



FREED: A Novel First Episode & Rapid Early Intervention Service for Young Adults with Eating Disorders

Dr Amy Brown, Dr Vicki Mountford & colleagues

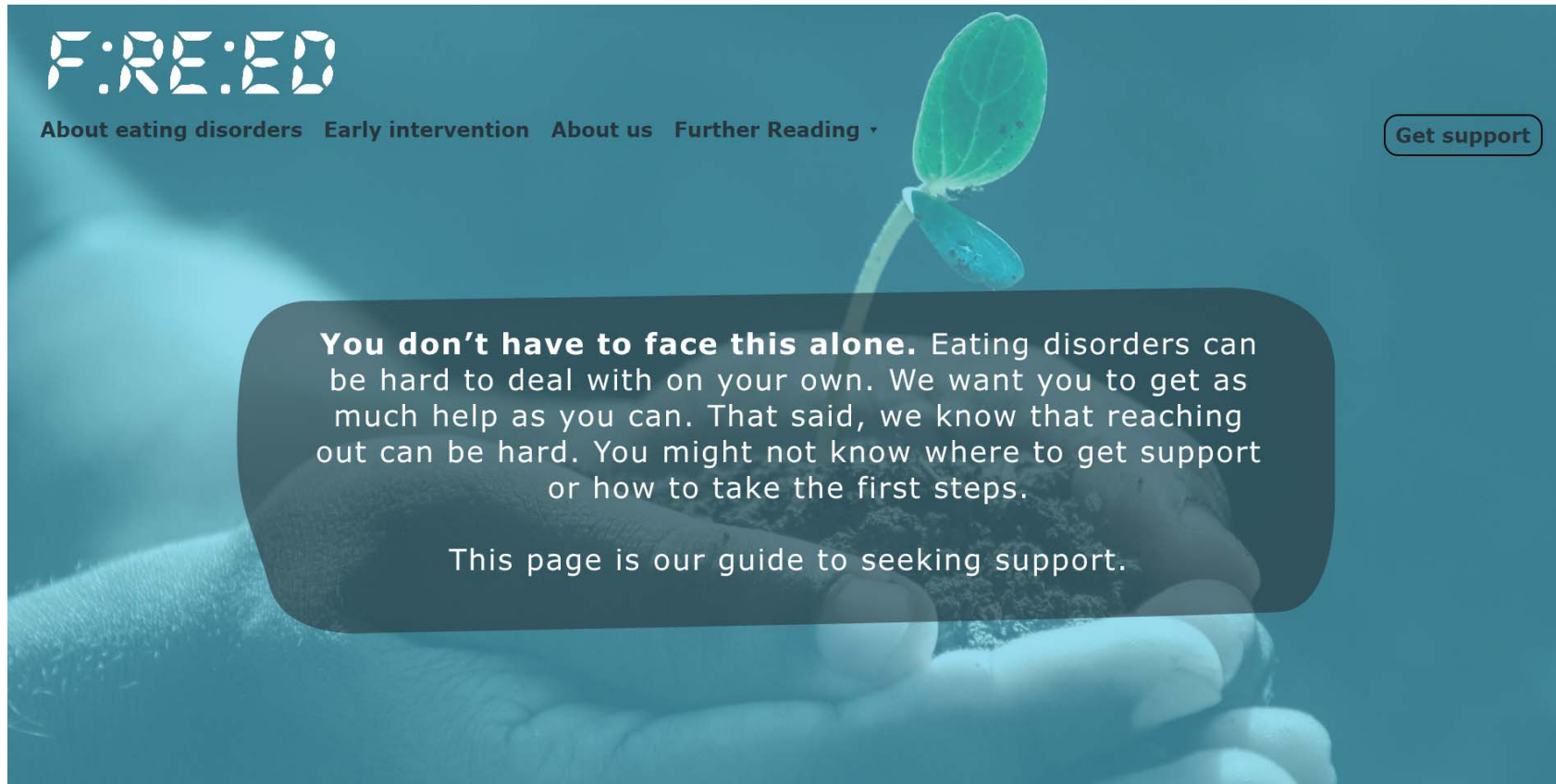


South London and Maudsley **NHS**
NHS Foundation Trust

Talk Map

- **Rationale for Early Intervention**
 - Defining the territory – from developmental to illness stages
 - NHS context
- **The FREED Project - The 'what' & 'how'**
- **FREED Outcomes**
- **Future outlook**
- **Discussion**

Website & twitter

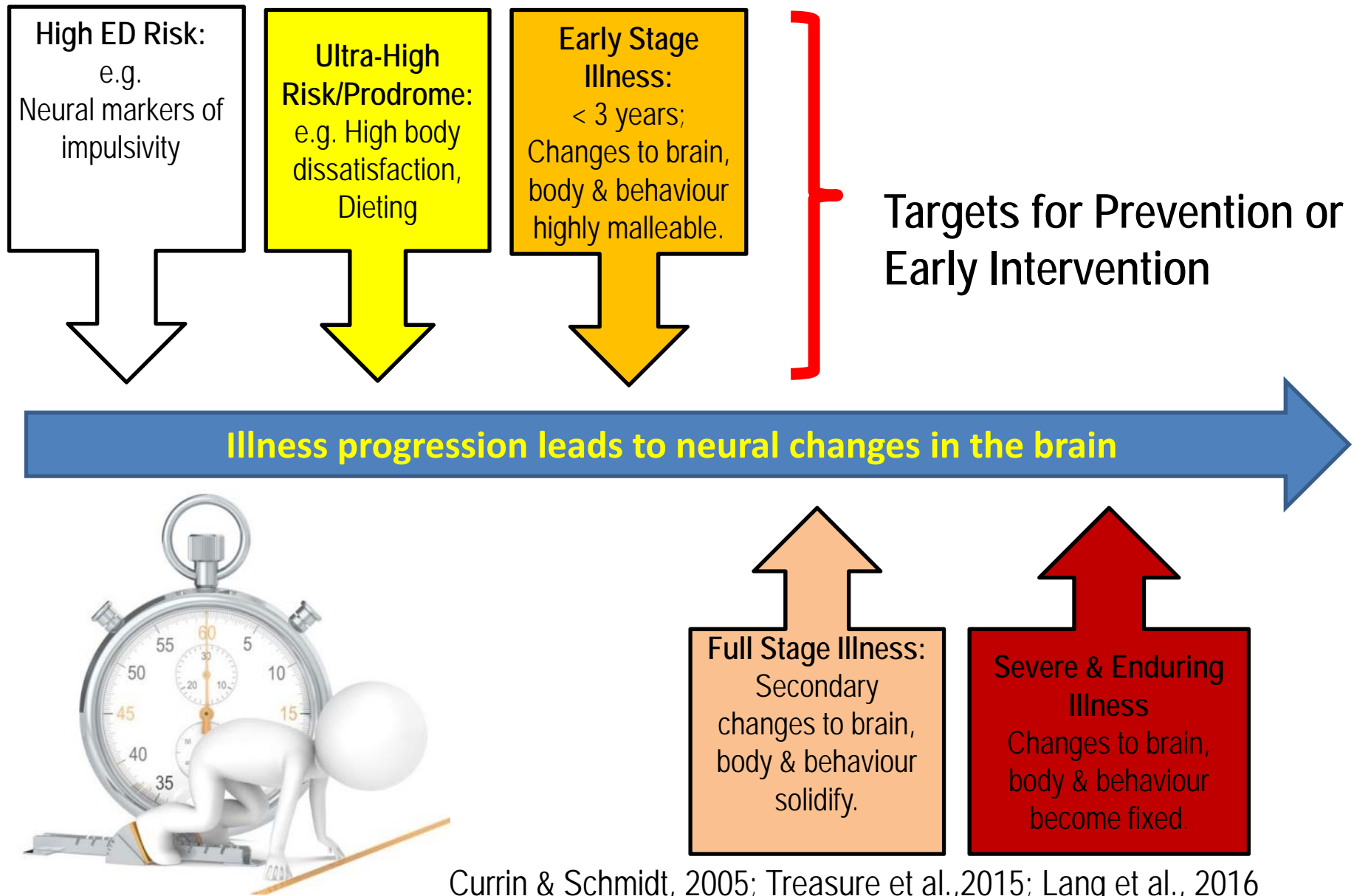


www.FREEDfromED.co.uk



@FREEDfromED

Illness Stages in ED



Curran & Schmidt, 2005; Treasure et al., 2015; Lang et al., 2016

Why Early Intervention for Eating Disorders?



Typical onset: 15 to 25 years i.e. a developmentally sensitive time.

- Brain development continues into people's 20s.
- Maturation of the prefrontal cortex (involved in self-regulation) later than that of other areas.
- Poor nutrition, hormonal changes & high levels of stress disrupt brain maturation

Eating Disorders (ED) – Impact on Brain & Behaviour

- ED are not self-limiting, i.e. do not improve spontaneously
- Prognosis gets worse with increasing illness duration



ED behaviours become addiction-like, i.e. initially rewarding and ultimately habitual, i.e. very engrained

Untreated ED - Impact on Young People



Potential for:

- ED becoming chronic & treatment resistant
- Derailing emotional, social and educational development

Eating disorder patients' lives at risk due to long waits for NHS treatment

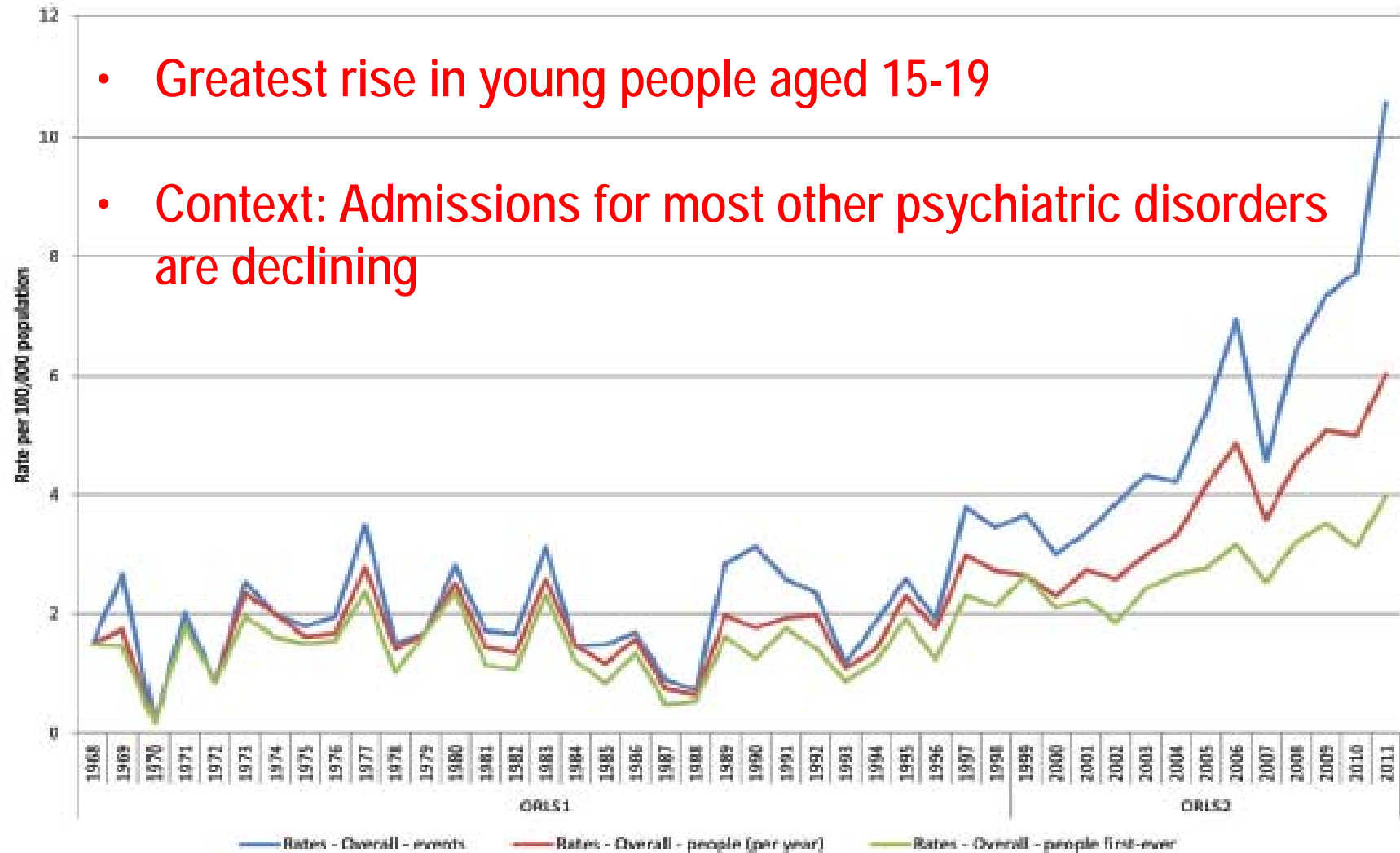
Overstretched specialists forced to prioritise anorexia patients while delays of up to three years mean those untreated become more seriously ill



Age-Standardised Hospital Admission Rates for ED

(Oxford Record Linkage Study; data for females aged 10-44)

- Greatest rise in young people aged 15-19
- Context: Admissions for most other psychiatric disorders are declining



The Toxic Nature of Waiting Lists (WL)

In depression a systematic review of CBT showed:

- Depressed people on a WL list fare worse than those who are offered no treatment

In bulimia nervosa:

- Young people offered immediate online CBT engage better & have better outcomes than those who have to wait for the same treatment

In anorexia nervosa:

- 80% of patients remain unchanged or worsen whilst waiting for treatment.
- Those who worsen are younger and less motivated



Furukawa et al. (2014); Keyes et al. (in preparation); [Sanchez-Ortiz et al., \(2011\)](#)

A Critical Window for Early Intervention

- Clinical & biological studies support the idea that the first three years of illness of a child is a critical window for effective intervention in children with autism spectrum disorders (ASD). The earlier the intervention, the better the outcome. The association of untreated ED (DUEP) with ASD is not clear.
- This is a critical window for intervention where it has been shown that early intervention services can significantly improve outcomes for children with ASD. The association of untreated ED (DUEP) with ASD is not clear.

'If a person had cancer you wouldn't wait till they reached stage 3 before you agreed to treat them'.

Emerging Adulthood (Arnett et al., 2014)

Age 18-25



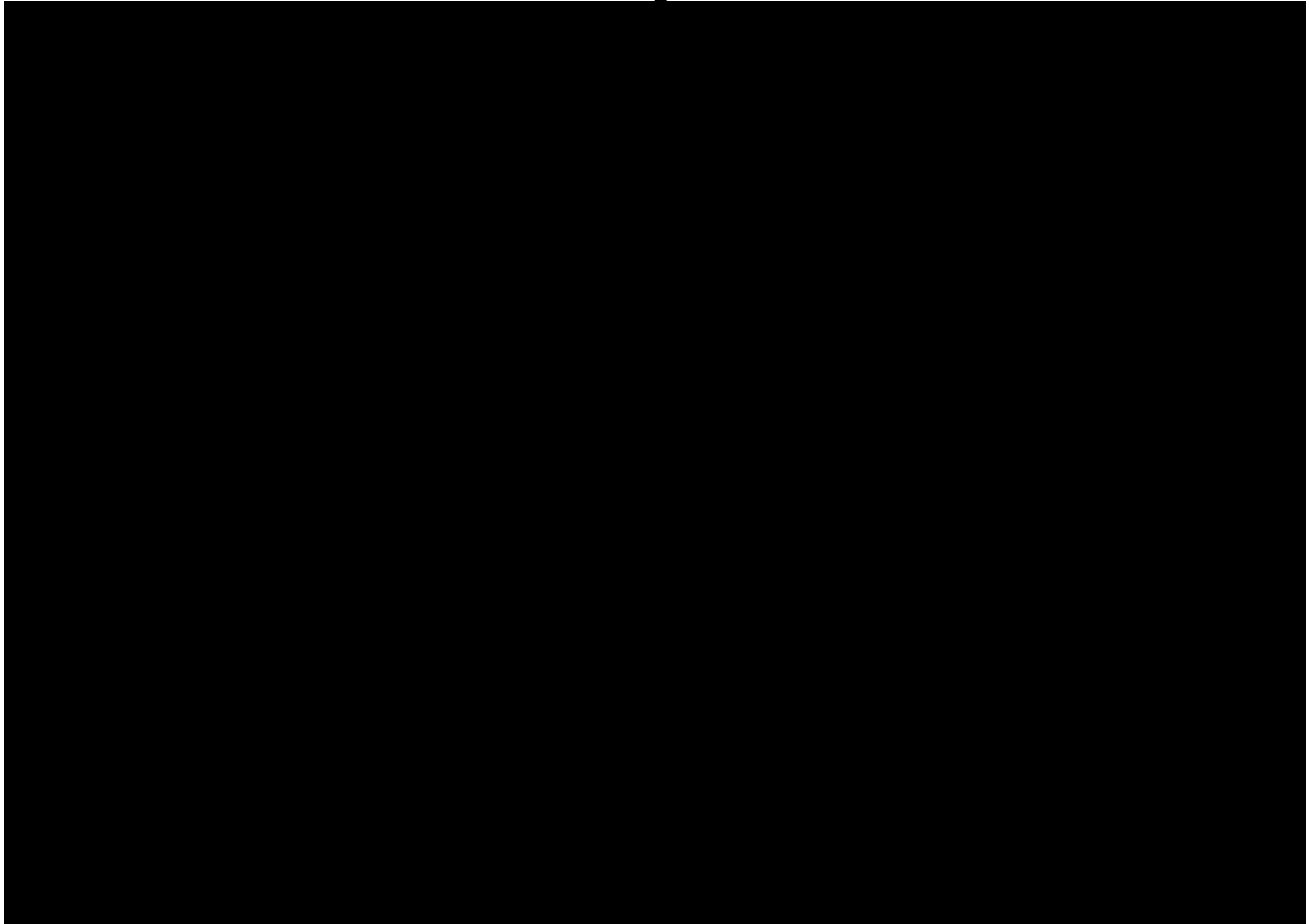
Just as in adolescence:

- Openness to Experience, Optimism & Risk Taking
- Feeling in between
- Self-Focus
- Identity Exploration

Different from adolescence:

- ++ Transitions, uncertainties and instability
- Greater independence and financial means

The Story of Alex



F.R.E.E.

FIRST EPISODE & RAPID EARLY
INTERVENTION FOR EATING DISORDERS

FREED

...is a service model

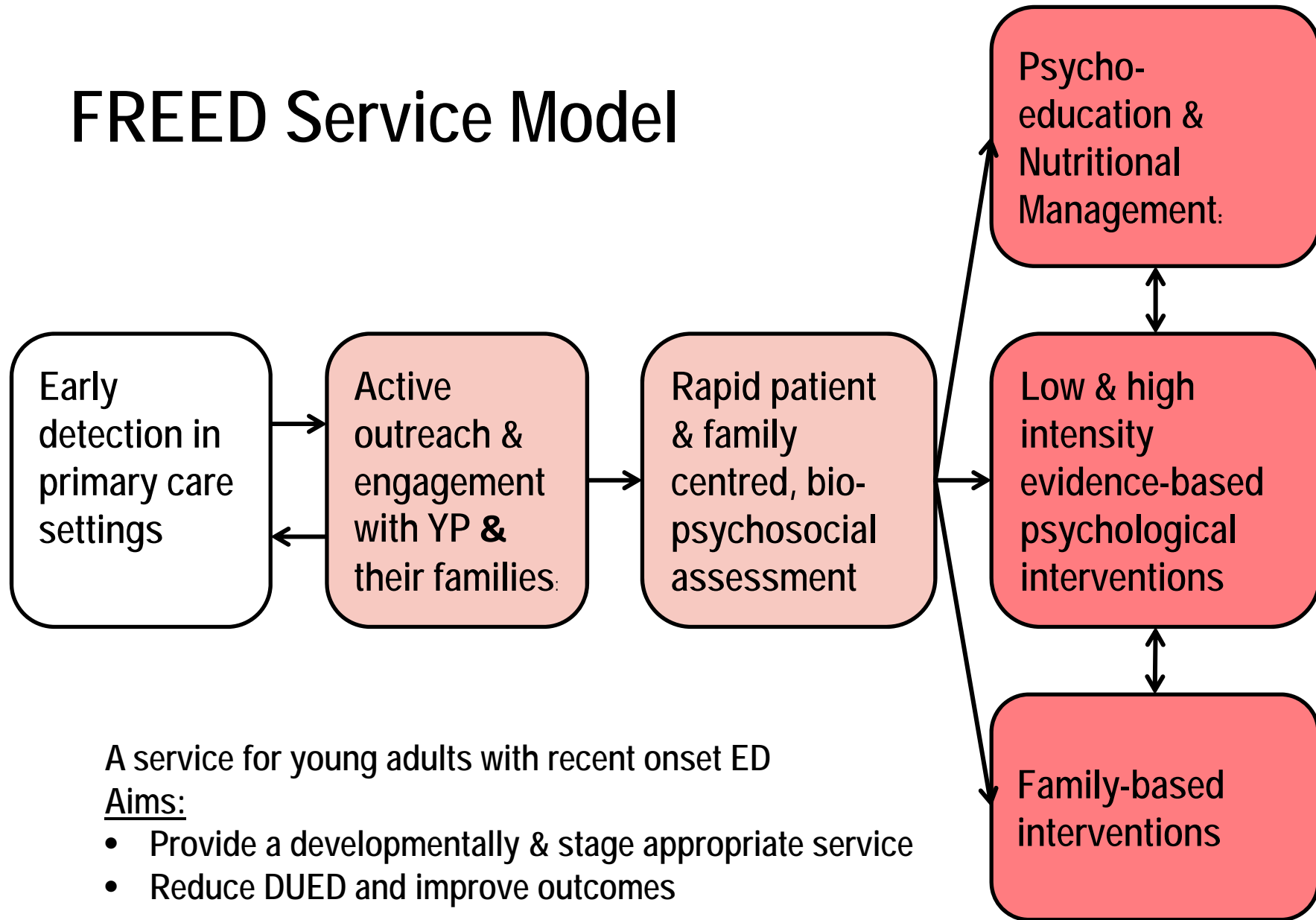
...aims to reduce duration of untreated eating disorder

...delivers evidence based treatments that are personalised and tailored for developmental age and stage of illness

...is more than the sum of its parts

*on their own the individual components of FREED are nothing radical, but FREED ensures all are **completed, monitored and evaluated***

FREED Service Model

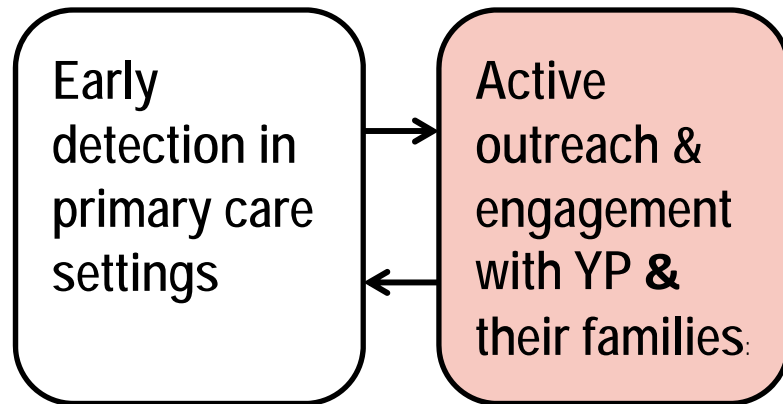


A service for young adults with recent onset ED

Aims:

- Provide a developmentally & stage appropriate service
- Reduce DUED and improve outcomes

FREED Service Model



Engagement & Screening Process

48hr Screening Call

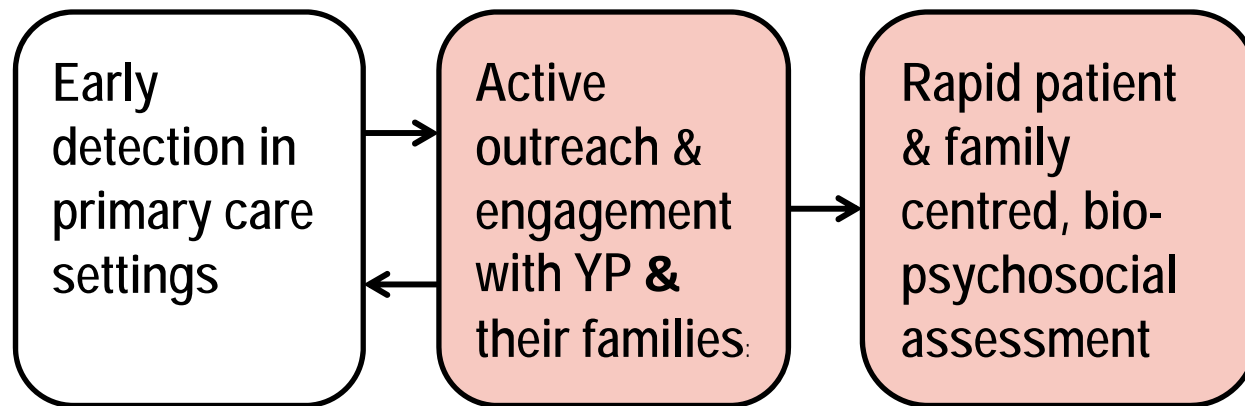
1. Engage patient (alleviate fears and instil hope)
2. Discuss family involvement
3. Book in for assessment there and then

Clinician Stance

- Optimistic, motivational, informal/friendly
- Flexibility



FREED Service Model



Key Assessment Adaptations

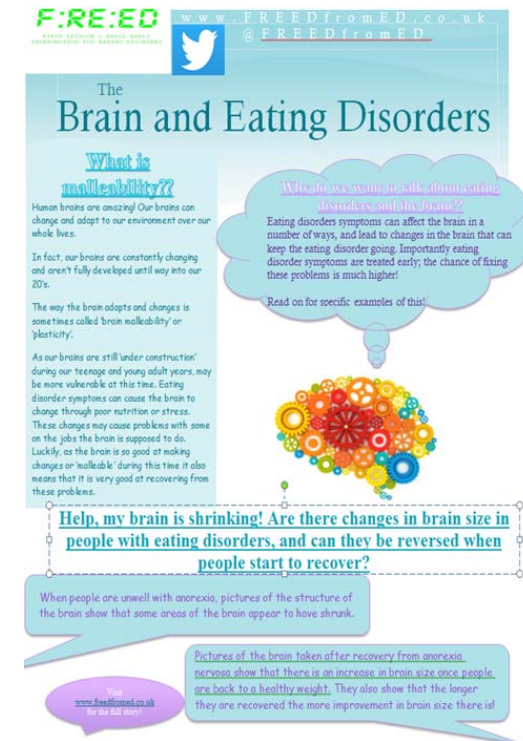
- 1) Increased family involvement
- 2) Focus on determining eating disorder onset
- 3) Exploration of social media use
- 4) Provision of psychoeducation
- 5) Formulation of an initial nutritional care-plan & goal setting

Psychoeducation



F:R:E:D
FIRST EPISODE & RAPID EARLY
INTERVENTION FOR EATING DISORDERS

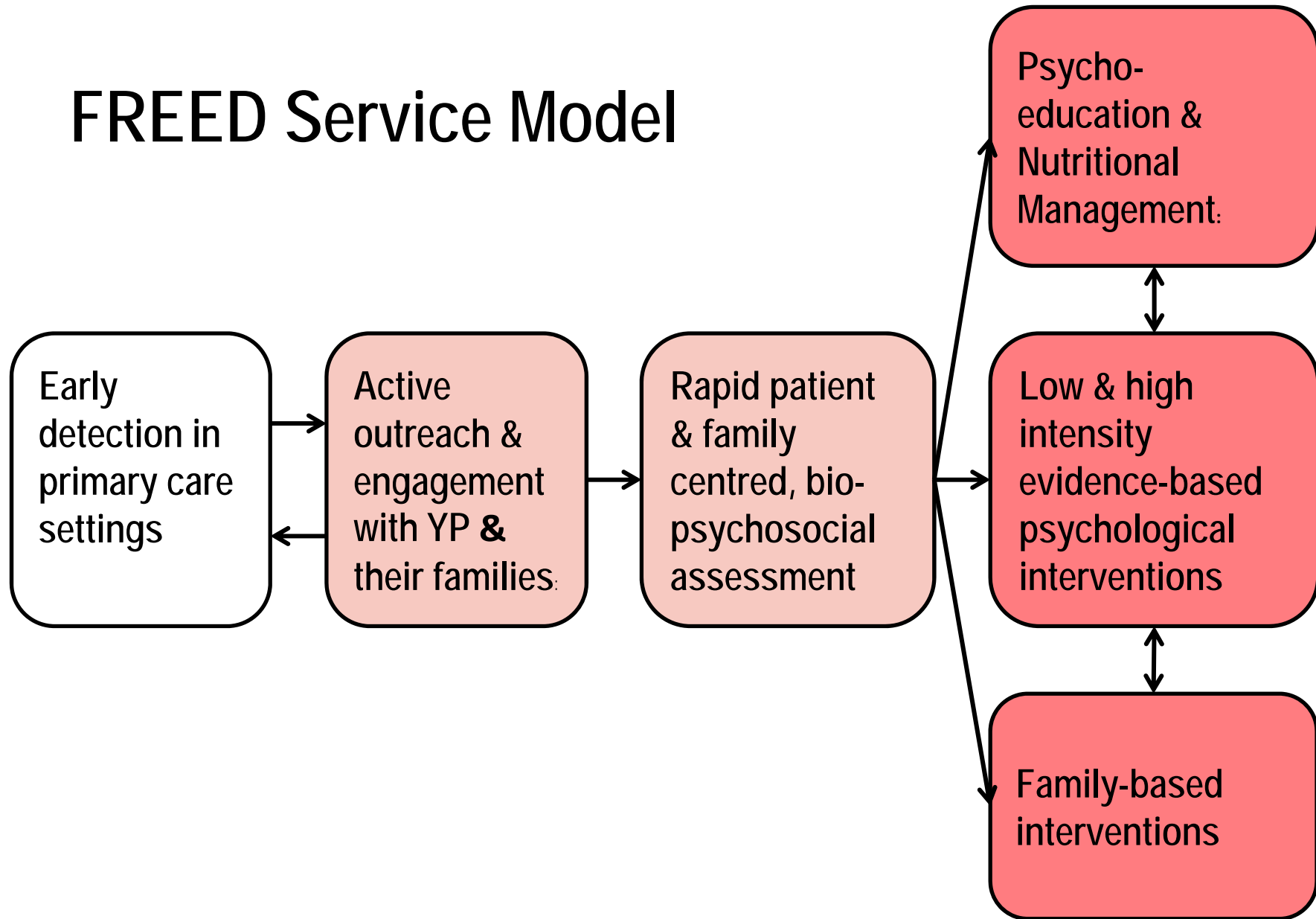
Eating with confidence for good health: A dietetics guide



Contents:

Outline.....	p.2
Building an eating routine.....	p.3-5
A healthy mix of foods.....	p.6-11
Constructing meals.....	p.12
Getting amounts right.....	p.13-16
Social eating.....	p.17-18
Nutrition for healthy blood.....	p.19-20
Nutrition for healthy bones.....	p.21-22
Nutrition for healthy gut.....	p.23

FREED Service Model



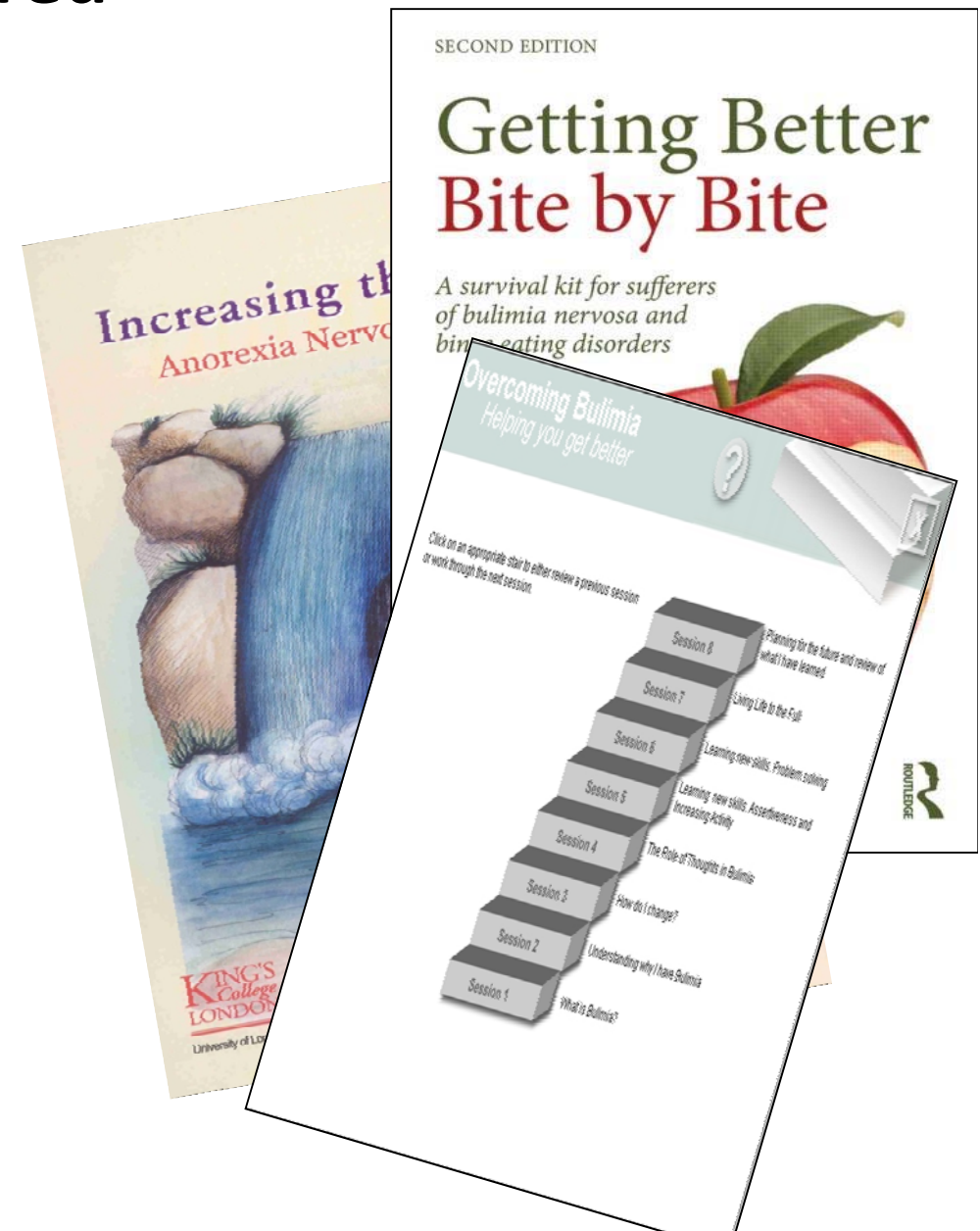
Schmidt et al. (2016) IJED

FREED treatment: Key principles

- i) easy access to treatment and proactive engagement
- ii) early dietary focus
- iii) evidenced-based stepped care
- iv) family involvement in patient care
- v) Transition management

Evidence-Based Developmentally Tailored Interventions

- Most of our interventions have a self-care component
- Developed jointly with people with ED
- Information/Education about the illness is included



Family Education, Skills Training & Support


Starts with the assessment

- Carers sessions as part of individual therapy
- WE CAN online carers intervention with guidance
- Carers skills workshops
- Family-therapy



Transition Management

- Close liaison with C&A EDU
- Moving towards adulthood & all that entails (e.g. independence, finances, relationships, sexuality, separating parents)
- **Preparation for university**
- Transition from/between services
e.g., extended follow-ups, monitoring plan, timely referral to new services



Preparing for University Groups

Are you starting/returning to university this year? If so, we are running groups designed to help you manage and enjoy your time at university. Topics covered will include budgeting, planning meals, managing social situations, physical activity, social media awareness etc.

What's involved? Three group sessions will cover the various topics (each group will cover different topics). They will be run end in August and September 2017

Group A: **Practical things to consider** (date TBC)
Group B: **Dietetics and exercise** (date TBC)
Group C: **Social Networks** (date TBC)

All three groups will be held from **4-5.30pm** at the Eating Disorder Outpatient Unit of the Maudsley Hospital.

Who can attend? Anyone who is due to start/return to university this year.

If you are interested in attending please discuss with your therapist

A case example

- Issy was a 18 year old, with a 1 year history of AN
- Initially 'dismissed' by GP
- Motivated but highly rigid and rapidly losing weight (BMI 15.5)
- Initial focus on 'hospital at home' family intervention to avoid further weight loss
- 40 sessions of MANTRA. Key themes: emotional identification, self-compassion, flexibility in thinking and identity
- Transition to university

Her achievements

- BMI 20
- Emotional skills (identifying and expressing)
- (some) flexibility
- Reducing 'control' over environment
- Sense of her identity and accepting of that
- Went AND enjoyed a music festival
- Settled at university

Issy and her mum talking about FREED

Practicalities of Setting Up & Keeping Going with FREED

- Service within a Service
- FREED Champion in the Team and FREED clinical team
- Regular mention of FREED patients at weekly team meetings and training days
- Team Huddles
- Regular project development meetings
- FREED tool kit

FREED-Pilot Project (1 year)

Participants & Method

Setting:

- Adult ED service in South London

Participants:

- YP aged 18 to 25 with any ED and illness duration < 3 years
- Carers

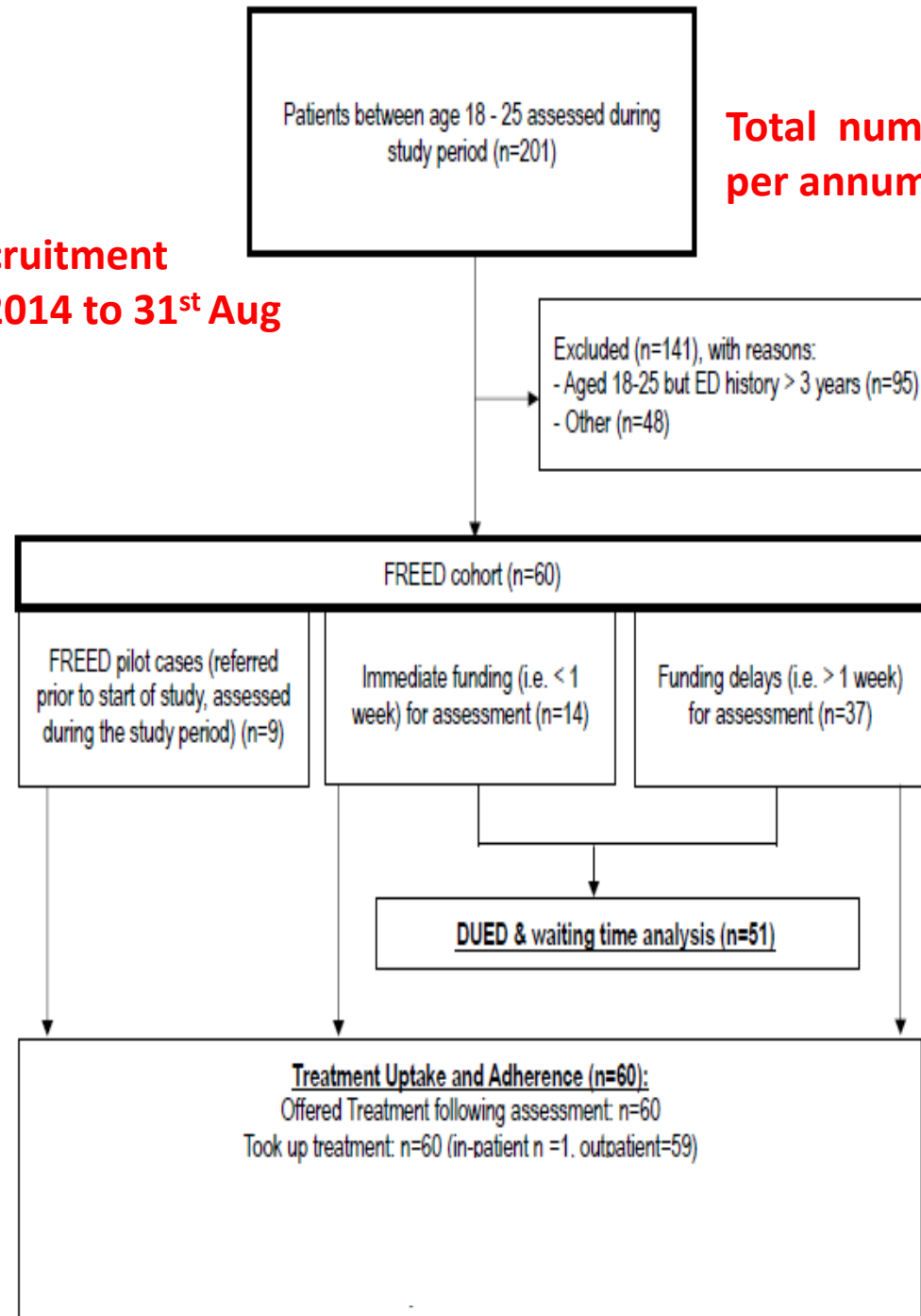
Design:

- Prospective cohort compared with audit cohort of matched controls

Assessments:

- DUED - assessed by interview (main outcome)
- Waiting time (assessment, treatment)
- Treatment engagement
- ED symptoms & general functioning at 3-, 6- and 12- months

**Participant recruitment
from 1st Sept 2014 to 31st Aug
2015**

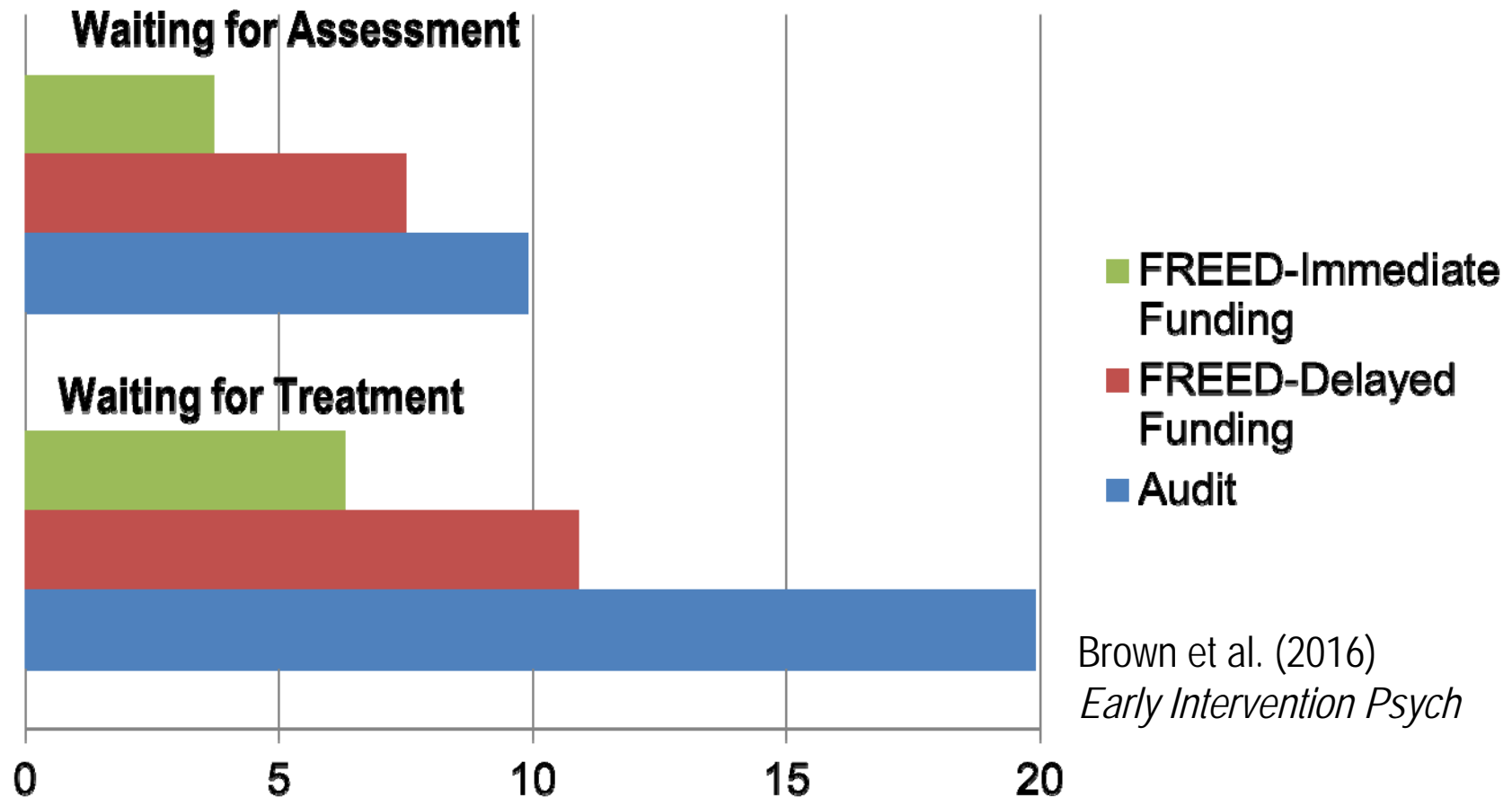


**Total number of referrals
per annum ~ 550**

Baseline Characteristics: FREED & SLaM Audit Data (matched for age & illness duration)

	FREED (n=60)	SLaM-Audit Data (n=89)
Age	20.4	20.5
Gender	96.6%	97.7%
Anorexia Nervosa	40%	38%
Bulimia or Binge Eating Disorder	34%	32%
Other Eating Disorders	26%	30%

Waiting Times (Weeks)



Duration of Untreated ED:

- FREED-Immediate 13 months vs Audit 19 months
- Previous Studies: 22-25 months (Schoemaker, 1997; Neubauer, 2014)

Treatment Uptake & Outcome

Treatment uptake:

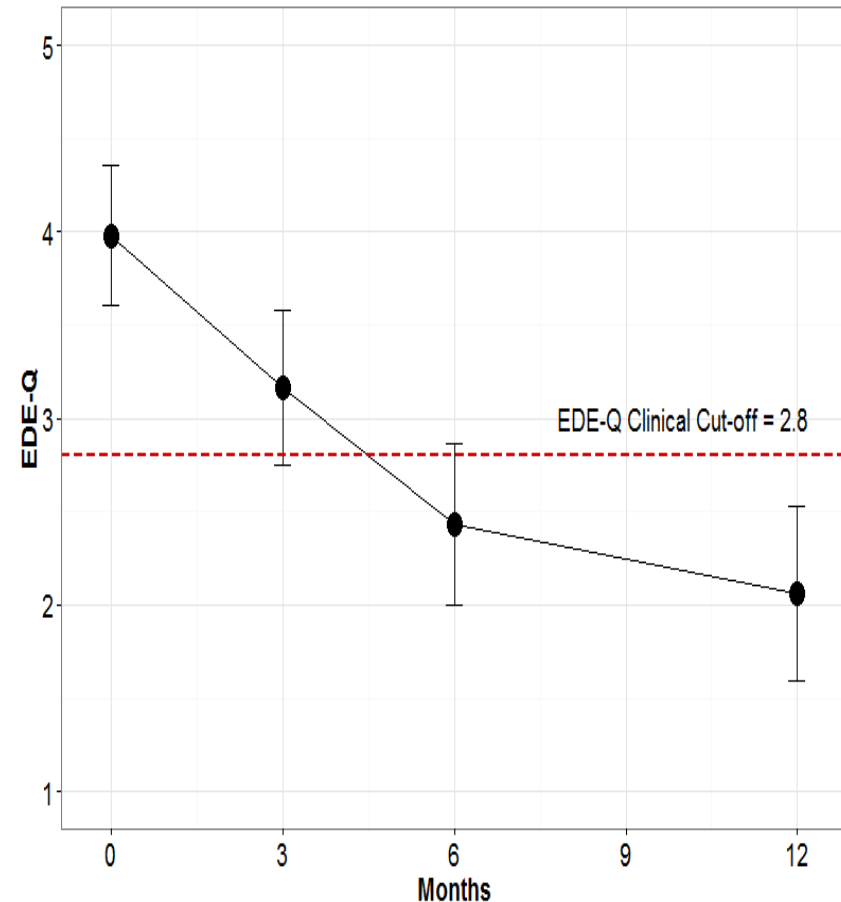
- FREED: 100% vs. Audit: 73%

Need for in-patient or day-care treatment:

- FREED: 8.9% vs. Audit: 14.1%

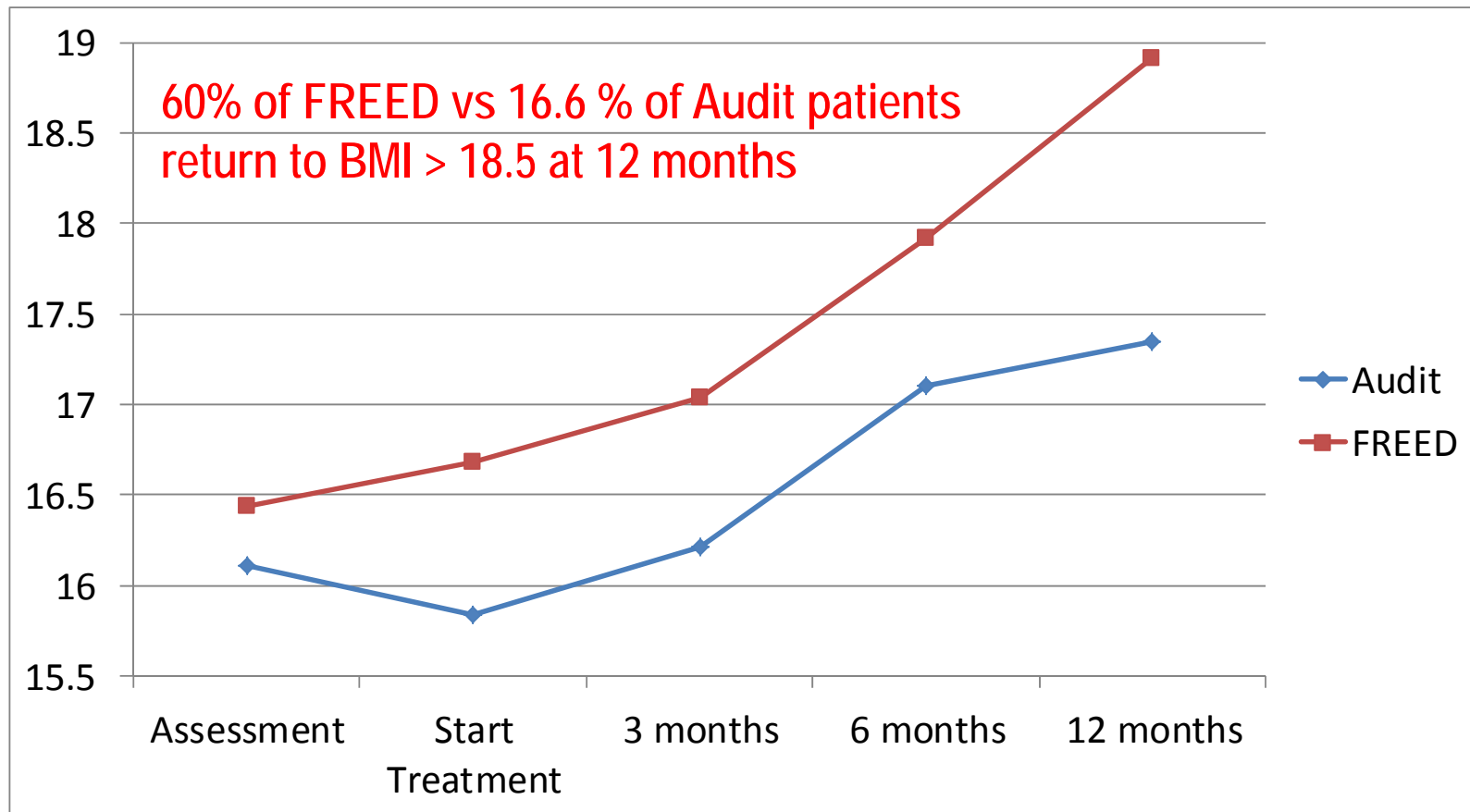
Outcome at 12 months:

- 70% of FREED patients no longer had a clinical ED



FREED vs Audit Cohort: Anorexia Nervosa BMI Outcomes

BMI



McClelland et al., submitted

Patient & Carer Satisfaction

The FREED project was brilliant for Issy. There was a rapid response at a time when she was falling deeper into her illness. The programme was personalised.... It focused on what she needed at that time..... It helped us as family to help her in the best way we could. And gave her the belief and trust in herself to go out, face the world and live her life.”

The FREED programme came along at just the right time. With bespoke support, I was able to really leave the eating disorder behind. FREED empowered me to do things I never thought I'd be able to do. Instead of dropping out, I stayed at university and embraced its opportunities.



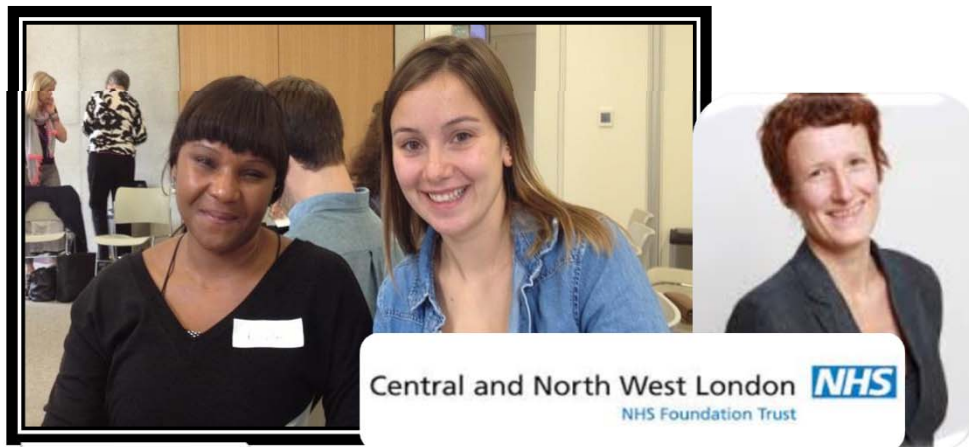
Cost & Value



V.



- Implementing FREED saves money, as it reduces need for admission & is more cost-effective than conventional ED treatment.



Scaling Up FREED

Obtained funds from Health Foundation to:

- Implement FREED in 4 large ED Units; population ~ 7 million.
- Extend FREED to younger patients (age 16+)

Co-produced FREED website & animation (£ 30 k; Health Foundation)

FREED-UP reflections – where are we now?

- Service change is a journey
- Continuum of adapting FREED for myriad of different settings/ resources/ demands, whilst holding onto core principles
- Embedding FREED and maintaining change

Our Ambition

- Role out FREED as national model.
- Make early intervention a reality for all young people with ED.
- Cut duration of untreated ED.
- Use FREED as a springboard for research into 1st episode cases.





thebmj awards
WINNER 2017



BMJ Awards 2017 – Winner Mental Health Team of the Year

Questions?

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