

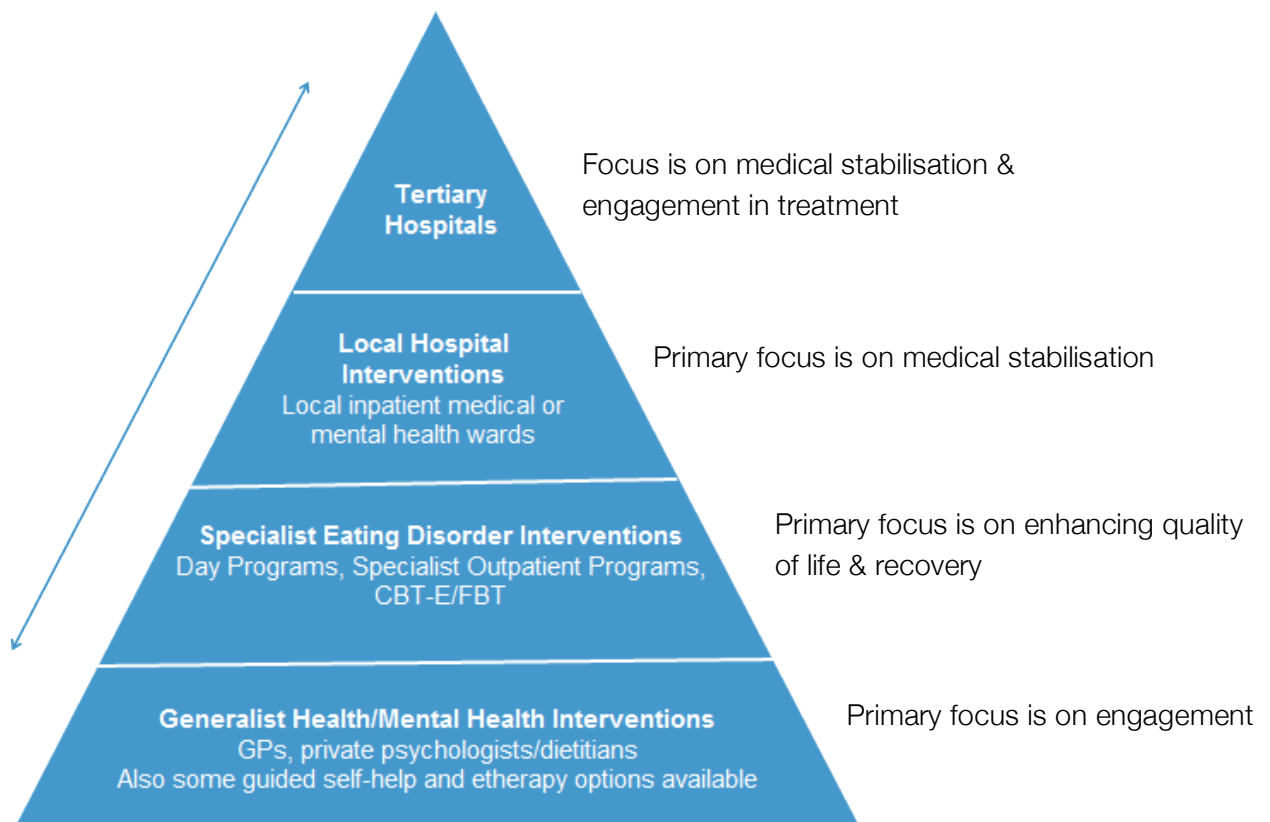
Treatment for Eating Disorders: Continuum of Care

Traditionally, the treatment models for eating disorders were dichotomous – individuals were either treated in hospital inpatient settings, with a high level of support and supervision, or community outpatient settings, with less intervention and support.

The continuum of care model emerged in response to this dichotomy and in an effort to ensure that treatment is matched to the individuals need, and that there is appropriate and efficient use of resources. The continuum of care proposes that individuals can move up or down stepped levels of care, depending on illness severity (medical acuity and symptom severity), treatment goals and engagement in treatment.

Overall, individuals with the most severe and complex conditions should be treated in tertiary hospitals with specialised services, and individuals with less severe presentations should be managed in the community. Individual engagement in treatment and level of motivation should also be considered to ensure an appropriate level of care is provided.

Below is the Continuum of Care Treatment Model, and a summary of each level of care.



Tertiary Hospitals – provide specialist inpatient treatment with a multidisciplinary team and is suitable for individuals with the most severe eating disorders and complex presentations. The primary focus is on medical stabilisation and engagement in treatment to prepare the individual for treatment post discharge from hospital.

Local Hospital Interventions – such as local mental health or medical beds, focus on medical stability, nutritional rehabilitation and medical/mental health symptom containment.

Specialist Eating Disorder Interventions – such as day programs, outpatient clinics and specialist psychiatrists, psychologists and dietitians provide evidence based treatment for eating disorders with a focus on enhancing quality of life and recovery from the eating disorder.

Generalist Health / Mental Health Interventions – such as general practitioners, general psychologists, general dietitians and community mental health services provide medical monitoring and psycho-education with a primary focus on engaging the individual in treatment.

References:

Zipfel, S., Reas, D., Thornton, C., Olmsted, M., Williamson, D., Gerlinghoff, M., Herzog, W. & Beumont, P. (2002) Day hospitalization programs for eating disorders: A systematic review of the literature. *International Journal of Eating Disorders*. 31(2), 105-117.