Elysium Healthcare

Thinking flexibly

Applying treatment principles to service provision for anorexia nervosa

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What do you see?

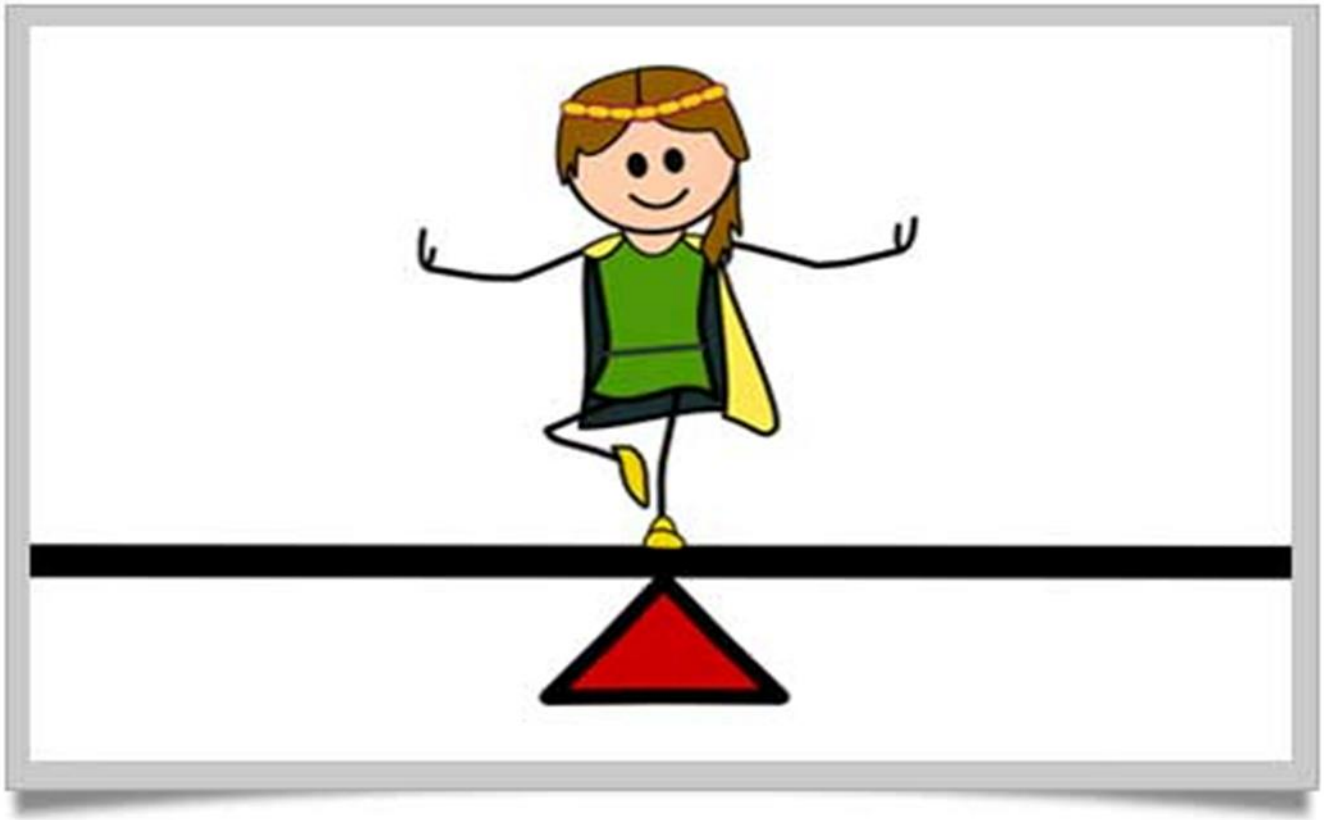
What do you see?

Background

- Cognitive Remediation Therapy is an intervention that aims to improve: cognitive flexibility and the ability to shift fluidly from a big picture thinking to a details focused approach.

- Current literature shows promising results regarding CRT efficacy for AN.

Are clinicians able to think flexibly?



Rhodes Wood Hospital

- RWH is a specialist treatment centre for children and adolescents aged 6-18 who need hospital treatment for an eating disorder.
- Currently we have 36 inpatient beds, 25 commissioned by NHS. There are two treatment wards, one six bedded high dependency unit and private pay beds
- The service treats young people from all over the UK and overseas.

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International Epidemiological Data

- ED mostly common affect adolescents girls and young adult women between 15-35, but also they occur in boys and men; in pre-pubertal children of both sexes.

- 1 in 150 female – AN
- 1 in 25 females – BN
- EDNOS: mean 5 in every 100

- 90% of cases females
- 1.6 million UK people directly affected (BEAT 2007)
- High rates of co-morbidity
- AN has highest mortality of any psychiatric disorder (between 2% - . 5%)

Cost of eating disorders

- Total annual cost between £16.8 bn per year.

  - £4.6 bn: treatment cost to NHS
  - £3.1 bn cost to sufferers and care givers
  - £1.1 bn to the NHS private pay outsourcing
  - £8 bn in lost income to the economy

- Carer burden high and underestimated.

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?

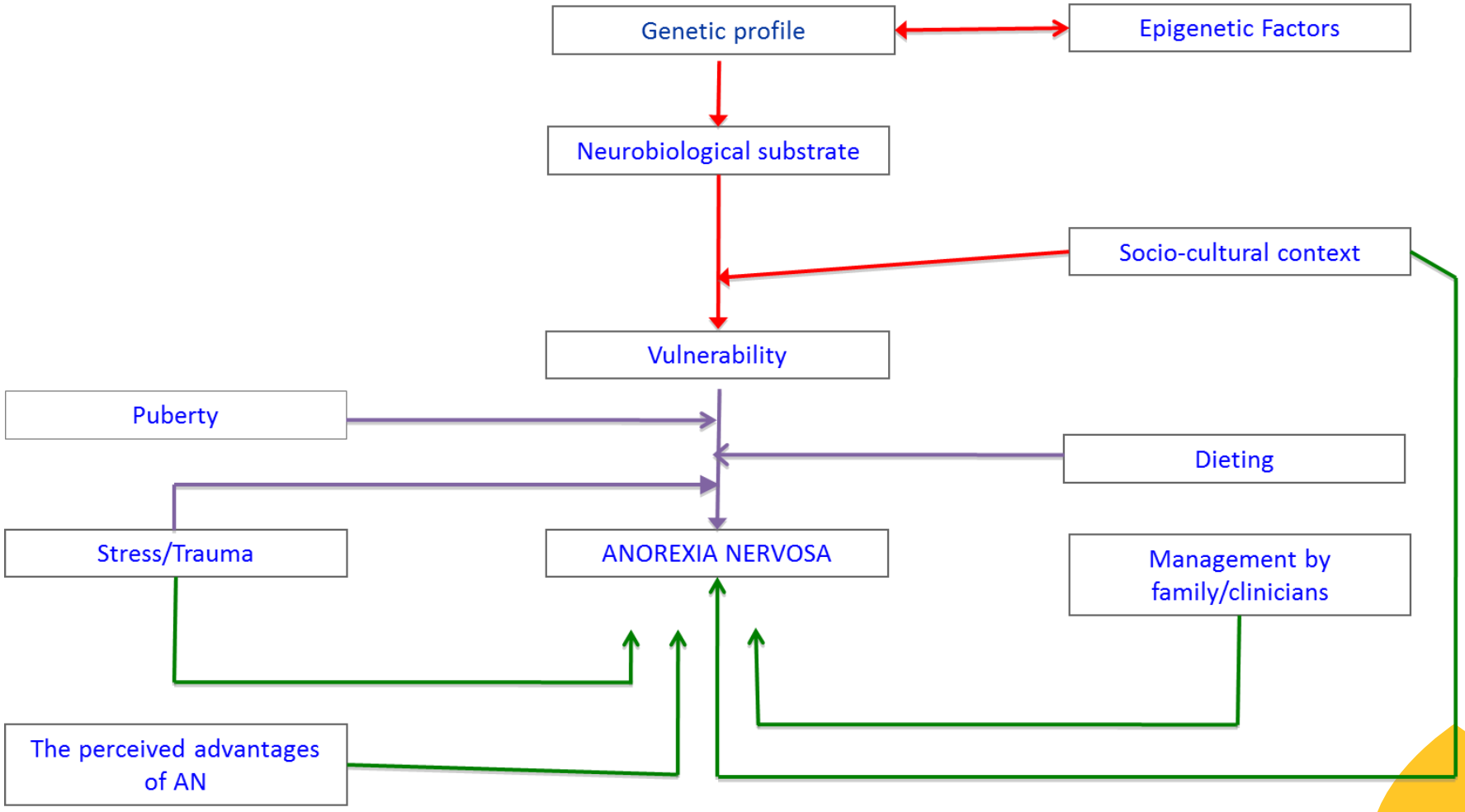
Skips
Have they started exercising excessively?

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 b-eat.co.uk/tips

beat™
beating eating disorders

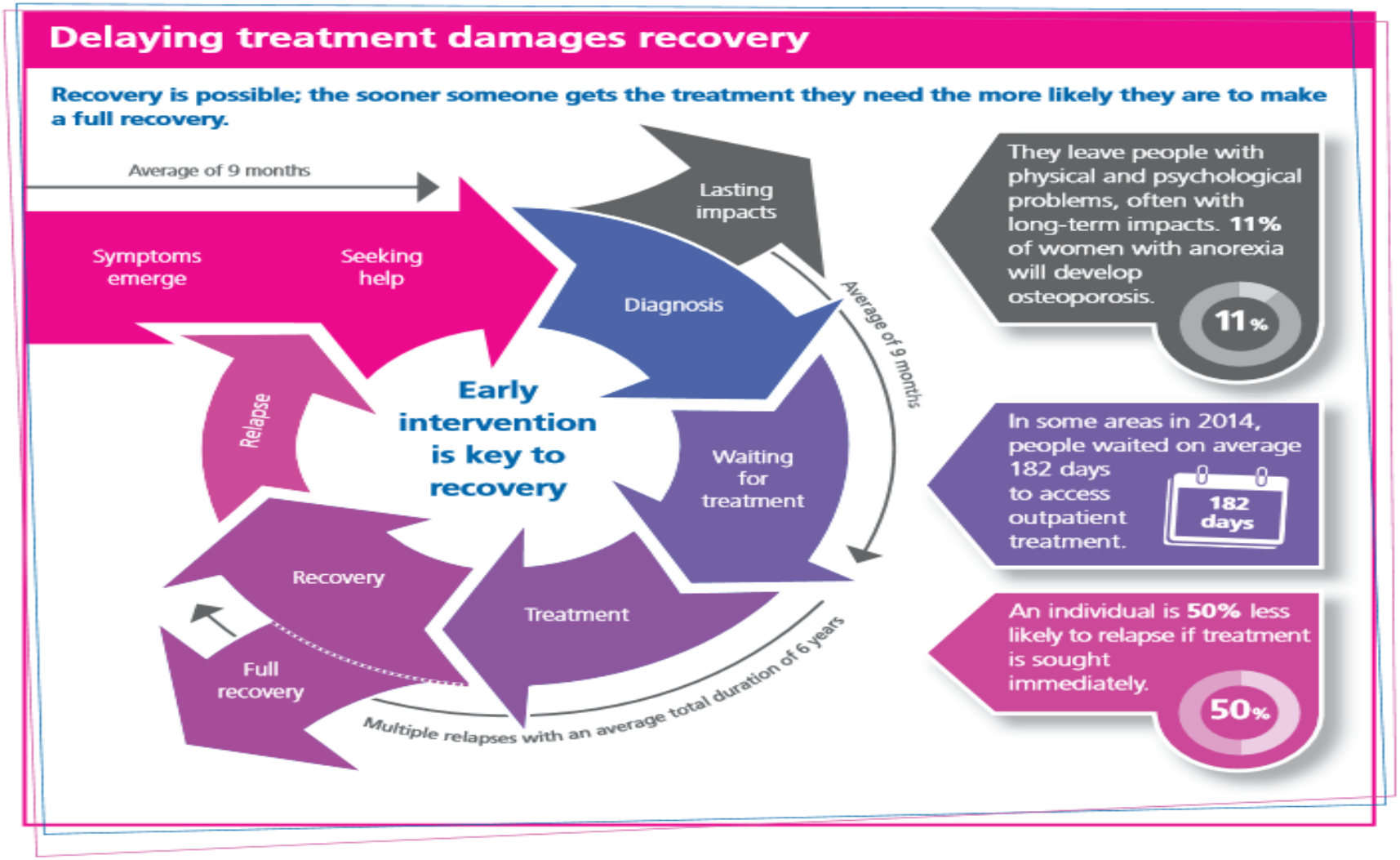
Anorexia nervosa onset



Treatment

- The treatment of AN presents many challenges.
- A **rapidly initiated treatment** programme is indicated, that will need to be both intensive and comprehensive.
- There is **no one treatment of choice** and typically combinations of treatment are needed (NICE, 2017).
- Good **teamwork** is essential.
- The **parents have to be involved** and the clinician's task is to help the parents help their children to overcome the ED.

Early Intervention



Level of Care for Eating Disorders

Level 5 Hospital	▪ Hospital in-patient ▪ Short-term ▪ Crisis stabilization
Level 4 Residential	▪ Residential in-patient ▪ Long-term care: 24 hours a day treatment
Level 3 PHP	▪ Partial hospitalization program/day program ▪ 5 days a week, 8 hours a day ▪ Similar to IOP, but more intensive and tightly structured
Level 2 IOP	▪ Intensive out-patient treatment of 2-3 times week ▪ Individual therapy, group therapy, nutrition therapy ▪ Possibly support meals
Level 1 Out-patient	▪ Scheduled appointments with multi-disciplinary treatment team ▪ Medical provider, therapist, dietitian

Levels of care

- Shortage of **specialist hospital beds** in the UK, means patients can be sent a long way from their families to receive inpatient treatment.
- The shortage of **inpatient beds** means that patients are much more seriously under-weight before they receive treatment.
- **Day treatment** in the community and early intervention are known to be the most effective and least disruptive treatment.
- **Outpatient treatment** is a cost effective option for eating disorders.
- CAMHS use of Tier 4 admission for ED high – 35%.

  Often due to poor lack of resources in community teams.

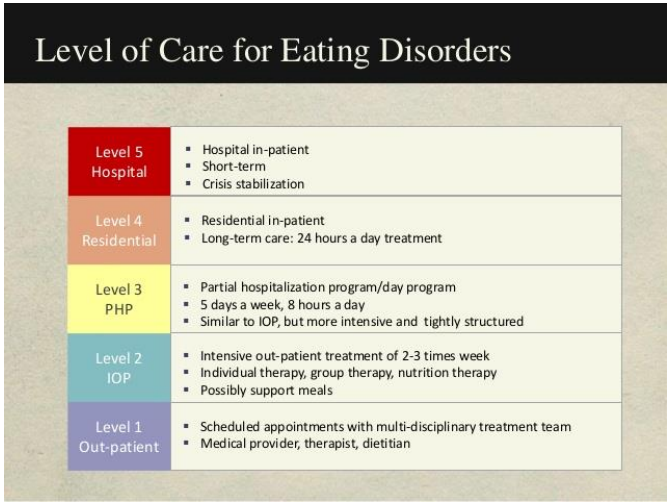
Transform the treatment of eating disorders

- In autumn 2015, the then Deputy Prime Minister Nick Clegg announced a £150 million investment over five years to transform treatment for ED. The focus was intended to be on channelling money from expensive institutional care to local provision.

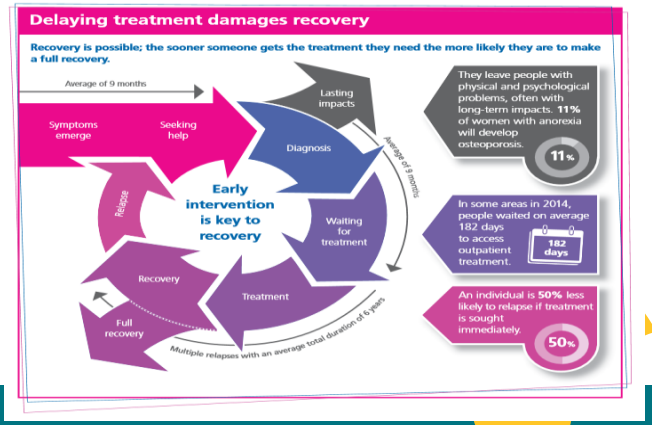
"We need to act now to transform the current system, intervening earlier with dedicated and targeted community based services to ensure that we don't fail this generation or the ones that follow"

Transform the treatment of eating disorders

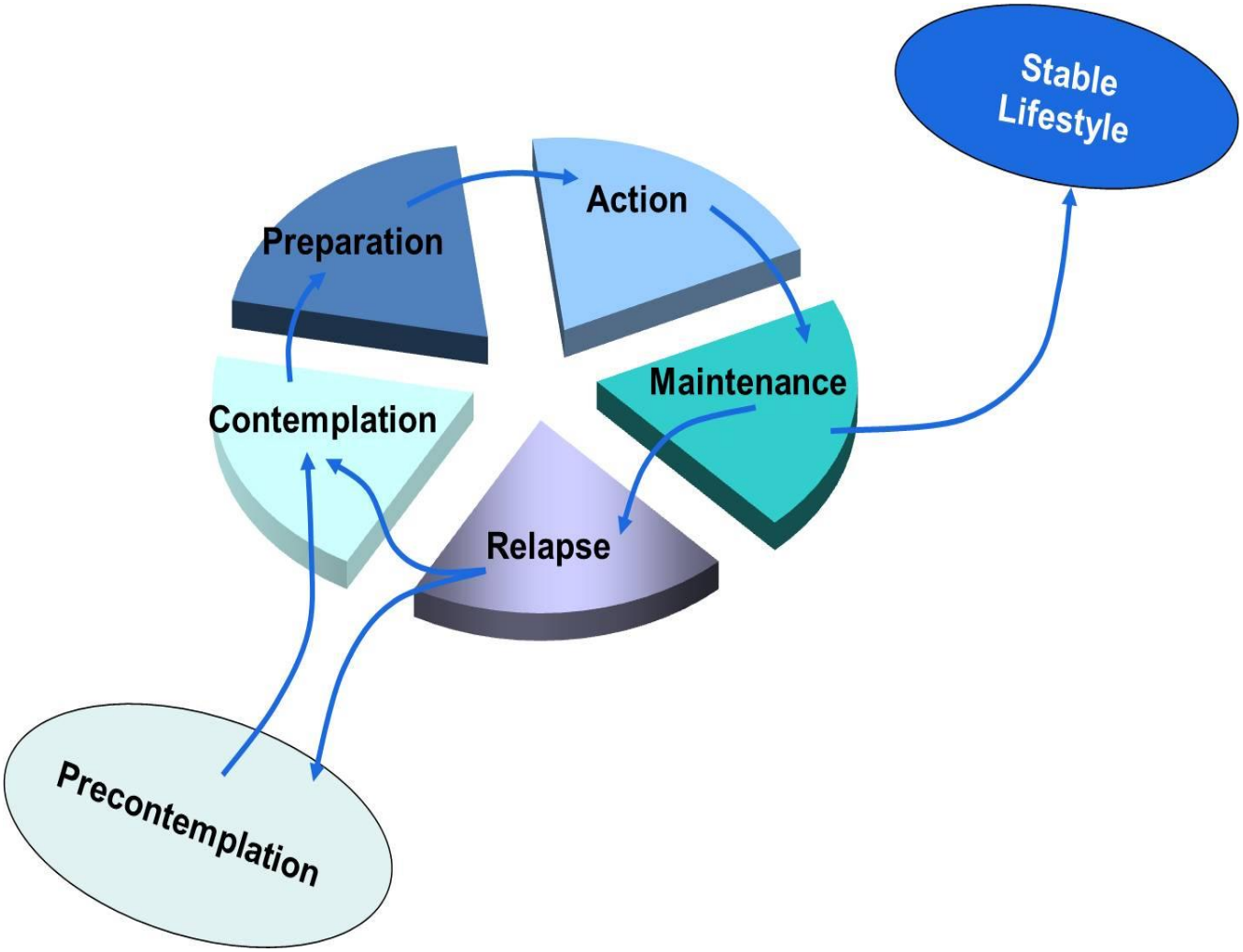
- However we still have to take into account all the resources available.



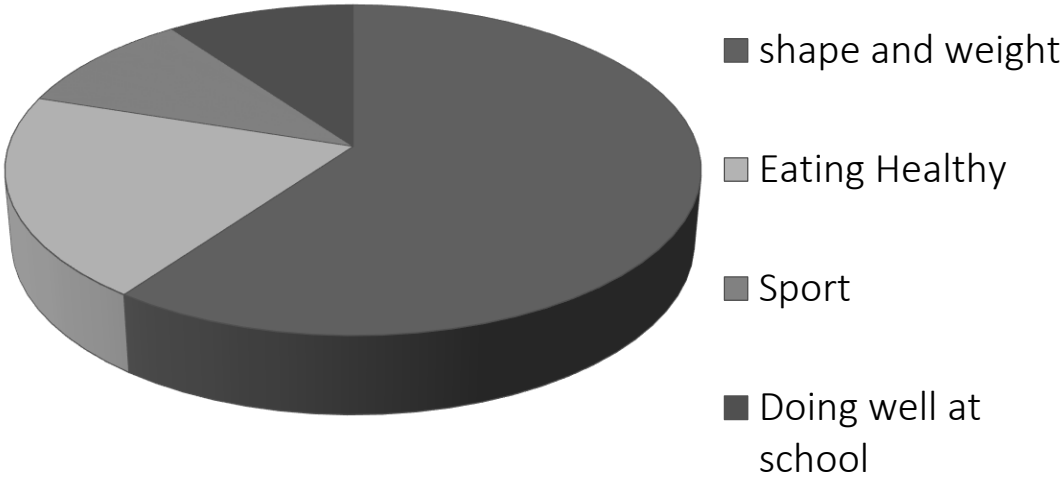
- And the importance of the continuity of care across levels.

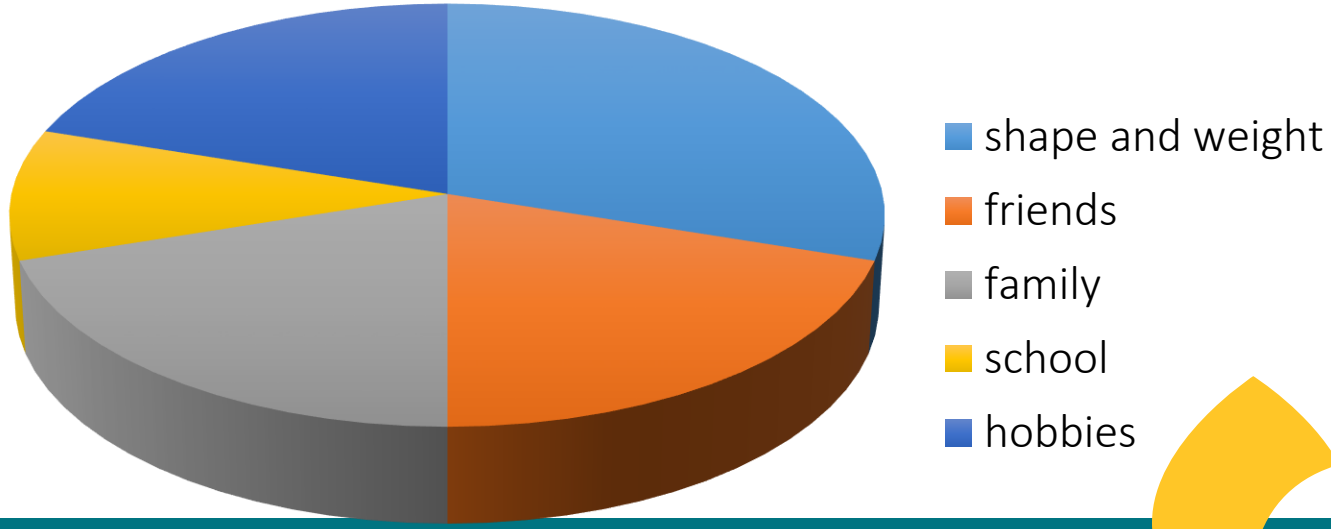


Model of change

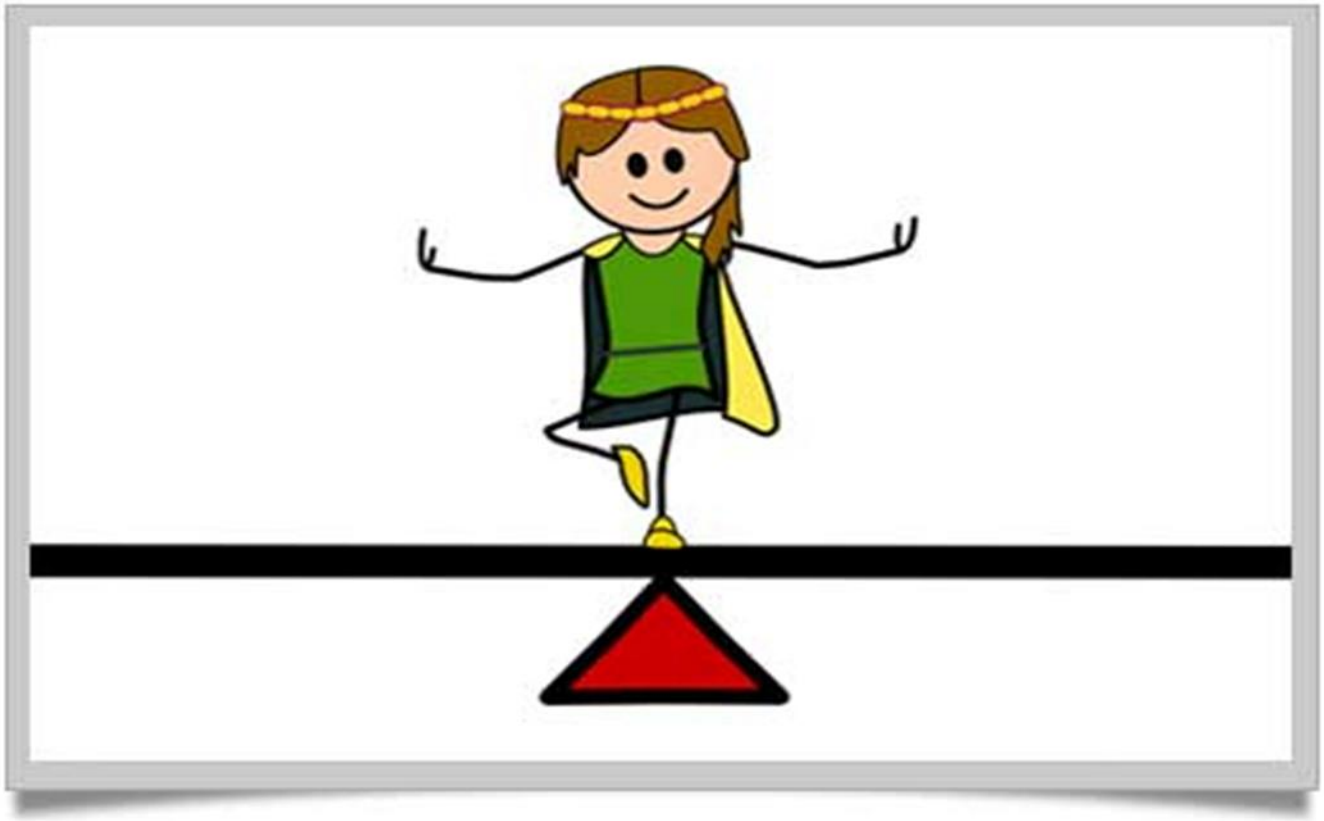


Our goal


shape and weight
Eating Healthy
Sport
Doing well at school


shape and weight
friends
family
school
hobbies

Are clinicians able to think flexibly?



Obsessed clinicians…

"How much does she weigh?' – the perennial question!
Why is that the question we so prioritise? And why are we so preoccupied with
weight as an indicator of well-being? How ironic that we share with our patients a morbid and excessive preoccupation with weight.

"We behave as if we have the same cognitive distortion as those with AN—we have a morbid and excessive preoccupation with their weight. Clinicians appear to be obsessed by weight and target weights and researchers use a specific weight or body mass index (BMI), below or above which a disorder is, or is not, deemed to exist.)

Lask & Frampton, 2009

Flexible and compassionate clinicians

When you tell grown-ups that you have made a new friend, they never ask you any questions about essential matters.
They never say to you, 'What does his voice sound like? What games does he love best? Does he collect butterflies?' Instead, they demand: 'How old is he? How many brothers has he? How much money does his father make? How much does he weigh?' Only from these figures do they think they have learned anything about him. Antoine de Saint-Exupery (1943).

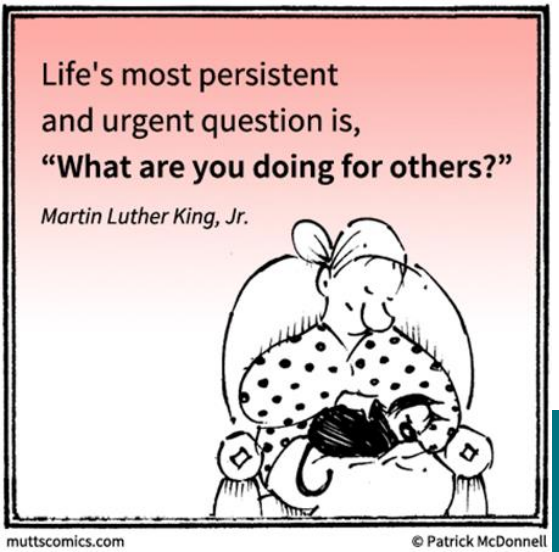
And no harm will be done …if we make compassion and empathy an essential part of the therapeutic package (Godlee, 2015).

What do you see now?

Beyond the illness…

"There is a relief that comes from acknowledging that we do not understand but we do care, that we cannot make sense of what is happening but we are not judging, and that we do not have the answer, but we will continue to be available to provide smaller answers to particular difficulties"

(K. Nunn, 2004)



Thank you

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