



## Frequently Asked Questions

### Management of eating disorders for people with higher weight: clinical practice guideline

#### How can I access the Guideline?

The Guideline was published by the Journal of Eating Disorders in August 2022. To access the Guideline, click [here](#). A recording of the virtual launch of the Guideline will be available next week.

#### What is a clinical practice guideline?

As described in Australia's [National Health and Medical Research Council 'Guidelines for Guidelines'](#) [1], a guideline is a 'general rule, principle, or piece of advice'. By definition they are not mandatory, but instead, they to advise people on how something could be done or what course of action can be taken in a particular circumstance. In the context of healthcare, guidelines have been defined as 'statements that include recommendations intended to optimise patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options' [2].

High quality clinical practice guidelines are based on systematic reviews of research evidence, transparent development processes and decision making, and the judgement of evidence by clinical and academic experts as well as people with lived experience including their families and supports.

Unlike directives, guidelines are not legally binding. That is, health professionals should use their clinical judgement (including, as appropriate, shared decision making considering the values and preferences of the person experiencing the eating disorder and their families and supports) to decide the best course of action. However, deviations from the guideline must be justified.

## Who should read this Guideline?

This Guideline is intended for all health care professionals and does not present specialist information for any specific discipline. Where applicable, readers are directed to resources for the latter.

The Guideline is intended for all health care professionals, not only within the eating disorder sector, but also professionals working more broadly within medical, dietetic and mental health services including but not limited to: primary care; community health services; headspace; private practice; metabolic and bariatric services; emergency departments; and hospital medical and mental health units.

## Why is this Guideline important?

To view lived experience perspectives on the importance of this Guideline, click [here](#).

Eating disorders are serious, complex and potentially life-threatening mental illnesses. While historically perceived as disorders of people with low weight, there is now substantive evidence that this is inaccurate. Eating disorders do not discriminate and can occur in people of any weight, size or shape.

Eating disorders are common, affecting approximately one million Australians in any given year [3]. Eating disorders are also increasing in prevalence with greatest increases in people with both an eating disorder and higher weight [4]. Eating disorders are associated with serious medical and psychological complications as well as increased risk of premature death [5, 6]. Early intervention provides the best chance of recovery when a person is experiencing an eating disorder and every person experiencing an eating disorder is deserving of equitable, safe, accessible, and evidence-based care regardless of their body size.

Despite the high prevalence of people experiencing eating disorders and high weight, eating disorders are consistently under-recognised and under-treated in this population. People who are of higher weight and experiencing an eating disorder have often experienced delayed identification of the eating disorder, misdiagnoses in assessment, subsequent inappropriate and inadequate treatment and widespread stigma. There has been little to guide clinicians on the management of eating disorders for people with higher weight. This Guideline addresses this important gap.

## What does this Guideline cover?

The aim of this Guideline is to synthesise the current best practice approaches to the management of eating disorders in people who are of higher weight. This encompasses, but is not limited to psychological, pharmacological, nutritional, medical, family and activity interventions. The focus is on the treatment of the eating disorder, experienced in people living with higher body weight. The aim is not to address weight loss or “treatment of obesity”. It is also not aiming to provide formal recommendations on prevention but does discuss clinical considerations of early identification and assessment.

## How was this Guideline developed?

In 2019, the NEDC Steering Committee auspiced this Guideline and a Guideline Development Group was formed containing academic, clinical, and lived experience from diverse disciplines. Modelled on the 'Guidelines for Guidelines' process outline by the National Health and Medical Research Council (NHMRC) [1], the Guideline was not only informed by recent systematic reviews, meta-analyses and primary trials, but also clinical expertise and lived experience. The Guideline has undergone extensive review and consultation throughout 2021-22, involving reviews by key stakeholders including experts and organisations with clinical and/or academic expertise and/or lived experience.

## Will the Guideline be updated?

NEDC intends to update this Guideline in 2025.

## References

1. National Health and Medical Research Council. Guidelines for Guidelines Handbook: National Health and Medical Research Council; 2016 [Available from: [www.nhmrc.gov.au/guidelinesforguidelines](http://www.nhmrc.gov.au/guidelinesforguidelines)].
2. Institute of Medicine. Clinical Practice Guidelines We Can Trust. Committee on Standards for Developing Trustworthy Clinical Practice Guidelines: National Academies Press; 2011.
3. Deloitte Access Economics. Paying the price: The economic and social impact of eating disorders in Australia. Australia; 2012.
4. Da Luz F, Sainsbury A, Mannan H, Touyz S, Mitchison D, Hay P. Prevalence of obesity and comorbid eating disorder behaviors in South Australia from 1995 to 2015. *Int J Obes*. 2017;41(7):1148-53.
5. Keski-Rahkonen A, Mustelin L. Epidemiology of eating disorders in Europe: prevalence, incidence, comorbidity, course, consequences, and risk factors. *Current opinion in psychiatry*. 2016;29(6):340-5.
6. Arcelus J, Mitchell AJ, Wales J, Nielsen S. Mortality rates in patients with anorexia nervosa and other eating disorders: a meta-analysis of 36 studies. *Arch Gen Psychiatry*. 2011;68(7):724-31.