

What's new in Eating disorders

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What we will cover

- Diagnostic updates from ICD11 and DSM
- Developments in eating disorders during COVID
- New MEED (medical emergencies in eating disorders) guidance replacing MARSIPAN
- Training in eating disorders and the RCPsych led eating disorders credential pilot

Update on diagnoses

Anorexia nervosa: Low body weight (usually below BMI 18.5), rapid weight loss (20% over 6 months), fear of weight gain, persistent pattern of restriction/purging, body image disturbance

Bulimia nervosa: Recurrent episodes of binge eating with compensatory behaviours such as vomiting

Binge eating disorder: Episodes of overeating with loss of control and inability to stop causing distress

Update on diagnoses

Avoidant and restrictive food intake disorder (ARFID): insufficient intake or range of food to meet nutritional requirements without preoccupation with weight or shape concerns

Other specified feeding and eating disorder (OSFED): Symptoms don't fit any of the other specific eating disorders

Atypical anorexia: Used when some but not all symptoms of anorexia are met

Anorexia nervosa and its consequences

- A deadly mental illness
- Weight loss, electrolyte disturbance and suicide are the main causes of death
- High profile cases where things have gone wrong – inadequate monitoring and acute care
- Inquests and PFD reports, parliamentary ombudsman
- Investment in services happening slowly but postcode lottery persists

Impact of the pandemic on eating disorders

- Major impact on eating disorders – perfect storm of social isolation, reliance on social media with frequent weight loss messages, loss of daily routines. Overlap of anorexia and OCD.
- Hospital admissions for eating disorders increased by 84% over the last 5 years
- CAMH have seen eating disorders referrals tripled, adult service doubled – more in some areas
- Cases lower weight on presentation, relapse of existing patients.
- “Food refusal” presentations in acute hospitals



Response to pandemic

CAMH services had already seen revamp and investment over the last years – but existing services now stretched

Focus on early intervention FREED model (free from eating disorder): under 25, duration of illness less than 3 years, assessment within 2 weeks and treatment in 4 weeks

Development of provision for subclinical cases in third sector

Roll out of evidence based treatments - adapted CBT, group therapy, IPT, CAT or MBT

Response to pandemic

- Stability and support pathways for severe and enduring illness
- Medical monitoring included in eating disorders services
- GP advice lines
- Medical emergencies in eating disorders guidance (MEED) – son of MARSIPAN

MEED

- Guidance for all staff managing emergencies related to eating disorders including GPs and A&E staff
- Packed with practical guidance and risk management tools
- Covers all ages
- Also covers cases of ARFID with low weight
- Coproduced with patients and third sector organisations such as BEAT and FEAST



MEED

Traffic light decision making tool

Specific guidance on safe refeeding

Section on eating disorders and diabetes

Capacity in eating disorders and use of the mental health act

Transfer between hospitals

Guidance for commissioners and trusts



MEED essentials

Early recognition of eating disorders/starvation

Early multidisciplinary team involvement

Care planning for difficult behaviours associated with eating disorders (purging, falsifying weight, hiding or siphoning off food)

How to monitor and avoid refeeding syndrome

Frequent review of plan

Eating disorders psychiatry

- Too few eating disorders psychiatrists in the UK
- No recognised training pathway
- Scarcity of training posts
- Exciting speciality with a mix of psychiatric and medical aspects
- Good peer support and networks
- RCPsych credentialling pilot now open for applications



Summary

- Some changes in diagnostic criteria
- Pandemic has led to deterioration in many patients with eating disorders and challenged services
- New MEED guidance will be essential to prevent deaths in eating disorders and provides detailed but practical guide to assessment and management
- Credentialing pilot to establish eating disorders psychiatry as a specialty in its own right