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

Dr Amy Brown, Dr Vicki Mountford & colleagues
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**

You don’t have to face this alone. Eating disorders can be hard to deal with on your own. We want you to get as much help as you can. That said, we know that reaching out can be hard. You might not know where to get support or how to take the first steps.

This page is our guide to seeking support.

www.FREEDfromED.co.uk

@FREEDfromED
Illness progression leads to neural changes in the brain.

High ED Risk: e.g. Neural markers of impulsivity

Ultra-High Risk/Prodrome: e.g. High body dissatisfaction, Dieting

Early Stage Illness: < 3 years; Changes to brain, body & behaviour highly malleable.

Full Stage Illness: Secondary changes to brain, body & behaviour solidify.

Severe & Enduring Illness: Changes to brain, body & behaviour become fixed.

Targets for Prevention or Early Intervention

Currin & 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

Berg et al., 2002; Crisp et al., 1991; Russell et al., 1987; Lang et al., 2014; O’Hara et al., 2015
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

Holland et al. (2016) *Journal of the RSM*
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 offer a time-window for effective intervention in the reduction of untreated ED (DUED).

- This is similar to the field of psychosis, where it has stimulated the development of early intervention services and associated research.

- ‘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:RE:ED

FIRST EPISODE & RAPID EARLY INTERVENTION FOR EATING DISORDERS
...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

Schmidt et al. (2016) IJED
FREED Service Model

Early detection in primary care settings

Active outreach & engagement with YP & their families.
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

1. Early detection in primary care settings
2. Active outreach & engagement with YP & their families
3. Rapid patient & family centred, biopsychosocial assessment
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

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**Social Media and Apps - Friends or Foes?**

A guide to help address your concerns about body image, eating disorders and mental health.

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**Eating with confidence for good health: A dietetics guide**

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**The Brain and Eating Disorders**

**What is remission??**

Many brains are changing and that change is very much related to changes in our environment and our lifestyles.

In this case, we have seen that the brain is able to change and adapt to our environment and our lifestyles.

The brain is able to change and adapt to our environment and our lifestyles.

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**Help, my brain is shrinking!**

Are there changes in brain size in people with eating disorders, and can they be reversed when people start to recover?

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**Pictures of the brain taken after recovery from anorexia nervosa show that there is an increase in brain size once people are back to a healthy weight. They also show that the bigger the brain, the more improvement in brain size there is.**
FREED Service Model

- Early detection in primary care settings
- Active outreach & engagement with YP & their families
- Rapid patient & family centred, bio-psychosocial assessment
- Psycho-education & Nutritional Management:
  - Low & high intensity evidence-based psychological interventions
  - Family-based interventions

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 from parents)
• Preparation for university
• Transition from/between services e.g., extended follow-ups, monitoring plan, timely referral to new services
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

Patients between age 18 - 25 assessed during study period (n=201)

Excluded (n=141), with reasons:
- Aged 18-25 but ED history > 3 years (n=95)
- Other (n=48)

FREED cohort (n=60)

FREED pilot cases (referred prior to start of study, assessed during the study period) (n=9)

Immediate funding (i.e. < 1 week) for assessment (n=14)

Funding delays (i.e. > 1 week) for assessment (n=37)

DUED & waiting time analysis (n=51)

Treatment Uptake and Adherence (n=60):
Offered Treatment following assessment: n=60
Took up treatment: n=60 (in-patient n=1, outpatient n=59)
Baseline Characteristics: FREED & SLaM Audit Data (matched for age & illness duration)

<table>
<thead>
<tr>
<th></th>
<th>FREED (n=60)</th>
<th>SLaM-Audit Data (n=89)</th>
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</thead>
<tbody>
<tr>
<td>Age</td>
<td>20.4</td>
<td>20.5</td>
</tr>
<tr>
<td>Gender</td>
<td>96.6%</td>
<td>97.7%</td>
</tr>
<tr>
<td>Anorexia Nervosa</td>
<td>40%</td>
<td>38%</td>
</tr>
<tr>
<td>Bulimia or Binge Eating Disorder</td>
<td>34%</td>
<td>32%</td>
</tr>
<tr>
<td>Other Eating Disorders</td>
<td>26%</td>
<td>30%</td>
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</tbody>
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Waiting Times (Weeks)

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

Brown et al. (2016)
Early Intervention Psych
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

McClelland et al., submitted
FREED vs Audit Cohort: Anorexia Nervosa BMI Outcomes

60% of FREED vs 16.6% of Audit patients return to BMI > 18.5 at 12 months

McClelland et al., submitted
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.
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.
Questions?

Amy.Brown2@slam.nhs.uk
Victoria.Mountford@slam.nhs.uk