

08

Community focus: Specialist Eating Disorder provision

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Advice from a nurse

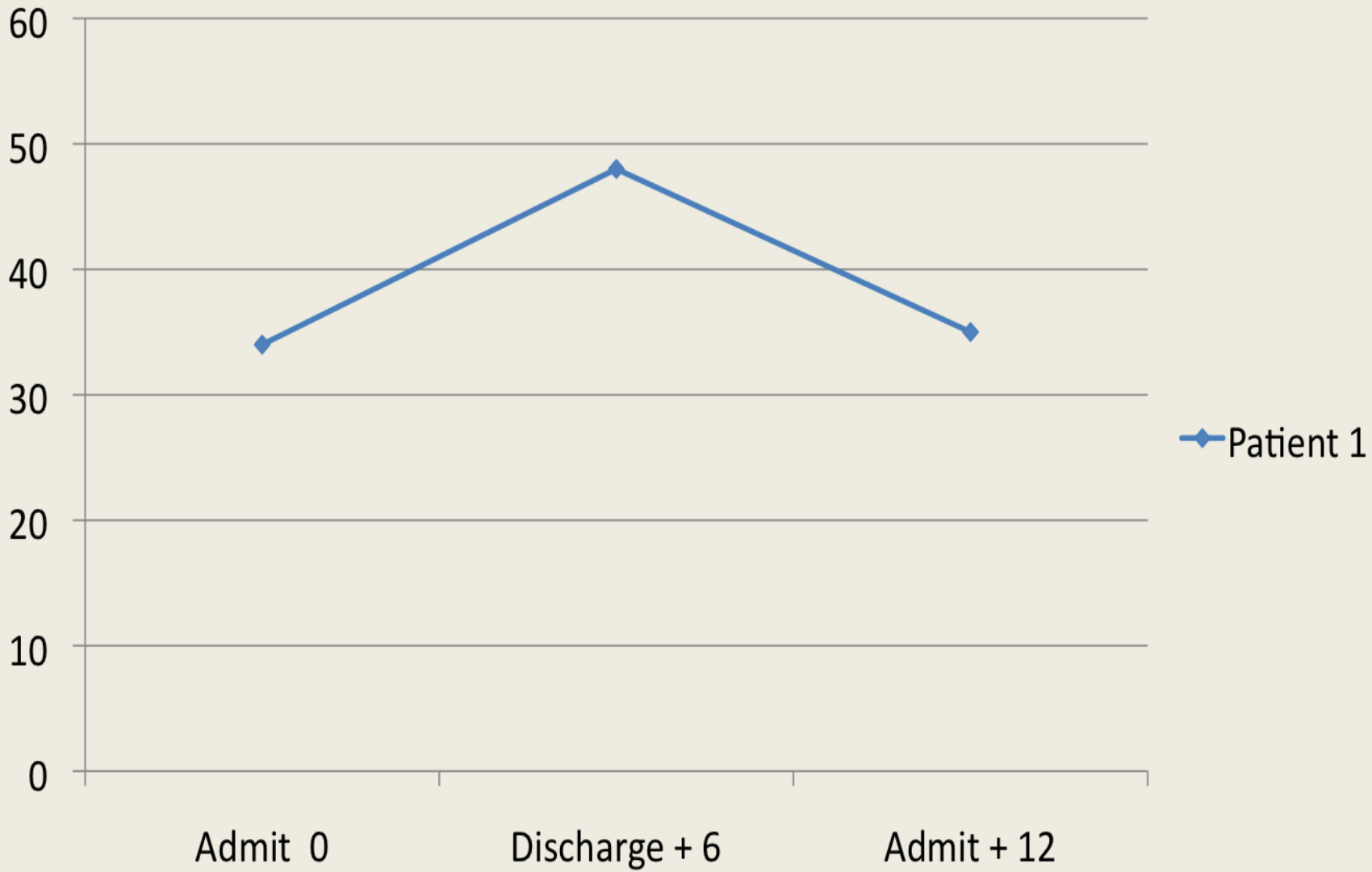
- Whenever friends/family etc ask me for advice on ED I always tell them to get to a professional who knows what they're doing asap - I've heard too many stories of GPs and paediatricians advising parents to 'just get their child to eat more.'
- Acknowledging that the whole family, particularly the parents, and both parents (or more) need to be part of the solution - it's too difficult to deal with alone.
- Attending appointments - especially FT.
- Try not to get as obsessed with calories and weight as the child is. Try to keep a sense of normality.

- Try to understand what it is like for the child. Try to empathise, and regulate/contain the distressing feelings the child has, not just get stuck in 'policing' what they eat.
- Having to be realistic that if you don't see the child eat/drink, you need to assume they haven't - it's a sneaky illness.
- Try to hold some non-negotiables - and be flexible and willing to compromise on others. E.g. 'I don't care what you eat as long as you eat enough.'
- Try to use a positive reinforcement approach (reward) - rather than a problem-focused one (punishment).

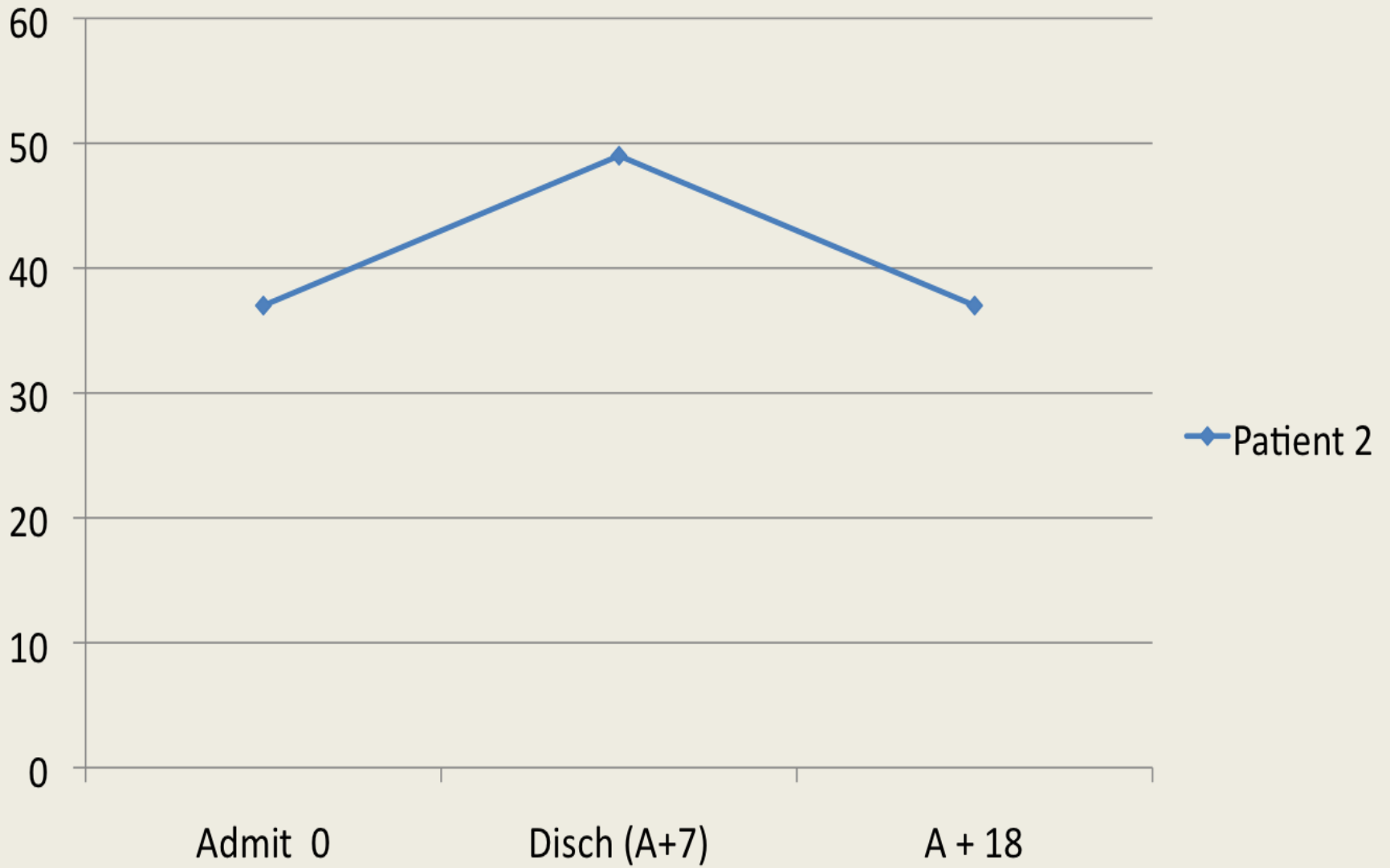
What's wrong with residential treatment?

- Expensive
- Poor outcomes
- ? worsens long term prognosis
- De-skills the family
- Immerses the child in anorexia world

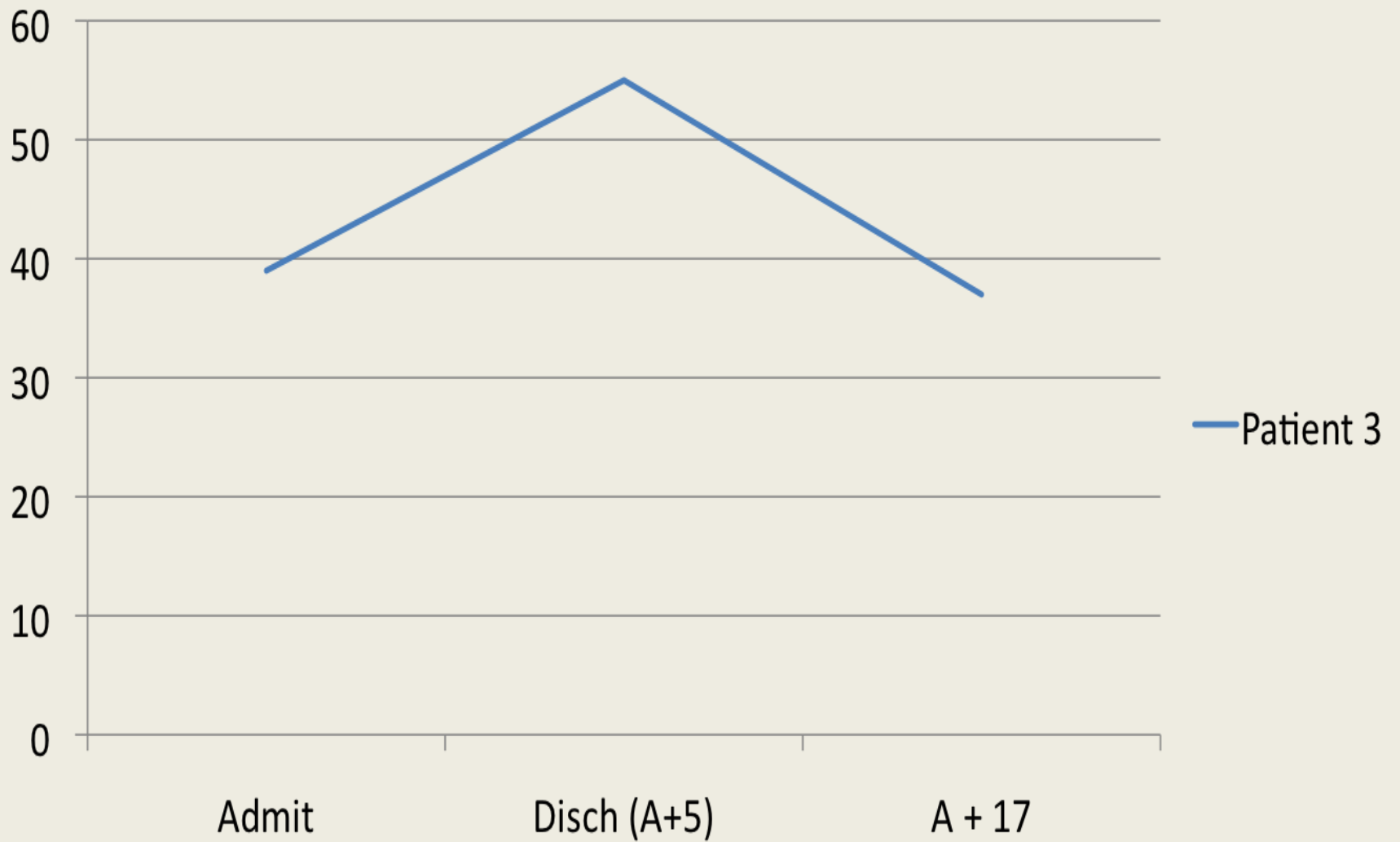
Patient 1



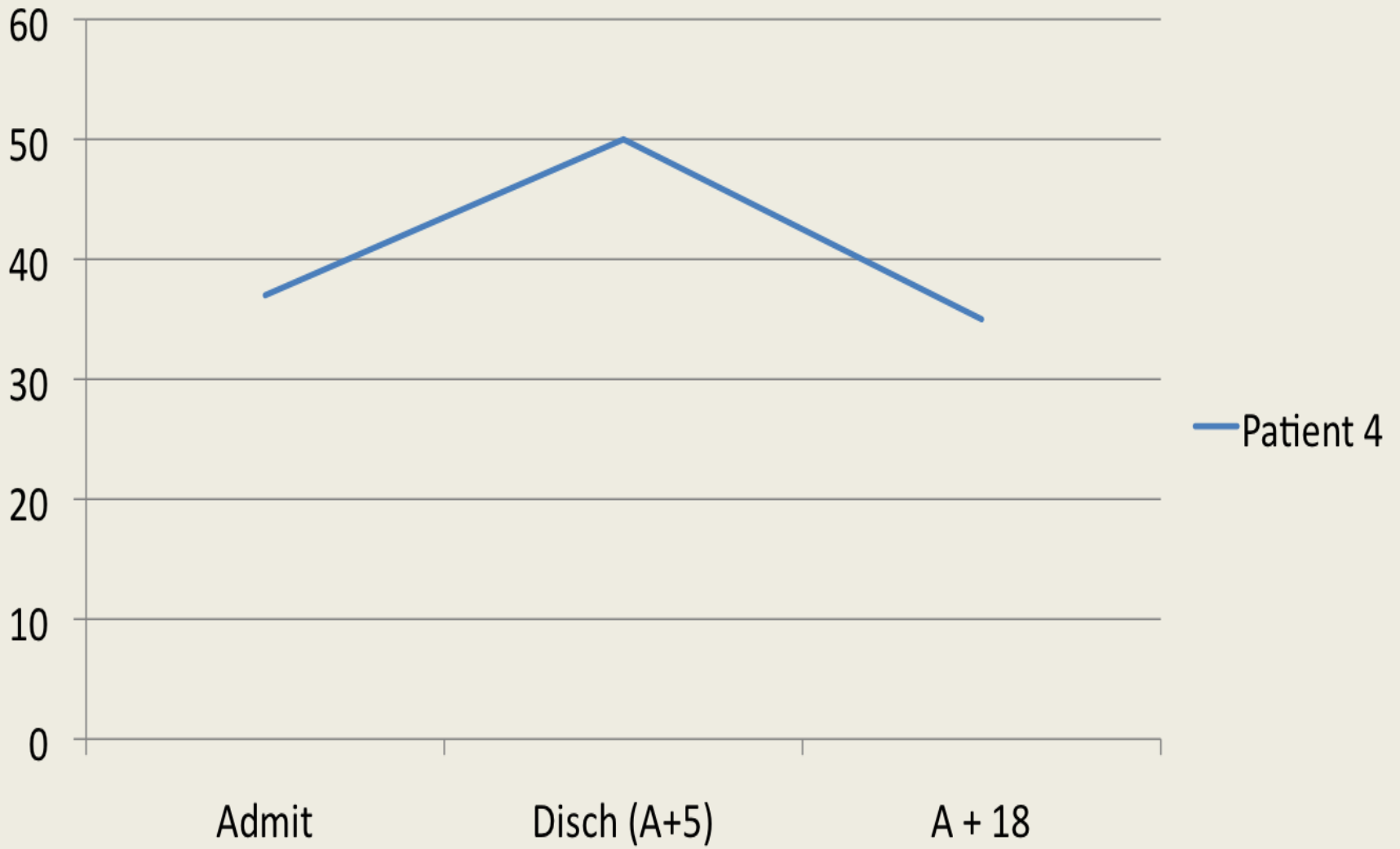
Patient 2



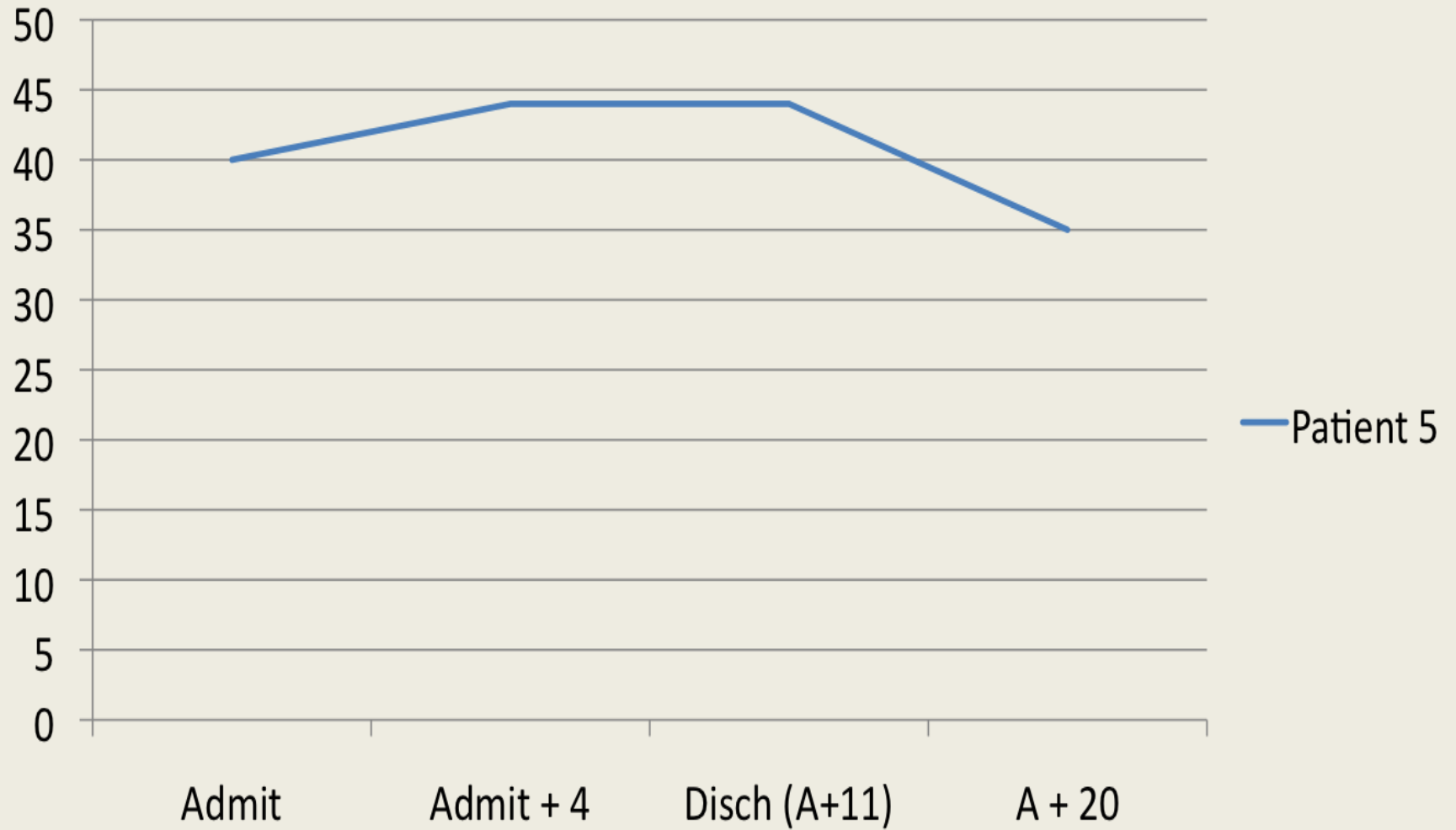
Patient 3



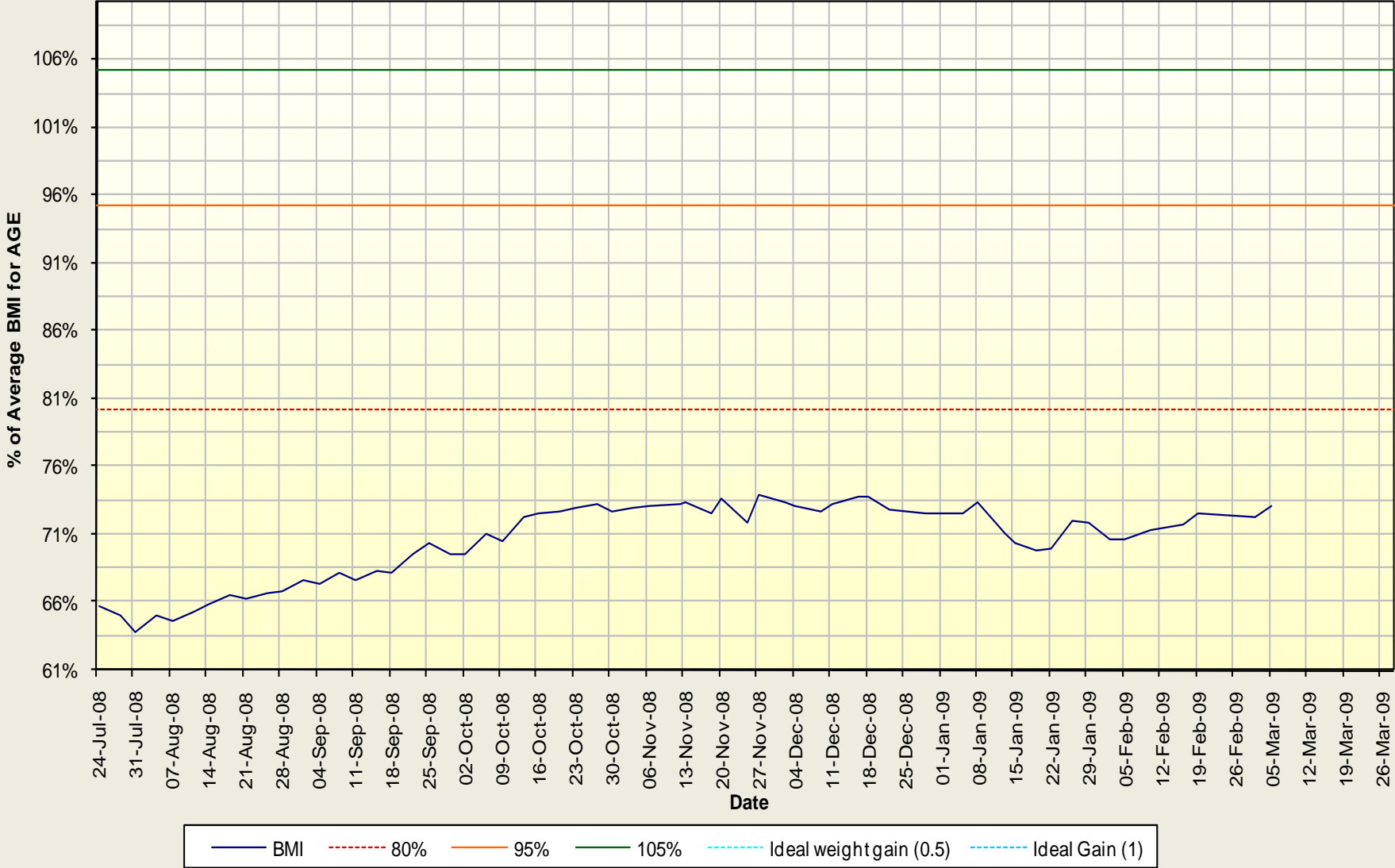
Patient 4



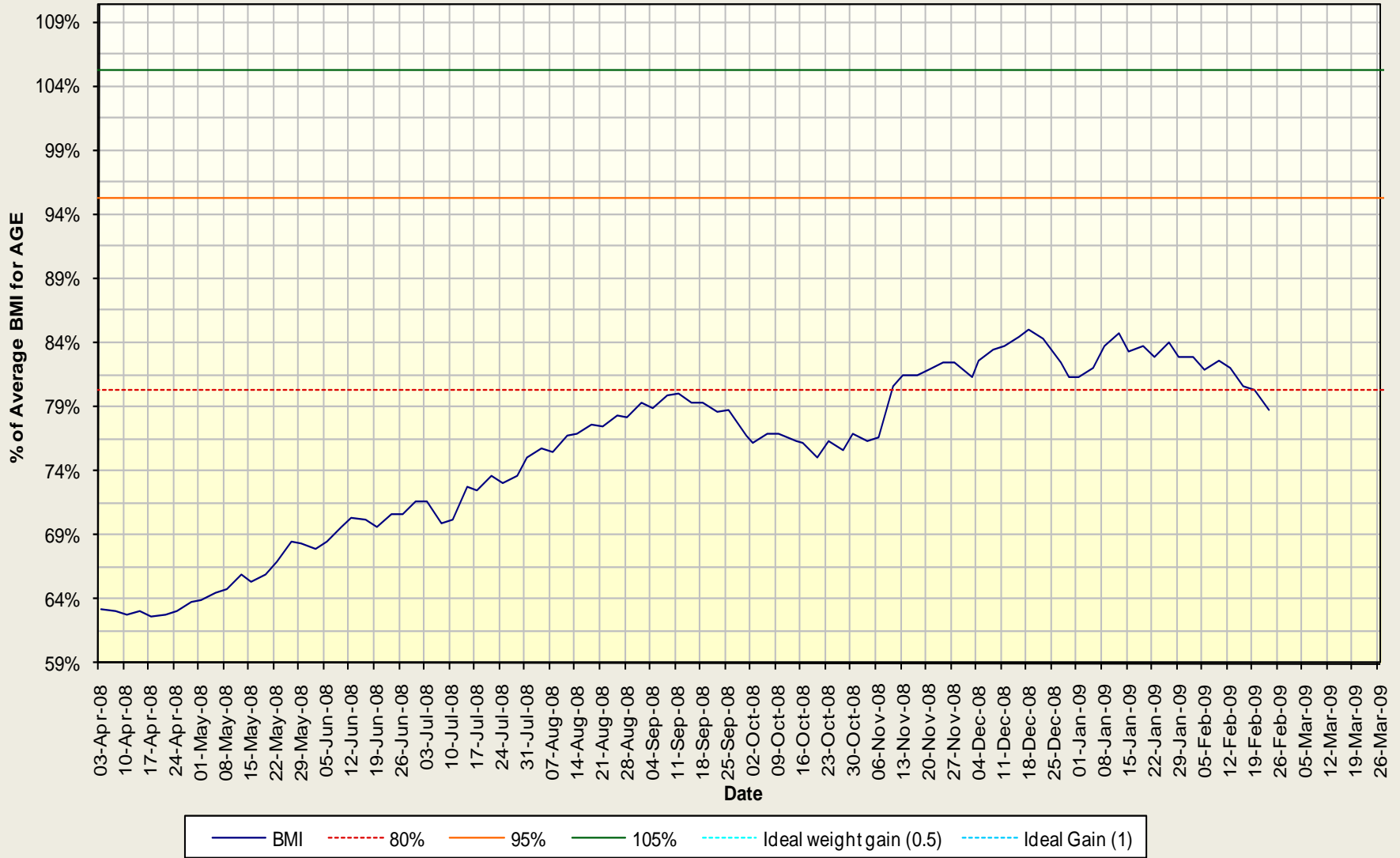
Patient 5



Weight-for-Height



Weight-for-Height



Modest beginnings

- Began as gatekeeper
- 13 different teams seeing ED patients
- Very high rates of referral to Tier 4
- Risk share
- Extended from Camden and Islington to Barnet, Enfield and Haringey
- Referrals increase year on year.

What we do at the Royal Free

- Highly responsive
- Specialist but un-ceremonial
- Full range of psychological treatments
- Close links with child health
- Scale treatment up and down
- No rewards or punishments
- Care wraps around the family

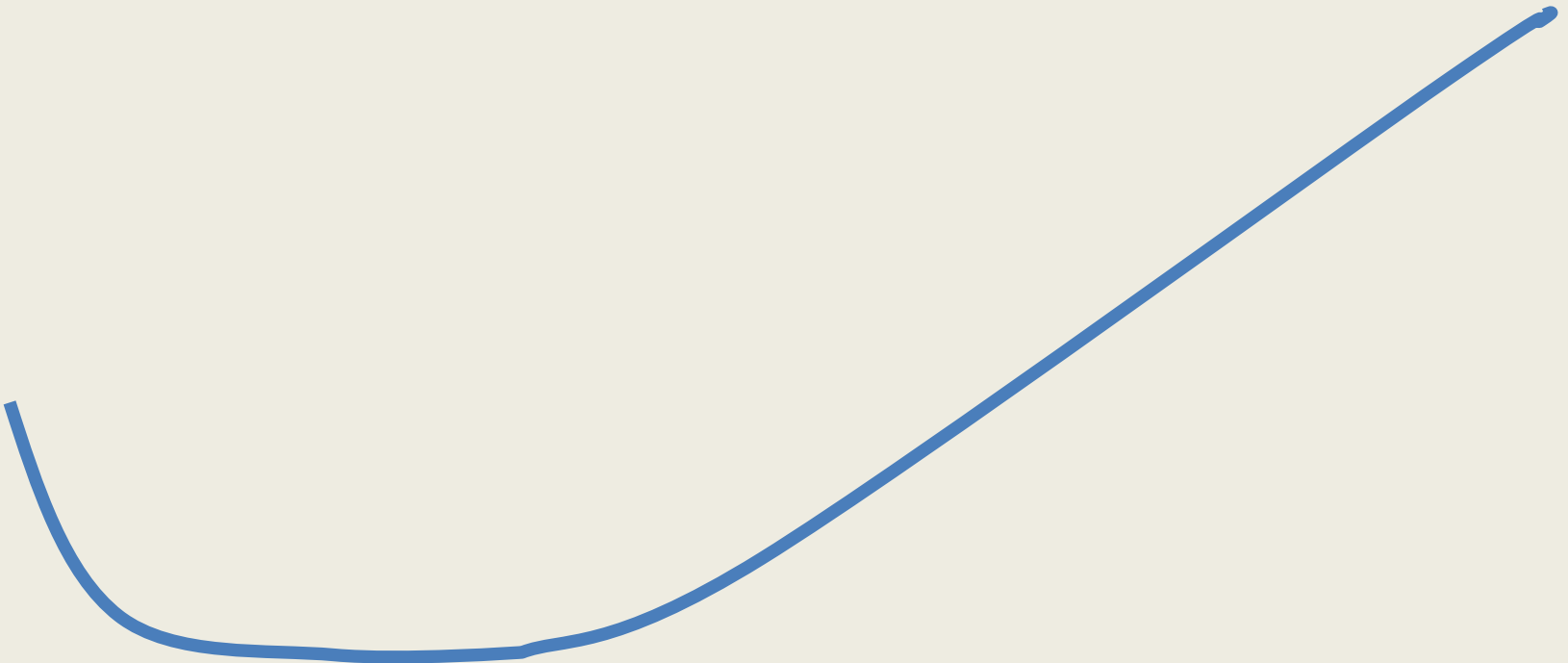
Treatment

- Family therapy
- Individual therapy
- Dietary advice
- Education and support
- Medical care
- Tomorrow is another day
- Brief admission
 - Long admissions have a very high relapse rate

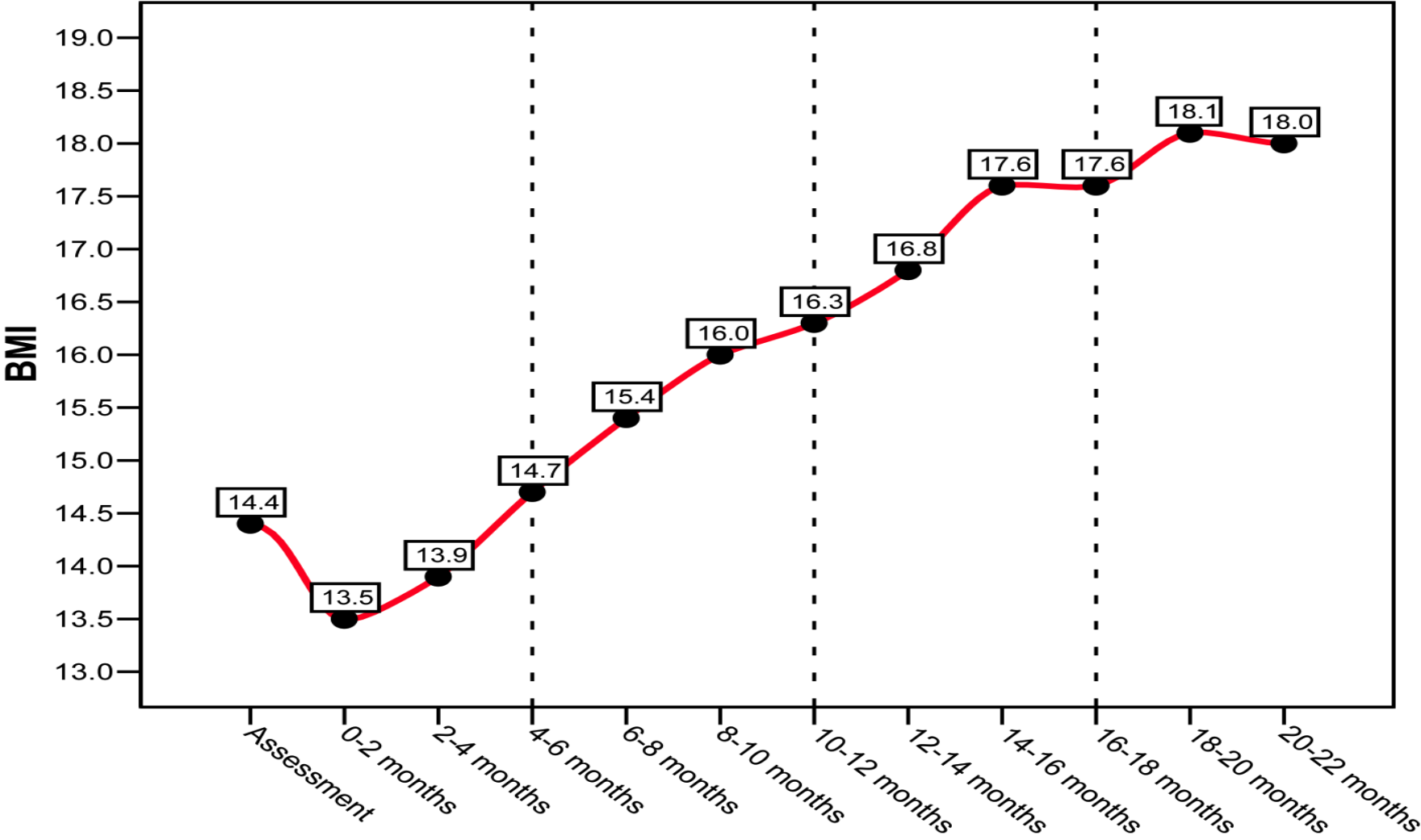
Old and new equations

- Old – if OP Rx isn't working, admit (and keep in until patient reaches 100% wt for height)
- New – if OP RX isn't working:
 - More of the same
 - Different
 - Better
 - Admit briefly
 - Palliative care

Course of treatment



Body Mass Index over a 22-month intervention Case 50



The “unethical” patient

- Month 1: On examination, emaciated, lanugo hair, dry skin, bland affect, BMI 11.5, pulse 42, not admitting to anorexic thinking.
- Month 15: BMI 18.5, 3 consecutive periods, enjoying college and social life.
- If she had gone to a regular IP unit, she would have been there for about 1 year, with associated morbidity and loss, and a 40x increase in cost.

Some metrics 1

- Out of more than 1000 new referrals
 - No deaths or serious untoward events
 - 1 complaint (not upheld), plus 4 counter-complaints (not upheld)
 - ?70 admissions prevented, saving £3.5 million
- Admission rate to IP units 2-4 % (v next best of 8%, national average of 30%)
- Admission to paed ward
 - Total bed days down over lifetime of service
 - Percentage of patients admitted (for a couple of days) up

Intensive Service - Background

- Approached by commissioners with a view to preventing/reducing Tier 4
- A lot of local dissatisfaction with Tier 4 overall
- Poor outcomes
- Gowers et al
- SUIs

Intensive Service Model

- For 15 patients at any one time
- Places, not beds
- Access to 6 beds on paed's ward
- Very un-ceremonial
- Goal orientated – getting your life back or weight gain.
- Bespoke
- AS FEW NIGHTS IN HOSPITAL AS POSSIBLE

Who needs what

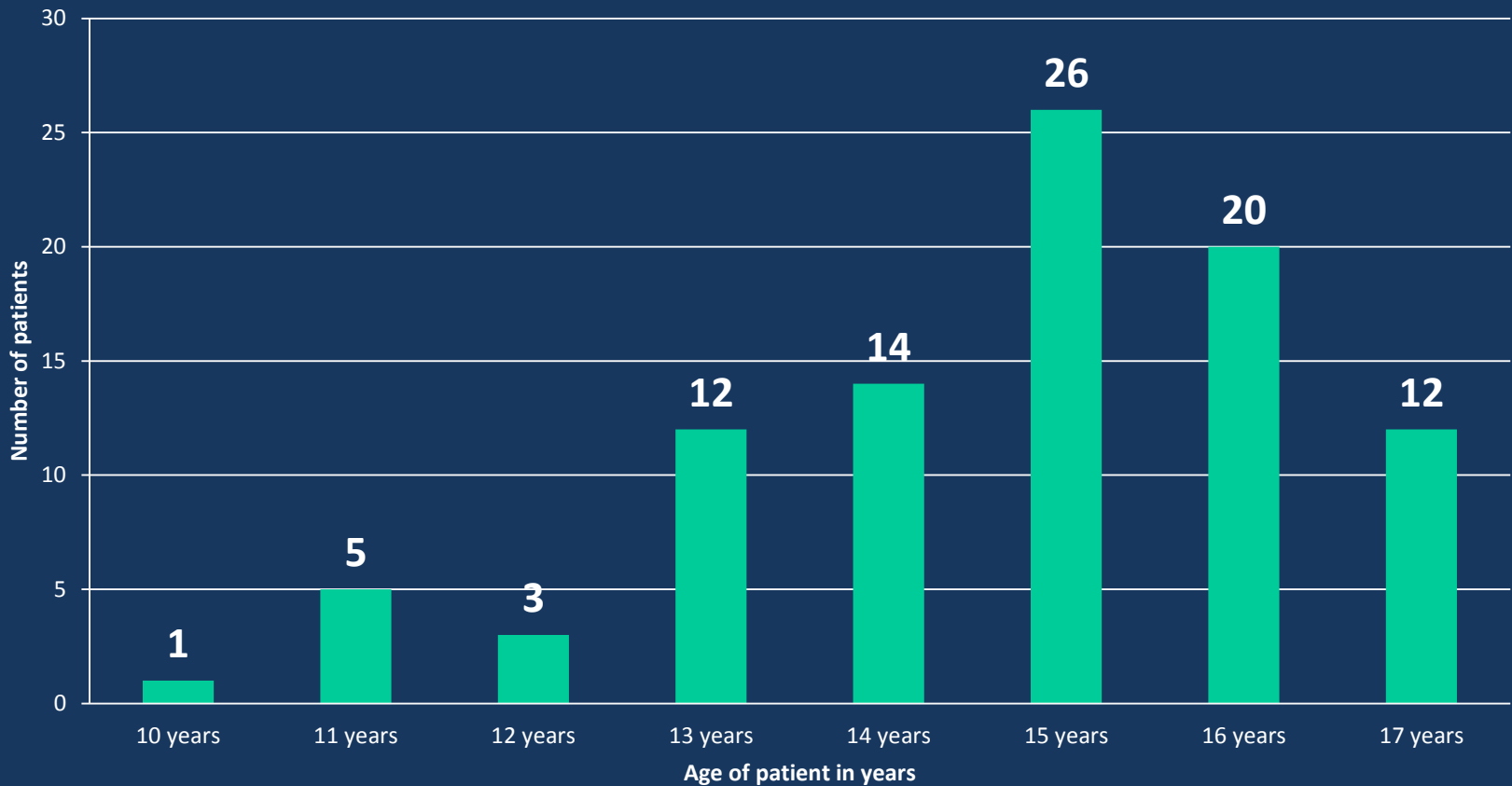
- 24 hour medical and nursing care – sleep in hospital
- All of your nutrition overseen by professionals – 8-10 hours at clinic.
- Part of your nutrition overseen by professionals – 6 hours at clinic, some days.

Outcomes

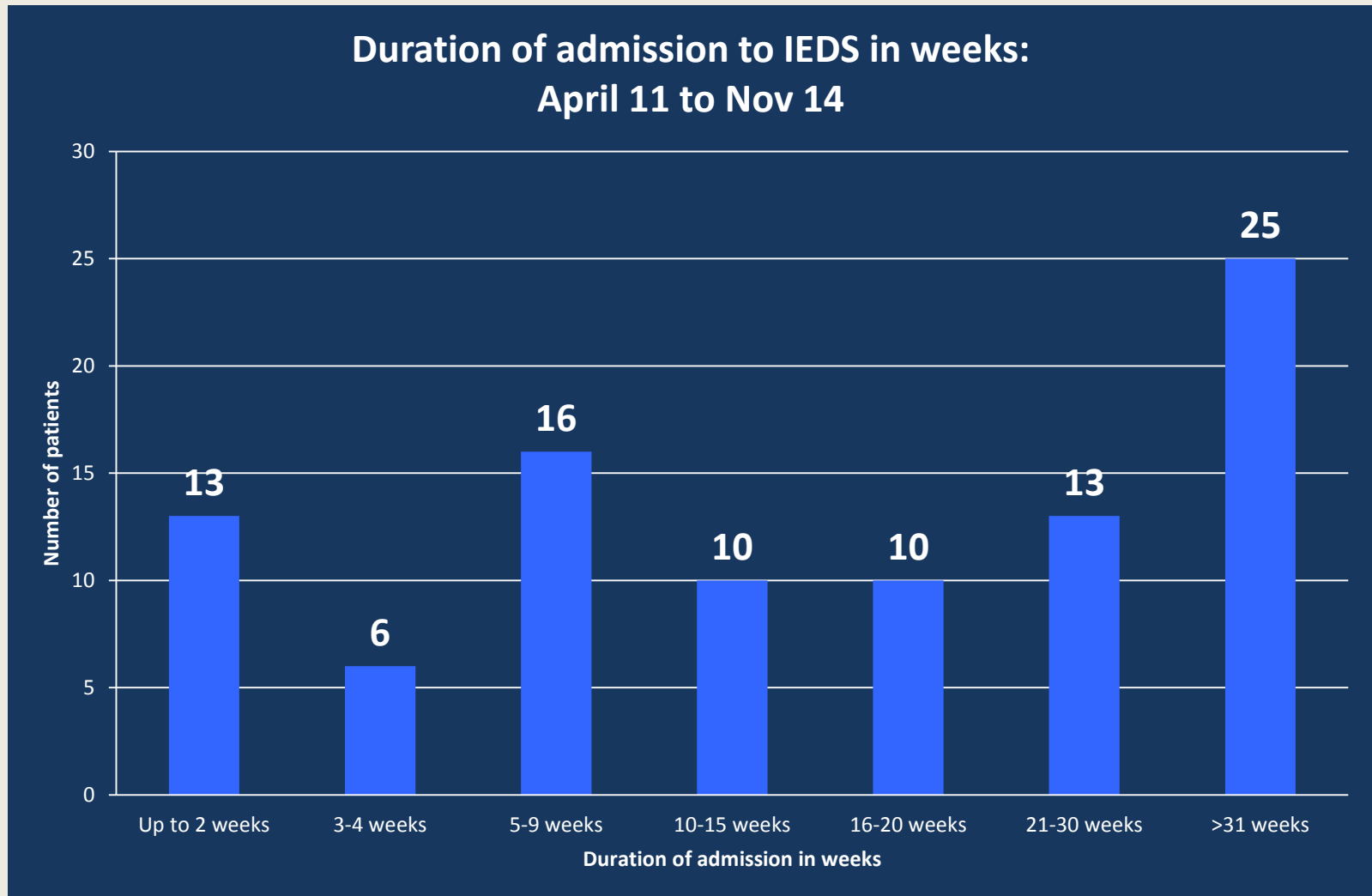
- People love it
- Very few admissions to Tier 4 (MHA, depression)
- Keeps young people at home, in school, immersed in social life.

Admission by age

Number of patients by age for IEDS:
April 11 to Nov 14



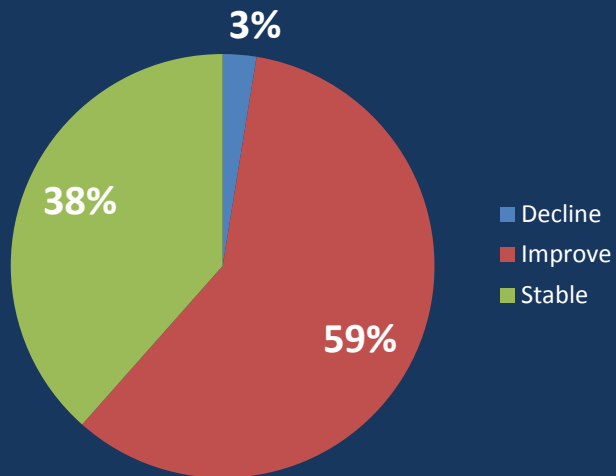
Duration of admission in weeks



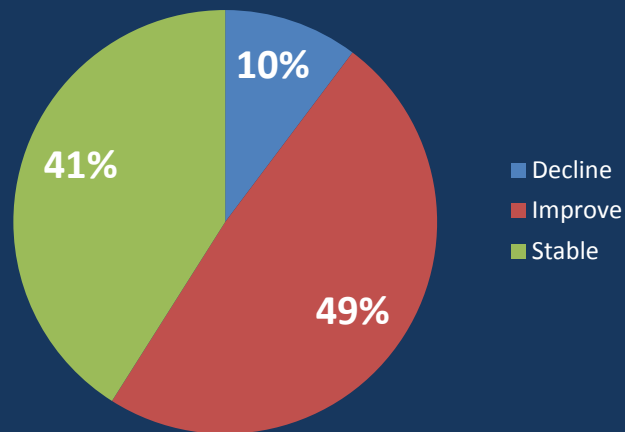
Functioning



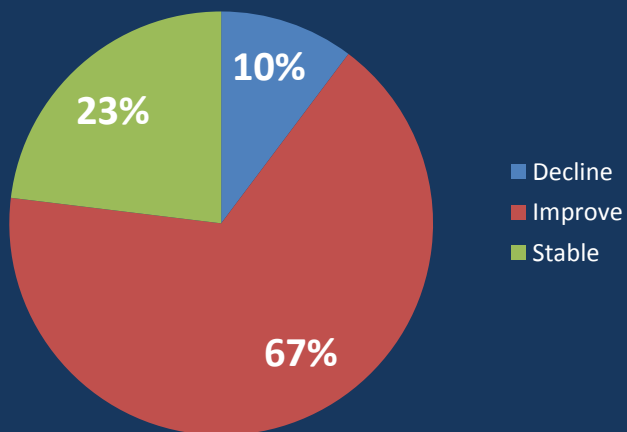
Weight stabilisation



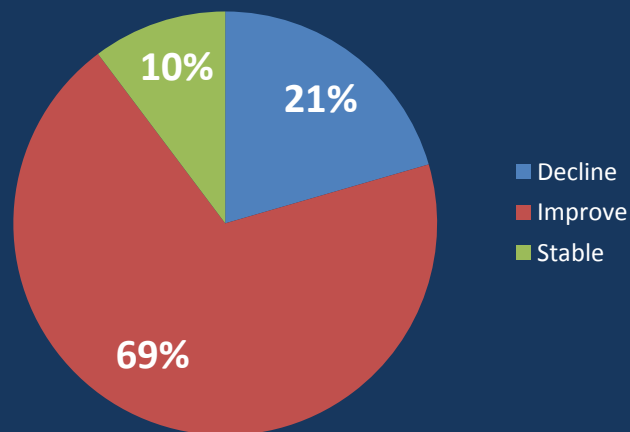
School



Family life



Social and Community

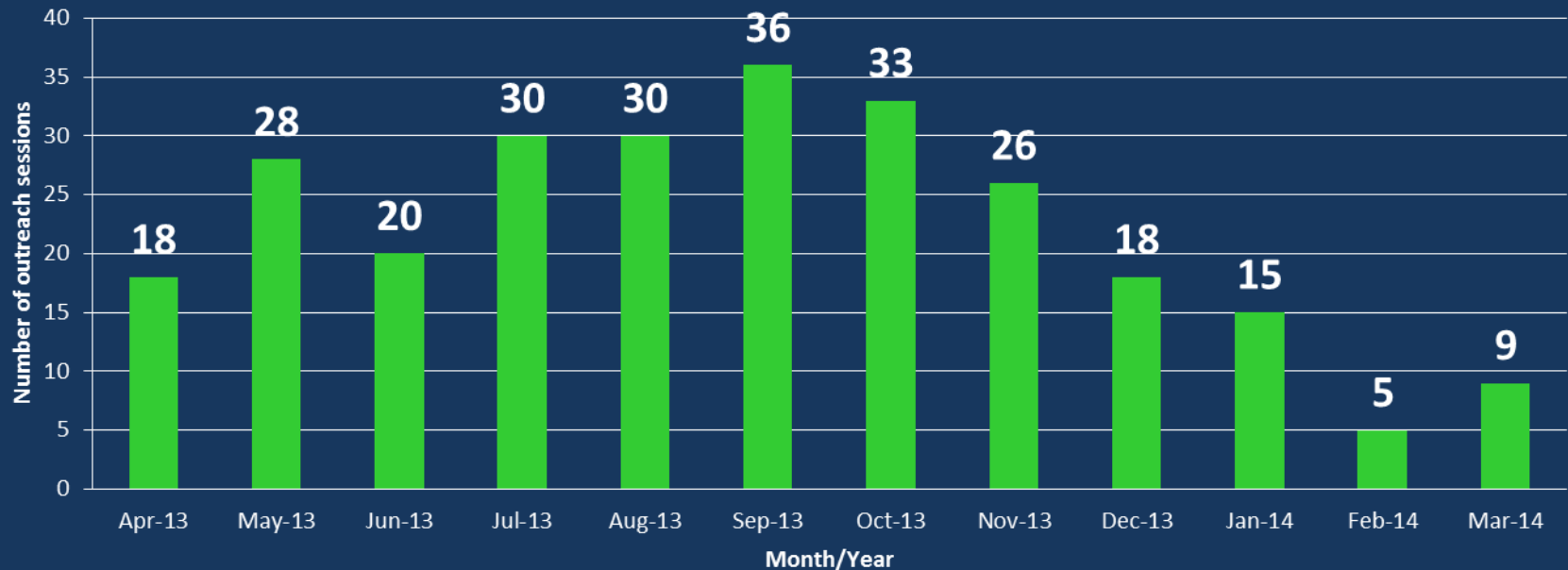


Outreach



- Between Apr 2013 and Mar 2014 there were 268 outreach sessions

Number of outreach per month for:
Apr 2013 to Mar 2014



Type of visit



Distribution of type of outreach session across:
Apr 2013 to Mar 2014

