

Eating disorders simulation 2: Bulimia Nervosa

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Introduction

This simulation exercise is suitable for foundation doctors 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 2 titled 'Understanding Eating Disorders—Practical Requirements' 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 2 on Beat's website. This can be found at <https://www.beateatingdisorders.org.uk/training-cpd/training-medical-students-doctors>.

Candidate's script

You are the foundation trainee at the A&E, where Alfred Moon was brought in by ambulance as he had collapsed. His vital signs and blood investigations were checked at triage and an ECG was requested due to low heart rate. The blood tests and ECG showed the following:

- Na⁺: 120 mmol/L
- K⁺: 2.7 mmol/L
- Blood Glucose 3 mmol/L
- Urea: 15 mmol/L
- Creatinine: 150 umol/min
- ECG: Sinus bradycardia with QTC 490 ms and flat T-wave

The medical team as well as the psychiatry liaison teams have assessed Alfred and are recommending medical stabilisation. Your tasks are to:

1. Build rapport and try to engage the patient
2. Elicit a comprehensive eating disorder history, picking up clues appropriately
3. Explore his current concerns, with an understanding of the bio-psycho-social factors influencing predisposing, precipitating factors, and contextual psychosocial factors perpetuating the illness.
4. Understand his protective, resilience factors including his support systems and also his personality and temperament
5. Explain the need for further blood tests and ECG
6. Demonstrate skills with supporting his carers / family

Actor's script

This scenario is about Alfred Moon, a 20 years old man who collapsed at his University where he is studying Sports Science. He was brought by ambulance to the A&E department. This young man has been purging and exercising excessively after consuming large quantities of food, mostly in the evenings and at night. This has led to cardiac complications due to abnormal electrolytes caused by his vomiting. He seems anxious and is reluctant to engage in any conversation, insisting on leaving the A & E. He explains that he is concerned about his horses at the stables where he works part time and asks to be discharged urgently.

This scenario will last for approximately 10 minutes. A foundation trainee doctor will see you to take a history from you to understand what is going on.

History of the incident (this information can be volunteered with ease)

You were attending the Sports science session and fainted in the lecture theatre just after you got up from your seat after the lecture. You remember feeling your heart in your chest, with a dizzy feeling and blackness in your eyes and the next thing you remember is a lot of commotion and people shouting for help.

You heard from your friends that the staff immediately called an ambulance and it took you around 4-5 minutes to come round.

They said that and your friend informed your parents, who were asked to proceed to the A & E department where you were being taken.

You did not bite your tongue, nor did you have a fit or become incontinent.

You were brought to the Emergency Department where a doctor saw you and after doing some tests they asked you what you had eaten that day.

You became uneasy and felt paranoid, wondering how they had guessed about your recent eating habits.

Additional history (discuss this only if the doctor asks you)

You walked to your University at 9 am on the day, which was a 20-minute walk, partly uphill.

You did not have much time to eat your breakfast or drink tea as your alarm did not ring but you had eaten dinner so you were not too bothered.

You often skipped breakfast if you woke up late.

You were in a rush and accidentally forgot your laptop, so you had to run back for it. You did feel a bit tired because of it.

History given only if the doctor builds rapport and asks appropriate questions with empathy and sensitivity: (you could hesitate for few minutes before you respond):

You do tend to miss breakfast or lunch as you feel that you can't stop eating once you start. You feel like you are losing control on what you eat.

You feel that you eat a lot more than your friends in a short period of time. This could consist of 5-6 breakfast bars, up to 6 packets of ready salted crisps (in a large pack), a large pizza or 3 bowls of pasta and a pack of biscuits if available.

You worry about how you look and feel that you do not have the kind of body like your best friend. You believe that you come across as weak as you have no muscles to show and just flab. You want to lose weight so that you can get rid of the fat and look lean and muscular.

You weigh yourself twice daily and have secretly bought new scales, which you have kept under your bed. You have noticed a slight drop in weight this week, from a gain of 1 kg few weeks ago.

On some days you go without food to punish yourself, but the hunger is so painful that in the night you cannot sleep. So you try to have a small snack but end up raiding the whole fridge and this adds to your guilt.

You then feel very sad and angry with yourself, and have to go for a run, or do at least 100 press-ups or make yourself sick in the toilet.

These binges happen on at least 4 days in a week and sometimes twice a day after which you make yourself sick.

Last month you started drinking coffee 5-6 times a day as you heard that it suppresses appetite and stimulates your brain.

You even tried some Movicol to see if this helps you to compensate for the food you eat, but experienced some bad tummy ache so stopped it.

You have noticed that you cannot focus on your work and struggle to feel motivated to complete your assignments, so are falling behind on work.

This makes you feel sad, anxious and worthless and last week you tried to hurt yourself with a sharp pencil till you bled. This relieved your tension and made you feel like you had paid for all the bad deeds of eating huge amounts of food.

You are beginning to wonder what the meaning of life is for you and feel exhausted all the time. You also feel dizzy when you stand up and have to hold on to something to stop you from falling.

You are suffering from dental caries and saw your dentist who said that the enamel on your teeth seems to be affected.

You tried smoking cigarettes and on also weed once with your friends, as you heard that it is an appetite suppressant. You did not like them and are avoiding these friends who now insist on you joining them.

Medical History (you can respond to this with no hesitation)

You deny any history of diabetes, thyroid problems or heart conditions if the doctor asks you about this. You mention that you had suffered from IBS (Irritable Bowel Syndrome around 8 months ago) but this is better in the past 2 months.

The doctor asks you if you are on any medication and you say that you are on some Multi-vitamins, which you bought across the counter to boost your energy.

Additional History (If asked, you can offer this information. You need not volunteer this information)

You have been feeling low recently, especially around your distress due to your loss of control with eating. You noticed that your mood was somewhat up and down when your weight went down; and more recently you have noticed that the guilt after a binge makes you feel very sad.

You have not been sleeping well for the past 6 months and feel hungry at night. So you have started to hoard food in your room in case you cannot go to the kitchen.

You feel very angry with yourself but cannot control the urge to binge and then purge.

You feel that your confidence and self-esteem are low and you are not sure of your decisions any more.

You have started to feel anxious recently as you are worried about what your parents would say if they found out. This anxious feeling started after your recent relationship breakup.

Personal history including background information

You would cooperate and offer information as explored by the candidate. However, you would only speak about close relations with your family and friends, your previous relationships, sexual orientation if you feel that the candidate engages you empathically and sensitively.

You were born in London, by normal delivery and were told that you were a 'surprise baby'. Your parents said that you completed the family.

You reached your milestones early but struggled to sleep at night and were described to be a restless baby and a hyperactive child who got bored easily. Your parents said it must be a 'boy thing' as your older sister was more focused.

You were raised in London and attended primary and secondary schools in South London.

You were academically bright but were not as interested in studying and lacked concentration in class. You were the head of house and represented your schools at various county level sports. You had a keen interest in all sports and managed to get admission to a top Sports University, which was a proud moment.

Your mother has always paid more attention to you and takes charge of your life where possible. Your father has always been busy at work and doesn't show much interest in your life and you grew up feeling that you were a disappointment to him, unlike your sister who is a successful lawyer. You had heard him say that you were a 'waste of time', when you did not achieve the highest grades.

You have seen your parents to have a difficult relationship. Your mother often feels lonely and has emotional outbursts but your father ignores her and goes out to see his friends or colleagues. You heard that your mother suffered from post-natal depression and has received treatment for depression and anxiety over the years. You have seen her miss her meals and survive on coffee all day. You worry about her health and also fear that she may leave your father or hurt herself.

Your sister moved out and lives with her partner. Your parents are very proud of her, especially your father. You are still living at home and it can sometimes be very difficult being compared all the time, although you love your sister dearly.

Your sister was always very meticulous and measured, but you feel that you are more chaotic in terms of how you manage your lifestyle. You are also more impulsive and temperamental and have had problems in your friendships and relationships.

You are very caring to the point of being oversensitive and can bear grudges for years. You feel you take after your mother in some ways.

You love horses and have taken up a part time job at the local stables. You feel calm and confident when you are there and also not judged by anyone. You feel that the horses don't need you to be perfect and have the strongest muscles.

You deny any medical history apart from two fractures when you were a child, once when you climbed a tree and fell and the other one was when you went roller-skating with your friends.

You were so excited to join this prestigious university but have struggled to cope with some critical comments about your physical appearance, weight and shape.

Your interaction with your doctor / candidate regarding care plan

You ask if you can be discharged, as you are feeling better. You are also worried about what your father will say if he finds out about your behaviours and the shame it will bring to your family. You ask the doctor not to reveal this to your parents.

You are told that you need more tests to check for other conditions and to confirm diagnosis of an eating disorder. They should explain to you that the blood tests and the heart status indicate that you are showing red alerts, which could warrant an admission to stabilise your condition. You should insist that you do not feel unwell, and therefore don't think it is that serious.

The doctor should make it clear that your situation is very likely to worsen and may even be fatal if you don't receive quick treatment. You should ask them if you might die due to this illness, if they do not mention the seriousness.

They should mention that you would need to be supervised with your feeding and monitored as you have now admitted to them that you have not eaten properly for 3 -4 days and have purged any food that you consumed. At times you have made yourself sick without any effort, about 4-5 times a day. On one day you noticed some blood in your vomitus, which freaked you out.

The doctor will say that you will require cautious refeeding to avoid refeeding syndrome. You ask about it and they explain that if you eat too much too quickly or regain weight too fast without monitoring, then the 'phosphate' (a chemical which contains the mineral phosphorus) in your blood may drop in a rebound fashion, leading to sudden and serious heart complications, which may be fatal.

They should explain that a specialist dietician would recommend a diet plan after assessment.

You then should question about the consequences of you refusing to stay in hospital and the doctor should say that the Psychiatrist has discussed significant concerns about your health. They are having discussions about considering a legal route of detaining you to keep you safe, if you refuse treatment.

The doctor will say that the Psychiatry team, being the experts in this field would communicate this discussion. This will be a difficult conversation as the doctor should be honest but sensitive and respectful with you and not be coercive. You will ask them to explain this while you are waiting to see the Psychiatrist and they should mention that the Mental Health Act would only be used if there is a concern that you may refuse life saving treatment, due to lacking capacity to make safe decisions, in the context of a mental illness, which could lead to harm to your health. The doctor should also explain that the team would try their best to attempt to encourage you to accept treatment and would be keen to work collaboratively with you.

You then challenge the possibility of mental illness saying that you don't have one. The doctor should respond by going through the main criteria of Bulimia Nervosa, the fear of gaining weight – bingeing and purging – excessive exercise – negative overvalued ideas about body image – physical health complaints (fatigue, dizzy spells, constipation, tummy ache, blood in vomit, dental caries), physical and psychological consequences of starvation and problems with memory, concentration, mood and sleep.

You start to see the doctor's point of view but mention that you don't want to be sectioned because you can't imagine not being able to make decisions for yourself and feel it is like 'being imprisoned'. The doctor should reassure you that this law is only meant to be there for your best interest, if you are not

able to consent to life saving treatment and that doctors are not allowed to use it to restrict any patients' freedom more than what is urgently needed for their safety.

You reassure the doctor that you will not hurt yourself and others and then ask them to speak to the Psychiatrist on your behalf asking them not to use the Mental Health Act. They should say that they are unable to promise this but at the same time should display empathy and help you feel reassured.

Tips for facilitators

Intended learning outcomes for candidates:

- Address patient's concerns in an empathetic manner and explain the impact of mental wellbeing on physical health. Also discuss the importance of nutrition and the consequences of starvation on physical and psychological wellbeing.
- Discuss the immediate and long-term physical and psychosocial complications of Bulimia Nervosa and co-morbidities.
- Explain the importance of hospital admission and the possible high risk of morbidity and mortality with cases of severe illness. Mention the management of high risks / red alerts in accordance with national guidance.
- Demonstrate an understanding of the basis of supervised refeeding and nutritional rehabilitation.
- Explain to the patient the mechanism of refeeding syndrome and the importance of managing it with supervised refeeding and monitoring of medical risks in hospital.
- Manage challenging conversation with the patient while maintaining a professional conduct.
- Explain the need for further testing as required.
- Respect confidentiality but explain that families can be an important source of support and therefore need to be included in some of the discussions to enable future care and management in the home setting.
- Offer support to carers and family whilst maintaining confidentiality as best as possible.
- Understand the Ethico-Legal aspects of care and management including consent, capacity and confidentiality and facilitate a collaborative discussion around the use of the MHA in managing eating disorders.