

Information for GPs - CAMHS Eating Disorder Service

The Child and Adolescent Health Service (CAHS) is responsible for the delivery of services for children and young people presenting with Eating Disorders. These services are delivered across multiple settings, including Community CAMHS, Perth Children's Hospital Emergency Department (PCH ED), PCH Adolescent Medicine (Ward 4A) and the CAMHS Eating Disorder Service.

The CAMHS Eating Disorder Service is a Tier 4 State-Wide Specialist Service, offering assessment (up to 16th birthday) and treatment (up to 18th birthday if existing client) to young people with severe eating disorders including; Anorexia Nervosa, Bulimia Nervosa, Atypical Anorexia Nervosa, Binge Eating Disorder, Avoidant Restrictive Food Intake Disorder (ARFID - if high school-aged) and Eating Disorders Not Otherwise Specified (EDNOS).

The CAMHS Eating Disorder Service accepts referrals for these young people from Medical Practitioners. All referrals must demonstrate clear evidence of: significant weight concerns (or restrictive diet if ARFID) and, significant physical sequelae of weight loss, with clear evidence of body image distortions (or restrictive diet if ARFID) Referrals must also demonstrate that interventions at Tiers 1-3 have been insufficient or are unlikely to succeed due to the complexity of the case presentation. A family's inability to access tier 2-3 services (for financial reasons) will also be taken into consideration.

The flow charts and tables below provide guidance on the relevant indicators to monitor and clinical decision making for a young person with eating concerns.



Healthy kids, healthy communities

Compassion

Excellence

Collaboration

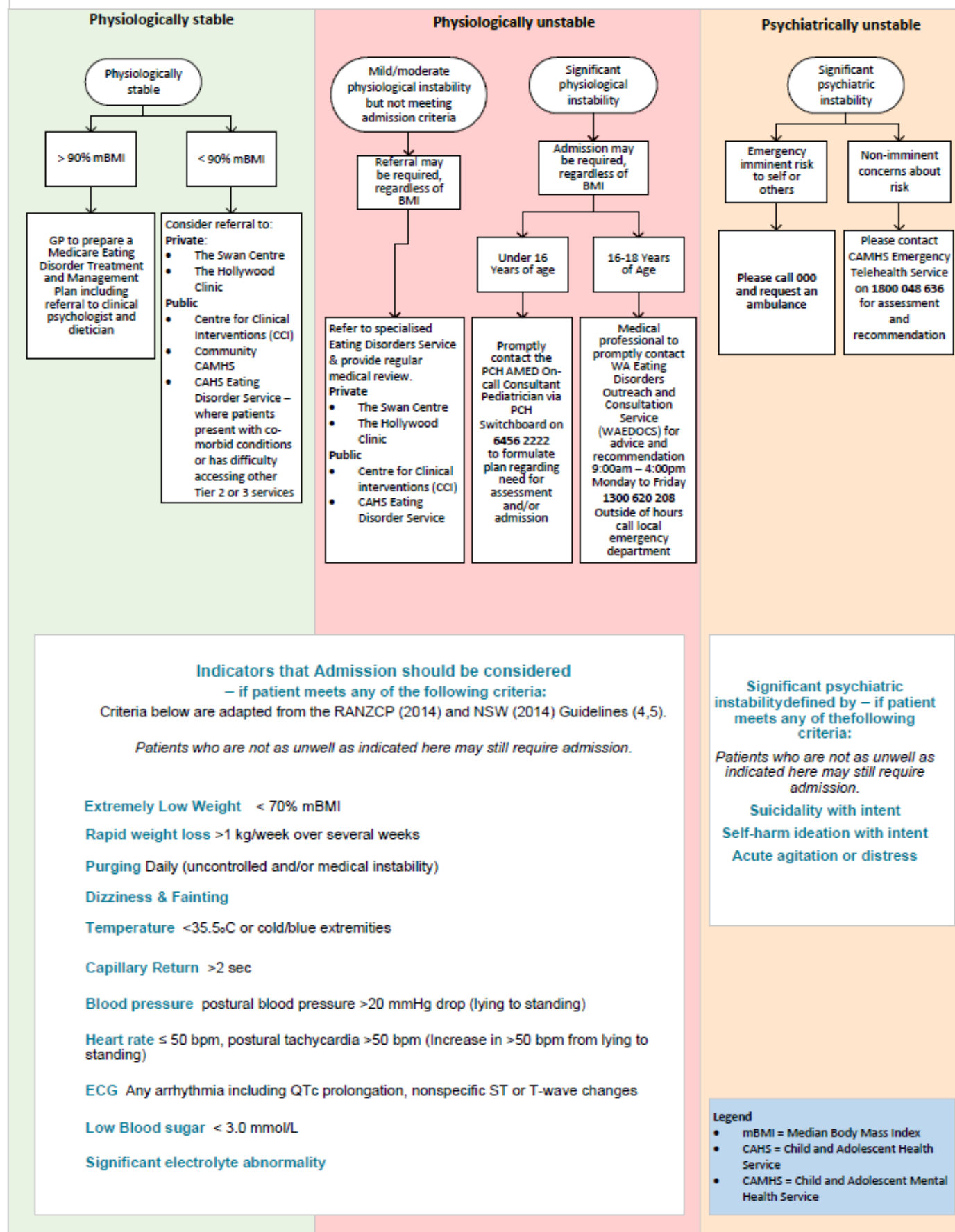
Accountability

Equity

Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital

Referral pathways for patients with suspected eating disorders under 18 years of age



Percentage of Expected Body Weight (mBMI)* for Age and Sex

GIRLS				
Age	Weight Restored 100%	Underweight 90%	Moderate risk 80%	High Concern Admit 70%
9	16.3	14.7	13.0	11.4
9.5	16.6	14.9	13.3	11.6
10	16.8	15.1	13.4	11.8
10.5	17.2	15.5	13.8	12.0
11	17.4	15.7	13.9	12.2
11.5	17.8	16.0	14.2	12.5
12	18.0	16.2	14.4	12.6
12.5	18.4	16.6	14.7	12.9
13	18.7	16.8	15.0	13.1
13.5	19.0	17.1	15.2	13.3
14	19.4	17.5	15.5	13.6
14.5	19.6	17.6	15.7	13.7
15	19.9	17.9	15.9	13.9
15.5	20.2	18.2	16.2	14.1
16	20.4	18.4	16.3	14.3
16.5	20.6	18.5	16.5	14.4
17	20.9	18.8	16.7	14.6
17.5	21.2	19.1	17.0	14.8
18	20.4	18.4	16.3	14.3

BOYS				
Age	Weight Restored 100%	Underweight 90%	Moderate risk 80%	High Concern Admit 70%
9	16.2	14.6	13.0	11.3
9.5	16.4	14.8	13.1	11.5
10	16.6	14.9	13.3	11.6
10.5	16.9	15.2	13.5	11.8
11	17.2	15.5	13.8	12.0
11.5	17.5	15.8	14.0	12.3
12	17.8	16.0	14.2	12.5
12.5	18.1	16.3	14.5	12.7
13	18.4	16.6	14.7	12.9
13.5	18.8	16.9	15.0	13.2
14	19.2	17.3	15.4	13.4
14.5	19.5	17.6	15.6	13.7
15	19.8	17.8	15.8	13.9
15.5	20.2	18.2	16.2	14.1
16	20.6	18.5	16.5	14.4
16.5	20.9	18.8	16.7	14.6
17	21.2	19.1	17.0	14.8
17.5	21.5	19.4	17.2	15.1
18	21.9	19.7	17.5	15.3

*BMI at 50th percentile or median BMI (mBMI is used in Family-Based Treatment for AN to define a client's Expected Body Weight (EBW) and provides a general guide to expected healthy BMI for age).

Healthy BMI for age may range above or below this figure dependent on presence of delayed or premature height growth.

$$\text{BMI} = \text{weight (kg)} \div \text{height (m)}^2$$

$$\text{Percentage mBMI} = (\text{BMI} \div \text{mBMI for age \& height}) \times 100$$