

Eating disorders simulation 1: Anorexia Nervosa

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Introduction

This simulation exercise is suitable for medical students (year 4 and above) and forms part of a comprehensive eating disorders training package for medical students and foundation doctors developed by Beat in collaboration with the Royal College of Psychiatrists Faculty of Eating Disorders.

It is recommended that before running this simulation training that candidates complete e-learning module 1 titled 'Understanding Eating Disorders—Signs, Symptoms and Causes' which is available via e-Learning for Healthcare: <https://www.e-lfh.org.uk/programmes/eating-disorders-training-for-medical-students-and-foundation-doctors/>.

This document should be used in combination with Powerpoint 1 on Beat's website. This can be found at <https://www.beateatingdisorders.org.uk/training-cpd/training-medical-students-doctors>.

Candidate's script

The scenario is about Maria, a 17-year-old girl who collapsed at her ballet school and has been brought by ambulance to the Emergency Department of the local hospital for medical attention.

The ambulance staff handed over information about her vitals as follows:

- Pulse: 40 bpm
- Blood Pressure: 90/60 mmHg while lying down
- Respiratory Rate: 22 bpm
- SpO2: 97%
- Temperature: 35.5 C

You are the Foundation Year 1 Trainee doctor, working in the Emergency Department.

You are assessing the patient with the following tasks in your mind:

1. Take relevant history to make a differential diagnosis
2. Explain the initial investigations required to guide the future management plan
3. Do not carry out a physical examination at this time

Actor's script

You are Maria, training to be a ballet dancer whilst also doing your A level exams. You collapsed during your dance lesson and your dance teacher called an ambulance. You hit your head and sustained bruises on your body. You try to trivialise matters, admitting that you did not have your breakfast this morning, but insist that you now feel better.

You ask to leave the hospital but the doctor explains that the ambulance staff reported concerns about the tests they conducted on you. They say that they need to explore this further and therefore would be asking you some more questions.

You were born and raised in Oxford and live with your mother, stepfather and two siblings. You attend the dance school locally and have just been selected for further Dance training at a London School. You explain that your dance training is very demanding and you need to return to your class immediately or your teachers would be disappointed. You also state that your studies are very stressful and you have no time in the day to relax.

You are finding it difficult to maintain your friendships at school and the students at the dance school are very competitive. Your dance teacher has told you that you would need to lose weight to improve your chances for selection in the dance squad. You were also upset when your PE teacher at school recently suggested that you need to get new trousers, as your thighs look big. You felt bad as your friends heard this and you therefore feel awkward now in their presence.

You have always been very good academically and popular with your friends in the past but are struggling lately with assignments and your grades are slipping.

You admit that you were always self-conscious since you were a child and you remember how your mother made you attend Weight-Watchers with her from when you were 9 years of age. You grew up hearing critical comments about overweight girls being lazy and unattractive. You mention that your mother had a difficult marriage with your biological father because he constantly commented on her weight after her deliveries. You state that although people say that you have never been overweight, you do not believe them and have an intense fear of gaining weight.

You keep thinking of your face being 'round' and your thighs being 'large'. You have started to compare yourself with other girls in your dance school and wish you could have their size and shape. You have a large mirror in your room, and you spend a lot of time looking at yourself and feeling sad about how 'big and unattractive' you look.

You did ballet dance and tap dance since you were very young which meant you had to keep a close watch on your weight. You now also do a lot of running and swimming to stay in shape but you are struggling to find the energy to do as much exercise as you used to before.

You have recently downloaded a weight and training App on your phone to record your activity, weight and calorie intake. You now weigh 49 kilograms, having lost 10 kilograms in the last 3 months. But, you do not think your current weight is good enough to get you in the ballet dance group for a musical group.

You have chosen to try vegan food after reading that it helps lose weight but your family do not enjoy your choice of meals so there are constant arguments around meal times. More recently you have been avoiding some meals and making excuses to not eat with your family.

The doctor will ask you about your current eating behaviours. Please answer in a guarded manner. They should then ask you to list what you eat on a normal day. Please reply that you have some cereal oats with skimmed milk for breakfast, a salad with a glass of water for lunch and if you have dinner you try to make a meal that is no more than 300-400 calories. You refuse to have any snacks if offered but may have a piece of fruit before bed.

You deny any binge eating or making yourself sick. You do not use excessive caffeine, laxatives or any recreational substances. You have been complaining of bloating, constipation, headaches, feeling cold and lightheaded when standing up for a few seconds but you have no other physical health problems. You do not take any medication regularly but use paracetamol for headaches, and antacids occasionally.

When the doctor asks you more questions, you mention that you are easily fatigued, occasionally breathless on walking and experience cramps in your legs sometimes. You are finding it difficult to concentrate on studies and lacking in motivation. You also have trouble falling asleep and find it difficult to wake up in the morning. Your mood has been low for several months now and you feel anxious easily and worry that something bad will happen to you. You feel like you are losing control of your life and feel helpless.

Due to all the questions about eating, you acknowledge worrying about your weight but deny having an eating disorder even if the doctor doesn't mention this. You also add that your mother had always had the same views but no one had ever said that she had an eating disorder.

When asked about your periods you say that these are normal. You are asked about any past mental health illness and you mention experiencing some problems with social anxiety when you were younger and that you are a shy and introverted person but nothing else. When asked about any family history of mental illness, you mention that your mother has had depression after deliveries and was taking antidepressants.

You are asked about suicidal thoughts or any previous self-harm which you deny. You don't experience any abnormal thoughts of paranoia or grandiosity. You don't hear any abnormal voices or noises but you hear your own thoughts like a constant record playing in your head saying that you are fat and ugly.

The doctor should explain that more tests would be required to check your physical health in relation to your fainting episode. These tests include blood tests and a heart trace. They will explain that the blood tests may show some low elements in your blood. The heart trace is to make sure that your heart is beating regularly and pumping blood to your organs. Please, accept this explanation if you feel that the doctor explained it adequately.

Tips for facilitators

Intended learning outcomes for candidates:

1. Consider the possibility of an eating disorder from the patient's history of the fall and vital signs and recognise the signs.
2. Elicit symptoms of eating disorders.
3. Elicit underlying predisposing, precipitating and perpetuating factors; family history of mental illness and psychosocial factors.
4. Explore biological and psychosocial factors, including personality, temperament: perfectionism, high achieving, determined to succeed.
5. Try to understand positive factors: strengths and resilience, support systems and friendships.
6. Elicit social stressors exacerbating the condition.
7. Work empathically with the patient's resistance to give history specific to symptoms of eating disorders.
8. Manage the patient's anxiety around the diagnosis.
9. Exclude possible comorbidities: anxiety, depression, OCD.
10. Request the appropriate medical tests to guide management plan.
11. Encourage the young person to engage the family in further discussions about management whilst maintaining confidentiality appropriately.
12. Ethico-legal frameworks: assess capacity, consent.
13. Access urgent help from senior doctors appropriately and seek guidance on referring to a CAMHS Specialist Eating Disorders service.