Development of the MEED guidelines: methodology and highlights

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In the beginning.....

- Junior MARSIPAN was due for review
- We designed a survey to inform the revision
- The survey was extended to include adult services
- Results presented at ED Faculty committee meeting in June 2019
- Decision made to create a single guidance across all ages

MEED Timeline

2010 MARSIPAN document published after a presentation in a BAPEN meeting of a young woman who died on a medical ward with AN

2012 Junior MARSIPAN published

2014 First revision of MARSIPAN published

2017 PHSO published “Ignoring the alarms after the death of Averil Hart and two other women

2018 National survey showed most clinicians using MARSIPAN but response rate in adult physicians only 23%

2018 Coroner in East of England conducts inquests on 5 deaths in the area Criticises services for eating disorders

2019 MARSIPAN second revision group set up

2020-21 NCCMH commissioned to aid process

Development team

- Expert Advisors/Contributors
  - Dasha Nicholls, ERG Chair, Reader in Child Psychiatry (ICL), Honorary Consultant Child and Adolescent Psychiatrist
  - Paul Robinson, Associate Professor (UCL), Nutrition Science Group, Division of Medicine
  - Agnes Ayton, Chair of the Faculty of Eating Disorders
- NCCMH
  - Steve Pilling, Academic Director
  - Clare Taylor, Head of Quality and Research Development
  - Kim Donoghue, Senior Research Fellow
  - Helen Greenwood, Research Assistant
  - Joanna Popis, Project Manager
  - Nuala Ernest, Editor

The National Collaborating Centre for Mental Health (NCCMH)

- The NCCMH is a collaboration between the Royal College of Psychiatrists and University College London.

NCCMH work with a variety of stakeholders and experts to produce evidence-based guidance and reviews to support the delivery of high-quality mental health care, including:

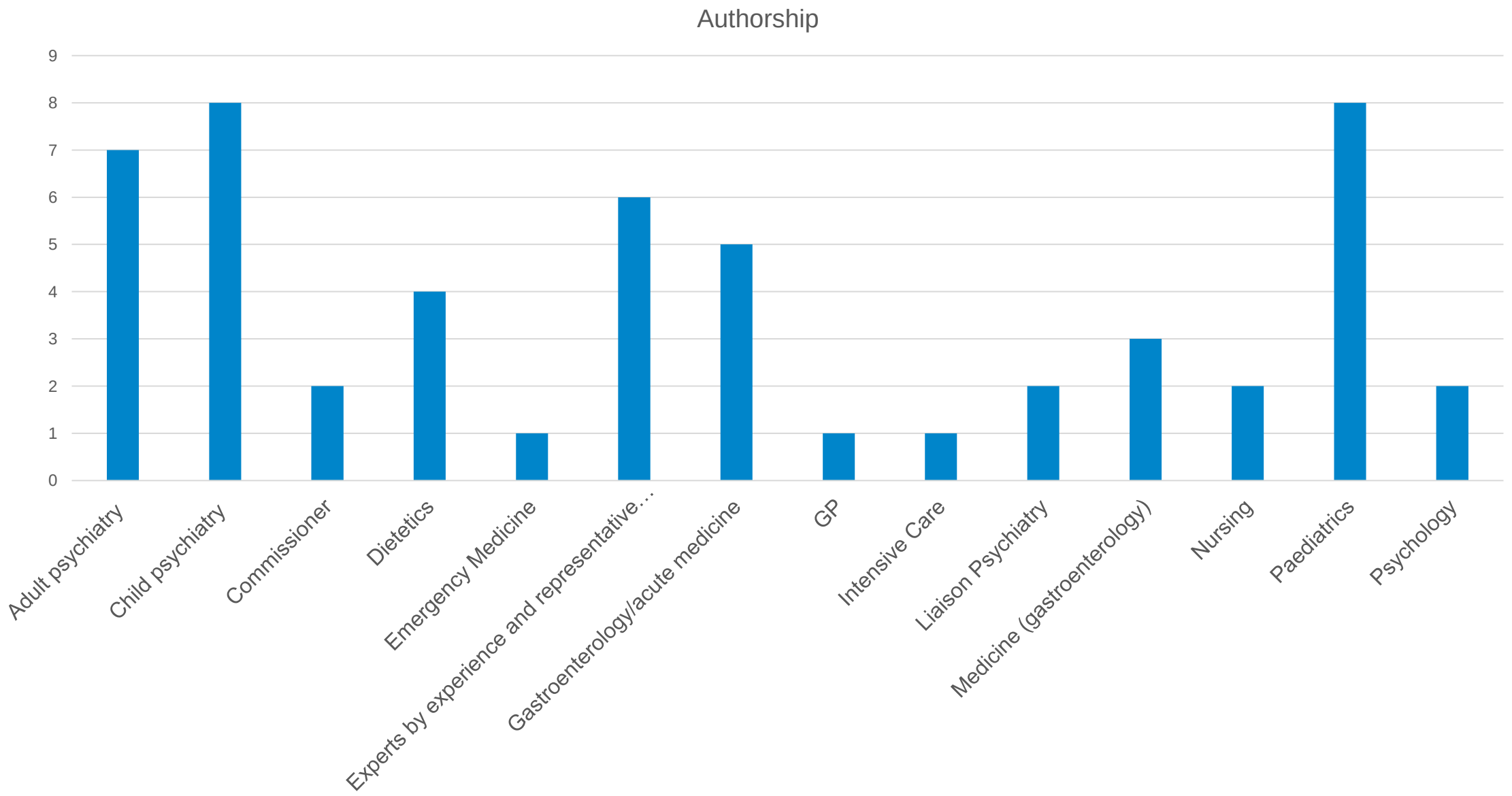
  - Competence frameworks
  - Evaluations of services
  - Mental health care pathways
  - NICE guidelines
  - Systematic reviews on a range of mental health topics.

- NCCMH also run national quality improvement programmes around mental health patient safety.

  Website: **https://www.rcpsych.ac.uk/improving-care/nccmh**

The writing process

- Nine chapters, each with lead authors
- Full authorship of over 40, including people with lived experience of eating disorders and their carers
- Draft reviewed by PR and later by DN
- ERG comprised of chapter leads, representatives of each profession, experts by experience and carers


Authorship
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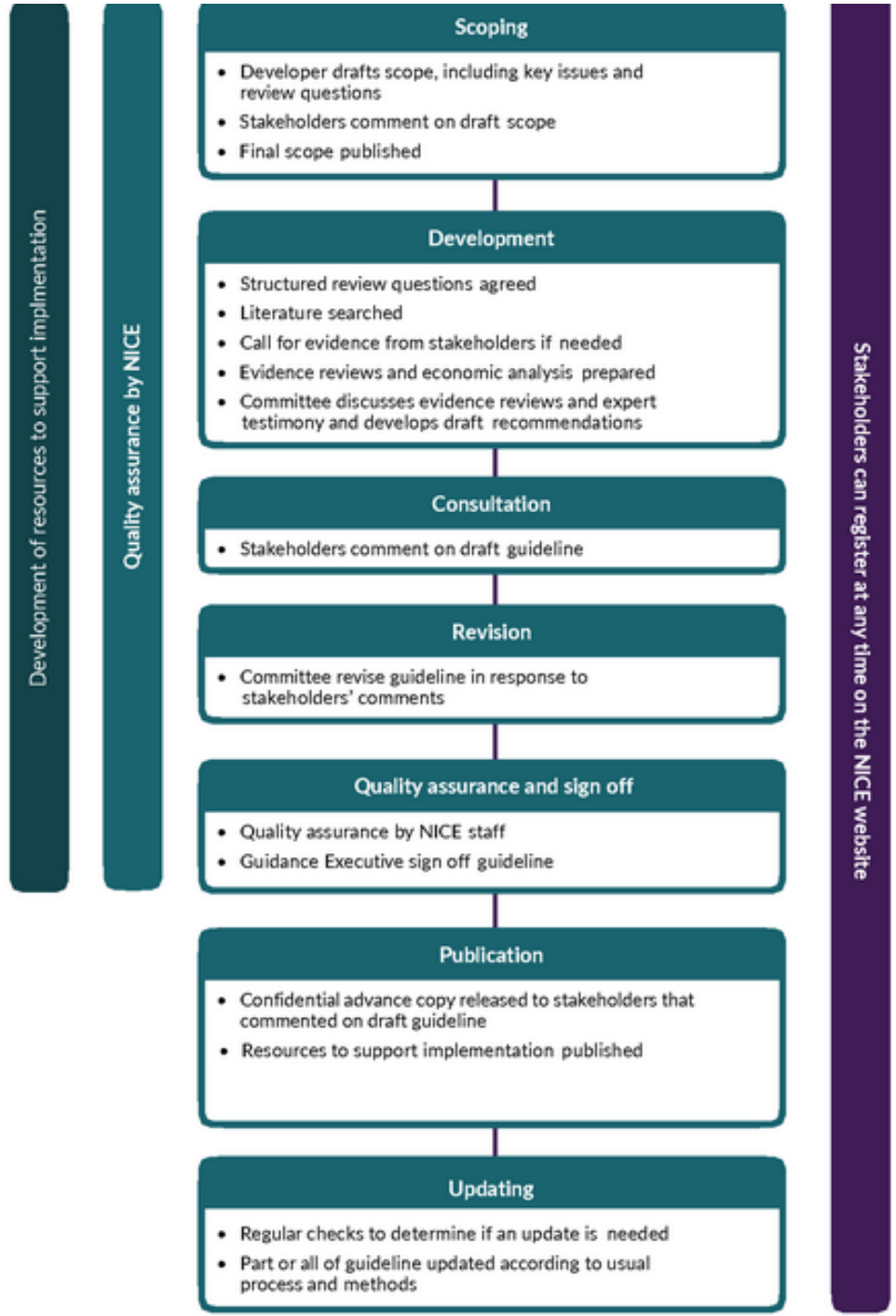
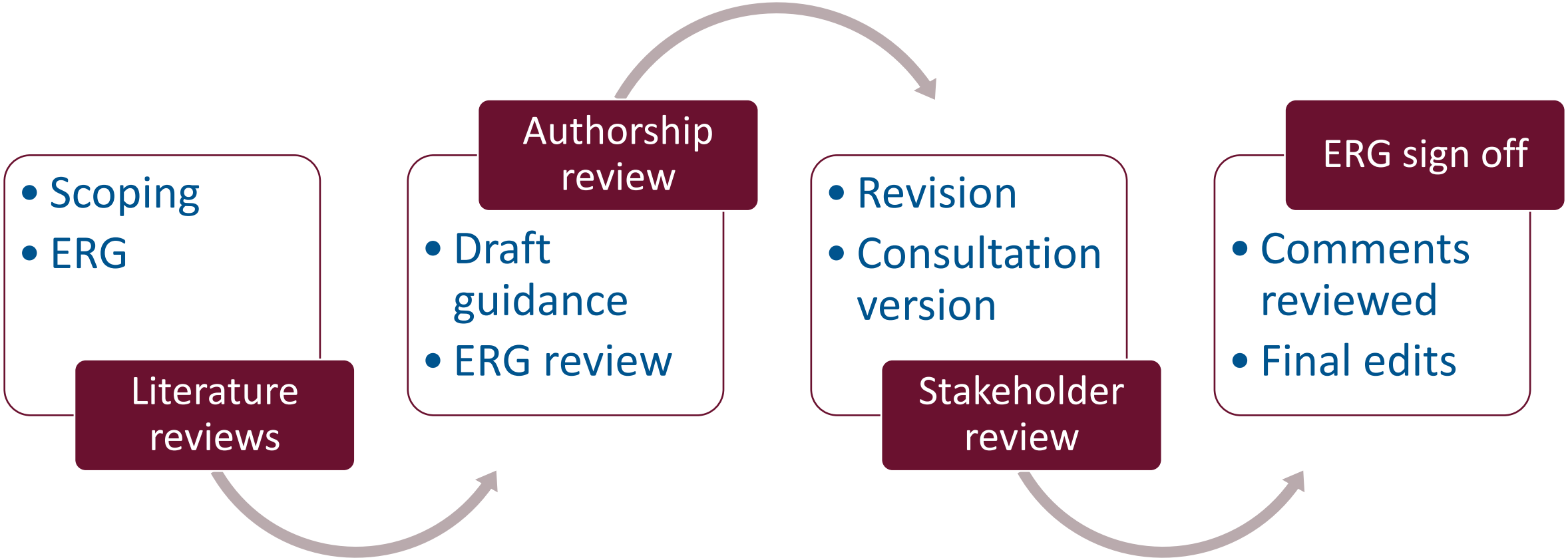
Adult psychiatry
Child psychiatry
Commissioner
Dietetics
Emergency Medicine
Experts by experience and representative…
Gastroenterology/acute medicine
GP
Intensive Care
Liaison Psychiatry
Medicine (gastroenterology)
Nursing
Paediatrics
Psychology


Development of resources to support implmentation
Quality assurance by NICE
Scoping
Developer drafts scope, including key issues and review questions
Stakeholders comment on draft scope
Final scope published
Development
Structured review questions agreed
Literature searched
Call for evidence from stakeholders if needed
Evidence reviews and economic analysis prepared
Committee discusses evidence reviews and expert testimony and develops draft recommendations
Consultation
Stakeholders comment on draft guideline
Revision
Committee revise guideline in response to stakeholders' comments
Quality assurance and sign off
Quality assurance by NICE staff
Guidance Executive sign off guideline
Publication
Confidential advance copy released to stakeholders that commented on draft guideline
Resources to support implementation published
Updating
Regular checks to determine if an update is needed
Part or all of guideline updated according to usual process and methods
Stakeholders can register at any time on the NICE website

November 2020

Dec 2021



What is different about MEED?

- Established methodology for guideline development
- Rigorous review of the literature
- All eating disorders – name change
- All ages, especially adoption of risk assessment framework
- Comprehensive, independent stakeholder review
- Consensus building during ERG meetings
- Endorsement by the Academy of Medical Royal Colleges
- Engagement with experts by experience

Reviewing the evidence

Assessment of medical risk

Q: What are the commonalities and differences in the assessment and determination of risk of serious complications in current evidence-based guidelines for eating disorders?

- Hilbert et al., 2019 comparison of international guidelines
- We did a systematic review of published international guidelines
- 11 guidelines identified (2 UK, 2 Danish, 1 French, 1 USA, 1 Germany, 1 Australia and New Zealand, 1 Spain, 1 Canada, 1 international).
- 7 recommended criteria to assess medical risk in those with an eating disorder
- All had adult and CYP but not all differentiated between them
- Significant variation between guidelines in the recommended criteria
- Differences in the recommended categories (e.g. biochemical abnormalities) and the criteria within the categories (e.g. sodium concentration)

	UK Adult (NICE/ MARSIPAN)	Australia and New Zealand Adult	France	Spain	USA	Canada	Germany
Cardiovascular health	• Bradycardia • Low BP	**Med admission:** • Postural tachycardia >20/min • systolic blood pressure <80mmHg **Psych. admission:** Systolic blood pressure <90mmHg	Hypotension <90/60mmHg	**Emergency hosp.:** • Bradycardia of <40bpm. • Syncopes or hypotension with SBP <70mmHg	blood pressure <90/60mmHg	**Part 4;** • BP <90/60mmHg • orthostatic hypotension (with an increase in pulse of >20) • orthostatic hypotension a drop in BP of >10–20mmHg/ minute from lying to standing). **Part 8:** • Arrhythmia associated with malnutrition and electrolyte disturbances symptomatic postural tachycardia, increase in pulse of >20bpm	• a decline in BP of >20mmHg in the orthostatic test • increase in heart rate >20mmHg in the orthostatic test • BP <90/60mmHg

Management of Refeeding Syndrome in Patients with Anorexia Nervosa

- Q: what is the latest evidence practices and advancements in the assessment of RFS such as identifying its risk assessment, risk factors, and clinical symptoms in patients with AN?
- Systematic review
- Identified 21 studies (6 prospective or retrospective cohort studies, 9 systematic review, 1 RCT, 5 case reports)
- Results
  - Lack of universal consensus for the definition of RFS – complicates screening and recognition
  - NICE guidelines on risk of developing RFS most used but low sensitivity and specificity (adults)
  - Gap in the literature addressing risk factors for RFS in paediatric population
    - the rate of weight gain, current weight-for-length (for 1-24 months patients), or BMI-for-age z-score (for 2-20 years old patients) should be taken into account when

Clinical symptoms associated with development of RFS

- Using clinical symptoms in addition to electrolyte disturbances as diagnostic criteria of the RFS
- Risk assessment for RFS: Major factors include the physiologic response such as possible electrolyte alterations or cardiac rhythm and the assessed tolerance to feeding initiation
  - NICE guidelines remain the recommended standard
- Only 1 RCT: Supports refeeding at a higher rate
- One RCT since the completion of this systematic review.
  - higher calorie feeding intervention to restore medical stability quicker (by 3 days)
  - more cost effective
  - no increase in safety events (compared to a lower calorie refeeding intervention).

Treatment for eating disorders under the Mental Health Act

Q: What are patients experiences and perceptions of compulsory treatment for eating disorders?

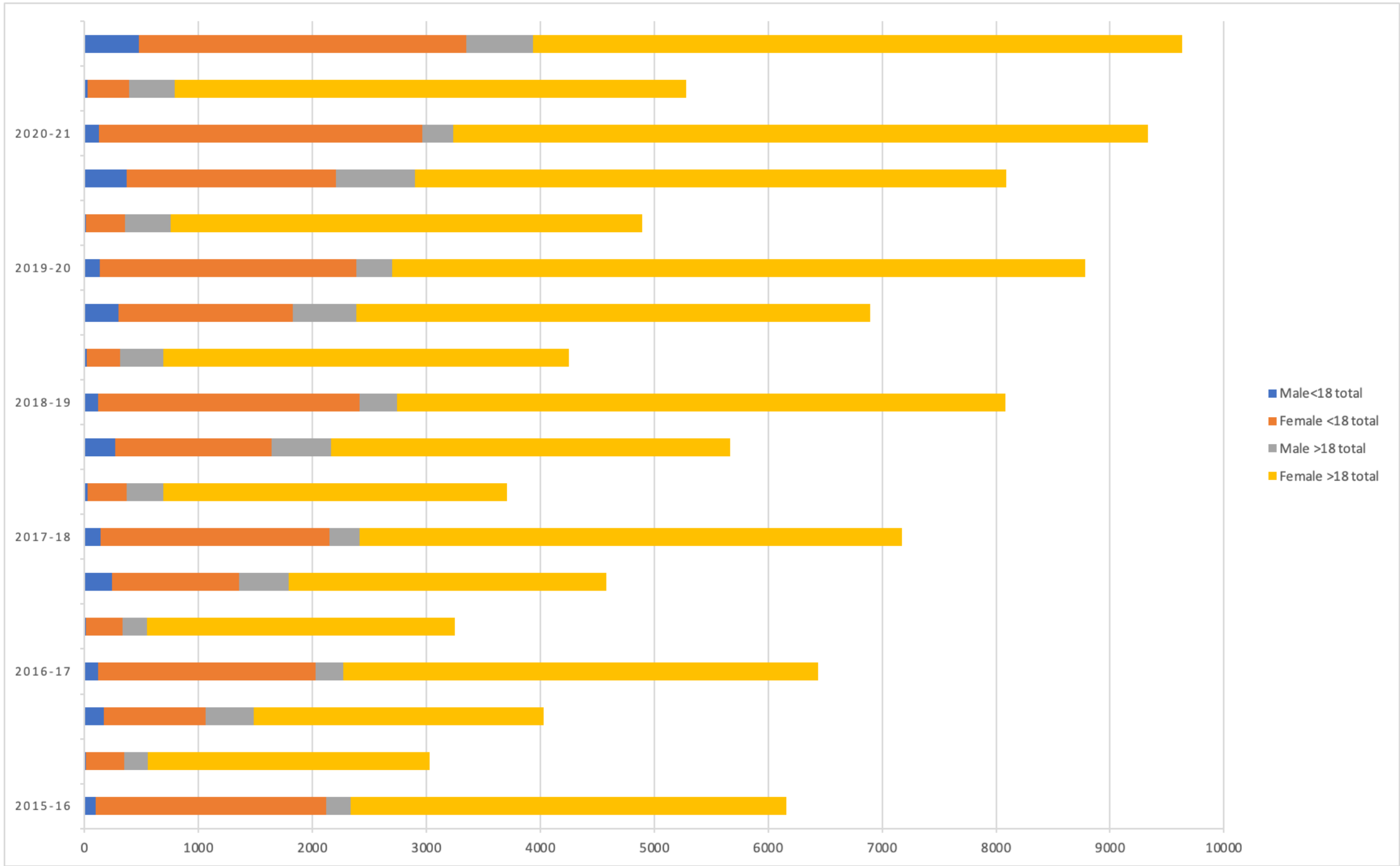
- Scoping search
- A recent systematic review not specific to eating disorders
- Identified 3 qualitative studies with people with an eating disorder
- Results: Patients often have mixed feelings about compulsory treatment, relief that they are no longer in control of their eating but competes with the lack of self
- Compulsory treatment considered appropriate in life threatening circumstances (although not all participants agreed with this)
- Patients relationship with health care professionals and parents was considered to be very important

Treatment for eating disorders under the Mental Health Act

- Q: Are there differences in clinical outcomes for those who experience compulsory for eating disorders and those who do not?
- Systematic review by Atti et al., 2020
- Included 9 studies comparing those receiving compulsory treatment and those receiving voluntary treatment
- Naturalistic design, data collected retrospectively, follow-up 9months – 5 yrs
- Quality of studies was good
- Results:
  - Compulsory treatment usually for those with a worse baseline condition.
  - BMI similar for both groups.
  - Average length of hospitalisation is 3 weeks longer in compulsory treated patients
  - No significant difference in mortality (only measured in 3 studies)

Personal highlights

- Changes in the language
- 352 stakeholder comments
- Support from Mr Hart to include reference to his daughter
- Endorsement from RCPCH to support dissemination
- Working with Paul, Agnes, the ERG, NCCMH and RCPsych
- Knowing that no one with an eating disorder need fear that the NHS cannot offer life saving care


2020-21
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2018-19
2017-18
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2015-16
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5000
6000
7000
8000
9000
10000
Male<18 total
Female <18 total
Male >18 total
Female >18 total

Thank you to everyone involved and to the NCCMH team for their expertise and support

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