COD-ED

Negotiating Meal Plans for Consumers with an Eating Disorder in the Inpatient Setting

Providing nutritional care and interventions to consumers with an eating disorder can be a challenging task for clinicians. In most inpatient settings, 3-step meal plans are the recommended treatment to resume regular eating patterns once consumers are deemed medically stable.

The aim of inpatient admissions for consumers with an eating disorder is to restore physical health through nutrition restoration and rehabilitation. This includes developing eating patterns to meet nutrition needs, as well as learning and implementing strategies to challenge compensatory behaviours (e.g., purging, restriction, excessive exercise etc.).

This resource was developed to assist dietitians who work in inpatient settings to provide nutrition care to consumers with an eating disorder. The following information provides guidance on how to implement a 2 or 3-step meal plan in a collaborative approach with consumers with an eating disorder. Whenever possible, investigate and align with the consumer's goals and motivations when negotiating a meal plan. Accept that there may be times when the eating disordered part of the consumer is so strong that this may not be possible. Additionally, consider what is practical from a foodservice and nursing perspective within your local hospital and health service.

Please note: These guidelines may need to be modified when working with neurodivergent persons with feeding differences pre-dating the ED and may not be appropriate for people with an Avoidant Restrictive Food Intake Disorder (ARFID) diagnosis. Refer to the QLD Eating Disorder Service (QuEDS) Guide to Admission and Inpatient Treatment for People with an Eating Disorder in QLD ARFID appendix for more information.

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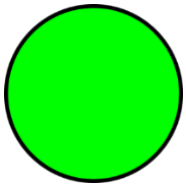
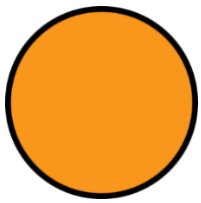
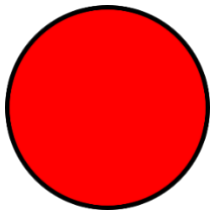
Negotiables 	• Non-starchy vegetables. • Snacks – choice from predetermined list established by the treating dietitian. • Types of fluids (within fluid restriction) outside of the meal plan can be at the discretion of the consumer, provided they are free from artificial sweeteners and limited to 3x caffeinated drinks per day. • Foods within the same food groups can be swapped for one another (i.e., mashed potato ↔ boiled rice ↔ bread). • Cultural/religious/food allergy considerations – If dietary rules have been followed for reasons other than caloric restriction, these are to be catered for as practically possible (i.e., Kosher, Halal). In exceptional circumstances, foods may be brought in from outside of hospital, ensuring food safety standards are adhered to (ideally foods should be individually packaged, with nutritional labelling). • The nutrition supplement in Step 2 of a 3-step meal plan can be negotiated for flavour preferences. • The timing of additional snacks, if required to assist with nutritional adequacy and medical stability (early breakfast or late supper).
Negotiables with limitations 	• The timing of mid-meals (no longer than 3 hours in between a meal or snack). In instances where the patient is unable to complete Step-1, then Step-2 should be commenced as soon as possible. • Alternative meals/mid-meals when progressing with leave off the ward over mealtimes can be discussed (of similar nutritional value and food group serves). • Vegetarian: If the consumer has been vegetarian for an extensive period, independent of the eating disorder, this may be catered for pending food service availability and acceptance of available vegetarian protein sources. Consider the associated increase in fibre. • Consumption of all meals/snacks should be encouraged to take place in communal dining areas if possible, or at the bedside desk (not in bed). Alternative arrangements can be considered by the MDT in extenuating circumstances (e.g., neurodivergent

	person benefiting from a low stimulus environment when eating). • Food preferences should be considered. However, to allow adequate time for other dietetic interventions, these should be restricted to 2 changes per dietetic consult, per week only.
Non-negotiables 	• Removal/elimination of entire food groups (Australian Guide to Healthy Eating, as well as 'nuts, oils and fats', 'fun foods' as per REAL food pyramid). • Regular meals/snacks (ideally 3 x main meals and 3 x snacks in-between main meals). • If Step 1 is not 100% consumed, completion of 100% Step 2 (oral nutritional supplement) is expected. • Main meals and snacks must consist of proteins, carbohydrates and dietary fats. • Depending on nutrition goals, main meals may also include a minimum 1-2 fruit, 1 calcium or fats/oils serve. • Food serves plated by kitchen must be standard serves (no small portions). • No 'diet' or 'light' products or artificial sweeteners. • Food to be consumed within a designated time frame (i.e., 30mins for main meals and 20mins for snacks). • No foods from outside of the hospital to be consumed (this can be discussed once patient commences leave off ward). • No changes to meal plan without discussion with the Dietitian. • Supervision of all meals and snacks is required in hospital.

Communication Tips

Below are some phrases that may be helpful in responding to common challenges in the inpatient setting. Recovery orientated language is vital, and expressing empathy and validating the consume'rs concerns is highly valuable. If difficult conversations continue to arise, consider joint consultations with another mental health clinical.

Issue/Challenges	Useful Phrases/Responses
'You can't make me eat'.	• 'How your body receives nutrition (food, oral nutrition supplement, NGT bolus) is your choice, but having no nutrition (refusing meals/boluses) is not an option'.
Complaints about hospital food/ Attempting to negotiate	• 'This meal plan is structured to help fuel your body in a safe, sustainable way. The more changes we make, the less effective it will be in helping with your recovery.' • 'I can imagine it must be difficult consuming hospital foods that you would not normally eat at home…'
Low engagement	• Prompting questions which explore eating attitudes and beliefs can help provide rationale for the meal plan being initiated. These include: o Are there particular rules or factors that influence your food choices? o What have been your main sources of information about food and healthy eating? o How strictly do you apply these rules to yourself? o What are the consequences if you don't stick with your rules?
Difficulty making decisions	• 'I can see your eating disorder is giving you a hard time now. Should I make the choices on your behalf, and we can try this again next review?' • Consider limiting the options provided (e.g., 'would you prefer *this* or *that*?')
Boundary Setting	• Communicate expectations around meal planning. • Limit meal planning changes to maximum of once per week. • Changes to meal plan to be done collaboratively between the consumer and dietitian only, within allocated review times.
Escalating behaviours	• Utilise the 4C's:

	○ Calm: Role model relaxed body language and a peaceful tone of voice. ○ Confident: The more confident you appear; the more reassured consumers will feel. ○ Consistent: Stick with what was agreed and don't negotiate. ○ Compassionate: Understand the difficulty they're facing.
Minimising guilt or shame Externalising the eating disorder: Differentiate between the client and the disease.	• What did the eating disorder say to trick you into skipping lunch? • What might be helpful for you to battle the eating disorder next time in a similar situation? • It sounds like the eating disorder is taking a lot away from you. • How are the eating disorder values different to your own values? • What does the eating disorder tell you about yourself? • When is the eating disorder likely to take advantage of you?
Clear expectations and communication	• Provide rationale for meal plan, as well as for each decision (why something is negotiable in a meal plan, as well as why other aspects are non-negotiable). • To foster self-efficacy, always provide opportunities for clients to contribute to decision making,. • Make consequences of behaviours clear. 'If the eating disorder is preventing you from consuming your meal/snack in its entirety, we will provide you with an oral nutrition supplement to ensure you do not miss out on the nutrition you require'. • Communicate changes to meal plan to patients and the multidisciplinary team. • Set time frames for menu planning with the consumer.
Provide positive reinforcement	• Link efforts to reaching meaningful outcomes by knowing what the patient is looking forward to outside of hospital.
Restrictive diet practices (Veganism, food allergies)	• Require confirmation from family members regarding long-term behaviour or recent change due to the eating disorder.

	• Obtain collateral to ensure food allergies are medically confirmed. • Set a limit of food 'dislike' options (not whole food groups) with the consumer at the start of admission.
Validation of feelings 'You are making me fat'. 'I feel too full/sick'.	• 'I understand you may be experiencing bloating/discomfort. This is normal when starting a meal plan. This should start to settle in time with regular, adequate nutrition'. • Encourage use of distraction techniques. • 'Weight is gained disproportionately during nutritional rehabilitation but will redistribute over time'.

Summary:

- Providing nutritional care and intervention to individuals with an eating disorder can be challenging.
- Refer to QuEDS 'A Guide to Admission and Inpatient Treatment for People with an Eating Disorder in QLD' for more information on providing inpatient care for consumers with an eating disorder
- Peer support can be provided via QuEDS on request.

References:

- Eating Disorders Toolkit: A Practice-Based Guide to the Inpatient Management of Adolescents with Eating Disorders.
- Kelty Mental Health Eating Disorders: 'Meal support at a glance'.
- Centre for Clinical Interventions (CCI): 'Recovery from Eating Disorders for Life (REAL) Food Pyramid'.
- Victorian Centre of Excellence in Eating Disorders (CEED). 'Externalisation from the Eating Disorder'.
- Mental Health Coordinating Council: Recovery Orientated Language Guide