

# HEOPS

Higher Education Occupational Physicians / Practitioners

## Fitness to Study for Students with Severe Eating Disorders: Guidance, Higher Education Occupational Practitioners' Society

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### **The Need for Guidelines**

The question of whether students with severe eating disorders, in particular anorexia nervosa (AN) are fit to study is a difficult one as very often students themselves do not acknowledge they have an illness and want to commence or continue their studies even though their physical state might be severely compromised. As it is often the unenviable role of the occupational health practitioner to make a decision regarding such a student's fitness to study it is hoped that these guidelines will make this process a little easier and help to provide a consistent approach between higher education institutions.

### **The Detrimental Effects of Eating Disorders on Health and Ability to Study**

AN, bulimia nervosa (BN) and related eating disorders have a profound impact on psychological, social and physical functioning. They can affect a student's cognitive ability and their insight and motivation to receive treatment. In the absence of treatment they tend to run a chronic course with a progressively worsening prognosis. This can affect the student's ability to achieve their academic potential and prevent them from benefiting from the broader aspects of university life.

Studies have shown that effective treatments for eating disorders offer the possibility of full and lasting recovery and that delaying such treatment may worsen the prognosis for recovery. It is therefore in the best interests of students with eating disorders to receive specialist treatment as soon as possible.<sup>1</sup> Outpatient treatment can be combined with continuing attendance at university and for many, the desire to succeed in their course is an incentive to tackle health issues but for some students it may be necessary to take an intermission from their studies to focus on overcoming their eating disorder.

Unfortunately, students with eating disorders are often reluctant to acknowledge the problem let alone receive treatment. They may be fearful that their health issues may affect their eligibility to study. An assessment by a professional, knowledgeable about the locally available medical and academic support, may offer an opportunity to identify such students early in their university careers and offer guidance.

### **Transitions**

The move to a new environment may have a detrimental effect on those with pre-existing AN. It is difficult for students with eating disorders to have a structured eating regime and those with ritualised eating habits may find these disrupted. A highly pressured academic environment may also exacerbate the eating disorder. As a result, students with AN may lose weight rapidly during their first term which may go unnoticed. Even if they are not at a critically low BMI at the start of

term it is good practice to monitor their weight over time. It must be clear who is taking responsibility for such assessments.

Continuity of care is important in AN treatment and a change in medical team may also trigger weight loss. Students can be reluctant or embarrassed to discuss their health problems with a new team. Foreign students may experience particular problems if they do not know how to access the health system and there may be cultural problems with health seeking. Students also spend significant time at home in between terms and may need an arrangement whereby they keep both their home and university general practitioner involved in their care. Students may have been in treatment with child and adolescent departments at home and may have not been passed to adult services. It may be preferable that a student is accepted by adult psychiatric services in their home town before they start at university if they are felt to be at risk. Occupational health practitioners have a role in ensuring that such transition periods are approached in a co-ordinated manner which is not detrimental to the student's health.

### **Disability Considerations**

Eating disorders are likely to be regarded as a disability under the Equality Act and as such higher education institutions have an obligation to provide reasonable adjustments to support a student who has disclosed their disorder. The decision as to what constitutes a reasonable adjustment is the decision of the institution but may include for example: consideration of reasonable deferment of the student's place whilst the student engages in treatment, consideration of whether part-time training is possible or, reasonable time off from their course to attend outpatient treatment.

### **Severe Eating Disorders**

A small number of students have a particularly severe eating disorder, particularly those with AN. These students are very underweight, physically compromised and substantially impaired in their psychological and social functioning. Such a condition is associated with high mortality rates particularly from sudden death and suicide. These students often minimise their problems or deny having an eating disorder and instead focus solely on their studies. They may continue to perform academically but at huge expense to their physical and psychological wellbeing. Their presence may also have a negative effect on their peers.

### **Difficulties with Implementation**

Body Mass Index (BMI) is a proxy measurement for medical risk in AN; whilst it is helpful to have a BMI in mind, below which students are regarded as unfit to study, this is a guidance value and should not be the only criterion applied when making the decision. Students from certain ethnic origins such as Asia are recognised to have lower average BMIs. It is also less reliable at extremes of height, in diabetics and in men (who have a higher average BMI range). Rapid weight loss, physical co morbidity, excessive exercise, fluid restriction, vomiting or purging imply a greater medical risk as do signs of muscle weakness, postural hypotension or dehydration. Some AN patients may control their weight a fraction above a certain BMI in order to be passed fit, but will remain unwell. It is also clear that while many students are cognitively compromised at very low weight, some seem able to continue to study without obvious impairment and achieve good exam results.

More detailed guidelines on medical assessment of AN are available at: [A GUIDE TO THE MEDICAL RISK ASSESSMENT FOR EATING DISORDERS](#) by Professor Janet Treasure

## **Treatment Options:**

Treatment options are subject to local variations and are initiated by the treating eating disorders specialist but may include:

### ***Outpatient treatment***

This broadly consists of a combination of psychological therapy and medical monitoring. It is less likely to be effective for patients with a low BMI (< 16) and for those who have previously failed treatment. Additional obstacles may be long waiting times to start and frequent interruptions to the treatment programme due to the short university terms. Students may find it difficult to make time for treatment in their busy term timetable.

### ***Day Patient or Inpatient treatment***

Severe eating disorders require intensive and lengthy specialist treatment which requires the student to devote themselves fully to overcoming the disorder. If admission is needed it may be best undertaken near to the student's family. The current national guidelines <sup>1</sup> recommend consideration of inpatient treatment when individuals are: suicidal / exhibiting severe self-harm, exhibiting very low body weight (BMI <15) particularly as a result of rapid weight loss (>0.5kg / week), exhibiting signs of intercurrent infection, dehydration or deranged body chemistry, deteriorating despite outpatient treatment or in an environment that impedes recovery. (See [GUIDE TO THE MEDICAL RISK ASSESSMENT FOR EATING DISORDERS](#) )

### ***Support groups***

Some specialist eating disorders units offer a motivational group approach to patients who have AN but who are not ready to engage in active treatment.

## **Fitness to Study Assessment Process**

Ideally, students with severe eating disorders and a low BMI should be identified prior to starting their course. Certain courses, such as medicine, undertake a fitness to practice assessment. In this situation the occupational health practitioner should assess the student and consider treatment options and their fitness to study. Liaison with any treating specialist and the student's GP is important. This process may require considerable time and should be done well before the start of the academic year. If the student is deemed medically unfit then this recommendation should be made to his/her HE institution and deferral of his/her place for a year should be considered. The student's right to confidentiality regarding their personal medical information must be respected throughout. Only in exceptional circumstances should doctors involved in teaching the student also be involved in providing a medical assessment or healthcare.

## **Fitness to resume studies**

Students who have taken a reasonable intermission from their studies in order to overcome an eating disorder should be assessed by the occupational health practitioner at least one month prior to their return to determine whether they are fit enough to resume their studies.

**Guidelines for recommending that a student with an eating disorder take a year's intermission from his or her studies to focus fully on treatment and recovery<sup>2</sup>:**

- Significantly compromised physical state (e.g. BMI  $\leq 16$  kg/m<sup>2</sup> and /or purging, excess exercise, poor fluid intake, persistent electrolyte disturbance, medical instability. Risk is greater if there is rapid weight loss (e.g. 1kg/ week over successive weeks). In males or diabetics the BMI threshold may need to be set higher e.g. 17kg/m<sup>2</sup>)
- Significantly compromised psychological or social function (e.g. suicide risk, profound social withdrawal, marked cognitive impairment)
- Need for intensive treatment (day patient or inpatient) as recommended by a specialist in eating disorders

**Guidelines for recommending that a student is fit enough to return to their course:**

- Stable and uncompromised physical state (e.g. BMI > 17 kg/ m<sup>2</sup>, no electrolyte disturbance or cardiovascular instability)
- Sufficient psychological and social functioning to be able to cope with the demands of student life (e.g. no suicide risk, little if any cognitive impairment, able to function socially)
- Willingness to engage in whatever management programme is recommended by a specialist in eating disorders. This may include regular monitoring of weight and physical state

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<sup>1</sup> Eating Disorders: Core Interventions in the Treatment and Management of Anorexia Nervosa, Bulimia Nervosa and other Related Eating Disorders, National Collaborating Centre For Mental Health

<sup>2</sup>WHO. Physical status: the use and interpretation of anthropometry. Report of a WHO Expert Committee. WHO Technical Report Series 854. Geneva: World Health Organization, 1995.