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ORAL NUTRITIONAL SUPPORT IN EATING DISORDERS

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Oral nutritional support in the form of sip feeds is an integral part of dietetic practice, used to supplement dietary intake and support weight gain in individuals who struggle to meet their nutritional requirements. This article provides an overview of the use of sip feeds and the considerations required.

Eating Disorders are complex mental health illnesses, with the individual often experiencing anxiety, low mood, low self-worth and weight and shape concerns. This is coupled with behaviours around food, including restrictive eating and/or binge eating and compensatory activities. Eating disorder services commonly treat a variety of diagnoses, including anorexia nervosa, bulimia nervosa, other specified feeding or eating disorders and Avoidant Restrictive Food Intake Disorder (ARFID). It is common practice in a specialist eating disorder unit (SEDU) setting for clients to be offered sip feeds to support managing their prescribed diet if they are struggling to either eat a specific meal or snack, or are finding the volume of food required too difficult.

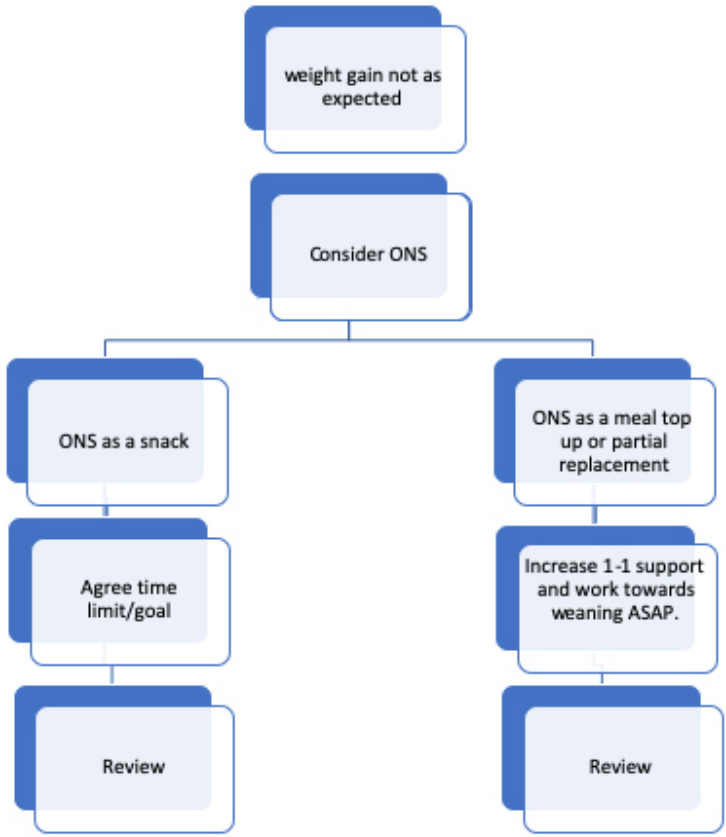
A FOOD-FIRST MODEL

Specialist eating disorder units will have a clear prescribed meal plan for every individual being treated. This is often based around average portion sizes, with snacks and puddings included to promote weight gain. These meals are often offered for a set period of time, where the individual who has an eating disorder is supported by staff from the unit to complete the food. The expectation is that the client finishes their prescribed meal plan every day.

This food-first model is important, as individuals with eating disorders have a complex relationship with food and have often practiced restrictive behaviours and avoidance with their dietary habits. This food-first model is designed to offer exposure to food that might have been avoided for some time due to the eating disorder rules. It also aims to provide normalisation of regular dietary intake and improved eating patterns, to help create success at discharge.[1] However, for some individuals, managing the meal might not be possible. This could be due to a mixture of complex psychological and physiological reasons, for example: high level emotional distress like anxiety, long-term avoidance of solid food and significant gastrointestinal discomfort.[2]

Given the high risk of medical complications that eating disorders pose, meeting nutritional requirements for refeeding and weight restoration is essential. This is where the use

Figure 1: ONS as nutrition pathway



of sip feeds becomes important. Alongside refeeding risk, long- and short-term poor health outcomes, rigidity of thinking patterns and behaviours and decreased emotional resilience become more prevalent following significant restriction and weight loss. So, it is important to support the individual to meet their nutritional requirements and start weight restoration.[3]

There is no consensus on how sip feeds should be calculated, with units having their own protocol dependant on staff experience. Some units will replace calorie for calorie; some will offer a set amount of replacement for that meal (i.e. a quarter of lunch not eaten is equal to x amount of mls of sip feed); and some will offer in fractions of completed meal (i.e. if less than half is managed, the whole meal will be replaced using sip feed).

VOLUME AND QUANTITY

The tolerance of sip feeds will be client specific and the types used will come down to a specific service and the individual receiving treatment. For the individual who has been significantly restricting their dietary intake in quantity, they may experience heightened sensitivity to fullness, which could result in increased anxiety, distress and gastrointestinal disturbance, or perceived gastrointestinal disturbance post meal. So, a high-energy low-volume feed may be tolerated better. For an individual struggling to meet fluid requirements, a higher-volume lower-energy supplement may be preferred.

The use of sip feeds including fibre can be helpful for some individuals, to minimise gastrointestinal complications brought about by refeeding and laxative misuse.

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BOLUS NASOGASTRIC FEEDING

For some, managing their prescribed meal plan and the oral sip feed is not tolerable. At this point multidisciplinary team discussion can be in support of bolus nasogastric feeding to minimise medical complications. Whilst this is an intervention that involves significant discussion with the client, often including their next of kin and which may involve the use of a legal framework like the Mental Health Act, it can also involve sip feeds. In this instance, the same sip feed, which is offered in the dining room to replace food not managed, can be placed down the nasogastric tube when required. This can support the journey back to normalised eating, providing a transparent nutrition pathway for the individual to understand and follow.

VEGAN OPTIONS

With the global shift towards more plant-based eating, veganism has never been more mainstream. Veganism in eating disorders is still approached with caution, as it is often enmeshed with the eating disorder. The British Dietetic Association (BDA) Mental Health Group has a peer paper: *Practice guidance: veganism and eating disorders*,[4] which provides information on how veganism within this client group should be managed. At the time of writing, there are currently no completely vegan ONS on the market, with the closest still containing vitamin D from sheep's wool.

For some time now, SEDU's have been making their own concentrated lipid emulsion ONS like Calogen and Polycal, often using a plant-based milk like Soya. The BDA peer paper suggests using a 'SlimFast Vitality' product or 'Huel'. However, these are advertised as diet products and have added elements like green tea extract, so should be considered with caution and only used under medical supervision.[4]

OUT-PATIENT SERVICES

Where individuals are in outpatient services, they are often making food choices that are more tolerable and, therefore, are closer to meeting their nutritional needs. However, for some, the use of sip feeds can be supportive as a back-up when emotional distress is high and solid food cannot be tolerated, but also for medicalised weight gain. For some, using a supplement is preferable to eating food as a snack, for example, and can be stopped when the individual reaches a healthy or safe weight. Caution should be exercised, as this can create reliance on sip feeds, with the individual not receiving the same level of support as offered by inpatient units and, so, increasing the risk of dependency on this source of nutrition.

A TALE OF CAUTION

Whilst oral nutritional sip feeds can offer a practical and supportive solution, they can lead to individuals with eating disorders becoming stuck and unable to move back to eating real food. They can encourage patients away from the experience of food, reinforce avoidance of foods and can foster dependency on artificial food sources.[1]

Eating disorders can crave exactness.[5,6] This can come in the guise of calorie counting, macronutrient restriction, rigid rules around timings or presentation of meals. Perfectionism is often a clinical feature of eating disorders. Perfectionism is a desire to achieve unrelenting high standards, alongside self-criticism when these standards are not met. This can mean the individual struggles with managing uncertainty and craves exactness.[5,6]

Sip feeds can help meet that need for certainty and exactness in a way that food products and prepared meals cannot. Their synthetic nature and precise mix of carbohydrate, protein, lipids, vitamins and minerals mean that they can offer something varied, when eating cannot. However, sip feeds should be used in a time-limited manner and with professional support. One-to-one dietetic intervention, or talking therapy to explore goal setting and motivation for change, is integral to supporting transition back to foods. Mealtime coaching around those goals can help reduce longer-term reliance on these products.

CONCLUSION

This is an area with little research, where teams take a differing approach based on clinical experience and client need. Sip feeds can provide a vital resource to promote nutritional stability and weight restoration, but should be approached with caution due to the nature of eating disorders. Their use should be in conjunction with regular support to the individual using them, in order to promote the return to normal eating behaviours and patterns and to minimise avoidance of food.

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Questions relating to: *Oral nutritional support in eating disorders* *Type your answers below, download and save or print for your records, or print and complete by hand.*	
Q.1	Outline the challenges in employing the food-first model to those with eating disorders.
A	
Q.2	What factors contribute to calculating the volume and quantity of sip feeds?
A	
Q.3	Describe the different circumstances under which you might consider the ONS nutrition pathway and what action this would lead to.
A	
Q.4	In what circumstances might bolus nasogastric feeding be considered?
A	
Q.5	How does the BDA recommend dealing with veganism in eating disorder treatment?
A	
Q.6	How might sip feeds be best prescribed to out-patients?
A	
Q.7	What are some of the concerns with using sip feeds to treat those with eating disorders?
A	
Q.8	How would you mitigate against some of these concerns?
A	
Please type additional notes here . . .	