RCPsych Faculty of Eating Disorders Essay Competition 2021 Entry

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What changes would you like to make to the field of eating disorders to help patients and carers better?

The significance of early intervention

Eating disorders are associated with the highest mortality rates amongst all psychiatric disorders(1). They are also associated with significant morbidity and have been shown to be the third commonest chronic illness in adolescence(2,3). Eating disorders are also associated with significant economic cost; a recent report found that in 2020 the total cost of eating disorders in the UK was £9.4 billion, with £0.9 billion of this consisting of carer costs for anorexia nervosa and bulimia nervosa(4). It is clear more needs to be done to reduce the high mortality and morbidity caused by eating disorders and to help patients and carers. Arguably reducing the prevalence of eating disorders and improving the outcomes of eating disorders should be a high priority issue not just within psychiatry, but within medicine as a whole. I believe that improving rapid early identification and treatment of eating disorders is of paramount importance in achieving this, and this is what I would change within the field of eating disorders.

It has become clear that eating disorders are not single stage illnesses but instead have several stages of illness, which each have different outcomes and remission rates(5). Evidence suggests that the first three years of an eating disorder represents the 'early-stage' of eating disorders in which the chances of remission are highest(5). Following this, a 2021 systematic review carried out by Beat stated that the Duration of Untreated Eating Disorders may be a modifiable factor that can influence outcomes in eating disorders(5,6). Thus, identifying and treating patients with eating disorders as early as possible is vital to improving chances of recovery(7).

In line with this, in 2019 the Royal College of Psychiatrists published a Position Statement(7), which set out their stance that early intervention for eating disorders is crucial and furthermore, that referrals to eating disorder services from primary care should be made early rather than using watchful waiting strategies. Moreover, national clinical guidance put forward by both NICE and RCPysch refect the importance of immediate referral of suspected eating disorders to specialist services(7–9), with the purpose of reducing the duration of untreated eating disorders. Current NHS England standards are that Children and Young People with eating disorders should receive treatment within four weeks after contact with a designated healthcare professional for routine cases and one week for urgent cases(10).

Unfortunately however, despite clear evidence that rapid treatment of eating disorders improve outcomes, a landmark report by Beat titled 'Delaying for year, denied for months', found that the average time between developing an eating disorder and starting treatment was 176 weeks(11). Significantly, this is sadly longer than the '3 year window' identified as being a critical period in which the chances of remission are highest(5). The period between developing symptoms of an eating disorder and initiation of treatment are split into five different stages in the Beat report, with the largest two periods being between patients developing symptoms and realising they had an eating disorder and between realising and seeking help. Three of the five stages are directly related

to health care practices, and as such represent opportunities to decrease the duration of untreated eating disorders through quality improvement of service provision (Figure 1).

Figure 1: Average time between first GP appointment and initiation of treatment as per Beat 2017.

Furthermore, Figure 1 is evidence that the national standard for referral times of suspected eating disorders is being vastly underachieved. A recent study found that patients often present with prodromal symptoms leading up to the development an eating disorder, suggesting a prodromal stage that could potentially be detected in primary care(12). It is clear that more needs to be done to support GPs in identification and rapid referrals of suspected eating disorders. This will decrease the duration of untreated eating disorders which could improve remission rates and decrease mortality associated with eating disorders.

Primary Care Referrals in Greater Manchester Audit.

Recently I undertook an audit of Primary Care referrals of suspected eating disorders in Children and Young People in Greater Manchester, supervised by Dr David Ochando, Consultant Child and Adolescent Psychiatrist. The aim of the study was to identify whether clinical standards were being met, and how GPs could be supported to identify and rapidly refer suspect eating disorders in children and young people. Data on GP referrals to Manchester Foundation Trust Community Eating Disorder Services were assessed over a six-month period spanning 17th December to 17th June 2021. Data were analysed to assess whether referrals to specialist services were made on initial presentation and additionally whether they were made directly to specialist services. A total of 69 GP referrals were made over the period.

It was found that only 35% of referrals were made both immediately and referred directly to specialist services. When looking at all referrals made, almost 45% were not initially referred to specialist services, which will have caused delays in assessment and treatment. Furthermore, only 58% of referrals were made immediately following the first presentation of a patient with a suspected eating disorder to primary care.

I also created a survey which was sent out to GPs across Greater Manchester. Respondents were either GP partners or Salaried GPs. Half of respondents stated they did not know how to refer to their local Children and Young Peoples eating disorders service. Furthermore, 30% stated they were confident in identifying a suspected eating disorder in a child or young person (the other 70% of respondents stated they were ‘maybe’ confident). Additionally, 60% stated they did not know that a referral should be made immediately after the first meeting with a child or young person with a suspected eating disorder.

Based on the finding of this audit we made several recommendations of resources and training tools that we will implement with the aim of improving the rate of immediate referrals to specialist services. These are as followed:

1. A referral leaflet including the following information:
    a. Common symptoms
    b. When to refer patients
    c. Where to refer patients

    d. Red flag symptoms for immediate referral
    e. Physical exam information to include
    f. Contact details for MFT-CEDS
2. Creation of a five-minute information video explaining how to identify suspected eating disorders in Children and Young People within primary care and current guidelines on their referral.
3. Re-audit GP referrals across Greater Manchester over a six-month period once the recommended educational resources are developed and distributed.

The importance of primary care

Whilst the audit I undertook was based in Manchester, I believe the lessons learned from it can be used to reduce the duration of untreated eating disorders nationally. Importantly, the audit showed that a significant proportion of referrals were not being sent to specialist services.

The government's announcement in 2014 of an additional £30 million of funding a year for the development of specialist community eating disorder services for children and young people was a fantastic step in the right direction(13). Furthermore, the NHS Long Term Plan announced an additional £11 million in CCG baseline in 2019/20 and an additional £11 in 2020/201(13). However, the audit of GP referrals in Greater Manchester highlighted that although there is a specialist community eating disorder service for children and young people, a large proportion of referrals are not being made directly to this service. Instead, a large proportion of referrals (43.5%), were still being made to other services such as general CAMHS. This potentially increases waiting times for the patients whom the referral was made for, due to delays in referrals being forwarded from general CAMHS, which could be avoided if referrals were made directly to specialist services.

Without referrals being made immediately and directly to specialist services, patients are not going to benefit fully from the recent investment into community eating disorder services. Supporting GPs to ensure that they are confident in both identification of possible eating disorders and in referral of patients to their local specialist service, is of vital importance in reducing the duration of untreated eating disorders and this cannot be overlooked. The creation of assessable and quick training resources, such as a five-minute training video, a referral template, and an information leaflet with key information to help identify a suspected eating disorder may be one way in which to support our primary care colleagues. Importantly, GPs should consulted on their views on what would be helpful to them, and any resources designed to help support GPs should be made with their input.

Medical training

A 2018 study by Agnes Ayton and Ali Ibrahim found that on average the total amount of teaching medical student receive on eating disorders in the UK is less than 2 hours. Furthermore, it was found that the majority of doctors are never assessed on their knowledge of eating disorders throughout their training. I believe that this is one of the biggest national failures within eating disorder services for patients and carers.

In response to the recommendations made in a report titled "Ignoring the Alarms: How NHS Eating Disorder Services are Failing Patients"(14), Beat, together with Health Education England and the Royal College of Psychiatrists' Faculty of Eating Disorders developed eating disorders training material for medical students and foundation disorders(15). This training in now accessible to all UK medical student and foundation doctors and can be accessed online. This is a great start, however I believe that eating disorder training needs to be a mandatory part of both undergraduate and post-graduate medical training, given the significant morbidity and mortality associated with them. This is one of the changes I would make within the field of eating disorders to help patients and carers.

Lessons from the two week wait cancer referral pathway

The two week wait urgent referral pathway in England is a pathway for rapid assessment, identification and treatment of possible cancers. It is designed to be extremely sensitive, to ensure that the highest possible number of cancer cases are identified. Because of this, there is a very low threshold of referral of patients on a two week wait pathway. In fact, according to Cancer Research UK, more than nine out of ten two week wait referrals do not result in a diagnosis of cancer(16). Patients are proactively asked about the presence of potentially sinister or 'red flag' symptoms in almost every primary care consultation and, if present, patients are referred urgently under a two week wait.

The two week wait system is an excellent example of what I believe is possible for eating disorder referrals from primary care. I believe that psychiatric disorders associated with the highest mortality rates qualify for, and would benefit from, a similar approach. Of course, it would put a greater demand on community eating disorder services, but more funding could help develop services which could handle such an increase in workload. Such a tactics could help identify eating disorders early in their illness progression, without waiting for them to develop over time to a severity where remission is much less likely.

Conclusion

Rapid identification, referral and treatment of eating disorders is key to improving their prognosis. Whilst creation of and further investment into specialist services for children and young people are a big step in the right direction, more needs to be done to ensure all doctors can recognise the signs and symptoms of eating disorders and know how urgently they must be referred to specialist services. Quite rightly, the red flag symptoms of many different cancers are known by all graduating medical students, inquired about frequently, and investigated rapidly if present. Unfortunately, the same cannot currently be said for eating disorders. Perhaps this needs to change if we are to truly help individuals with eating disorders and their carers as a health care service. However, for this to happen, training on eating disorders needs to be given higher priority in the medical school curriculum, and GPs need to be better supported to identify and refer suspected eating disorders.

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