Information for GPs - CAMHS Eating Disorder Service

The Child and Adolescent Health Service (CAHS) is responsible for the delivery of services for children and young people presenting with Eating Disorders. These services are delivered across multiple settings, including Community CAMHS, Perth Children's Hospital Emergency Department (PCH ED), PCH Adolescent Medicine (Ward 4A) and the CAMHS Eating Disorder Service.

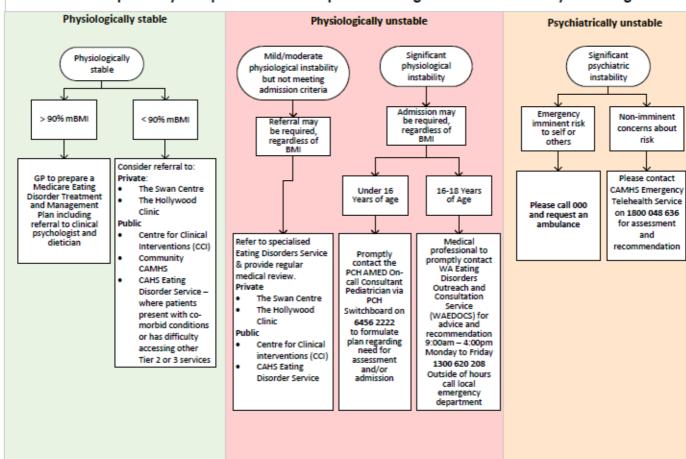
The CAMHS Eating Disorder Service is a Tier 4 State-Wide Specialist Service, offering assessment (up to 16th birthday) and treatment (up to 18th birthday if existing client) to young people with severe eating disorders including; Anorexia Nervosa, Bulimia Nervosa, Atypical Anorexia Nervosa, Binge Eating Disorder, Avoidant Restrictive Food Intake Disorder (ARFID - if high school-aged) and Eating Disorders Not Otherwise Specified (EDNOS).

The CAMHS Eating Disorder Service accepts referrals for these young people from Medical Practitioners. All referrals must demonstrate clear evidence of: significant weight concerns (or restrictive diet if ARFID) and, significant physical sequelae of weight loss, with clear evidence of body image distortions (or restrictive diet if ARFID) Referrals must also demonstrate that interventions at Tiers 1-3 have been insufficient or are unlikely to succeed due to the complexity of the case presentation. A family's inability to access tier 2-3 services (for financial reasons) will also be taken into consideration.

The flow charts and tables below provide guidance on the relevant indicators to monitor and clinical decision making for a young person with eating concerns.



Referral pathways for patients with suspected eating disorders under 18 years of age



Indicators that Admission should be considered

- if patient meets any of the following criteria:

Criteria below are adapted from the RANZCP (2014) and NSW (2014) Guidelines (4,5).

Patients who are not as unwell as indicated here may still require admission.

Extremely Low Weight < 70% mBMI

Rapid weight loss >1 kg/week over several weeks

Purging Daily (uncontrolled and/or medical instability)

Dizziness & Fainting

Temperature <35.5_oC or cold/blue extremities

Capillary Return >2 sec

Blood pressure postural blood pressure >20 mmHg drop (lying to standing)

Heart rate ≤ 50 bpm, postural tachycardia >50 bpm (Increase in >50 bpm from lying to standing)

ECG Any arrhythmia including QTc prolongation, nonspecific ST or T-wave changes

Low Blood sugar < 3.0 mmol/L

Significant electrolyte abnormality

Significant psychiatric instabilitydefined by – if patient meets any of thefollowing criteria:

Patients who are not as unwell as indicated here may still require admission.

Suicidality with intent Self-harm ideation with intent Acute agitation or distress

Legend

- mBMI = Median Body Mass Index
- CAHS = Child and Adolescent Health Service
- CAMHS = Child and Adolescent Mental Health Service

Percentage of Expected Body Weight (mBMI)* for Age and Sex

GIRLS				
Age	Weight Restored 100%	Underweight 90%	Moderate risk 80%	High Concern Admit 70%
9	16.3	14.7	13.0	11.4
9.5	16.6	14.9	13.3	11.6
10	16.8	15.1	13.4	11.8
10.5	17.2	15.5	13.8	12.0
11	17.4	15.7	13.9	12.2
11.5	17.8	16.0	14.2	12.5
12	18.0	16.2	14.4	12.6
12.5	18.4	16.6	14.7	12.9
13	18.7	16.8	15.0	13.1
13.5	19.0	17.1	15.2	13.3
14	19.4	17.5	15.5	13.6
14.5	19.6	17.6	15.7	13.7
15	19.9	17.9	15.9	13.9
15.5	20.2	18.2	16.2	14.1
16	20.4	18.4	16.3	14.3
16.5	20.6	18.5	16.5	14.4
17	20.9	18.8	16.7	14.6
17.5	21.2	19.1	17.0	14.8
10	20.4	10 /	16.2	4.4.2

BOYS]			
Age	Weight Restored 100%	Underweight 90%	Moderate risk 80%	High Concern Admit 70%
9	16.2	14.6	13.0	11.3
9.5	16.4	14.8	13.1	11.5
10	16.6	14.9	13.3	11.6
10.5	16.9	15.2	13.5	11.8
11	17.2	15.5	13.8	12.0
11.5	17.5	15.8	14.0	12.3
12	17.8	16.0	14.2	12.5
12.5	18.1	16.3	14.5	12.7
13	18.4	16.6	14.7	12.9
13.5	18.8	16.9	15.0	13.2
14	19.2	17.3	15.4	13.4
14.5	19.5	17.6	15.6	13.7
15	19.8	17.8	15.8	13.9
15.5	20.2	18.2	16.2	14.1
16	20.6	18.5	16.5	14.4
16.5	20.9	18.8	16.7	14.6
17	21.2	19.1	17.0	14.8
17.5	21.5	19.4	17.2	15.1
18	21.9	19.7	17.5	15.3

^{*}BMI at 50th percentile or median BMI (mBMI is used in Family-Based Treatment for AN to define a client's Expected Body Weight (EBW) and provides a general guide to expected healthy BMI for age). Healthy BMI for age may range above or below this figure dependent on presence of delayed or premature height

growth.