

EATING DISORDERS

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NHS Tayside Eating Disorders Service

NHS Tayside Eating Disorders Service Staffing

- 0.6 wte Consultant Clinical Psychologist
- 1.3 wte Clinical Psychologists
- 1.0 wte Dietitian
- 1.0 wte Nurse
- 0.5 wte Consultant Psychiatrist
- 1.0 wte Administrator

NHS Tayside Eating Disorders Service Aims

- To ensure the safe and appropriate management of patients with severe and/or enduring eating disorders
- To develop close links with, and provide specialist advice or consultation to, other organisations/services managing patients with eating disorders
- To develop and establish training programmes and teaching events in eating disorders
- To contribute to the evidence base regarding the management of patients with eating disorders

NHS Tayside Eating Disorders Service Core Activities

- Initial systematic and comprehensive assessment
- Brief psychoeducational programme
- Outpatient psychological therapy and nutritional rehabilitation (with regular physical and psychological monitoring)
- Relapse prevention programme/shared care programme
- Chronic care programmes (e.g., low-intensity monitoring, active non-intervention)

NHS Tayside Eating Disorders Service Additional Activities

- Liaison services
- Carer and self-help/voluntary sector support
- Implementation of audit and evaluation for monitoring and planning purposes
- Assessment of patient and carer satisfaction
- Implementation of procedures for staff supervision and continuing professional development
- Co-ordination and conduct of clinical research to address gaps in the current evidence base

Eating Disorders Nature, Incidence and Prevalence

Eating Disorders

- A group of psychiatric conditions related to body image disturbance and abnormal eating behaviour/compulsive activity
- 90% present in females
- 30-50% become long-term, chronic problems
- Eating disorders have the highest mortality rate of all psychiatric conditions

Eating Disorders
Nature, Incidence and Prevalence

Anorexia Nervosa (AN)

- 8.1 new cases per 100,000 total population per year
- 1,200 Scots aged 15-24 years

Bulimia Nervosa (BN)

- 11.4 new cases per 100,000 total population per year
- 4,700 Scots aged 15-24 years

Atypical Eating Disorders (Binge Eating Disorder/BED)

- One-third or more of patients considered for eating disorder treatment are classified as atypical

Eating Disorders
Diagnostic Criteria (DSM-IV)

Anorexia Nervosa

- Refusal to maintain body weight at or above a minimally normal weight for age and height (less than 85% of that expected)
- Intense fear of gaining weight or becoming fat, even though underweight
- Disturbance in the way in which one's body weight or shape is experienced
- In postmenarcheal females, amenorrhea, i.e., the absence of at least three consecutive menstrual cycles

Eating Disorders
Diagnostic Criteria (DSM-IV)

Anorexia Nervosa

- Restricting Type: the person does not regularly engage in binge eating or purging behaviour
- Binge Eating/Purging Type: the person regularly engages in binge eating or purging behaviour (i.e., self-induced vomiting or the misuse of laxatives, diuretics or enemas)

Eating Disorders
Diagnostic Criteria (DSM-IV)

Bulimia Nervosa

- Recurrent episodes of binge eating (eating, in a discrete period of time, an amount of food that is definitely larger than most people would eat during a similar period of time/under similar circumstances, and a sense of lack of control over eating during the episode)
- Recurrent inappropriate compensatory behaviour in order to prevent weight gain
- The binge eating and inappropriate compensatory behaviours both occur, on average, at least twice a week for three months
- Self-evaluation is unduly influenced by body shape and weight

Eating Disorders
Diagnostic Criteria (DSM-IV)

Bulimia Nervosa

- Purging Type: the person regularly engages in self-induced vomiting or the misuse of laxatives, diuretics or enemas
- Nonpurging Type: the person regularly engages in fasting or excessive exercise, but does not regularly engage in self-induced vomiting or the misuse of laxatives, diuretics or enemas

Eating Disorders
Diagnostic Criteria (DSM-IV)

Eating Disorder Not Otherwise Specified (EDNOS)

- Binge Eating Disorder (BED): recurrent episodes of binge eating in the absence of the regular use of inappropriate compensatory behaviours characteristic of Bulimia Nervosa

Eating Disorders Physical Symptoms and Signs

Anorexia Nervosa

- Amenorrhea
- Cold intolerance
- Constipation
- Fatigue

- Bradycardia
- Dental erosion
- Dry, orange/yellow skin
- Hair loss, lanugo
- Hypotension
- Low body temperature
- Low weight
- Oedema

Eating Disorders Physical Symptoms and Signs

Bulimia Nervosa

- Abdominal bloating/pain
- Constipation
- Dental complaints
- Oligomenorrhea
- Swollen cheeks
- Weakness

- Dental erosion
- Oedema
- Russell's sign
- Salivary gland hypertrophy

Eating Disorders Psychological Symptoms and Signs

- Anger, irritability
- Anxiety
- Decreased self-esteem
- Depression
- Lability
- Personality changes
- Psychotic episodes
- Social withdrawal

- Apathy
- Decreased concentration
- Food preoccupation
- Poor judgement
- Unusual eating habits

Eating Disorders Causes

Vulnerability Factors

- Genetic predisposition
- Family structure
- Separation and loss
- Early feeding difficulties
- Sexual abuse
- Search for autonomy
- Adolescent crisis
- Low self-esteem
- Social pressure to be slim

Eating Disorders Causes

Triggering Factors

- Family conflicts
- Separation and loss
- Sexual conflicts
- Increased range of pressure to succeed
- Adverse comments on appearance
- Feeling fat and dieting

Eating Disorders Causes

Maintaining Factors

- Rewards of weight loss
- Increased sense of self-control
- Increased sense of approval
- Increased concern from others
- Increased avoidance of adolescent tasks
- Fear of fatness

Eating Disorders Psychological Assessment

The SCOFF Questionnaire (Morgan, Reid and Lacey, 1999)

- Do you make yourself sick because you feel uncomfortably full?
- Do you worry you have lost control over how much you eat?
- Have you recently lost more than one stone in a three-month period?
- Do you believe yourself to be fat when others say you are too thin?
- Would you say that food dominates your life?

Eating Disorders Psychological Assessment

The Eating Disorders Examination (Cooper and Fairburn, 1987)

- Eating concern
- Shape concern
- Weight concern
- Restraint

Eating Disorders Treatment (QIS, 2006)

Anorexia Nervosa

'Most patients with anorexia nervosa can be managed on an outpatient basis with a psychological component, medical monitoring and dietetic advice provided by a multidisciplinary team'

'The initial aim of outpatient anorexia nervosa treatment is to establish a therapeutic rapport with the patient, establish motivation for change and prevent further weight loss. The ultimate aim is to restore the patient to a healthy weight and to improve abnormal thinking about food, weight and shape as well as improving abnormal eating behaviour and other related abnormal behaviour'

Eating Disorders Treatment (QIS, 2006)

Anorexia Nervosa

'A choice of psychological treatments, based on an individual psychological formulation, should be provided. Treatments should focus on motivational enhancement, eating behaviour and attitudes to weight and shape and on underlying psychosocial issues with the expectation of weight gain. All therapists involved in the care of patients with anorexia nervosa should have a good knowledge of all aspects of care'

Eating Disorders Treatment (QIS, 2006)

Bulimia Nervosa

'Most patients with bulimia nervosa can be managed on an outpatient basis with a psychological component. Some also require medication, medical monitoring and dietetic advice that is best provided by a multidisciplinary team. Care should be tailored to individuals rather than a rigid pattern of treatment'

Eating Disorders Treatment (QIS, 2006)

Bulimia Nervosa

'Cognitive behaviour therapy for bulimia nervosa (CBT-BN), a specifically adapted form of CBT, should be offered to adults with bulimia nervosa. The course of treatment should be for 16 to 20 sessions over 4 to 5 months'

'Interpersonal psychotherapy (IPT) should be considered as an alternative to CBT, but patients should be informed it takes 8-12 months to achieve results comparable with cognitive behaviour therapy'

Eating Disorders Treatment (QIS, 2006)

Eating Disorder Not Otherwise Specified (EDNOS)

'There is little evidence to guide the management of atypical and other disorders. Some of these have eating disorder psychopathology that is severe, disabling and in many respects very similar to the psychopathology found in anorexia nervosa and bulimia nervosa. For these patients the treatment of the category of eating disorder that most closely resembles the patient's symptoms should be followed'

Eating Disorders Treatment

Anorexia Nervosa

Motivational Enhancement Therapy

- Patients at the pre-contemplative/contemplative stage of change
- Possibility of change a major theme
- Educational approaches regarding consequences of maintaining/relinquishing disordered pattern of eating

CBT/IPT

- Patients who have a degree of motivation to change
- CBT focuses on personal thoughts, beliefs and behaviours
- IPT focuses on impact of interpersonal relationships, role transitions, attachment and loss

Eating Disorders Treatment

Anorexia Nervosa – Treatment Structure

Weight monitoring

- Weight checked
- Potential physical complications reviewed
- Meal planning and self-monitoring reviewed/modified

If weight goals are met, personal and interpersonal issues identified in formulation take priority (focus on identifying and changing dysfunctional schemas and behaviours, and/or consideration of impact of interpersonal relationships)

If weight goals are not met, practical implications are reviewed, motivation is re elicited, and problem-solving used to help meet eating and weight goals

Eating Disorders Treatment

Anorexia Nervosa – Treatment Structure

Three phases

1. Building trust and setting goals (including motivation enhancement)
2. Exploring attitudes related to food and weight, then broadening the scope to underlying cognitive and interpersonal issues
3. Preventing relapse and preparing for termination

Eating Disorders Treatment

Bulimia Nervosa

CBT

- Directive and time-limited (16-20 sessions)
- Stage 1 (sessions 1-8): behaviour change, involving weekly weighing, education, prescription of regular eating patterns, self-monitoring and self-control strategies
- Stage 2 (sessions 9-16): cognitive reappraisal, involving elimination of dieting, shape and weight concerns, and targeting of core beliefs and problem-solving skills
- Stage 3 (final sessions): relapse prevention

Eating Disorders Treatment

Bulimia Nervosa

IPT

- Non-directive and time-limited (16-20 sessions)
- Stage 1 (first 3/4 sessions): rationale for approach presented, current interpersonal difficulties and historical patterns identified (life chart and interpersonal inventory), and a focus for treatment chosen
- Stage 2 (next 8-10 sessions): problem areas examined and ways of changing considered, exploring all possibilities with detailed discourse analysis (increasingly patient-led)
- Stage 3 (remaining sessions): relapse prevention

Eating Disorders Treatment

Bulimia Nervosa

CBT versus IPT

- Acknowledgement and acceptance
- Affect
- Exploratory techniques
- Problem-solving
- Role-play
- Homework tasks

- Focus
- Therapeutic relationship
- Tools (e.g., diaries)