

Referral criteria for the Eating Disorder Unit

Criteria for an emergency referral

A patient is referred for an emergency assessment if the eating disorder is causing an acute and serious risk to their somatic, i.e. physical health.

Example situations where a somatic assessment is necessary:

- BMI of less than 13 kg/m² or weight less than 70% of the average weight for their height
- rapid weight loss (25% of body weight lost in three months)
- severe circulatory system disorder or electrolyte imbalance.

Criteria for a non-emergency referral (referral to the Eating Disorder Unit)

Weight loss disorder (anorexia) or atypical eating disorder

Essential criteria:

1. The [diagnostic criteria](#) are met.
2. Appropriate intervention in primary or specialised medical care over a 3–6-month period has not worked (see [the recommendations of the Käypä hoito \(Current Care\) guidelines regarding eating disorders](#)). The time criterion can be flexible, especially if the patient is young or has just been diagnosed with a disorder with severe symptoms.
3. The patient or their family has sufficient motivation or ability to commit to the treatment of the eating disorder.
4. If the patient has more than one psychiatric disorder, the eating disorder must be the one that restricts functional ability the most.

Additional criteria:

- significant malnutrition or rapid weight loss, or

- abnormalities in laboratory tests (e.g. electrolyte imbalance) but no life-threatening cardiovascular disorder or electrolyte imbalance, or
- eating disorder behaviour or thinking about eating takes up a large part of the day, or
- significant distortion of body image.

If the patient has a long-term eating disorder (there have been symptoms for several years and treatment attempts have not helped the patient), active treatment at the Eating Disorder Unit (SHY) may only be offered in situations where the patient's motivation for change has significantly increased and it is felt that the treatment provided at SHY will support recovery. In other cases, support aimed at maintaining functional capacity may be considered for patients with long-term eating disorders, following a separately agreed plan.

Binge eating disorder (bulimia nervosa)

Essential criteria:

1. [The diagnostic criteria for a binge eating disorder](#) are met.
2. Appropriate intervention in primary or specialised medical care over a 3–6-month period has not worked (see [the recommendations of the Käypä hoito \(Current Care\) guidelines regarding eating disorders](#)). The time criterion can be flexible, especially if the patient is young or has just been diagnosed with a disorder with severe symptoms.
3. The patient or their family has sufficient motivation or ability to commit to the treatment of the eating disorder.
4. If the patient has more than one psychiatric disorder, the eating disorder must be the one that restricts functional ability the most.

Binge eating disorder (BED)

Essential criteria:

1. [The diagnostic criteria for a binge eating disorder are](#) met and the disorder is severely symptomatic (binging almost daily).

2. Appropriate intervention in primary or specialised medical care over a 3–6-month period has not worked (see [the recommendations of the Käypä hoito \(Current Care\) guidelines regarding eating disorders](#)).
3. The patient or their family has sufficient motivation or ability to commit to the treatment of the eating disorder.
4. If the patient has more than one psychiatric disorder, the eating disorder must be the one that restricts functional ability the most.

Details to be included in a non-emergency referral

- weight, height, BMI and weight development over previous years
- a detailed description of the patient's eating disorder (eating behaviour, binge eating, vomiting, use of medication, compulsive exercise)
- current social situation (studies, work, family relationships)
- impact of eating disorder symptoms on functional ability (especially studying, working and relationships with others)
- previous eating disorder treatments
- other psychiatric symptoms (mood, anxiety, suicidal behaviours and thoughts, psychotic disorders)
- history of psychiatric treatment and treatment responses
- state of physical health, somatic diseases and symptoms
- current medication (including current non-prescription products)
- menstrual cycle, any hormonal medication
- substance abuse history and description of current use of substances
- patient's own treatment motivation.

Before the referral, the following tests should be carried out: Basic blood count [P-PVK], P-Crea, P-ALAT, P-Na, P-K, P-Pi, fP-Ca, P-TSH, P-T4V, S-tTGAbA, fP-Glucose, P-PreAlb and ECG.