
 <p>CEU <i>Universidad Cardenal Herrera</i></p>	ACTION PROTOCOLS OF THE UNIVERSITY GUIDANCE SERVICE (SOU)	EATING DISORDERS
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ACTION PROTOCOL: PREVENTION AND INTERVENTION IN CASES OF EATING DISORDERS

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1. DEFINITION AND SCOPE

This Protocol establishes how action is to be taken when the University becomes aware or suspects that a student is suffering from an eating disorder.

Eating disorders are a type of mental disorder characterized by pathological behaviour regarding the consumption of food and an obsession with one's weight. A range of biological, psychological, sociocultural factors and family problems may interact and cause such a disorder to emerge. Such disorders can have a negative impact on both physical and mental health.

For the purposes of this Protocol, the following are understood to be **EATING DISORDERS**:

- Anorexia.
- Bulimia.
- Other disorders concerning behaviour related to eating, such as binge-eating, orthorexia (obsession with maintaining a healthy diet) and muscle dysmorphia.

This Protocol is applicable to any student enrolled at CEU UCH.

The Protocol concerns both prevention and intervention.


PREVENTION

The Protocol aims to prevent serious disorders occurring: prompt identification of eating disorders may allow us to stop such behaviour from becoming consolidated. Therefore, early intervention can also be considered to be preventative in nature. For this purpose, vigilance for warning signs for such behaviour will take place. (See the Annex for more information.)

INTERVENTION

Intervention by CEU UCH will be undertaken by means of providing guidance and support and therefore appropriate mechanisms will be put in place to help such students find and receive specialized treatment externally.

In any case, any such intervention will always be voluntary in nature for the student.

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2. PROCESS

- **IDENTIFICATION:**

The process may be initiated by the student in question, by a fellow student, by a member of staff (personal tutor, coordinator, vice-dean, lecturer, member of the administrative staff, etc.), a family member or a person external to the University. Whoever the informant may be, the case will be referred to the University Guidance Service, which will make an initial appraisal of the situation and then take appropriate action.

- **ASSESSMENT**


After the initial appraisal, a more in-depth assessment will then take place and due consideration will then take place regarding what action the University should take. Possible options include:

- Extraordinary academic measures (temporary suspension, reduction of courses enrolled on, etc.) and/or referral to the Disability Advice and Support Unit (UAPD) for health reasons.
- Contact with parents or legal guardian

- **INTERVENTION**

Direct intervention may involve a range of actions, at the discretion of the guidance counsellor concerned, including:

- Raising the student's awareness of the disorder and its consequences for health.
- Assessment of the actions to take, especially whether the student's parents or guardian should be informed.
- Provision of information of the community resources and local sources of support available for those with eating disorders (see the Annex for more information)
- Provision of guidance regarding mechanisms and techniques for dealing with stress and anxiety.
- Proposal of extraordinary academic measures (temporary suspension, reduction of courses enrolled on, etc.) and/or referral to the Disability Advice and Support Unit (UAPD) for health reasons where the case's gravity makes this necessary.

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- **MONITORING**

The case will be **monitored** in the following manner:

- Regular contact will be maintained with the student at the guidance counsellor's own discretion.
- A report will be issued justifying the implementation of academic measures, where this is necessary.
- Regular contact with external figures (parents, specialists, etc.) will be maintained, if appropriate.


3. RETENTION OF THE INFORMATION COLLATED

Type of data	Person responsible
Monitoring register	Guidance counsellor
Medical or psychological monitoring reports.	Guidance counsellor.

4. REFERENCES/REGULATIONS

References for the classification of eating disorders:

- DSM V. American Psychiatric Association: Feeding and Eating Disorders
https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM-5-Eating-Disorders.pdf
- CIE. CLASIFICACIÓN INTERNACIONAL DE ENFERMEDADES 10.^a REVISIÓN (Spain's implementation of the WHO's International Classification of Diseases):
Anorexia nervosa ((F50.0, 307.1), Bulimia nervosa (F50.2, 307.51)
https://eciemaps.mscbs.gob.es/ecieMaps/browser/index_10_mc.html

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5. ANNEXES.

- Reference sources:

- o **INJUVE:** [Guide for the prevention of eating disorders](#)
- o **Collection of Clinical Practice Guidelines from the Spanish National Health Service (*Guía de Práctica Clínica sobre Trastornos de la Conducta Alimentaria*)** <https://portal.guiasalud.es/gpc/guia-de-practica-clinica-sobre-trastornos-de-la-conducta-alimentaria/>

- Early warning signs:

[\(translated from an original leaflet for patients entitled *Guía de Práctica Clínica sobre Trastornos de la Conducta Alimentaria: Díptico para pacientes*\)](#)¹

Warning signs.

What signs can alert others to the existence of a possible eating disorder?

There are several observable behavioural changes which may point to the presence of an eating disorder, such as:

Regarding eating

Feelings of guilt for having eaten or not; a preference for eating alone, a reduction in the amount of food consumed, episodes of binge-eating in recent weeks, the sensation of being unable to stop eating, continuous avoidance of certain foods (such as sweet foods), consumption of low-calorie or fibre-rich foods, use of diuretics and abuse of laxatives, self-induced vomiting and restrictive diets or fasting.

Regarding body image

Excessive preoccupation with one's body or figure, the opinion that physical appearance is valuable for the achievement of success in any area of life, excessive fixation on cultural stereotypes and dependence on certain magazines and their advice on diet, weight or body shape.


Regarding physical exercise

Excessive amounts of physical exercise or apparent nervousness if exercise cannot be undertaken. Use of physical exercise to lose weight.

Regarding behaviour

Constant personal dissatisfaction, a depressed and irritable state of mind, frequent mood changes; diminished social relationships with a tendency towards isolation, an apparent increase in the amount of time studying, difficulty concentrating and frequent visits to websites, blogs or chatrooms which defend or advocate being thin and which give advice on losing weight or detoxing.

¹ *Guía de Práctica Clínica sobre Trastornos de la Conducta Alimentaria*. Madrid: Plan Nacional para el SNS del MSC & *Guía de Práctica Clínica: AATRM N° 2006/05-01* by the Agència d'Avaluació de Tecnologia i Recerca Mèdiques de Catalunya. This patient information leaflet forms part of the *Guía de Práctica Clínica sobre Trastornos de la Conducta Alimentaria*, listed in the Spanish national health service's health information website, Guiasalud (www.guiasalud.net) and on the website of the AATRM (www.aatrm.net).

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- **Community resources and local sources of support for those with eating disorders**

(Taken from the *Guía de Práctica Clínica sobre Trastornos de la Conducta Alimentaria*).

(...) Where can I find professional help?

If you think you are suffering from an eating disorder, it is essential that you seek help. You should begin the process for disorders of this type by visiting your **community health centre or GP's surgery**, where a GP or primary care doctor will advise you and assess your case. In some circumstances, the **local mental health team**, consisting of psychiatrists, psychologists and other professionals, will deal with your case, or perhaps a specific community care team. Some patients **may be referred to hospital**, as an out-patient or for admission, depending on the seriousness of their case (...).

COMUNIDAD VALENCIANA (Valencia region)

- o ALICANTE Hospital Clínico San Juan Tel. 965 93 87 00
- o CASTELLÓN Hospital Provincial Tel. 964 35 97 00
- o VALENCIA Hospital Universitario La Fe Tel. 963 86 27 00 ext.8399

- **Other resources**

- o Patient associations:
 - Asociación en Defensa de la Atención de la Anorexia Nerviosa y Bulimia (ADANER) <http://www.adaner.org>
 - Federación Española de Asociaciones de Ayuda y Lucha contra la Anorexia y Bulimia (FEACAB) <http://www.feacab.org>
- o Mental health units run by private health insurance companies.
- o Specific eating disorder units run by private health insurance companies.
- o Clinical psychologists specializing in eating disorders: <https://www.cop-cv.org/servicios/guia-de-recursos/>