

Priority for the care of eating disorders patients

Stockholm County Council

Provision of health care The caregiver shall see to it that upon the initial contact, by referral, or by self referral, the patient receives information about the extent of any delay before admission can be given into the treatment program and where they could receive care during the waiting period. The caregiver shall see that the referring authority gets information within a week regarding the medical findings for the patient and whether the patient has been given priority for initiating treatment. The caregiver shall conduct an initial evaluation of the patient's condition within three months after the initial patient contact, if the patient's medical condition does not require more rapid initiation of treatment, based on the information in the referral or the self referral.

Equal provision of health care A person's need of care shall be paramount, irrespective of sex, age, dysfunction, social position, ethnic or religious belonging or sexual identity. The treatment shall be carried out in accordance with the City Council's policy document, www.uppdragsguiden.sll.se. The caregiver shall be careful not to contravene The United Nation's Convention for Children's Rights during the treatment of children under 18 years old.

Priorities for health care The caregiver shall follow the guidelines for priorities for the provision of health care, which are listed according to the law and the appropriate guidelines of the City Council. The basis for the prioritization of health care is the medical evaluation, which gives priority to those with the greatest need of health care. The caregiver's distribution of resources shall be based on the severity of their disorder, as described below.

High priority for health care Children younger than 16 years of age with *anorexia nervosa* and a BMI of less than 15 kg/m², or those children who have experienced a rapid weight loss below normal body weight standards, or anorexia with somatic complications, or an eating disorder in an obvious crisis status with high anxiety in the family. Children older than 16 years of age and adult patients with *anorexia nervosa* and a BMI less than 14 kg/m² and marked recent deterioration of their health, or *anorexia nervosa* with a BMI less than 14 kg/m² and somatic complications, or *anorexia nervosa* as a reaction to crisis/trauma, shall also be given priority for immediate treatment.

Low priority for health care Children younger than 16 years of age with *anorexia nervosa* (not included in the high priority group) or *bulimia nervosa* with somatic complications, shall be able to start their treatment within one month of initial contact. Children older than 16 years of age, and adult patients with bulimia with somatic complications, or non-restrictive bulimia with somatic complications, or non-restrictive anorexia (with frequent vomiting, intense exercising), or eating disturbances with a high risk of complications, shall also be able to start their treatment within one month after initial contact of the health care provider.

Lowest priority for health care Patients of any age with *bulimia nervosa* without somatic complications, as well as adult patients with many years of eating disturbances, or those individuals with moderate symptoms may wait longer, as immediate access to specialized care is not a critical success factor for their treatment. If the caregiver cannot provide treatment within 3 months after initial contact, the patients shall be referred to another caregiver.