Introduction to Practice Area

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Overview

- Diagnostic criterion
- Screening
- Prevalence and incidence
- Location of care i.e. when and why acute setting is use

Introduction to Eating Disorders

- **Physical Health Impacts**:
  - Severe malnutrition, cardiovascular and gastrointestinal complications.
  - Endocrine abnormalities with long-lasting effects post-recovery.
- **Mental Well-being**:
  - Increased rates of anxiety, depression, and obsessive-compulsive behaviours.
  - Mental health issues can exacerbate the eating disorder.
- **Social Functioning**:
  - Isolation and difficulties in relationships.
  - Challenges in educational or occupational settings due to illness.
- **Importance of Accurate Diagnosis**:
  - Crucial for effective treatment and support.
  - Early identification essential for tailoring interventions.
- **NICE Guidelines on Treatment**:
  - Recommend psychoeducation, weight and health monitoring, multidisciplinary care.
  - Psychotherapy for adults: CBT-E, MANTRA, SSCM.
  - For children/young people: Focus on family therapy (FT-AN).
  - Emphasize early intervention and the need for tailored treatment plans.
- **Reference**: National Institute for Health and Care Excellence (NICE). Eating disorders: recognition and treatment NG69.

Diagnostic Criteria: DSM-5 & ICD-11

DSM-5 Criteria Overview

- **Anorexia Nervosa**: Characterized by restricted energy intake, intense fear of gaining weight, and disturbance in self-perceived weight or shape.
- **Bulimia Nervosa**: Involves recurrent binge eating episodes, inappropriate compensatory behaviours to prevent weight gain, and self-evaluation heavily influenced by body shape and weight.
- **Binge Eating Disorder**: Marked by recurrent binge eating episodes without the regular use of compensatory measures seen in bulimia nervosa.
- **Avoidant/Restrictive Feeding Intake Disorder (ARFID):** An eating or feeding disturbance (e.g., apparent lack of interest in eating or food; avoidance based on the sensory characteristics of food; concern about aversive consequences of eating) as manifested by persistent failure to meet appropriate nutritional and/or energy needs
- **Other Specified Feeding or Eating Disorder (OSFED)**: Presents symptoms typical of other eating disorders but does not meet the full criteria for any of them

Diagnostic Criteria: DSM-5 vs ICD-11

ICD-11 Criteria Overview

- The ICD-11, developed by the World Health Organization, is used globally for the classification of health conditions and diseases. It offers a broader categorization of health issues for statistical, health management, and clinical purposes.
- Maintains similar categories for Anorexia Nervosa, Bulimia Nervosa, ARFID and Binge Eating Disorder with an emphasis on behavioural symptoms and their impact on physical and psychological health.

Evidence-Based Screening Tools

SCOFF Questionnaire

- **Purpose**: Quick screening tool for eating disorders.
- **Structure**: Five questions focusing on core symptoms of anorexia and bulimia.
- **Usage**: Suitable for non-specialists.
- **Questions cover**: self-induced vomiting, loss of control over eating, significant weight loss, body image, and food's dominance over life.
- **Scoring**: A score of ≥2 suggests a likely case of an eating disorder.
- **Evidence Base**: High sensitivity but lower specificity, making it a useful tool for early suspicion rather than diagnosis

Evidence-Based Screening Tools

EDE-Q (Eating Disorder Examination Questionnaire)

- **Purpose**: Comprehensive self-report questionnaire assessing eating disorder symptoms.
- **Structure**: Details symptoms over the past 28 days.
- **Usage**: Offers detailed symptom profiling; requires clinical interpretation.
- **Accuracy and Evidence Base**: Provides a thorough symptom assessment, important for detailed clinical evaluation.

Evidence-Based Screening Tools

Importance in Early Detection and Referral

- **Early Detection**: Both tools play a crucial role in identifying potential eating disorders early, crucial for effective intervention.
- **Referral Process**: Positive screenings with SCOFF or significant symptoms reported through EDE-Q should prompt further clinical assessment and possible referral to specialist services.

Prevalence and Incidence of Eating Disorders in the UK

Latest Statistics

- Prevalence among young people aged 17 to 19 years has significantly increased, with young women being more than 3 times as likely as young men to experience severe worries about eating (NHS England Digital).
- In 2023, 12.5% of 17 to 19-year-olds were identified with an eating disorder, a sharp rise from 0.8% in 2017. Specifically, rates rose from 1.6% to 20.8% among young women and from 0.0% to 5.1% among young men in this age group.
- Around 11,800 children and young people began treatment for eating disorders in 2022-23, doubling from 5,240 in 2016-17 (Children's Commissioner).

Prevalence and Incidence of Eating Disorders in the UK

Factors Contributing to Increased Rates

- Societal pressures, the impact of social media, and the disruption caused by the COVID-19 pandemic have been linked to the rise in eating disorders (NHS England).
- The pandemic's unpredictability, isolation, disruption to routines, and experiences of loss and uncertainty have exacerbated eating disorders (NHS England).

Gender and Age Disparities

- Young women are significantly more affected by eating disorders than their male counterparts, a trend consistent across different age groups (NHS England Digital) (Evening Standard).
- Eating disorders are more commonly diagnosed during adolescence, but there are cases reported in children as young as 6 and adults well into their later years (Priory).

Prevalence and Incidence of Eating Disorders in the UK

Response and Recommendations

- While there has been a significant investment in children's mental health services, with the NHS allocating an additional £79 million, adult services have seen relatively minimal new funding. This disparity points to a need for more equitable resource distribution across all age groups.

- Recent investments have primarily targeted the expansion and modernization of community mental health care, with nearly £1 billion per year expected by 2023/24. This includes an emphasis on eating disorders within the spectrum of severe mental illnesses that require such community-based care.

- Despite these commitments, there is concern that adult eating disorder services may still not receive adequate resources, as there have been reports of insufficient funding increases in line with the demand and new investments mainly aimed at child and adolescent services.

Ideal Location of Care for Eating Disorders

- When the decision has been made to admit a patient to hospital, the referrer's actions will be informed by many factors, not all clinical.
- Nonetheless, decisions about location of care should be made with the patient's best interests foremost. The options usually are:
  - Medical bed
  - Specialist eating disorders bed (SEDB): this is a general psychiatric bed that has all services that would be provided in a SEDU
  - Specialist eating disorders unit (SEDU) bed, which may be in the NHS sector, or the independent sector commissioned by the NHS.

Ideal Location of Care for Eating Disorders

- SEDUs and SEDBs will normally be able to offer:
  - Nasogastric tube feeding (insertions may be performed off-site)
  - Daily biochemical tests and ECG
  - Frequent nursing observations
  - Management of compensatory behaviours (water loading, absconding, exercising, etc.)
  - Detection, prevention and management of refeeding syndrome
  - Sedation or restraint of a highly distressed patient
  - Use and management of mental health legislation and safeguarding frameworks
  - Immediate cardiac resuscitation without presence of cardiac resuscitation ('crash') team
  - Access to advice from physicians/paediatricians and dietitians in a timely and flexibly responsive manner
- SEDUs and SEDBs will not usually offer
  - Intravenous infusion
  - Artificial ventilation
  - Cardiac monitoring
  - Central venous pressure lines
  - Total parenteral nutrition
  - Cardiac resuscitation ('crash') team
  - Treatment of serious medical complications
  - 24-hour immediate medical availability

Ideal Location of Care for Eating Disorders

Benefits of Specialized Care

- **Tailored Treatment Plans**: Personalized to each patient's needs, including psychological, nutritional, and medical interventions.
- **Structured Environment**: Offers stability and routine crucial for recovery.
- **Multidisciplinary Team Access**: Psychiatrists, dietitians, therapists, and nurses collaborate on care.

Role of Community and Outpatient Services

- **Early Intervention**: Key to preventing escalation of the disorder.
- **Continued Support**: Post-discharge to prevent relapse.
- **Accessibility**: Facilitates easier access to care for patients and families.

Ideal Location of Care for Eating Disorders

- **Challenges with SEDU Access**:
  - Instances of insufficient capacity or resources in Specialist Eating Disorder Units (SEDUs) are a significant hurdle.
  - This limited access can delay or prevent patients from receiving the specialized care they need urgently.
  - Patients may be managed in general medical wards, where the specific needs of those with eating disorders might not be fully met.
  - The lack of specialized resources or expertise in general wards can affect the delivery of optimal care for eating disorder patients.

Ideal Location of Care for Eating Disorders

The role of the acute dietitian:

Nutritional Assessment

Physical Health Monitoring

Nutritional Rehabilitation

Education and Support

Team Integration

Ongoing Support

Monitoring for Refeeding Syndrome

Conclusion and Call to Action

Importance of Accurate Diagnosis and Effective Screening

- **Accurate Diagnosis**: Essential for identifying the specific type of eating disorder, guiding treatment choices.
- **Effective Screening Tools**: SCOFF questionnaire and EDE-Q can facilitate early detection, crucial for successful outcomes (The BMJ).

Understanding Prevalence and Appropriate Care Settings

- **Increased Prevalence**: Awareness of rising eating disorder rates among different demographics is vital for targeted interventions (Evening Standard) (Children's Commissioner).
- **Care Settings**: From outpatient support to SEDUs and SEDBs, selecting the appropriate level of care based on severity is crucial (NICE) (www.rcpsych.ac.uk).

Conclusion and Call to Action

The Need for Ongoing Education, Research, and Policy Development

- **Education**: Continuous professional development ensures up-to-date treatment methodologies.
- **Research**: Advances understanding of eating disorders, leading to more effective treatments.
- **Policy Development**: Essential for shaping health care strategies and ensuring resource allocation.
- **Multidisciplinary Collaboration**: Combines expertise from dietitians, psychologists, psychiatrists, AHPs, and nurses for comprehensive care.
- **Patient-Centred Approaches**: Focuses on individual patient needs, preferences, and involvement in care planning.

References/Support

- NICE guidelines provide evidence-based recommendations for eating disorder treatment (NICE).
- Eating Disorders Association (Beat) UK offers resources, support, and advocacy for individuals affected by eating disorders.
- BDA MHSG launch of new CPD course: Dietetic Management Within Acute Eating Disorder Admissions
- Medical Emergencies in Eating Disorders (MEED) – Published May 2022 and supersedes MARSIPAN and Junior MARSIPAN guidance