AN OVERVIEW

SARAH CROSS CLINICAL TEAM LEADER

EAST SUFFOLK CHILDRENS AND ADULTS EATING DISORDER TEAMS

CURRENT SERVICE PROVISION

- East and West specialist teams, discussions underway to consider operational cross county team;
- Teams include consultant psychiatrist, specialist nursing, specialist dietitian and psychology;
- Provide treatment and assessment for individuals within caseload with a significant diversity in terms of need/risk, age and length of illness;
- Internal service review shortly to commence, will include requirements to consider local provision for New Care Models with expectation to offer robust treatment service with uplift in national funding to adults with eating disorders. Regional business case now being proposed. Expectation this will provide some parity with children and young peoples services.

CURRENT SERVICE THRESHOLDS FOR ADULTS (19 YEAR OLDS+)

- We offer assessment and treatment to **adults 19 years** and over who present with a diagnosable moderate to severe eating disorder. Primarily this will be anorexia nervosa and bulimia nervosa which have a significant impact on psychological, physical, social and occupational wellbeing.
- We are not commissioned to provide a service for binge eating disorder, obesity without an associated eating disorder or where disordered eating is for the purpose of emotional regulation, or primarily due to other mental health issues such as depression or psychosis or as a result of learning disability.
- Early intervention offer for young people between the ages of **19- 25 years**, to prevent development of an eating disorder is being commissioned nationally. Specialist assessment and treatment is offered based on the following criteria.

CRITERIA..

- **One** of the following behaviours:
- Low body weight as a result of rigid and purposeful dietary restriction, BMI is not a set criteria and rather focus is on extent and speed of weight loss;
- Minimum evidenced weight loss of 15% ;
- Recent rapid weight loss, e.g. more than 0.5kg per week for 12 consecutive weeks or more, as a result of rigid and purposeful dietary restriction;
- Moderate binge eating **with** purging behaviours-laxative use or self -induced vomiting 3-5 times per week or more for 2 months or more;
- Purging behaviours 3-5 times per week for 2 months or more;
- **One** of the following thinking processes:
- Disproportionate fear of weight gain;
- Evidence of distorted body image;
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CRITERIA …

- If the above criteria are not met but there is additional risk in the form of type 1 diabetes, pregnancy, significantly disturbed electrolytes on blood tests or significant weight loss (over 7kg in 3 months) referrals will be considered following a discussion with the referrer to consider risk and whether assessment is required.
- We encourage referrers to contact the team to discuss referrals if there is uncertainty as to criteria.
- We are a treatment team with a focus on recovery and service users will be required to demonstrate motivation to engage in change.

TREATMENT APPROACHES

- Main NICE concordant treatment modalities-CBT-E AND MANTRA.
- MARSIPAN Refeeding pathway fully established in East of County providing direct access for medical admissions for specific refeeding need.
- Pathway has avoided number of OOA admissions, allowed for reduction of risk whilst seeking SEDU beds and stabilisation to allow community treatment to commence.

REFERRAL INFO

- Weight, weight history, height, BMI
- BP, pulse, temp;
- ECG;
- Bloods.
- Dietary and fluid intake;
- ED cognitions, mental health history, see criteria for further reference.
- Compensatory behaviours
- Consent to engage in assessment treatment

MARSIPAN RISK ASSESSMENT

- Risk assessment in anorexia nervosa
- BMI: weight (kg)/height2 (m2)
- low risk 15–17.5
- medium risk 13–15
- high risk <13
- Physical examination: measure vital signs (increase risk levels in brackets): low pulse (<40 bpm), blood pressure (especially if associated with postural symptoms) and core temperature (<35°C)
- muscle power reduced, Sit up–Squat–Stand (SUSS) test (scores of 2
- or less, especially if scores falling)
- Blood investigations;
- low sodium: suspect water loading
- low potassium: vomiting or laxative abuse
- (*note:* low sodium and potassium can occur in malnutrition with or without water loading or purging
- Hypoglycaemia
- raised urea or creatinine: the presence of any degree of renal impairment vastly increases the risks of electrolyte disturbances during re-feeding and rehydration

ANOREXIA NERVOSA RISK ASSESSMENT

- ECG:
- bradycardia
- raised QTc (>450 ms)
- non-specific T-wave changes
- hypokalaemia changes

HOW TO REFER

- Under 25 year olds- Referral Form (via Children and Young People's Emotional Wellbeing Hub) is on the SuffolkInfoLink website.
- Professionals, parents, carers and young people can also contact the Hub on: **0345 600 2090,** Monday to Friday 8am – 7.30pm for consultation or advice
- Over 25 via AAT

OTHER INFO

- MARSIPAN GUIDANCE-https://www.rcpsych.ac.uk/members/your-faculties/eating-disorders-psychiatry/marsipan-national-resource
- *https://www.**beat**eatingdisorders.org.uk*
- http://www.yorkgpvts.co.uk/downloads/kings_college_medical_guidelines.pdf