.reachout.com/reachout-worrytime-app>

Smiling Mind is a not-for-profit organisation that works to make mindfulness meditation accessible to all: <https://smilingmind.com.au/>

Snapshot was designed by researchers at the Black Dog Institute. It's an online tool that enables you to measure and monitor your mental health and wellbeing:

<http://digitaldog.org.au/programs/blackdogsnapshot/>

This Way Up provides information if you feel that your worrying is out of control and you need some help with understanding and dealing with it: <https://thiswayup.org.au/how-do-you-feel/worried/>

The Butterfly Foundation has an Eating Disorder Helpline on 1800 334 673: <https://thebutterflyfoundation.org.au/>



Specialist Treatment Options in WA

Centre for Clinical Interventions (CCI)

CCI is a public specialist state-wide psychological service offering evidence-based treatment to people aged 16 and over with Anorexia Nervosa (AN) and Bulimia Nervosa. CCI offers an active treatment called Cognitive Behaviour Therapy (CBT), focusing on the 'here and now' and working to change the behaviours and thoughts that keep the eating disorder going. For adolescents with AN, CCI also offers Family-Based Treatment (FBT) that focuses on empowering parents to help their adolescent recover from this life-threatening illness. A GP referral is necessary. For enquiries, call 9227 4399 or email: info.cci@health.wa.gov.au

Body Esteem Program (BEP)

BEP is a community based program designed to help participants to take control of their own recovery using the support and experience of peer-facilitators. BEP is a complementary service which caters to women (18+) who experience eating disorders. Services include: a 20-week group for women with Anorexia and/or Bulimia Nervosa and a 20-week group for women with Binge Eating Disorder. For enquiries, call 9300 1566 or email: BEP@whfs.org.au

The Hollywood Clinic (THC)

THC offers a range of evidence-based programs providing differing levels of support. Inpatient treatment involves medical and psychological care to stabilise physical health, restore weight towards a minimally safe BMI, and develop normal eating patterns. The day program (4 days per week) offers a 'step down' from inpatient treatment or a 'step up' from outpatient treatment, with supported eating at breakfast to lunch, with dietetic support and focus on transferring skills to home. The bulimia nervosa group runs for three hours each week over 10 weeks, providing a less restrictive, yet highly focused, environment. Treatment at THC is funded by clients' private health insurance. A GP or medical specialist referral is required. For enquiries, call 9346 6801.

The Swan Centre

The Swan Centre is staffed by clinical psychologists, a dietitian and a psychiatrist. It offers an active treatment called Cognitive Behaviour Therapy (CBT), focusing on the 'here and now' and working to change the behaviours and thoughts (cognitions) that keep the eating disorder going. For adolescents with Anorexia Nervosa, the Swan Centre also offers Family-Based Therapy (FBT), a treatment that focuses on empowering parents to help their adolescent recover from this life-threatening illness. A GP referral is necessary. For enquiries, call 9382 8775 or email: reception@swancentre.com.au

For those outside of Perth

If you live outside of the Perth metropolitan area, you won't have access to specialist services. Make sure you go to your GP and get support in the community. This might be help from a dietitian, a nurse, or a psychologist, who can access the CCI website modules to work through with you: <https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Disordered-Eating>

Perth Children's Hospital Eating Disorder Program (PCH EDP)

PCH EDP is a public specialist state-wide multidisciplinary service providing assessment, treatment and support. It only takes new referrals for young people up to 15 years. For enquiries, call 6456 0201 or email: PCHOutpatients.CAMHS.EDP@health.wa.gov.au