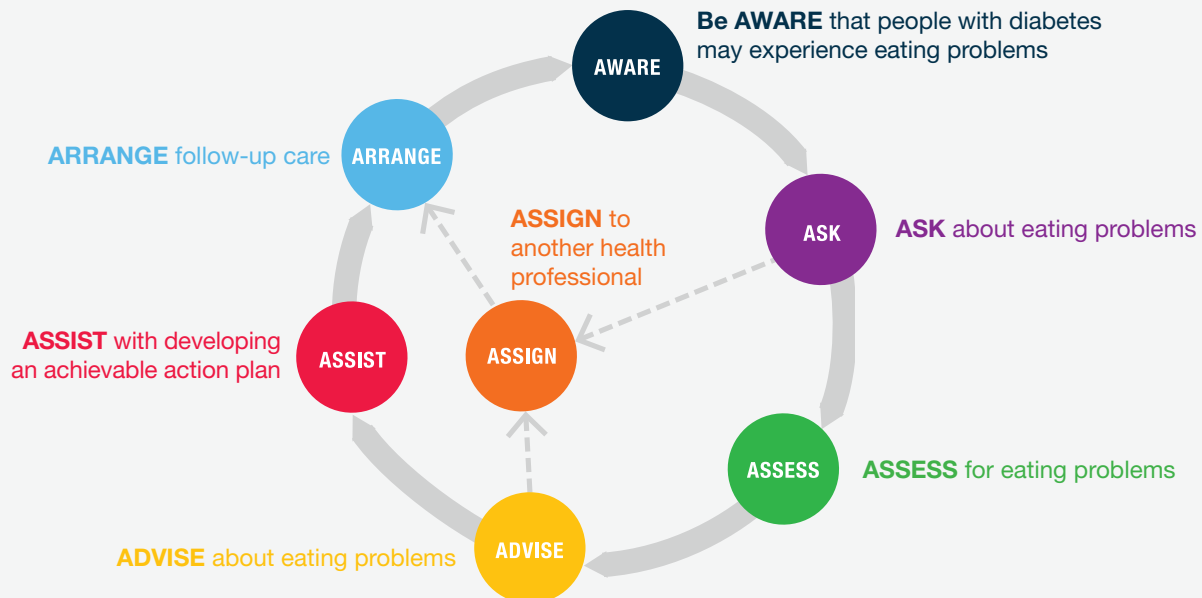


Eating problems

7 A's model



Be AWARE that people with diabetes may have eating problems

- Eating problems occur on a continuum from full syndrome diagnosable eating disorders to disordered eating (behaviours).
- Look for signs: frequent and restrictive dieting and problematic attitudes to food/eating, preoccupation and dissatisfaction with body weight/shape/size, unexplained weight gain or loss and other physical signs (e.g. calluses on hands, dental problems), less frequent (or no) self-monitoring of blood glucose, omission or restriction of insulin/medication, missed clinic appointments, recurrent diabetic ketoacidosis, erratic fluctuation of blood glucose levels, acute change of HbA1c (a sign of acute eating disorder onset and often insulin omission), very high or very low HbA1c (in the case of food restriction while still using insulin), and concerns expressed by another person.

ASK about eating patterns and body image

- When to ask:
 - when the person raises a problem or concern, or when you have noted signs (see **AWARE**).
- Use open-ended questions to talk about eating habits, weight and body image, such as:
 - ‘Women [men] with diabetes are sometimes concerned about their weight or shape. How do you feel about your weight or shape?’
 - ‘Could you tell me a bit more about the recent changes in your eating patterns?’.
- Then, ask directly about insulin restriction/omission in a non-judgemental way:
 - ‘Some people with diabetes find it difficult to keep up with their insulin injections/boluses. How do you feel about it?’
 - ‘Some people miss or skip their insulin injections/boluses to manage their weight. Do you sometimes adjust your insulin to influence your weight?’ ‘How often does this happen?’.
- Or use the mSCOFF.
- If the person indicates a problem through open discussion, or responds ‘Yes’ to one or more mSCOFF items, further assessment is warranted (see **ASSESS**).

ASSESS for eating problems

- When to assess: if **AWARE** or **ASK** indicates a possible eating problem.
- A comprehensive clinical assessment is required to diagnose the type and severity of the eating problem. This includes both a clinical interview and clinical examination. If this is outside of your expertise, you will need to refer the person to a health professional with expertise in eating disorders (see **ASSIGN**).

ADVISE about eating problems

- Explain that the earlier conversation (or their mSCOFF score) indicates a potential eating problem, and further assessment is needed with a clinical interview.
- Explain what disordered eating is and how this differs from an eating disorder.
- Advise that untreated eating problems can impact negatively on their life, but also on their diabetes management and outcomes now and in the future.
- Advise that eating problems are treatable, and can be managed effectively.
- Advise that treating eating problems can help to improve their life overall and their diabetes management.

ASSIST with developing an achievable action plan

- Provide information about the specific eating problem identified.
- Explain treatment/therapy options.
- Assist the person to access support and treatment.
- Explain that a collaborative approach is needed, and who will be part of this multidisciplinary team and their role.
- Agree on an action plan and achievable goals.
- Make sure the person feels comfortable with the approach.

ASSIGN to another health professional

- If the person is at immediate risk: refer them to hospital.
- If the person is not at immediate risk, refer them to specialist eating disorder outpatient services or day programs if this is outside of your expertise; see nedc.com.au/support-and-services/
- Maintain ongoing communication with the health professional/service to whom you made the referral.

ARRANGE follow-up care

- If you are part of the multidisciplinary team: continue to monitor the person's progress (e.g. laboratory assessments, diabetes complications). Medical treatments, nutrition plans, and diabetes self-management goals will need to be adjusted regularly throughout the treatment.
- If you are not part of the multidisciplinary team: enquire at each consultation about the person's progress (e.g. have they engaged with the agreed treatment?).
- Be prepared to offer more support (e.g. through telephone reviews or more/extended consultations) during this time.