

Supportive Meal Therapy (SMT) Guidelines

Introduction

Supportive Meal Therapy (SMT) is a critical component in the management of eating disorders and requires staff supervision. This is because during SMT, patients have an opportunity to consume and retain the prescribed amount of nutrition which supports both the treatment plan and the discharge goals. Patients will generally be prescribed 3 main meals and 3 snacks by the dietitian – all of which require one on one SMT. SMT is essentially provided in two phases – the supervised meal, and post meal supervision.

The Supervised Meal

- The primary purpose of the supervised meal is to support the completion of all prescribed meals and snacks within the allocated time frames, being 30 mins for meals and 20 mins for snacks. These time frames provide the patient with boundaries around meal times that are consistent with those of a normalised eating pattern, while limiting opportunities for food hoarding and other disordered eating behaviours.
- Providing a calm and pleasant environment. This can be facilitated by engaging in general conversation and avoiding discussions about food, dieting and weight.
- Empathetically encourage the patient to complete the meal. It is important to validate the patients struggle and acknowledge how challenging it may be. Patients should be encouraged to complete 100% of the meal plan, with all plates and containers etc being checked by staff to assess compliance.
- Discussing inappropriate eating behaviours with the patient on a one on one basis after the meal has been completed. Should the patient continue to engage in disordered behaviours during future meals/snack, the behaviour should be addressed once only in real time using a thoughtful/concerned/non threatening manner and a non-confrontational tone.
- Providing patients with time updates throughout the meal to help with their pacing of the meal.
- At the end of the meal period, the meal tray and all items must be removed. If the patient has taken less than 100% of the meal, the corresponding meal replacement supplement as prescribed on the meal plan must be provided and consumed within a 10 minute period.
- If the patient takes less than 100% of the prescribed meal replacement supplement, the balance may be delivered via nasogastric bolus as per the treating teams directions.

Post Meal Supervision

The main goals of post meal supervision are to

- support the patient in managing emotions and anxiety post meals
- support the patient in an effort to limit or prevent various compensatory behaviours such as purging and exercising.

Patients have post meal supervision for 60 mins after main meals and 30 mins after snacks, during which time patients must remain supervised and not attend to the toilet or shower. During post meal supervision, it is important to

- Accurately document all foods and fluids consumed on the food record chart.

Engage the patient in distraction activities and/or provide one on one support to manage anxiety and eating disorder cognitions after the meal. Examples of post meal activities include

- attending to, and participating in groups on the ward (skill development)
- listening to relaxation music or participating in relaxation activities
- watching television or listening to music (ipod etc)
- reading suitable books, magazines or newspapers
- journaling or writing in a diary
- playing board games or cards

Enquiries regarding the SMT Guidelines should be directed to EDOS on 07 31140809