



National
Eating Disorders
Collaboration



Pharmacy and Eating Disorders

A professional resource developed by the
National Eating Disorders Collaboration

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Pharmacists can help recognise eating disorders

Eating Disorders are serious and potential life threatening illnesses with both psychological and physiological effects. Eating disorders can occur regardless of gender, age or cultural background and they can develop due to a range of psychological, familial, cultural and environmental factors.

Early intervention is critical for any patient with an eating disorder. Research has shown that the sooner treatment occurs, the better chance the individual has of recovery.

Pharmacists are often the first health professional that a person with an eating disorder will come in contact with. Pharmacists can play a vital role in the detection of eating disorders by monitoring the use of prescription and non-prescription medications and products. As a pharmacist, you are in a key position to detect the presence of an eating disorder, encourage help seeking and assist the patient with referrals.

What Does an Eating Disorder Involve?

An eating disorder occurs when a person regularly engages in unhealthy and destructive eating behaviours, such as restrictive dieting or compulsive eating. Examples of disordered eating behaviours include: dieting, fasting or restrained eating, self-starvation, binge eating and self-induced purging. Substance misuse is common, and may include the use of diet pills, laxatives or other medications in order to lose weight.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) lists 4 threshold eating disorders: Anorexia Nervosa (AN), Bulimia Nervosa (BN), Binge Eating Disorder (BED) and Other Specified Feeding and Eating Disorder (OSFED). All are considered serious illnesses that can lead to life threatening symptoms and outcomes.

To learn more about these specific eating disorders, visit: www.nedc.com.au/eating-disorders-explained.

Who is at Risk of Eating Disorders?

While anyone can develop an eating disorder, including males and females, there are particular groups that can be at higher risk of developing eating problems.

These groups include: children and adolescents, women at key life transitions (puberty, pregnancy, adulthood, menopause), people with a family history of eating disorders, people seeking help for weight loss, women with diabetes or polycystic ovarian syndrome, and those engaged in competitive fitness/sports.

Signs and Symptoms

Eating disorders are often accompanied by a range of warning signs, symptoms and complications. These include:

- Weight loss or fluctuation, growth retardation, short stature
- Yellowing of skin due to carotemia
- Dry scaly skin with fine, soft hair
- Brittle hair & nails
- Swollen parotid glands
- Lethargy, fainting & orthostatic hypotension
- Irregular menstrual cycles or amenorrhea
- Endocrine abnormalities from low body weight: decreased serum LH, FSH, DHEA, IGF-I, leptin; increased serum GH & cortisol
- Bone marrow suppression: mild anemia, leukopenia, thrombocytopenia
- Cardiac impairment: bradycardia, orthostatic hypotension, arrhythmias
- Gastrointestinal dysfunction: nausea, constipation, diarrhoea, abdominal pain, bloating, Mallory-Weiss tears, Barret esophagus, acute pancreatitis, gallstones
- Neurologic impairment: peripheral neuropathy, myopathy, headaches, seizures
- Related to vomiting: swelling around the cheeks or jaws, calluses on knuckles, damage to teeth, bad breath, frequent sore throat, fluid & electrolyte abnormalities
- Psychiatric comorbidities: depression, anxiety, obsessive compulsive disorder, bipolar disorder or personality disorder

All of these may be signs or symptoms of disordered eating behaviour, including restrictive eating, frequent purging and nutritional deficiencies or starvation. If you notice any of these signs, initiating a discussion with the patient to determine the cause of the problems is essential.

However, patients may not be open or honest about their disordered eating behaviour. A person with disordered eating issues will often go to great lengths to disguise or hide their problem, they may be afraid to ask for help, and in some cases, they may not even realise they have a problem.

Patients will commonly present for weight loss medications or interventions. Recognising the above signs and symptoms will assist you in providing appropriate advice to the patient. Encouraging the patient to disclose or discuss their problem and seek help is vital.

Medication and Eating Disorders

Medication used in Treatment of Eating Disorders

Serotonin-augmenting antidepressants (e.g. SSRIs, SNRIs) are effective in the initial treatment stage of BN, and may be effective in treating the bulimic or obsessive symptoms of BED. Antidepressants are not effective in AN until normal body weight has been restored.

Commonly Abused Substances

Many prescription and over-the-counter products can cause weight loss, and may be abused by a person with an eating disorder. These include:

- Anorectics
- Diuretics
- Anticonvulsants
- Appetite suppressants
- Enemas
- Antidepressants
- Laxatives
- Central nervous system stimulants
- Antidiabetics
- Emetics

In addition, many patients with eating disorders are prescribed medications to treat psychiatric comorbidities, such as depression or anxiety. Pharmacists can manage adherence to these drugs and ensure that potential adverse effects or interactions are taken into consideration and discussed with the patient.

Altered Pharmacokinetics, Drug Interactions and Adverse Effects

Pharmacists should be attentive to the possibility for altered pharmacokinetics in people with eating disorders. Pharmacokinetics may change as a result of nutritional deficiencies, starvation, vomiting, fluid disturbances and dehydration, and may include reduced absorption or an increased sensitivity to intended or unintended effects of medicines.

Some antidepressants carry increased risk for suicidal thoughts and behaviours, and certain antidepressants can have contraindications. For example, tricyclic antidepressants (TCAs) carry risk of overdose and cardiac effects; and monoamine oxidase inhibitors (MAOIs) are not recommended due to drug-drug and drug-food interactions. For individuals taking MAOIs, the ingestion of a sympathomimetic appetite suppressant or foods high in tyramine may be lethal. It is also worth noting that certain antidepressants, such as paroxetine, can increase weight, which may be troubling for individuals with eating disorders.

Pharmacists should be aware of the cardiac risks associated with medicines that prolong the QTc interval (e.g. antipsychotics, tricyclic antidepressants, macrolide antibiotics and some antihistamines). Patients with AN are at an increased risk of cardiac complications, and medicines that may compromise cardiac functioning should be avoided.

Because of the increased risk of toxicity in individuals with eating disorders, medications should initially be provided at lower doses and titrated gradually based on adverse effects. All patients with a known diagnosis of AN should have an alert noted in their file concerning the above mentioned side effects.

The Pharmacist's Role

As a pharmacist, your role is not to treat an eating disorder, but to encourage the patient to seek treatment. Creating a safe and comfortable environment for the patient is important in prompting disclosure and discussing next steps with them.

If you do suspect an eating disorder is present in your patient, you should:

- Raise the issue in a kind, non-judgemental way and be positive in your approach
- Commend the patient if they are willing to talk about their problem (e.g. “I understand how difficult this is” or “I’m really glad you are talking to me”)
- Reassure the patient that they are not alone and that eating problems are common
- Avoid being critical, suggesting quick fixes or commenting on the patient’s weight, appearance or health in general
- If the patient denies they have an eating issue, accept their answer and focus on providing them with information they require to use their medication(s) as safely as possible. Encourage the patient to return if they experience adverse effects from medication

Remember that patients can react in a variety of ways. They can become irritated, emotional or defensive. Try not to take these reactions personally. Instead, continue creating a comfortable environment for the patient and encourage them to seek help.

Referring Patients & Facilitating Treatment

If you suspect an eating problem may be present, referring the patient to an experienced eating disorder clinician is essential. You can:

- Emphasise that treatment can be very effective and can lead to full recovery
- Offer to find a clinician or psychologist and make appropriate calls/ referrals if necessary (if you are unsure of where to find a local eating disorders specialist, you can phone the Butterfly Foundation National Helpline on [1800 ED HOPE](tel:1800EDHOPE) or find more services information at www.nedc.com.au)
- Provide the patient with further information and resources about eating disorders (e.g. fact sheets, info packs; these can be kept in the waiting area)

You can obtain various resources on eating disorders at www.nedc.com.au/resource-direct or by contacting info@nedc.com.au.

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Further Eating Disorders Information

Mental Health First Aid

For professionals who do not have a background in working with people with eating disorders, the Mental Health First Aid guidelines may provide a useful starting place to support recognition and safe responses to people who are developing or experiencing an eating disorder. The guidelines provide an evidence-based set of general recommendations about how you can help someone who is developing an eating disorder.

Latest Research and Resources

NEDC provides a single gateway through which healthcare providers can access the latest evidence-based information and resources on the prevention, identification, early intervention and management of eating disorders: www.nedc.com.au/research

Professional Development

Within Australia there are opportunities for professionals to advance their knowledge and expertise in the field of eating disorders. You can find information about professional development and upcoming events at the NEDC's Knowledge Hub: www.nedc.com.au/research-resources

To find an eating disorders specialist in your area, phone the Butterfly Foundation on [1800 ED HOPE](tel:1800EDHOPE) or [1800 334 673](tel:1800334673).



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For a downloadable copy of this resource visit:

www.nedc.com.au/health-professionals

The National Eating Disorders Collaboration (NEDC) is an initiative of the Australian Government Department of Health.