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# QUEDS

Queensland Eating Disorder Service

# Queensland Eating Disorders Service (QuEDS)

Consultation

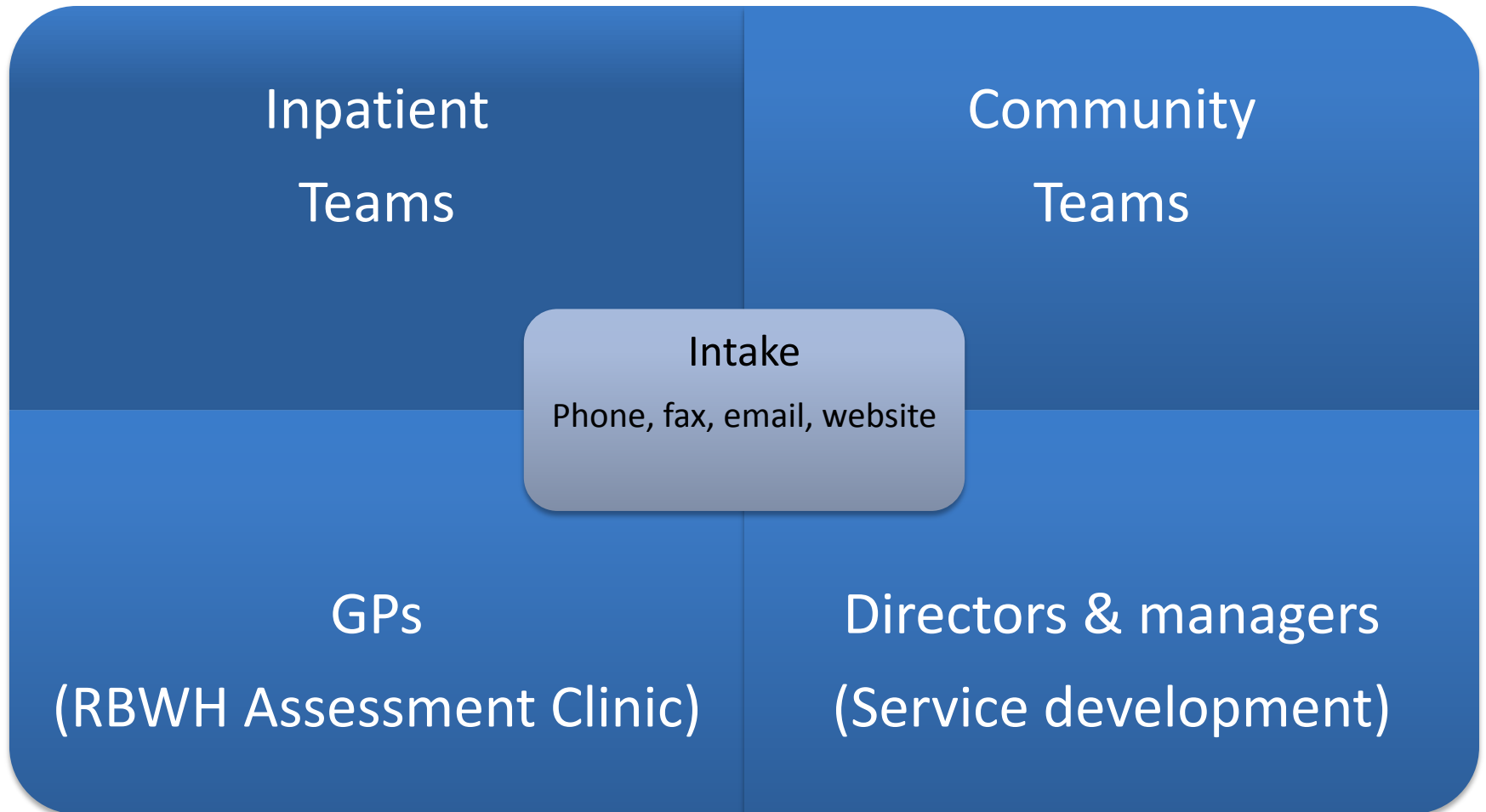
Training

Treatment

# QuEDS: Guiding Principles

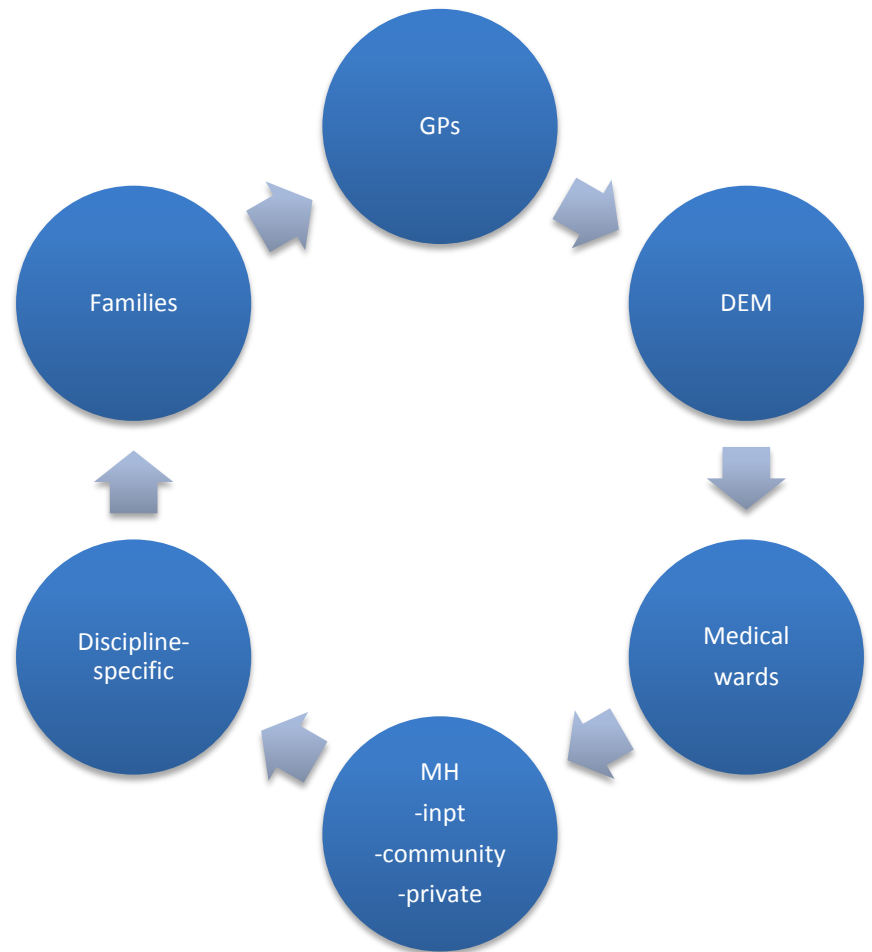
- Build capacity
  - Eating Disorders are everybody's business
- Serve our customers well
- Be evidence-based
- Collaborate
- Innovate
- Evaluate
- Value lived experience

# Consultation. Training. Treatment.



# Consultation. **Training.** Treatment.

- 2000+ clinicians/year
- Standardised, e.g.
  - Inpatient treatment
  - CBT-e
  - Carer skills training
- Bespoke
  - Tailored to customer



# Consultation. Training. **Treatment.**

## Outpatient

- 18 yrs +
- CBT-e or SSCM
- 20 or 40 sessions

## Day Patient

- 16 yrs +
- 8 weeks
- 4 groups/year

## Inpatient

- 18 yrs +
- 5 beds RBWH
- In high demand
- Trial QuEDS  
consultation to  
home ward first

Reconfiguring  
**general** health services  
to meet the needs of adults  
with eating disorders

## Eating Disorders Outreach Service (EDOS)

# Access pathways to Queensland Health Adult inpatient beds for patients with eating disorders

## Endorsement

These Access Pathways have been formally endorsed by the following:

- General Practice Queensland
- Statewide Mental Health Network
- Statewide General Medicine Clinical Network

## Background

Eating disorders are associated with significant psychiatric and medical morbidity. Effective management of affected patients requires close collaboration between clinicians working in psychiatric and medical settings. The overarching principle that guides the management of patients with eating disorders within Queensland Health (QH) is that patients have access to the level of health service they require as determined by their medical and mental health needs. In practical terms this means that patients have a right to access medical and mental health services across the continuum of care including community, inpatient and specialist services.

## Access Pathways

These Access Pathways were developed following a review of the relevant literature (I-XIII) by the QH Statewide Eating Disorders Outreach Service (EDOS) in conjunction with the following key stakeholders: Nurse Unit Managers within QH mental health services; the Eating Disorders Sub Network of the Statewide Mental Health Network (a statewide advisory group); General Practice Queensland; and a focus group of psychiatrists and physicians who trialled successive versions of the Access Pathways. Further consultation also occurred with all Qld Directors of Medicine, Emergency Medicine and Mental Health.

The aims of the Access Pathways are to provide clear guidance to assist treating teams to manage the medical and psychological risks and needs of patients with eating disorders; to encourage consistency in treatment protocols; and to promote coordinated care with a smooth transition across medical, mental health and specialist services.

## EDOS

EDOS is available to provide assessment and support for treating teams using treatment protocols developed jointly by EDOS and the specialist adult eating disorders inpatient team at the Royal Brisbane and Women's Hospital (RBWH). EDOS can also facilitate access to specialist beds at the RBWH if a trial of local treatment with EDOS input has not been able to achieve treatment goals.

## Goals of Inpatient Treatment

The goals of inpatient treatment include (in the following order): medical stabilisation; prevention and treatment of re-feeding syndrome; weight restoration; and reversal of cognitive effects of starvation prior to outpatient psychotherapy.



	Psychiatric admission indicated	Medical admission indicated
Weight	BMI <14	BMI <12
Weight loss	Rapid wt loss (i.e. 1 kg/wk over several wks) or grossly inadequate nutritional intake (<1000kCal daily)	
Systolic BP	<90 mmHg	<80 mmHg
Postural BP		>20 mmHg drop with standing
Heart rate		≤ 40 bpm or > 120 bpm or postural tachycardia > 20 bpm
Temp	<35.5 C	<35 C
12-lead ECG		Any arrhythmia including QTc prolongation, or non-specific ST or T-wave changes including inversion or biphasic waves
Blood sugar	< 4.0 mmol/L	< 3.0 mmol/L
Sodium	<130 mmol/L*	<125 mmol/L
Potassium	<3.5 mmol/L*	<3.0 mmol/L
Magnesium		Below Normal Range
Phosphate		Below Normal Range
eGFR	>60 <sup>ml/min/1.73m<sup>2</sup></sup> and stable	<60 <sup>ml/min/1.73m<sup>2</sup></sup> or rapidly dropping (25% drop within a week)
Albumin	<35 /L	<30 g/L
Liver enzymes		Markedly elevated (AST or ALT >500)
Neutrophils		<0.7 x 10 <sup>9</sup> /L
Other	Not responding to outpatient treatment	

# Treating Eating Disorders Made Easy

A Simple 3-Step Guide

# 3 Steps

1. Medical stabilisation (**heart**)
2. Reverse cognitive effects starvation (**brain**)
3. Psychotherapy (**mind**)

# Other QuEDS roles:

- Carer services
- Research
- Service Development

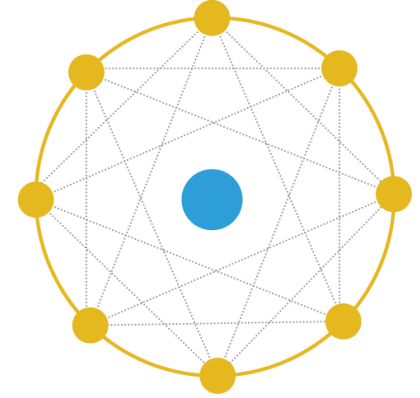
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Warren Ward - 2018 NEDC Members' Meeting 1-2 June Sydney

# Bringing the pieces together



## Strengthening connections between stakeholders

- Self-introductions
- Highlights from the presentation
- Discussion Question: **How can we improve the connection between specialists, primary care and service user knowledge?**
- Connecting the dots – how does this fit with our priorities?