Fertility Society of Australia
Annual Scientific Meeting, Perth, 4-7 September 2016

Media Release, 1 September 2016

Fertility specialists report knowledge gap on eating disorders among patients

An Australian study has shown significant concerns among fertility specialists about identifying patients with eating disorders that can affect their reproductive health.

It is known that healthy lifestyle choices, including good nutrition, increase the chances of natural conception and having a healthy baby.

However, some patients trying unsuccessfully to become pregnant present at fertility clinics with eating disorders that are not easily recognised by treating doctors.

Clinical psychologist, Iolanda Rodino, said the routine body mass index (BMI) used in preconception assessment to gauge for a healthy weight for height range was in itself not a sufficient indicator of an underlying eating disorder as women in the normal weight range could still have problematic eating attitudes and behaviours.

"Disorders such as binge eating, bulimia nervosa and anorexia nervosa can have serious physical, mental health and reproductive impacts, including disrupting natural hormonal triggers for ovulation," she said.

The University of Western Australia study has shown that fertility specialists recognise the effects of eating disorders in preconception care, but it reveals widespread uncertainty about how to detect these disorders.

Ms Rodino, who specialises in fertility counselling and eating disorders, said 80 fertility specialists – 46 men and 34 women – participated in an online questionnaire to assess diagnostic knowledge and clinical practice protocols relating to eating disorders.

The outcomes of the study will be presented at the annual scientific meeting of the Fertility Society of Australia in Perth, starting on Sunday (4 September).

It shows that many of the participating fertility specialists were uncertain about weight thresholds, menstrual disturbances and maladaptive weight control behaviours – such as self-induced vomiting after binge eating or excessive exercise – associated with different types of eating disorders.

“Eighty four per cent of the doctors agreed on the importance of screening for eating disorders in preconception assessments," Ms Rodino said.
"Yet, only 35 per cent routinely asked patients about a history of eating disorders and less than 9 per cent said their clinics had clinical practice guidelines for the management of these disorders.

"Less than 14 per cent of respondents felt satisfied with their level of university training in eating disorders and only 37.5 per cent of the doctors felt confident in their ability to recognise such a disorder.

"However, 96 per cent of the doctors expressed a need for further education about training about eating disorders. This reflects positively on those doctors and their willingness to be proactive and learn more.

"The findings point to the importance of developing clinical guidelines for fertility health care providers on identifying and responding to eating disorders."

Ms Rodino said it was important to differentiate between obesity and eating disorders. “Even though there are some similarities, there are psychological factors related to an eating disorder where a person has excessive concerns about their weight, shape and appearance that a person with obesity may not necessarily experience,” she explained.

“If a woman is struggling to conceive and presents at a fertility clinic, she may not readily disclose an eating disorder as she may not be aware that the disorder can directly affect her reproductive health, particularly her menstrual cycle, and this is where patient and community education are important."

Ms Rodino suggested treating fertility specialists could ask specific questions including:

- does your weight and shape affect how you feel about yourself?
- do you worry about losing control over how much you eat?
- do you make yourself vomit because you feel uncomfortably full after eating?
- do you believe yourself to be fat when others think you are thin?; and
- would you say that food or thoughts about food dominate your life?

“Despite the best intentions, recommending a diet or a fitness program is not the answer if an eating disorder is suspected because the patient may have psychological barriers that make it a struggle to change,” she said.

“In these circumstances, the treating doctor should refer the patient to a clinical psychologist specialising in eating disorders.

“The focus should be on identifying and treating the problem to achieve optimal preconception health to maximise the chances of the patient becoming pregnant, either naturally or with treatments such as IVF, and having a healthy baby.”

National and world leaders in assisted reproductive technology will address the Fertility Society of Australia providing compelling insights into new ways of assisting couples struggling to conceive naturally. The meeting at the Crown Burswood in Perth will run from 4 to 7 September.

INTERVIEW:
Ms Iolanda Rodino is available for interview on 0452 208 069
Further Information:  Trevor Gill, Fertility Society of Australia Media Relations on 0418 821948 or e-mail lighthousepr@adelaide.on.net