

## Management of eating disorders in Scotland – briefing

Eating disorders are obsessive weight-losing disorders with excessive body image concern. Anorexia nervosa is diagnosed when a substantial amount of weight is lost; bulimia nervosa is diagnosed where despite damaging and destructive attempts to starve and purge, including compulsive exercise and vomiting, weight remains in the normal range.<sup>1</sup> Anorexia nervosa has the highest mortality of any psychiatric disorder.<sup>2,3</sup> Half of these deaths are by suicide. Studies suggest that the prevalence of eating disorders in teenage girls is as high as 13%, with about 1% meeting criteria for anorexia nervosa.<sup>3,4</sup> Male eating disorders are increasingly recognised too, and the conditions are seen throughout adult life, because of persistence, recurrence or new occurrence.

Eating disorders reflect dysfunctional attempts to cope with distress and patients often have symptoms of other mental illnesses. Other dysfunctional coping behaviours such as obsessional routines, social avoidance and self-harming are all common in people who have eating disorders. Increasingly, psychiatry recognises the condition binge eating disorder, where despite life-damaging attempts to restrict the diet, binges occur and weight may be distressingly high. Concern about weight-losing disorders is not incompatible with the proper concern about levels of obesity in Scotland. Management of disorders of both ends of the weight spectrum, and indeed of many other disorders, depends on people being helped to tolerate difficult feelings without using dysfunctional strategies.

Studies have confirmed that there are predisposing genetic and social factors in the development of eating disorders.<sup>5,6</sup> Precipitants are largely the same life events that trigger other psychiatric disorders in developing brains, commonly following the pubertal growth spurt. However, eating disorders may be powerfully perpetuated by the physiological and psychological effects of starvation as well as by the original predisposing drives and the unintended consequences of societal responses to people suffering from these disorders.

For many years it has been acknowledged that there are three well-evidenced options for treatment of bulimia nervosa (cognitive-behavioural therapy (CBT), interpersonal psychotherapy (IPT), high-dose antidepressants) and only one proven treatment for adolescent anorexia nervosa (Maudsley model family work). Professionals rely on prescribing careful weight restoration with supportive and other psychological therapies for patients with other eating disorders.

# Advances in treatment and research over the past decade

## Services

- ❑ Scotland has seen striking improvements in the provision of specialist eating disorders services over the past decade (please see a list of current services on pp. 6–8).
- ❑ The first specialist NHS in-patient unit opened in Aberdeen in 2009 to serve the north of Scotland. A second unit opened in West Lothian in 2013. Some specialist eating disorders beds have been made available in Glasgow, though these do not constitute an individual unit. The Glasgow Priory continues to offer a specialist private facility, but the independent Huntercombe Hospital no longer offers specialist eating disorders beds.
- ❑ Services have been developed to provide alternatives to hospital admission, or shorter admissions where possible. They include anorexia nervosa intensive treatment teams in Lothian and Fife, the day programme in Aberdeen, a specialist team in Glasgow and EdConnect, a consultation-based service for adolescents in Glasgow.
- ❑ Under-18s with eating disorders continue to be treated within general child and adolescent mental health services (CAMHS) and occupy the majority of CAMHS in-patient beds. Within CAMHS, clinician expertise and patient outcomes have been enhanced by the introduction of evidence-based family work.<sup>7,8</sup>
- ❑ The Mental Health (Care and Treatment) (Scotland) Act 2003 triggered fresh interest in the rights and capacities of patients with eating disorders. Guidance has been published by the Mental Welfare Commission for Scotland on the provision of nutrition by artificial means in the absence of consent.<sup>9</sup> In 2013, the Commission held further consultation on seriously impaired decision-making ability (SIDMA) to offer further protection to the balance between patients' rights to life and to freedom.

## Training and education

- ❑ The Scottish Eating Disorder Interest Group (SEDIG), founded in the early 1990s as a unique union of professional and lay carers, continues to offer two high-quality, one-day conferences annually
- ❑ Since 2006, the NHS Grampian Eating Disorders Conference has become widely recognised and attracted internationally renowned speakers
- ❑ In 2010, Eating Disorders Education and Training Scotland (EEATS) was set up to bring training to Scotland wherever possible to save resources, to train and foster an expert group of specialist supervisors and to set a syllabus for expert practitioners. It now boasts dozens of accreditations and re-accreditations, in multiple disciplines, across the age range and geographical spread.

## Development of evidence from research in Scotland and elsewhere

- ❑ 2009: Anorexia Nervosa Protocol Development Group (PDG) adopted by Scottish Mental Health Research Network (SMHRN)
- ❑ 2012–2013: Further links with SMHRN in terms of a research fellowship and PDGs
- ❑ 2013: Scottish Eating Disorders Research Networks first meeting, links established with the Eating Disorders Research Group (Mental Health Research Network Cymru)
- ❑ February 2014: second research meeting in Scottish Parliament

## Networks and links

- ❑ The expansion of telemedicine has made specialist assessments and therapies available remotely.
- ❑ Since 2009 there have been managed clinical networks for eating disorders in the north and south-east of the country, to allow sharing of super-specialist resources and mutual assistance in training and consultation.

## What still needs to be done

- ❑ In the light of the known prevalence of eating disorders, there is still a lack of services, or at least very inadequate provision within existing services, for their management in Scotland. There are particular gaps in service provision in the west of the country and in many remote and rural areas.
- ❑ There continue to be tragic, potentially avoidable deaths from eating disorders. The extent of the problem is unknown at present. Statistics provided by Information Services Division (IDS) Scotland are helpful but almost certainly under-representative, it is not always known that a person's eating disorder did in fact significantly contribute to their death.
- ❑ Safe care of medically ill patients with eating disorders requires close links between named eating disorders specialists and named physician colleagues. Instituting guidelines and protocols such as MARSIPAN<sup>10</sup> and Junior MARSIPAN<sup>11</sup> depends on such links being set up. This happens in only a few areas of excellent practice. Elsewhere no such link exists or it has not been replaced when post holders leave.
- ❑ The involvement of general practitioners (GPs) in monitoring physical health can be vital to patient safety. Where GPs are unable to take on such responsibilities, it will be necessary to find effective ways to include primary care in eating disorders services. In Dumfries and Galloway the physical health monitoring of people with an eating disorder has been made a local enhanced service (LES). GPs monitor physical health as determined by risk level and receive payment to do so. A GP resource pack has been devised and biannual training in eating disorders for primary care staff is provided.
- ❑ Without continuity of care, people with eating disorders relapse readily. Effective care will not last unless transitions are managed particularly carefully. Such transitions include CAMHS to adult services, home to university, and in-patient to out-patient services. Anorexia nervosa intensive treatment teams (ANITTs) exist in Lothian and Fife to prioritise continuity by offering intensive treatment without hospitalisation and a similar service is offered by the Community Eating Disorder Service (CEDS) in Ayrshire and Arran. Where this is not possible, transitional services are needed to offer the right level of care for people who do not require hospital care but cannot stay well if offered only voluntary weekly visits.
- ❑ Severe and enduring eating disorders are experienced by a group of patients who are unlikely to make fully functional recovery in the short to medium term. They benefit from specifically designed packages to maintain hope and prevent destructive or revolving-door-style treatments. Services that focus on full and speedy weight gain restoration are then freed up for patients for whom such treatment is appropriate.
- ❑ The phenomenon of the 'squeezed middle' means that scant resources for eating disorders become concentrated on patients with severe and chronic disorders. Evidenced treatments have been researched in less ill patient groups and these should be made available to the patients who might benefit most.
- ❑ Scottish CAMHS initiatives are demonstrating the benefits of early family interventions. These should be more widely available, with similar treatments for adult patients, since age is not the only reliable prognostic feature.

## Workforce and training considerations

- ❑ There is urgent need for succession planning in this small specialty. There is no specific eating disorders higher training.
- ❑ In addition to attracting young clinicians to the specialty, it is essential to provide a basic grounding in eating disorders to those specialising in general adult, child and adolescent and liaison psychiatry. There is a flexible balance between super-specialising on one hand and a need for generalist care on the other, to avoid deskilling people who can treat the majority of eating disorders alongside other conditions.
- ❑ It is important to allocate job plan time for audit in eating disorders and prioritise service research to develop Scottish solutions, and collaborate in multi-centre projects with comparable communities.
- ❑ Psychiatrists with enhanced medical and psychotherapeutic skills are uniquely placed to provide leadership in the field of eating disorders. The skills of colleagues in other disciplines and multidisciplinary work are integral to effective treatment, particularly psychology, dietetics, nursing, physiotherapy and occupational therapy.
- ❑ Third-sector organisations have a potentially effective role in the delivery of guided self-help in bulimic and binge eating disorders, as well as additional care integrated with NHS treatments for people with severe anorexia nervosa. A non-traditional setting for delivery of evidence-based interventions may be crucial for some patients' willingness to access treatment because of shame and stigmatisation.
- ❑ Caring for people with eating disorders is particularly stressful.<sup>12</sup> There should be recognition of this role and an increase in the provision of support, both within and outwith hospital settings.

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## Eating disorders services in Scotland 2014

Unless otherwise stated, these services are for adult patients, usually 16/18 – 65 years old. Patients under the age of 18 are served by a good network of general child and adolescent mental health services (CAMHS) in every health board, who will have experience in management of eating disorders (EDs) and access to one of the three CAMHS in-patient units where necessary. A few CAMHS have separate specialist ED teams, but the only specialist CAMHS ED in-patient facility in Scotland is in the independent sector at Huntercombe Hospital in West Lothian.

### North of Scotland

#### The Eden Unit

Block C

Clerkseat Building

Royal Cornhill Hospital

Cornhill Road

Aberdeen AB25 2ZH

Tel: 01 224 557758/557769

Fax: 01 224 557757

Email: grampian.edenunit@nhs.net

This in-patient unit is hosted by NHS Grampian. Referrals are from consultant psychiatrists in EDs from the specialist ED out-patient services in the Managed Clinical Network for Eating Disorders North Scotland. There are 10 places, including a '3-week bed' which allows for brief emergency elective admissions. There are also 4-day programme places for patients who are able to travel from home.

#### Specialist out-patient services

##### The Grampian Eating Disorders Service

Fulton Clinic

Royal Cornhill Hospital

Cornhill Road

Aberdeen AB25 2ZH

Tel: 01 224 557392

A multidisciplinary team offering out-patient assessment and treatment to patients with EDs aged 18+. The service accepts referrals for anorexia nervosa, bulimia nervosa and other related disorders where they are a significant presenting problem. It accepts referrals from GPs and other health professionals with the GP's knowledge. Referral guidelines are available. It provides a service to Grampian, Orkney and Shetland. Though based at Royal Cornhill Hospital, the service provides a regular peripheral clinic to Elgin and videotherapy clinics to other areas of Grampian and the Islands.

##### The Highland Eating Disorder Service

Psychotherapy Services

Larch House

Stoneyfield Business Park

Inverness IV2 7PA

Tel: 01 463 253667

A multidisciplinary team offering out-patient assessment and treatment for people with EDs aged 16–65 (16- to 18-year-olds still at school may be treated by the

adolescent service). Referrals are accepted from GPs and other health professionals. Service provision is to NHS Highland but currently excludes the area previously known as Argyle and Bute.

##### Tayside Eating Disorders Service

4 Dudhope Terrace

Dundee DD3 6HG

Tel: 01 382 306160

Fax: 01 382 306166

Email: eatingdisorders.tayside@nhs.net

The service aims to ensure the safe and appropriate out-patient management of individuals with severe and/or enduring EDs and coordinates admission and discharge arrangements of those requiring in-patient care for their ED. Referrals should be directly from either adult psychological therapies service or CMHS staff (with the GP's knowledge), except when, for example, in-patient care may be likely due to the severity/complexity of the individual's presentation at the time of GP assessment.

The service is aimed at individuals aged 18–64 (16 for those not at school) who have a diagnosable, severe and/or enduring ED. Primarily, this will include: anorexia nervosa, bulimia nervosa and atypical presentations (e.g. binge eating disorder), where these are the most significant presenting problem; (atypical) anorexia nervosa in the moderate to severe range (BMI < 17.5 to < 15) and/or with significant comorbidity (e.g. diabetes, pregnancy, depression); (atypical) bulimia nervosa in the moderate to severe range (with frequent binge-purging) and/or significant comorbidity (e.g. diabetes, pregnancy, depression).

The service is not aimed at individuals: with acutely life-threatening ED who require admission to a medical unit; who are actively psychotic, with ongoing positive symptoms; or whose disordered eating is driven by a psychosis. Where alcohol/substance misuse is a primary presenting problem, refer to NHS Tayside alcohol/substance misuse services, although joint working with other agencies will be actively encouraged. Where a learning disability is a presenting problem, refer to NHS Tayside Learning Disabilities Service.

### South-east of Scotland

#### Regional Eating Disorders In-patient Unit

St John's Hospital

Howden Road West

Howden

Livingston  
West Lothian  
EH54 6PP  
Tel: 01506 523000

This newly opened 12- bed unit accepts referrals from ED services in the south-east of Scotland.

## **Forth Valley**

### **Eating Disorders Service NHS Forth Valley**

Kildean Hospital  
Drip Road  
Raploch  
Stirling

Tel: 01786 458628  
Enquiries to Shivaun McGrath, Team Secretary

This is a Forth Valley-wide service for people aged 19–65. Younger patients are seen by CAMHS.

Referrals are accepted from GPs, other professionals within the mental health services, dietician and our general medical colleagues. Problems would be moderate to severe in nature and the multidisciplinary team (consultant psychiatrist, senior nurse therapist, cognitive-behavioural therapist and senior mental health dieticians) offer assessment and treatment mainly on an out-patient basis. Treatment can be individual or in a group. Therapists work closely with the dieticians, often developing joint packages of care. We are also able to access day hospital assessment, occupational therapy assessment and art therapy. The main aim is to treat and support people at home. People with a less severe ED are usually managed within the general psychiatric services and/or day hospital.

NHS Forth Valley has access to the NHS Regional Eating Disorders In-patient Unit.

## **Lothian**

### **The Cullen Centre**

Tipperlinn House  
Tipperlinn Road  
Royal Edinburgh Hospital  
Edinburgh EH10 5HF

Tel: 0131 537 6874/6806  
Fax: 0131 537 6104

Website: [www.cullencentre.org.uk](http://www.cullencentre.org.uk)

Referrals for treatment are accepted from both primary and secondary care. This specialist service can also provide consultation and advisory services and can support clinicians and multidisciplinary teams working in the wider community (in the form of team meetings, telephone contact and teleconferences).

The Centre sees patients with EDs of varying severity and is therefore also involved in tier 4 services.

### **The Anorexia Nervosa Intensive Treatment Team (ANITT)**

The Cottage  
Royal Edinburgh Hospital

23 Tipperlinn Road  
Edinburgh EH10 5HF

Tel: 0131 537 6783  
Fax: 0131 537 6160

Website: [www.anitt.org.uk](http://www.anitt.org.uk)

Email: [Diane.Matheson@nhslothian.scot.nhs.uk](mailto:Diane.Matheson@nhslothian.scot.nhs.uk)

ANITT is a small multidisciplinary team which provides intensive treatment to people with low-weight anorexia nervosa in Lothian who might otherwise have to be admitted to hospital. Treatment is on an out-patient basis and can be delivered in the home. Referrals are accepted from primary and secondary care. ANITT can also provide consultation and advisory services and can support clinicians and multidisciplinary teams working in the wider community with low-weight adults with anorexia nervosa. This can be in the form of team meetings, telephone contact and teleconferences.

## **Borders**

### **NHS Borders**

Newstead  
Melrose TD6 9DA

Tel: 01896 826000  
Fax: 01896 825580

Safe Haven/confidential fax: 01896 823396

Email: [bordershb@borders.scot.nhs.uk](mailto:bordershb@borders.scot.nhs.uk)

Open 8.30am to 5.00pm Monday to Friday.

NHS Borders have a specialist ED nurse who is based in Melrose but provides a Borders-wide service for people aged 16+, and a consultant psychiatrist with part-time remit for EDs. Referral is through a GP.

## **Fife**

### **Fife Anorexia Nervosa Intensive Treatment Team (ANITT)**

Tribunal Suite  
Drumcarrow Lodge  
Stratheden Hospital  
Cupar  
Fife KY15 5RR

Tel: 01334 696 347

Service secretary: Sheree Landels ([slandels@nhs.net](mailto:slandels@nhs.net))

This is a small multidisciplinary team which provides intensive treatment to people with low-weight anorexia nervosa who might otherwise have to be admitted to hospital. It consists of a psychiatrist, clinical psychologist, dietician, assistant clinical psychologists and a team administrator. Referrals can be made only by a person's GP or a consultant. As the team has limited capacity it cannot accept all referrals received. Fife patients may be referred to the Regional Eating Disorders In-patient Unit.

There are currently no discrete ED specialist services in primary or secondary care and no tier 3 ED services in Fife, but individuals with EDs can be referred to a number of services (e.g. general adult psychiatry, clinical psychology) for advice and intervention. Referrals can

be made by a GP or consultant. The dietician who works part-time with ANITT is available to discuss concerns with GPs or other colleagues working with the most complex cases of anorexia nervosa. To contact the ANITT dietician, call the team administrator.

## West of Scotland

### Glasgow

#### Greater Glasgow and Clyde Adult Eating Disorder Service

Templeton Business Centre  
Glasgow G40 1DA

Tel: 0141 277 7585

Service Secretary: Sandra Reilly (Sandra.Reilly@ggc.scot.nhs.uk)

This is a community-based psychological service for individuals aged 18+ with moderate to severe EDs. Patients are referred by their community mental health team, who remain involved in their care. Provision will be extending to the Clyde area in the near future.

Four NHS in-patient beds are also opening in Glasgow.

#### Adolescent Eating Disorder Service

Skye House  
Stobhill Hospital

Tel: 0141 211 3589

A community-based service with in-patient provision for 12- to 17-year-olds with anorexia nervosa and low-weight EDs.

### Lanarkshire

#### Tier 3 Eating Disorders Service Team

2nd Floor  
Buchanan Centre  
Main Street  
Coatbridge ML5 3BJ

Tel: 01236 703 402

Fax: 01236 703 451

The team provide assessment and care of the medical, nursing, dietetic and occupational therapy needs of those who have EDs, Lanarkshire-wide. People aged 16–65 can be referred by their GP or another health professional if their health is deemed to be at high risk due to an ED. Referrals will only be accepted if the team's indicator form is completed.

### Ayrshire and Arran

#### Community Eating Disorder Service (CEDS)

11 Kiln Walk  
Irvine KA12 0AT

Tel: 01294 27922

Team Leader: Gina Steven

The service assesses and provides community treatment for people with an ED at risk of being admitted to hospital. CEDS is not a standalone service and staff work closely with CAMH, primary care mental health and community mental health teams and in-patient facilities. The service provides information awareness sessions to professionals from education, health and other community organisations in Ayrshire and Arran.

### Dumfries and Galloway

#### Specialist Out-patient Service

Huntingdon Day Hospital  
32 Lovers Walk  
Dumfries DG1 1LX

Tel: 01387 250608

Team Secretary: Sharon Lynch

## Independent sector

These facilities accept referrals from the whole of Scotland and beyond, including NHS-funded referrals where need cannot be met within NHS units.

#### The Priory Hospital Glasgow

38–40 Mansionhouse Road  
Langside  
Glasgow G41 3DW

Tel: 0141 636 6116

The hospital offers a specialist ED unit for individuals aged 16 years and over. It is a 10-bed high-dependency service providing nasogastric feeding, one-to-one nursing and intensive care as well as an ED service for individuals requiring a slightly lower level of care.

#### The Huntercombe Hospital – Edinburgh

Binny Estate  
Ecclesmachan Road  
Uphall  
West Lothian EH52 6NL

Tel: 01506 856023

Email: huntercombe.edinburgh@fshc.co.uk

Small independent in-patient hospital, with two wards: Holly Ward for children and adolescents (aged 11–18) and Laurel Ward for young people and adults (aged 18+). There is a schoolroom and the hospital provides pet therapy, art therapy and family therapy (including multifamily therapy).