

Otherwise Specified Feeding or Eating Disorder (OSFED)

Sometimes, symptoms of eating disorders do not fit the full criteria for a specific type of disorder, but are similar to them. When this happens you may be diagnosed with Otherwise Specified Feeding or Eating Disorder (OSFED).

What are examples of OSFED

- Atypical AN: all the criteria for AN are met except, despite significant weight loss, weight remains in normal range.
- BN (low frequency and or limited duration): all the criteria for BN are met except binge eating and inappropriate compensatory behaviours happen less than once a week for less than 3 months.
- BED (low frequency and or limited duration): all the criteria for BED are met except binge eating happen less than once a week and/or for less than 3 months.
- Purging Disorder: purging behaviour in the absence of binge eating to influence weight (self induced vomiting; misuse of laxatives, diuretics, or other medications)

Risks To Health

The risks are determined by the presentation but there are similar risks to those of Anorexia and Bulimia, as summarised below.

Restricting type presentations

- Lethargy; physical weakness and/or feeling cold
- Anaemia; high cholesterol; slowed/abnormal heart rate
- Reduction in the quality of hair, skin and nails.
- Periods stopping; loss of libido; loss of bone mass

Purging type presentations

Potassium plays a vital role in the function of nerves, particularly the nerves of the heart. If potassium levels fall, the heart beat may become irregular and in some cases cause a heart attack.

- Vomiting may: cause low potassium; swollen glands in neck; stones in salivary duct; creates problems with teeth and gums caused by the acid from vomit.
- Laxative misuse causes dehydration; leads to the loss essential minerals, e.g. potassium, present in the bowel fluid. Many laxatives work by stimulating the muscle wall of the bowels to contract and push the contents through quicker. This stimulation may eventually lead to loss of bowel tone where the muscle wall becomes thin and limp. Bowel function may be permanently weakened and slow. Many people end up suffering severe and long term constipation, which will not respond to more laxative medication.
- Diuretic misuse may cause metabolic imbalances e.g. insulin resistance; increasing excretion of sodium; low potassium; hypotension and postural hypotension; kidney failure.
- Diet pills use/misuse requires medical monitoring and advice.
- Excessive exercise may cause substantial physical damage especially if pre-osteoporosis or osteoporosis is present.

How we can help you

When you're referred to us we'll arrange an assessment appointment with you. We'll talk with you about your experiences and why you think your eating habits have changed.

Why do we request blood tests and medical monitoring?

We want make sure that your health is monitored because of the physical problems associated with eating disorders. Blood tests may include: Full blood count to check haemoglobin and white cell count; urea & electrolytes to check kidney; calcium levels; liver function test as liver enzymes get elevated in low weight or starvation; random glucose as levels may be low in starvation; cholesterol may be elevated in starvation or overweight.

Other medical monitoring may include any of the following: Blood pressure; heart rhythm with an ECG; bone density with DXA; regular weight, height and BMI measuring to assess and monitor risk.

As part of your assessment and treatment, we'll provide you with a care plan and information about eating disorders. We'll also provide you with log in details for our SHaRON network, which will help you talk to other people and carers about your experiences.

Advice

Emotional Problems in Eating Disorders

Depression, anxiety and low self-esteem are common difficulties. Starvation lowers an individual's mood and ability to think clearly. Interest in relationships decreases and loneliness and feelings of isolation and pessimism increase. Obsessive compulsive problems and distorted, negative thoughts and feelings about shape and weight are common.

If you find yourself not coping or in crisis please contact the number on the back page for support. You have made a positive step to support yourself by coming for treatment. Please remember that typically, all of the above start to improve as eating gets under control.

Dental Advice

- In addition to your GP please seek dental advice as vomiting may reduce the enamel on your teeth and cause oral health issues which may need monitoring regularly
- Don't brush your teeth after vomiting, as it will rub the acid in and cause damage, rather use a non acidic mouth wash or water
- If you vomit or take laxatives and take the oral contraceptive pill please be aware that purging may reduce your contraceptive cover. Please speak to your GP for advice immediately

Accessing our service

Following your assessment at our clinic, you and the Clinician will look at some of the options available so that the most suitable service for you can be found.

Hospital Admission

If your eating disorder has placed your health in severe danger, a hospital admission may be necessary. This is not often required but is vital for people with a very low body weight where weight gain is immediately necessary to ensure survival.

During your stay in hospital you will be given a diet plan designed by a Dietician to help you gain weight in a way that is manageable and safe for you.

Often during your first week you will be confined to bed rest to minimise the pressure you place on your body whilst you are so unwell, the duration of which will be determined by your rate of recovery. Your stay in hospital will involve regular weighing and possibly supervised meals to help with your return to health.

The Home Treatment Team

The Home Treatment Team is a community team providing visits to patients in their own homes and hospital settings across the whole of Berkshire.

If you are admitted to hospital, the team will provide support to both you and your family during this difficult time and will continue to work with you to find the most appropriate care once you have left hospital. If you are at home, the team can provide emotional support, meal support and therapeutic activities such as food shopping and cooking to support you in making changes to your eating habits as well as the aspects of daily living that are disrupted by your eating disorder.

Further support

NHS

You can find more information about anorexia, and other eating disorders, including symptoms, causes and support, from the NHS website

[nhs.uk/conditions/anorexia/](https://www.nhs.uk/conditions/anorexia/)

Women's Aid

Helpline for domestic violence. Can arrange contact with safe houses in your area - 0808 2000 247

Samaritans

Support for any issue - 08457 90 90 90 (24hr)

Talk to Frank

Advice & info on drug (mis)use - 0300 123 6600 (24hr)

Drinkline

Advice and help for alcohol (mis)use - 0300 123 1110

Marie Stopes

Abortion and pregnancy advice & counselling service – 0845 300 8090 (24hr)

Community Mental Health Teams

Bracknell 01344 823333

Newbury 01635 292020

Reading 0118 960 5612

Crisis Resolution Home Treatment Team—0118 960 5999

Overnight crisis service – 0800 783 9505

Slough 01753 690950

Windsor, Ascot & Maidenhead 01628 640200

Wokingham 0118 9890707

The CMHT can offer help in an immediate crisis

Urgent Care 0300 365 99 99 (24 hour line)

How to contact us

If you need to contact us
or require further information...

Reading: **0118 929 6417**

St Mark's Hospital: **01753 638883**

www.berkshirehealthcare.nhs.uk

