

# EATING DISORDERS: AN OVERVIEW

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Dr Rukhsana Hussain

## OBJECTIVES...

- To review NICE Guidance on the Recognition and Treatment of Eating Disorders
- Highlight the need for early referral and intervention
- Raise awareness of CONNECT: The West Yorkshire and Harrogate Adult Eating Disorders Service and their referral criteria
- Share resources for patients/carers and health professionals


- Eating disorders are defined by the negative beliefs and behaviours they cause people to have about themselves and their eating, body shape and weight. They can cause people to adopt restricted eating, binge eating and compensatory behaviours (such as vomiting and excessive exercise).
- The emotional and physical consequences of these beliefs and behaviours maintain the disorder and result in a high mortality rate from malnutrition, suicide and physical issues (such as electrolyte imbalances). This is most common in people with anorexia nervosa.
- There are also other physical complications (such as osteoporosis) and psychiatric comorbidities (such as anxiety disorders) that affect the wellbeing and recovery of people with an eating disorder and raise the cost of treatment.<sup>1</sup>

# IDENTIFICATION OF EATING DISORDERS <sup>1</sup>

- Eating disorders present in a range of settings, including: primary and secondary health care (including acute hospitals), social care, education, work.
- Although eating disorders can develop at any age, the risk is highest for young men and women between **13 and 17 years of age**.
- Do not use screening tools (for example, SCOFF) as the sole method to determine whether or not people have an eating disorder.
- Do not use single measures such as BMI or duration of illness to determine whether to offer treatment for an eating disorder.

- When assessing for an eating disorder or deciding whether to refer people for assessment, take into account any of the following that apply:
  - an unusually low or high BMI or body weight for their age
  - rapid weight loss
  - dieting or restrictive eating practices (such as dieting when they are underweight) that are worrying them, their family members or carers, or professionals
  - family members or carers report a change in eating behaviour
  - social withdrawal, particularly from situations that involve food
  - other mental health problems
  - a disproportionate concern about their weight or shape (for example, concerns about weight gain as a side effect of contraceptive medication)

- problems managing a chronic illness that affects diet, such as diabetes or coeliac disease
- menstrual or other endocrine disturbances, or unexplained gastrointestinal symptoms
- physical signs of:
  - malnutrition, including poor circulation, dizziness, palpitations, fainting or pallor
- compensatory behaviours, including laxative or diet pill misuse, vomiting or excessive exercise
- abdominal pain that is associated with vomiting or restrictions in diet, and that cannot be fully explained by a medical condition
- unexplained electrolyte imbalance or hypoglycaemia
- atypical dental wear (such as erosion)
- whether they take part in activities associated with a high risk of eating disorders (for example, professional sport, fashion, dance, or modelling).



*If an eating disorder is suspected after an initial assessment, **refer immediately** to a community-based, age-appropriate eating disorder service for further assessment or treatment.*

# MONITORING IN PRIMARY CARE <sup>1</sup>

- *GPs should offer a physical and mental health review at least annually to people with anorexia nervosa who **are not** receiving ongoing treatment for their eating disorder.* The review should include:
  - weight or BMI (adjusted for age if appropriate)
  - blood pressure
  - relevant blood tests
  - any problems with daily functioning
  - assessment of risk (related to both physical and mental health)
  - an ECG, for people with purging behaviours and/or significant weight changes
  - a discussion of treatment options.
  - monitor growth and development in children and young people with anorexia nervosa who have not completed puberty (for example, not reached menarche or final height).



# USING THE MENTAL HEALTH ACT AND COMPULSORY TREATMENT <sup>1</sup>

- If a person's physical health is at serious risk due to their eating disorder, they do not consent to treatment, and they can only be treated safely in an inpatient setting, follow the legal framework for compulsory treatment in the Mental Health Act 1983.
- If a child or young person lacks capacity, their physical health is at serious risk and they do not consent to treatment, ask their parents or carers to consent on their behalf and if necessary, use an appropriate legal framework for compulsory treatment (such as the Mental Health Act 1983/2007 or the Children Act 1989).
- Feeding people without their consent should only be done by multidisciplinary teams who are competent to do so.

## CONNECT: THE WEST YORKSHIRE AND HARROGATE ADULT EATING DISORDERS SERVICE <sup>2</sup>

- New community and inpatient service launched in April 2018 providing treatment for adults with eating disorders across the West Yorkshire and Harrogate region.
- Provides *early intervention, outpatient, inpatient and intensive home-based treatment for adults* (people aged 18 and over) *with eating disorders* (anorexia nervosa and bulimia nervosa), from across the West Yorkshire and Harrogate region.
- Offers a multidisciplinary team (MDT) approach to help people affected by eating disorders. Teams consist of doctors, psychologists, therapists, nurses, dietitians, occupational therapists, social workers, health support workers, peer support workers and administration staff.

- The **CONNECT** service is made up of 4 teams
  - The **East Community and Outreach Service** covering Leeds, Harrogate and Wakefield
  - The **West Community and Outreach Service** covering Bradford, Airedale, Craven, Calderdale and Kirklees
  - The Yorkshire Centre for Eating Disorders Inpatient Service (YCED)
  - The Dual Diagnosis Outpatient Service

## THE **CONNECT** COMMUNITY AND OUTREACH TEAMS <sup>2</sup>

- These teams provide outpatient treatment and/or home-based community care for patients with *moderate to severe anorexia nervosa and severe bulimia nervosa*.
- The teams also accept referrals for *mild anorexia nervosa and mild/moderate bulimia nervosa for early intervention cases*, and offer treatment for individuals with atypical eating disorders if they are pregnant or have type 1 diabetes mellitus.
- Both teams provide an intensive home-based treatment service which offers an alternative to inpatient treatment and reduces the need for hospitalisation.

# THE YORKSHIRE CENTRE FOR EATING DISORDERS (YCED) – INPATIENT UNIT<sup>2</sup>

- A specialist eating disorders inpatient unit based at the Newsam Centre in Leeds.
- The YCED offers a number of different treatment programmes tailored to individual needs and works closely with the **CONNECT** community teams, as well as other community teams outside of the West Yorkshire and Harrogate region, to keep hospital stays to a minimum and make sure that the necessary care and support is in place in the community after discharge from the inpatient unit.

## THE **CONNECT** DUAL DIAGNOSIS SERVICE <sup>2</sup>

- This is a new service which provides assessment and treatment for individuals from the West Yorkshire and Harrogate region who have both an *eating disorder and a substance misuse disorder*.
- The service is based at the Newsam Centre in Leeds and is delivered in partnership with the addictions service Forward Leeds.

# EARLY INTERVENTION THROUGH FREED (FIRST EPISODE AND RAPID EARLY INTERVENTION FOR EATING DISORDERS) <sup>2</sup>

- The CONNECT community teams also provide an early intervention (FREED) service for *18-25 year olds who have a suspected diagnosis of Anorexia Nervosa or Bulimia Nervosa which has emerged within the last 3 years.*
- Outpatient treatment through FREED is the same for individuals accessing standard outpatient treatment pathway however assessment and treatment is streamlined as follows:
  - the service makes initial contact with the service user by phone or email within 48 hours of receiving a referral to explore the person's views on treatment and to arrange an initial assessment
  - there is an offer of an initial assessment within 2-4 weeks
  - followed by treatment starting within 2-4 weeks following assessment
  - there are also separate FREED therapy groups

## CONNECT REFERRAL CRITERIA <sup>2</sup>

- Individuals are *18 years of age or above*. The service will consider referrals for individuals who are 17 years of age but only in exceptional circumstances or if they meet CAMHS transition criteria.
- Individuals have a suspected diagnosis of *moderate/severe Anorexia Nervosa*, i.e. core psychopathology and BMI<17kg/m<sup>2</sup>.
- The service also accepts referrals for adults with *mild Anorexia Nervosa (core psychopathology and BMI 17-18.5 kg/m<sup>2</sup>) if they meet FREED (First episode and rapid early intervention for eating disorders) criteria*, i.e. less than 3 years duration of illness, age 18-25.



- Have a suspected diagnosis of *severe Bulimia Nervosa*, i.e. core psychopathology with bingeing AND daily purging/compensatory behaviours (e.g. self-induced vomiting, misuse of laxatives/diuretics/insulin or other medication, excessive exercise) occurring at least 7 x per week.
- The service also accepts referrals for adults with *mild/moderate Bulimia Nervosa (core psychopathology and weekly bingeing AND purging) if they meet FREED (First episode and rapid early intervention for eating disorders) criteria*, i.e. less than 3 years duration of illness, age 18-25.
- Have a suspected atypical eating disorder and they are pregnant, have type 1 Diabetes Mellitus or present with clinical symptoms indicating a high level of risk

## CARE COORDINATION <sup>2</sup>

- **CONNECT** accepts direct referrals from GPs and all other health professionals from the West Yorkshire and Harrogate region.
- Having an allocated care coordinator from secondary mental health services is not required to access the CONNECT service.
- For **Dual Diagnosis** referrals all service users will require a named care coordinator from secondary mental health services and *referrals should be made via the local single point of access (SPA) pathway.*

## EXCLUSION CRITERIA <sup>2</sup>

- **CONNECT** does not accept referrals for individuals who have a current history of psychosis or any other psychiatric or physical health disorder which requires treatment before their eating disorder can be addressed.

## SCREENING<sup>2</sup>

- All individuals will require a screening assessment of physical risk before their referral can be considered. This screening assessment should include a minimum of:
  - body mass index (BMI) ( $\text{weight}/\text{height}^2$ )
  - blood investigations (full blood count, urea and electrolytes, phosphate, calcium, magnesium, glucose, creatine kinase, liver function tests)
  - examination of blood pressure (erect and supine), pulse and core temperature
  - an electrocardiogram (ECG)

- If the referral is accepted it will be passed onto the appropriate **CONNECT** referrals team for further discussion.
- Each team has a weekly referrals meeting where referrals are discussed and allocated for assessment and treatment.
- The referrals teams aim to provide the referrer with a referral decision within 5 working days from receipt of the completed referral form.

## ASSESSMENT<sup>2</sup>

- Individuals accepted to the service will be offered a comprehensive biopsychosocial assessment by an experienced member of the assessment team and the service will endeavour to offer an assessment within **1-4 weeks** for 'urgent' referrals and within **8 weeks** for 'routine' referrals.
- Referrals are deemed **urgent** if:
  - Inpatient treatment is indicated (1 week target)
  - The individual meets FREED criteria: 1) suspected diagnosis of Anorexia Nervosa (core psychopathology and BMI <18.5 kg/m<sup>2</sup>) or Bulimia Nervosa (core psychopathology and weekly bingeing AND purging), 2) less than 3 years duration of illness and 3) age 18-25 (2-4 week target)
  - The individual has a BMI less than 15
  - The individual is pregnant (4 week target)
  - The individual has type 1 Diabetes Mellitus (4 week target)

- Individuals who require inpatient admission will be offered an inpatient assessment over a 4 week period on ward 6 at the Yorkshire Centre for Eating Disorders in Leeds.
- Prior to admission the service user will be offered a preparatory visit where they will have the opportunity to view the ward, meet other service users currently engaged in inpatient treatment and discuss the different inpatient treatment programmes with the inpatient team.

# Eating disorders: Information for GPs

Rapid detection and treatment of eating disorders (EDs) are crucial in promoting a full recovery. This leaflet provides guidance for GPs to aid the detection and rapid referral of those with EDs.

## What are EDs?

- Eating disorders are serious psychiatric conditions characterised by abnormal or disturbed eating behaviours.
- Anorexia nervosa has the highest mortality of any psychiatric disorder.
- Onset of ED is typically in adolescence or early adulthood.
- Psychiatric comorbidities are common, e.g. anxiety, depression, and obsessive-compulsive disorder.
- Patients with EDs often use a higher number of primary care appointments.

## SCOFF Screening Tool:

- S: Do you make yourself Sick because you feel uncomfortably full?
- C: Do you worry you have lost Control over how much you eat?
- O: Have you recently lost more than One stone?
- F: Do you believe yourself to be Fat when others say you are too thin?
- F: Would you say that Food dominates your life?

1 point for each 'yes'

Score of 2 indicates a likely eating disorder

| Diagnosis  | Major criteria (adapted from ICD-10 and DSM-5)   |
|--|--|
| Anorexia nervosa                                   | Low BMI (<18.5kg/m <sup>2</sup> ) due to restriction of energy intake<br>Fear of fatness or weight gain<br>Significant body image disturbance  |
| Bulimia nervosa                                    | Usually normal weight<br>Regular binge eating (>3 months duration) with compensatory behaviours, such as vomiting, laxatives, or excessive exercise<br>Body image disturbance or weight concerns   |
| Binge eating disorder                              | Often overweight or obese<br>Regular binge eating (>3 months duration) with associated distress<br>No regular compensatory behaviours  |
| Avoidant/Restrictive Food Intake Disorder (ARFID)  | Substantial weight loss and nutritional deficiency<br>Weight loss not due to shape/weight concerns, or due to unavailability of food<br>If this arises in the context of a medical condition, weight loss exceeds that expected due to the condition |
| Other specified feeding or eating disorder (OSFED) | Replaces the previously used term of ED not otherwise specified (EDNOS)<br>Includes AN, BN and BED of low frequency and/or limited duration, Purging Disorder and Night Eating Syndrome  |

[https://freedfromed.co.uk/img/guides/Information\\_For\\_GPs-FREED.pdf](https://freedfromed.co.uk/img/guides/Information_For_GPs-FREED.pdf)

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## What are the barriers to detecting EDs in primary care?

- Patients may be ashamed or worried about stigma, be unable to recognize the severity of their ED, be ambivalent about change, or lack of knowledge about available help.
- Individuals with EDs do not readily present to primary care services with ED pathology as their main complaint.
- Patients may initially present with other mental health problems (e.g. depression), gynaecological/contraceptive problems, or gastro-intestinal problems.

## Why are early detection and intervention crucial?

- EDs are not likely to remit without treatment.
- Watchful waiting does not work.
- If someone has only been ill for a short period of time (i.e. has a short Duration of Untreated Eating Disorder, DUED), treatment works better.
- After 3 years of illness duration, treatment response becomes more muted, probably due to the impact of ED symptoms on the brain.

Early intervention is key to halting illness progression and promoting full recovery.

Rapid identification, assessment, and evidence-based treatment are crucial for improving outcomes.

People can fully recover from an ED with the right treatment.

## Medical risk assessment:

- BMI (NB this is less reliable at extremes of height).
- BP and pulse (sitting and standing).
- Muscle strength (e.g. sit up/squat test).
- Regular bloods including FBC, U+Es, and LFTs, particularly if BMI <15 or current purging.
- ECG recommended if BMI <15.
- The following markers signify concern, and should be followed by urgent referral to a specialized eating disorder team:

|                  |                        |
|------------------|------------------------|
| BMI              | < 14 kg/m <sup>2</sup> |
| Weight loss/week | >0.5kg                 |
| Systolic BP      | <90                    |
| Diastolic BP     | <70                    |
| Postural drop    | >10                    |
| Temperature      | <35                    |

## First Episode Rapid Early intervention for Eating Disorders (FREED)

FREED is a novel early intervention service, based on the staging model and has been developed specifically to target adolescents and young adults (16-25 years) in the early stages of an ED (less than three years illness duration).

The FREED service model includes a rapid and proactive referral process, a holistic and non-stigmatising assessment (within two weeks of referral) based on a bio-psycho-social approach, followed by an evidence-based treatment plan (within two weeks of assessment).

Not all eating disorder services offer FREED, but it is always worth referring early.

To see if FREED is available in your area, visit [www.freedfromed.co.uk](http://www.freedfromed.co.uk).

**Remember: Refer early for the best outcomes**

[https://freedfromed.co.uk/img/guides/Information\\_For\\_GPs-FREED.pdf](https://freedfromed.co.uk/img/guides/Information_For_GPs-FREED.pdf)

# RESOURCES

- [https://freedfromed.co.uk/img/guides/The\\_Brain\\_And\\_Eating\\_Disorders-FREED.pdf](https://freedfromed.co.uk/img/guides/The_Brain_And_Eating_Disorders-FREED.pdf)
- [https://freedfromed.co.uk/img/guides/Social\\_Media\\_And\\_Apps-FREED.pdf](https://freedfromed.co.uk/img/guides/Social_Media_And_Apps-FREED.pdf)
- **BEAT Eating Disorders Charity:** Comprehensive resource: Helplines, Online Support groups available, webchat, advice for carers regarding supporting someone with an eating disorder, peer coaching for carers, blog posts and more...
- <https://www.beateatingdisorders.org.uk/>
- <https://www.leedsandYorkpft.nhs.uk/our-services/help-support-people-affected-eating-disorders/>

# Eating disorders.

## Know the first signs?



### Lips

Are they obsessive about food?



### Flips

Is their behaviour changing?



### Hips

Do they have distorted beliefs about their body size?



### Kips

Are they often tired or struggling to concentrate?



### Nips

Do they disappear to the toilet after meals?



### Skips

Have they started exercising excessively?

If you're worried someone you care about is showing any signs of an eating disorder – even if they're not on our list – act quickly and get in touch. We can give you the answers and support you need to help them on the road to recovery as soon as possible.

**Don't delay. Visit [beateatingdisorders.org.uk/tips](http://beateatingdisorders.org.uk/tips)**



**Beat is the UK's eating disorder charity.**  
**We are a champion, guide and friend**  
**for anyone affected by an eating disorder.**



### Help for adults

Helpline: 0808 801 0677

Email: [help@beateatingdisorders.co.uk](mailto:help@beateatingdisorders.co.uk)



### Help for young people

Youthline: 0808 801 0711

Email: [fyp@beateatingdisorders.org.uk](mailto:fyp@beateatingdisorders.org.uk)

### Online support

Visit [beateatingdisorders.org.uk](http://beateatingdisorders.org.uk) for information about eating disorders, message boards, online support groups and one to one chat. Use [helpfinder.beateatingdisorders.org.uk](http://helpfinder.beateatingdisorders.org.uk) to find services in your area.

[@BeatEDSupport](https://twitter.com/BeatEDSupport) [BeatEDSupport](https://www.instagram.com/BeatEDSupport)

### General enquiries

Unit 1, Chalk Hill House, 19 Rosary Road, Norwich NR1 1SZ  
0300 123 3355 | [beateatingdisorders.org.uk](http://beateatingdisorders.org.uk)  
[info@beateatingdisorders.org.uk](mailto:info@beateatingdisorders.org.uk)

[@beatED](https://twitter.com/beatED) [beat.eating.disorders](https://www.facebook.com/beat.eating.disorders)



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# KEY MESSAGES...

- Consider the possibility of an eating disorder even if BMI is normal
- If you suspect an eating disorder – refer immediately as early intervention can halt progression and promote full recovery
- Young adults (aged 18-25) with an Eating Disorder in the early stages of illness (less than 3 years) are seen via a fast tracked streamlined service – “FREED” - be aware of it and use it!
- Signpost patients and carers to BEAT – Eating Disorders Charity
- *GPs should offer a physical and mental health review at least annually to people with anorexia nervosa who **are not** receiving ongoing treatment for their eating disorder*

# REFERENCES

1. <https://www.nice.org.uk/guidance/ng69> (NICE Guidance: Eating Disorders: Recognition and Treatment. May 2017)
2. <https://www.leedsandYorkpft.nhs.uk/our-services/connect-west-yorkshire-harrogate-adult-eating-disorders-service/>
3. <https://freedfromed.co.uk/>
4. <https://www.beateatingdisorders.org.uk/>