

Our recommendations explained

Information for patients in the Regional Eating Disorder Unit (REDU)

During the initial stage of your admission to the Regional Eating Disorder Unit (REDU), it might be recommended that you follow ward guidance to reduce risks associated with treatment and recovery from an eating disorder.

When someone has an eating disorder, there are risks that this may impair their decision-making ability. We have a responsibility to support you to participate in decisions about your care and treatment and help you to make informed decisions. This includes helping you to understand the risks to your own health or welfare that are associated with poor nutrition and weight loss.

It is important you understand why we suggest these recommended restrictions during your treatment in REDU, and we aim to explain these fully in this leaflet so you can make informed decisions about consent for these aspects of treatment. Our aim is to protect you from eating disorder behaviours which may increase your risk of serious harm.

There is no one-size fits all way to provide treatment and recovery from an eating disorder. We will take a person-centred and rights-based approach to your care and treatment. If we need to recommend any of the restrictions below, we will discuss with you why we think they are appropriate and necessary.

Why might we recommend your bathroom is locked and your toilet visits are supervised?

Physical risks – if you are physically unstable, there is an increased risk of becoming more unwell unexpectedly while using the bathroom and you may not be able to easily call for help.

Exercise – bathrooms can be identified as a space to exercise discreetly to attempt to lose weight.

Purging – sometimes people with an eating disorder can experience much stronger urges to vomit after meals and, if this happens to you, having your bathroom locked may support you to avoid acting on these urges.

Self-harm risk – some people with eating disorders also self-harm and bathrooms may be used as a space to self-harm if unsupervised.

Fluids – drinking excessive fluids, e.g. tap water from bathroom sink, can be used to falsify weight measurements.

Why might we recommend using a wheelchair?

Physical risk – people at low weights are at higher risk of falls and injury as a result of a fall. Factors such as low blood pressure, low blood glucose, electrolyte imbalance (i.e. potassium, sodium, magnesium, phosphate) and fatigue may result in unsteadiness or fainting.

Conservation of energy – it may be necessary to minimise the amount of energy you are using by limiting movement during the early stages of treatment.

Why might we recommend you have no unaccompanied time off the ward?

Exercise – many people with an eating disorder have a strong urge to exercise before or after meals and this can limit weight gain. Therefore, it can be in the best interests of some people not to have unaccompanied time off the ward too early in their treatment.

Physical risks – if you are physically unstable, there is an increased risk of becoming more unwell while off the ward and you may require medical assistance.

Self-harm risk – for people with urges to harm, time off the ward may be used to self-harm or obtain items intended to use to self-harm.

Purging – for people with a history of purging or with urges to purge, time off the ward alone is not advised due to the risk of these urges being too intense to resist.

Bingeing – some people may use time off the ward to access to local shops to buy foods which can be used to binge, which may trigger purging or refeeding syndrome.

Smoking – smoking is forbidden on hospital grounds and sometimes people may attempt to use smoking to suppress appetite as a means of restricting calories. We can arrange for nicotine replacement to be prescribed as an alternative.

Your care plan

We will discuss any recommended restrictions as part of agreeing your care plan. Your care plan will be discussed and reviewed with you regularly throughout your time on the ward, and you can ask to do this with us at any time.

If you agree to any recommended restrictions, we will continue to discuss them with you during each stage of your treatment, and it is likely that we will adjust these recommendations as we take into account how you are progressing. As well as considering your feelings and decisions, it is important that we consider information about your blood tests, weight trajectory, progress with agreed meal plans and other physical observations.

We encourage you to tell us if you would like to discuss your care plan, including readiness to change aspects of your care plan, and to include any changes that you want to your treatment in your ward round requests.

We hope you understand why it is important why we may recommend these restrictions. You may find it particularly helpful to discuss them, and the information in this leaflet with a carer or advocacy worker. We can support you to do this if you would find this helpful. You can also speak to any member of staff.

If you do not feel able to give consent for any of these recommended restrictions, we will continue to monitor your progress (weight gain, physical stability including bloods tests and observations) and discuss this with you regularly to understand what more we can do to support you to make informed decisions about your care and treatment. If there is evidence of a decline in progress towards recovery then appropriateness of ongoing in-patient care will be reviewed at the weekly ward round and discussed with you. Alternative options, such as a transition to community treatment may be considered.

Further information and support is available from:

CAPS – tel: 0131 273 5118, email: advocate@capsadvocacy.org, website: www.capsadvocacy.org

Mental Health Advocacy Project – tel: 01506 857230, email: admin@mhap.org.uk, website: www.mhapwl.org

