

Managing comorbid health problems in people with eating disorders

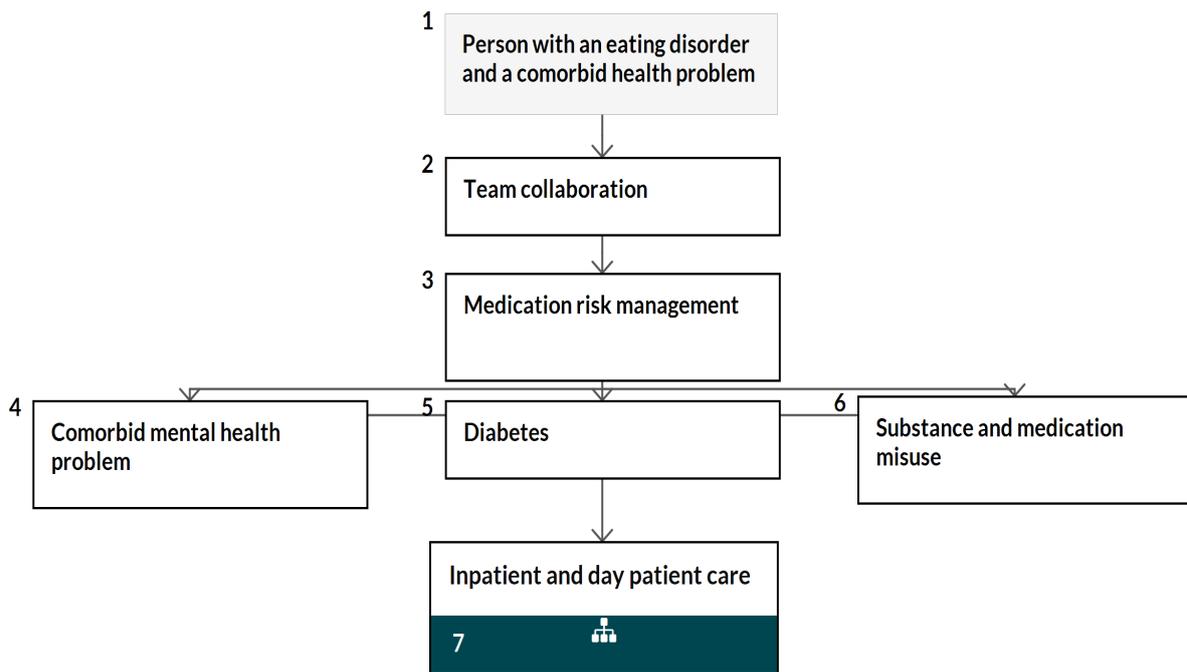
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/eating-disorders>

NICE Pathway last updated: 16 December 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Person with an eating disorder and a comorbid health problem

No additional information

2 Team collaboration

Eating disorder specialists and other healthcare teams should collaborate to support effective treatment of physical or mental health comorbidities in people with an eating disorder.

When collaborating, teams should use outcome measures for both the eating disorder and the physical and mental health comorbidities, to monitor the effectiveness of treatments for each condition and the potential impact they have on each other.

3 Medication risk management

When prescribing medication for people with an eating disorder and comorbid mental or physical health conditions, take into account the impact malnutrition and compensatory behaviours can have on medication effectiveness and the risk of side effects.

When prescribing for people with an eating disorder and a comorbidity, assess how the eating disorder will affect medication adherence (for example, for medication that can affect body weight).

When prescribing for people with an eating disorder, take into account the risks of medication that can compromise physical health due to pre-existing medical complications.

Offer ECG monitoring for people with an eating disorder who are taking medication that could compromise cardiac functioning (including medication that could cause electrolyte imbalance, bradycardia below 40 beats per minute, hypokalaemia, or a prolonged QT interval).

4 Comorbid mental health problem

When deciding which order to treat an eating disorder and a comorbid mental health condition (in parallel, as part of the same treatment plan or one after the other), take the following into account:

- the severity and complexity of the eating disorder and comorbidity

- the person's level of functioning
- the preferences of the person with the eating disorder and (if appropriate) those of their family members or carers.

Refer to the NICE Pathways on specific mental health problems for further guidance on treatment.

5 Diabetes

For people with an eating disorder and diabetes, the eating disorder and diabetes teams should:

- collaborate to explain the importance of physical health monitoring to the person
- agree who has responsibility for monitoring physical health
- collaborate on managing mental and physical health comorbidities
- use a low threshold for monitoring blood glucose and blood ketones
- use outcome measurements to monitor the effectiveness of treatments for each condition and the potential impact they have on each other.

When treating eating disorders in people with diabetes:

- explain to the person (and if needed their diabetes team) that they may need to monitor their blood glucose and blood ketones more closely during treatment
- consider involving their family members and carers (as appropriate) in treatment to help them with blood glucose control.

Address insulin misuse as part of any psychological treatment for eating disorders in people with diabetes.

Offer people with an eating disorder who are misusing insulin the following treatment plan:

- a gradual increase in the amount of carbohydrates in their diet (if medically safe), so that insulin can be started at a lower dose
- a gradual increase in insulin doses to avoid a rapid drop in blood glucose levels, which can increase the risk of retinopathy and neuropathy
- adjusted total glycaemic load and carbohydrate distribution to meet their individual needs and prevent rapid weight gain
- psychoeducation about the problems caused by misuse of diabetes medication
- diabetes educational interventions, if the person has any gaps in their knowledge.

For people with suspected hypoglycaemia, test blood glucose:

- before all supervised meals and snacks
- when using the hypoglycaemia treatment algorithm
- after correction doses.

For people with suspected hyperglycaemia or hypoglycaemia, and people with normal blood glucose levels who are misusing insulin, healthcare professionals should test for blood ketones:

- when using the hypoglycaemia treatment algorithm
- after correction doses.

For people with bulimia nervosa and diabetes, consider monitoring of:

- glucose toxicity
- insulin resistance
- ketoacidosis
- oedema.

When diabetes control is challenging:

- do not attempt to rapidly treat hyperglycaemia (for example with increased insulin doses), because this increases the risk of retinopathy and neuropathy
- regularly monitor blood potassium levels
- do not stop insulin altogether, because this puts the person at high risk of diabetic ketoacidosis.

See [the NICE Pathways on type 1 and type 2 diabetes in children and young people](#), [type 1 diabetes in adults](#) and [type 2 diabetes in adults](#) for more guidance on:

- fluid replacement in children and young people with diabetic ketoacidosis
- insulin therapy, insulin delivery (including rotating injection sites within the same body region) and insulin dosage adjustment.

6 Substance and medication misuse

For people with an eating disorder who are misusing substances, or over the counter or prescribed medication, provide treatment for the eating disorder unless the substance misuse is interfering with this treatment.

If substance misuse or medication is interfering with treatment, consider a multidisciplinary approach with substance misuse services.

7 Inpatient and day patient care

[See Eating disorders / managing eating disorders / inpatient and day patient care](#)

Sources

Eating disorders: recognition and treatment (2017 updated 2020) NICE guideline NG69

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and

their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.