GPNI WEBINAR: EATING DISORDERS

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Apple of her eye

Not my cup of tea

He’s a bad egg

It’s his bread and butter

So cheesy

Hard to swallow

In a nutshell…

She’s full of beans

He’s a smart cookie

Such a couch potato

That was a piece of cake

She has a bun in the oven

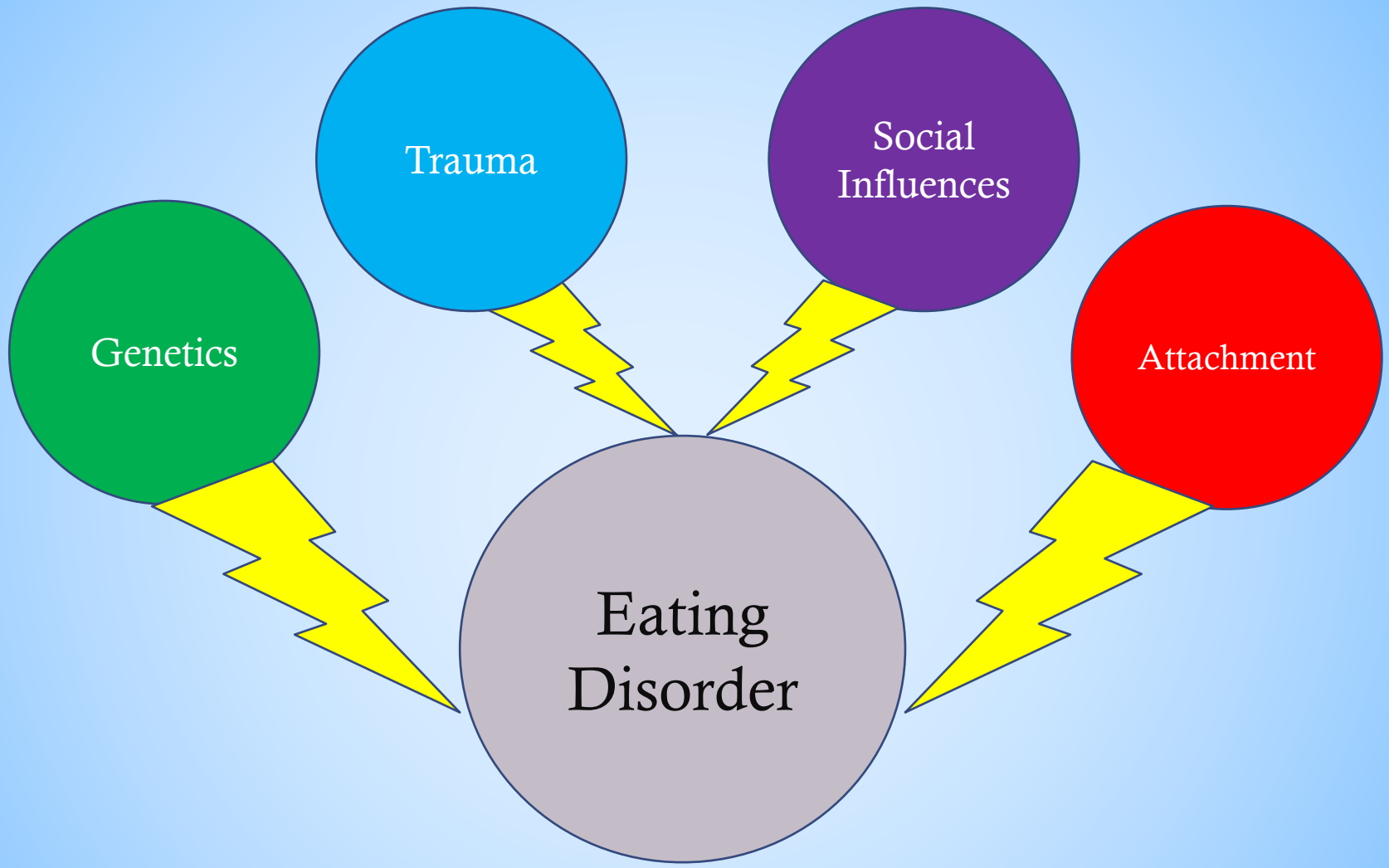
Take it with a pinch of salt

CORE PRINCIPALS

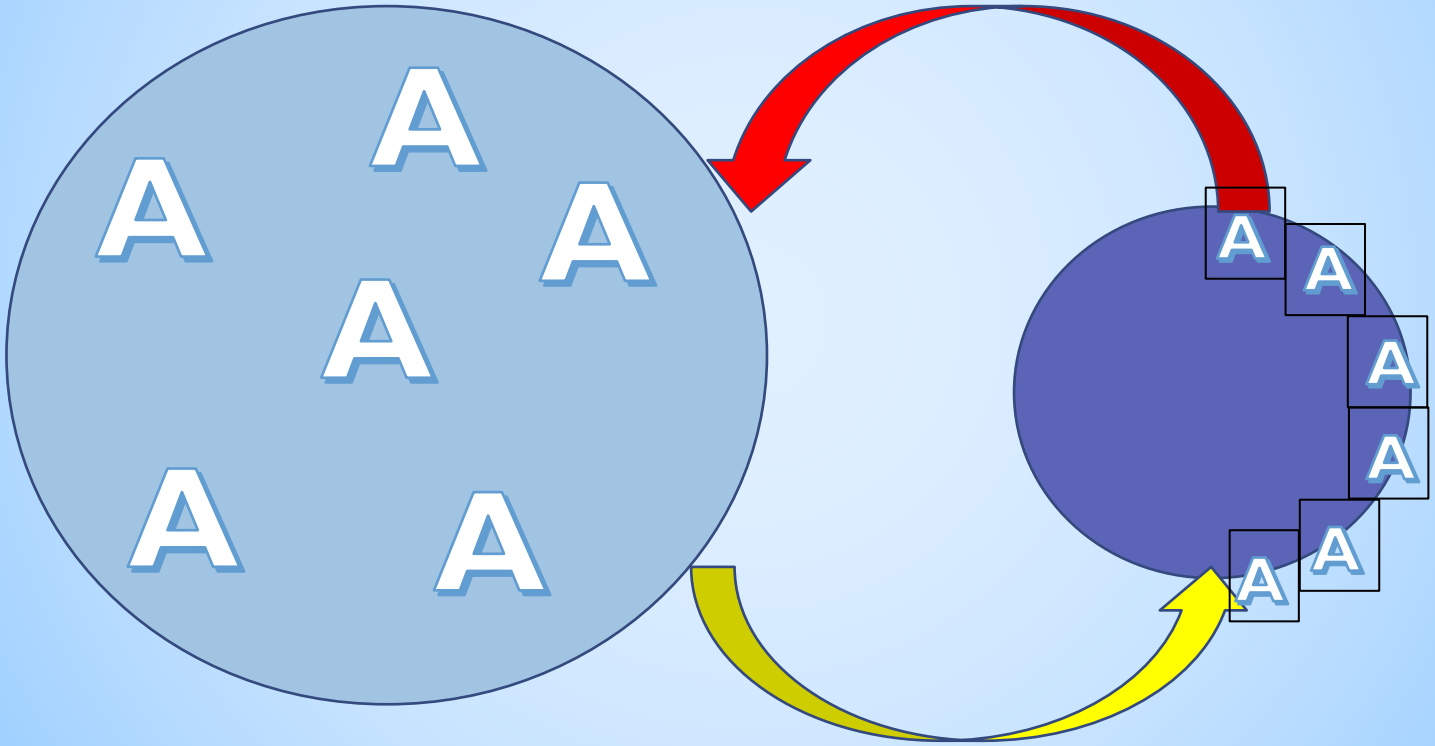
- The necessary evil of BMI
- Feelings not food
- Lalochezia
- Diagnostic clarity as a defence
- The immovable object vs the unstoppable force: swept up in the dynamic
- The anxiety-inducing horror of it all: impotent observer

THE NUMBERS

- 6.4%
- 1:10 vs 1:4
- 10%, 40%, 50%
- 13%
- 33/33/33 vs 47/33/20
- 5.86


Trauma
Social Influences
Genetics
Attachment
Eating Disorder

ATTACHMENT



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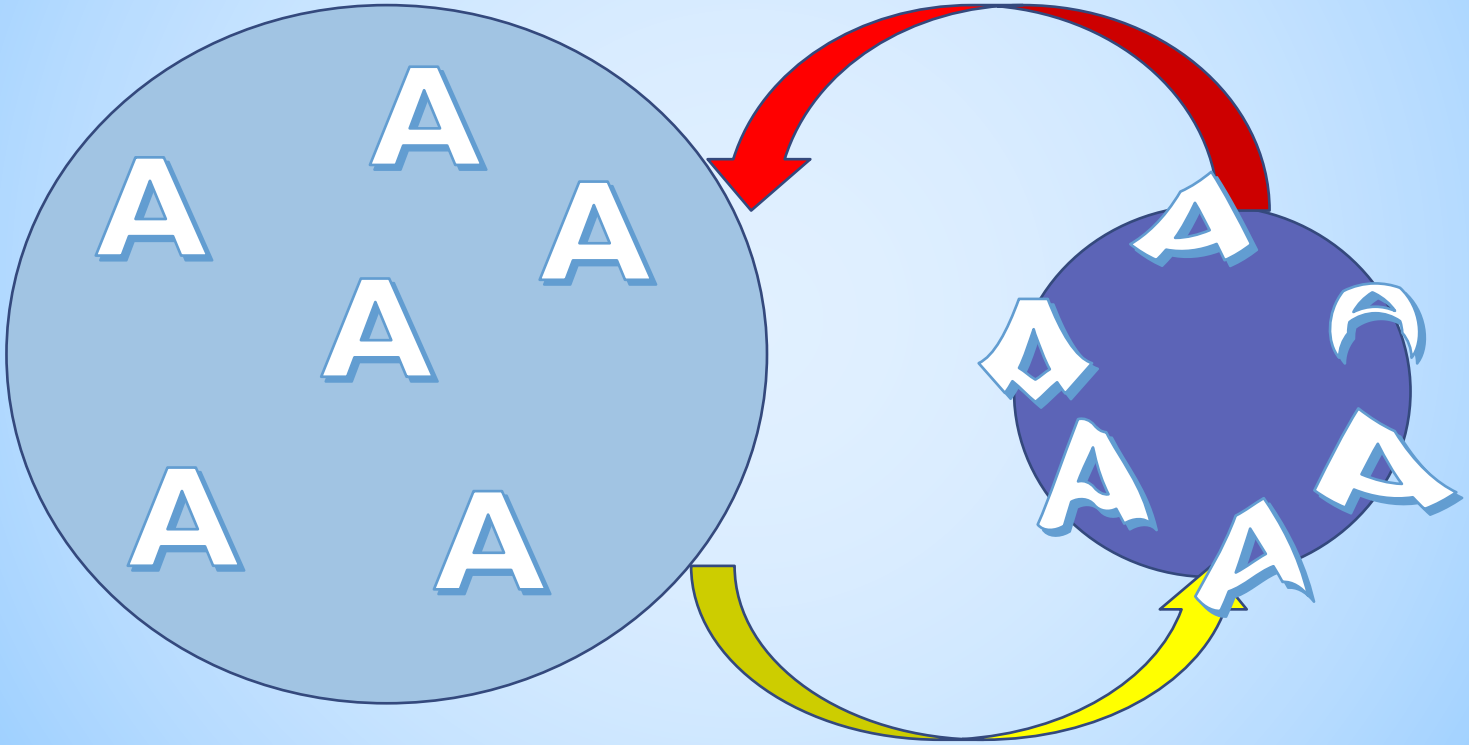

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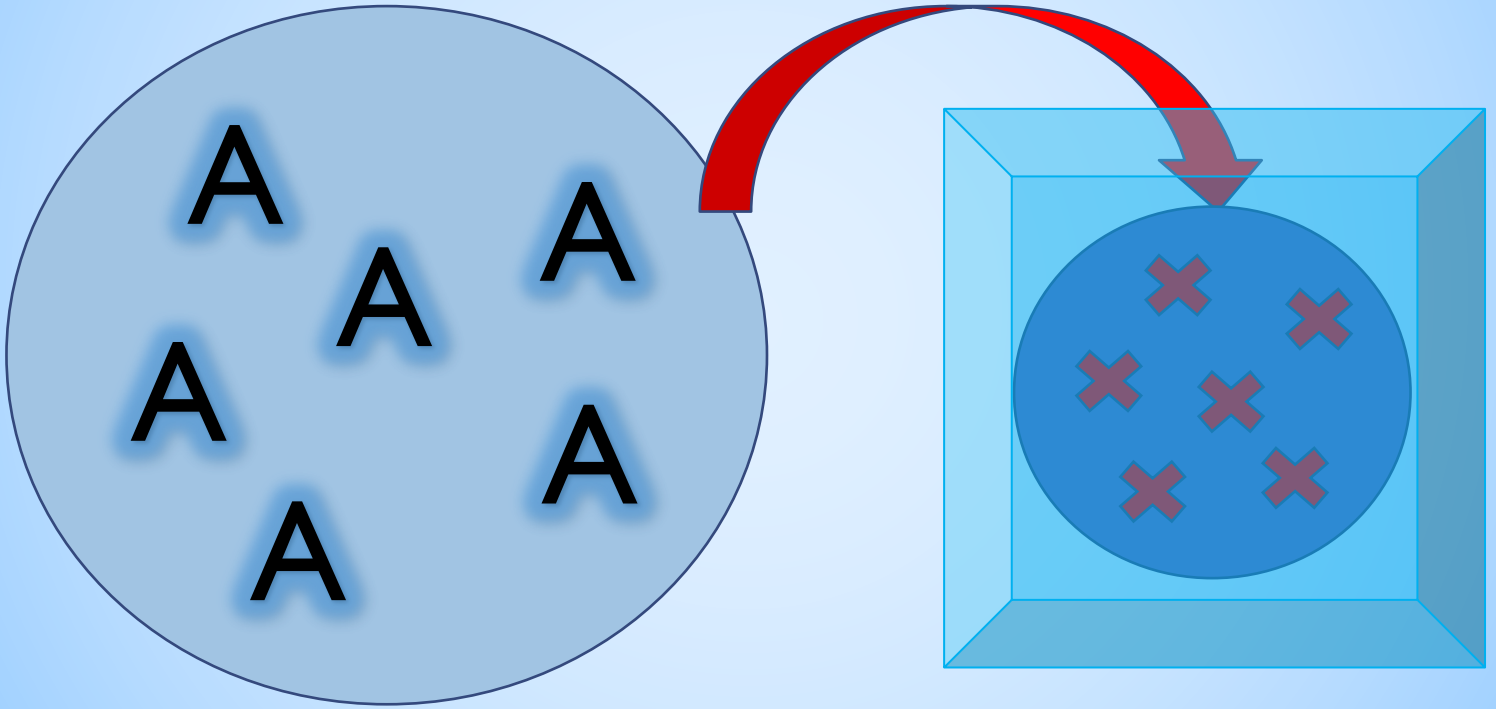


DIAGNOSTIC CHALLENGES

- Symptoms of **starvation** can often mimic, or exacerbate, those of Anorexia Nervosa
  - Behaviourally
  - Affectively
  - Physically
- **Lifetime variations** in criteria-matching
- **Co-morbidities**: which predominates?

WHAT TO LOOK FOR?

- Weight loss
- Isolation
- Dressing to hide, stay warm
- New refusal to eat certain food groups
- Rigid, obsessional
- Avoiding meal times, cook without eating
- High anxiety about eating in public
- Insensible exercise routine
- Food talk, fat talk

THRESHOLDS: REFERRAL

- Current weight/height (BMI)
- An indication of weight chronology over the preceding three months
- Biochemical checks (particularly U&E, FBP, LFTs and Bone Profile) within the last month
- An up to date risk assessment
- Some indication of Eating Disorder Psychopathology (preoccupation with weight and shape, drive for thinness, frequency of compensatory behaviours, etc.)

THRESHOLDS: MILD TO SEVERE

- BMI – this is often cited as the sole criterion for access to service. ***That is not the case***. Other factors place BMI in specific context and are therefore of greater importance. General parameters for BMI-associated risk are in the table below

BMI	Risk Threshold
20-25	Healthy range
17.5-20	Underweight
17.5	Diagnostic threshold for AN
15 – 17.5	Moderate risk
13 – 15	High risk
<13	Very high risk

THRESHOLDS: MILD TO SEVERE

- Weight chronology – rapid weight loss (over 0.5kg/week)
- Pregnancy or diabetes
- Disturbance of biochemical markers
- Significant mental or physical co-morbidity. This includes amenorrhea.
- Prior attempts at Eating Disorder treatment either within Tier 2 or Tier 3 services

THE TEAMS

- Belfast & South-Eastern Trust
- Southern Trust
- Northern Trust
- Western Trust
- REDNG

THE PATIENT JOURNEY: *ON-PISTE*

- Triage
- IA
- Medic discussion + immediate interventions
- Part 2
- Team discussion + modality choice
- Modality application
- Adjunctive inputs as required

MODALITIES

- **CBT-E**
- **MANTRA**
- **SSCM**
- Psychodynamic thinking
- *MBT*
- *EMDR*

ADJUNCTIVES

- Medical
- Dietetics
- OT
- Support Work
- Groups
- IST

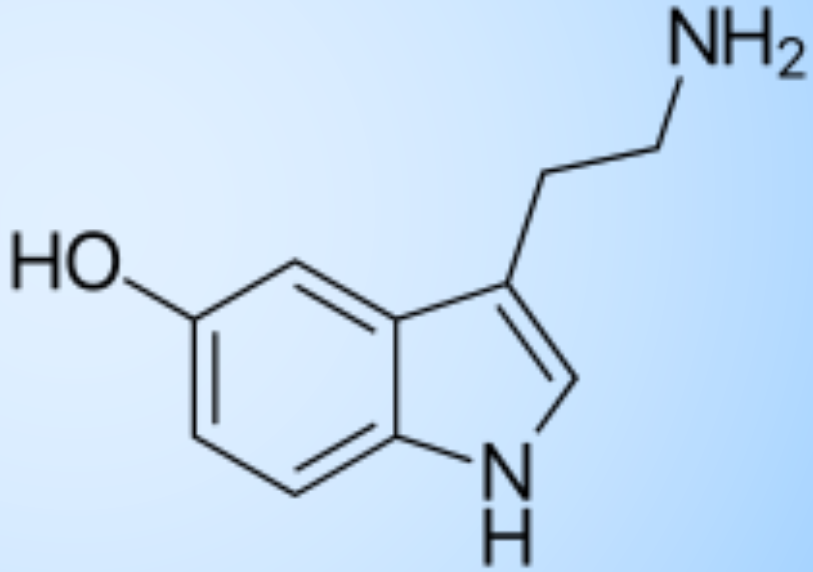
THE PATIENT JOURNEY: *OFF-PISTE*

- Supervision, support, liaison/in-reach
- Co-working
- MASI
- SEED
- Hospital
- Palliative Care

MEDICATIONS

- Not the mainstay
- Recommended high dose SSRI
- ‘Food is the main treatment’
- Serotonin —> Tryptophan

- Also some use of antipsychotics and anxiolytics



HOSPITALISATION: MEDICAL

- Risk: the biochemical cliff edge
- Refeeding
- Politics and the MARSIPAN aversion
- Average: 4 weeks

HOSPITALISATION: PSYCHIATRIC

- Rarely unplanned
- Symptom interruption vs weight restoration
- Observations: intrusion vs encouraging independence
- Intensive in-reach
- Average: 11 weeks
- ECRs

CAPACITY & THE MENTAL HEALTH ORDER

- Justice Jackson: E&W (2008 to 2012)
- Under the MCA 'artificial nutrition and hydration is a form of medical treatment'
  - *'E's case has raised for the first time in my experience the real possibility of life-sustaining treatment not being in the best interests of a person'*
  - *'Her situation requires a balance to be struck between the weight objectively to be given to life on one hand and to personal independence on the other'*
  - *'There is a duty to make the decision that is in her best interests'*

- ***“If I have exhausted the justifications, I have reached bedrock and my spade is turned. Then I am inclined to say: 'This is simply what I do.”***
- **Ludwig Wittgenstein**

7 MINUTES: KEY QUESTIONS

- Meal time is a window
  - *'what happens when you go to eat food?'*
- Purgative behaviours are symbolic
  - *'what do you think you might be trying to get rid of?'*
- Eating Disorder is protective
  - *'what do you think the benefit of this might be?'*
- The fear feedback loop
  - *Cautious application of shock and awe tactics*