

Faculty of Eating Disorders Newsletter

Spring 2022



["Looking Hopefully Ahead to Springtime"](#) by [UGardener](#) is marked with [CC BY-NC 2.0](#).

Eating Disorder Faculty
Newsletter



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Introduction

Coming through the pandemic and seeing the effects ripple through our patients, their families, loved ones and our colleagues has been an experience none of us expected to see. However, we are aware of how under resourced our speciality area has been in most respects over the years, even in the context of the chronic lack of support for MH services generally, so these effects have been magnified for many services and those who depend on them. The sheer scale of the challenges ahead therefore of working to address the level of need, whilst still attempting to develop and improve services is daunting. It is through events like the Faculty Annual Conference that we can bring together clinicians, researchers, partner organisations, those with lived experience and their families and carers and learn how we can move forward through these difficult days. Our first sections summarise some of the learning from the two-day event introduced by one of the organisers James Downs. In a similar way the network that the RCPsych provides through its

Faculty of Eating Disorders helps shape and inform services and those that manage and govern them, so we have asked two of our newer Exec members to introduce themselves. Likewise, James Downs our patient representative also describes why using his lived experience to help inform others is such an important role for him. We then introduce the priorities for the Faculty Executive and Stephen Anderson rounds off the newsletter by describing the work of the Scottish National Review and Implementation Group.

1. Chair's blog



By

Dr Agnes Ayton

This is my first blog since starting as Chair of the Faculty in 2019. When I took up this role, my main priority was to raise the profile of

eating disorder psychiatry – both within the College and through engagement with patient and carers' charities, and policy makers, so that we can improve the quality of services, training, patient safety, and staff well-being. What I had not anticipated was the pandemic, which hit within the first six months of my tenure.

As a frontline clinician in an under-resourced service, I experienced first-hand the impact of the pandemic, and the challenges faced by our patients, staff, and NHS organisations. Many of our NHS estates are poorly ventilated and crowded: they do not lend themselves to safe infection control measures. These problems have not been resolved, which has meant that a reduced number of patients could be seen face-to-face in all settings, including community, inpatient, and day services. At the same time, the number of patients struggling with severe eating disorders skyrocketed, not just among children and young people, but also with adults, resulting in increasing waiting times and waiting lists. I am very grateful to Wendy Burn, our previous President, who rapidly helped the College and clinical services to adopt remote technologies, many of which have now been embedded in our working lives. The College, under her leadership, was working tirelessly with NHSE, and the devolved nations, rapidly to develop guidance for patients and clinicians to maintain services during these extraordinary times.

The impact of the pandemic should not be underestimated: we have seen our friends, family, and colleagues fall ill, and some of them have developed long Covid or, sadly, have died. With the repeated surges of infections, despite vaccination, there is still significant uncertainty about how best to live with COVID in the future. At the same time, we have seen a surge of severe eating disorders, and the risk to patients and staff has unquestionably increased due to insufficient capacity. After two years, we have longer waiting lists and waiting times for services, and many adult services have to exclude patients based on BMI or other criteria, owing to insufficient staffing. This can result in a vicious cycle of increased risks to patients and families, reduced job satisfaction for staff, and poor recruitment and retention, which is experienced by many of our frontline services.

How can the Faculty help? We urgently need targeted investment to ensure that national guidelines, such as NICE, SIGN, NHSE commissioning guidance can be implemented without delay. The RCPsych, with the leadership of Adrian James, our new President, has been campaigning for investment into mental health services, including for both staffing and improved physical environments. Understandably, since the pandemic, political attention has focused on physical illnesses, but the mental health impact, including eating disorders, has

been huge. The College Media and Policy department have been very helpful in raising these issues nationally, but there is a long way to go. Change will only happen with concerted efforts, so I would encourage all colleagues to engage in local, regional, and national decision making opportunities, and to talk to their representatives, including MPs. Eating disorders are increasing, and we need to be visible to policy makers. For example, CAMHS access and waiting times monitoring has helped with additional funding of services since the pandemic. We need the same standards for adults, who make-up approximately 70% of all patients. NHSE has identified eating disorders as one of the priorities in the Long-Term Plan, so please do engage with your local commissioners to ensure that funding reaches the frontline.

One of my initial priorities was to improve training for all doctors regarding eating disorders. After a slow start, we are making progress in two key areas. With GMC support, I have been working with the Academy of Medical Royal Colleges to develop shared curricula for all doctors. This work is due to be finished by September.

You may be aware that the College has received funding from HEE to develop a pilot credentialing project for eating disorders, which will start in September. This follows the Liaison Psychiatry credentialing pilot, which started a few years ago. The pilot will provide

additional training for higher trainees, new consultants, and SAS doctors wishing to specialise in eating disorders. This will include six training days and fortnightly supervision, and candidates completing the training will receive a RCPsych certificate. Applications for candidates are open until the end of May using this [online form](#).

We will open applications for supervisors soon: please share with consultant colleagues who are interested in contributing and have GMC trainer approval.

Whilst developing training materials is helpful, we need to address workforce challenges, both in terms of recruitment and retention. This will be one of my priorities in next years' strategy. We would like to survey the consultant workforce and your help with this would be much appreciated.

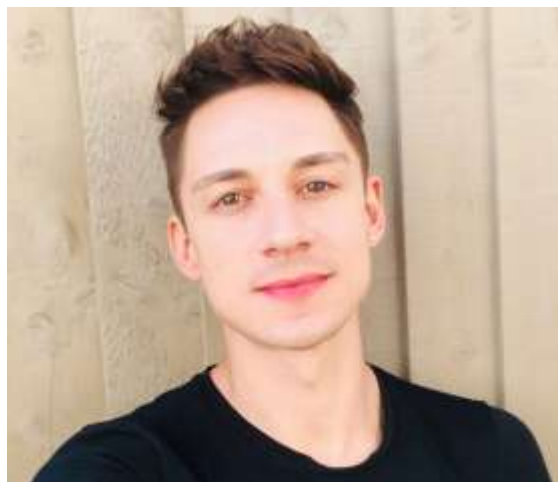
Last, but not least, I am delighted that the extensive revision of the MARSIPAN guidelines has been completed and the document will be launched at our spring conference. The new name, "Medical Emergencies in Eating Disorders", reflects the widened remit: the new guidelines incorporate important additions, including managing patients with Type 1 diabetes and eating disorders. I am very grateful for everyone's contribution to this large piece of work, and for the substantial financial support by two RCPsych Presidents, Wendy Burn and Adrian James and

NCCMH to make this revision as robust as possible.

I look forward to seeing you at the conference, and hopefully in person later this year. If you would like to help with the Faculty's work, please get in touch! We have plenty of work to do.

2. Looking back at The Annual Conference-

4-5 November 2021



by

James Downs

Patient Representative,
Faculty of Eating Executive
Committee

It was a real pleasure to help organise The Faculty of Eating Disorders Annual Conference in November 2021, and a great example of patient involvement in setting the agenda of what we do as a Faculty. It can be easy sometimes in the field of eating

disorders to both provide and receive care in isolation from other professions and perspectives. This is the case when it comes to considering the biological components of eating disorders - from genetics and metabolism to gut microbiome and the food environment. As such, the conference took an interdisciplinary approach, giving the floor to speakers we don't always encounter or hear from in the field of eating disorders. We looked at what we could learn from leading experts from fields of research and clinical practice informing more holistic understandings and care for eating disorders. In my own lived experience, the missed connections between my biology and genetics and my experiences of anorexia and bulimia have shown me the importance of an event such as this.

Conference Summary

From Obesity to Eating Disorders: The first interdisciplinary RCPsych conference addressing the spectrum of disordered eating

Day 1 of the Conference explored the links between the increased prevalence of Eating Disorders, dieting behaviours across society and the obesity epidemic. Salient to this is the fact that the highest single proportion of the population with eating disorders are also living with obesity. There was thinking about the industries that that increase dieting activity and also risk higher rates of obesity such as the food industry,

social media and indeed the weight-loss industry. There were important implications for public health messaging in this and how that can be better informed. Deficits in training and education around BED were also highlighted especially by Samantha Scholtz in her talk about how science can influence how we see obesity treatments, with a discussion about the need for more research into this area and a pointer to the need to learn from each other's fields in treatments and research from a number of the speakers.

Sarah Le Brocq highlighted the corrosive influence, on many aspects of someone's lived experience, of stigma with those living with obesity. Some of the current knowledge on the neurobiology of gut hormones, appetite and food reward and these factors role in obesity was outlined by Tony Goldstone with some early thoughts about links or roles in eating disorders. Toward a Transdiagnostic Neurobiology in Eating Disorders was the title of Guido Frank's talk-based on research that recruited across the whole range of eating disorders. He presented research that indicates how the motivation to change eating, in vulnerable individuals especially as regards anxious or impulsive traits, can influence dopaminergic circuits reinforcing eating disorder behaviours.

In the afternoon, Francesca Solmi presented an address to the conference entitled: BMI, body image, and depressive symptoms in adolescence. UK trends and

risk pathways – this highlighted how the prevalence of body dissatisfaction and dieting behaviours have increased in prevalence from 1986-2015 independent of population changes in BMI. There are also greater associations recorded with depression in girls. Again, this talk underlined how public health messages may have an adverse impact. Likewise, body dissatisfaction is importantly associated with depression-not currently taken into account enough in public health messaging. Addressing body dissatisfaction may well be a more effective use of resources.

Dasha Nicholls' talk considered whether collaboration between CYP services for EDs and obesity should be thought of as a way ahead. This highlighted further the important links between these areas and how a single service could better address the underlying difficulties.

On day 2 of the conference Gerome Breen highlighted some of the exciting findings from the NIHR UK Eating Disorders Genetics Initiative. This has showed some of the links at a genetic level for anorexia nervosa with other Psychiatric disorders such as OCD, but also with a metabolic component unique among psychiatric disorders- Interestingly there are therefore links with glycaemic traits and Type II diabetes. The further research ongoing was then highlighted in this area. He then also discussed work that shows that age of onset on EDs is just

as likely in adults as the under 18s- a valuable fact to remember when thinking about service design and resourcing.

Giles Yeo talked about the genetics of obesity and some of the findings of linkages and syndromes of note in that field of research. He described how though the genetics is important, we can find different ways to "play the cards you have".

Following this Sarah Berry presented "Personalised Nutrition- a diet tailored to your Unique Biology". She spoke of how there is building evidence of the need to have personalised approaches for nutritional interventions. She described the work the PREDICT study is doing in this area, across many sites worldwide using a link up with Tech companies. The work is connecting the genetics with the environmental and behavioural aspects that make us all unique in our responses- hope is to develop more tailored nutritional interventions for the individual as well as population guidelines that have more value. An interesting message here was that genetic factors weren't the most important single factors predicting individual variation.

Laura Holsen, in her address "Effects of diets differing in carbohydrate content on brain reward activity" highlighted how a high carbohydrate diet has striking effects on the homeostatic and reward networks in the brain- relevant in obesity and eating disorders.

Beate Herpertz Dahlmann gave a fascinating insight into her work into the role the microbiome may play in the disease progression and presentation of Anorexia nervosa- perhaps mediated through the role of the "leaky gut" and a resulting autoimmune reaction.

Peter Byrne presented a summary of what we know about the prevention of Eating disorders, obesity and disordered eating and why working in this way is important. He thought about a range of approaches including media literacy and cognitive dissonance-based programmes. His talk highlighted again the importance of public health messages being thoughtfully designed with potential adverse effects held in mind.

3. Meeting the newer members of Executive Committee

2021 saw a number of new elected to ED Executive Committee. The next few newsletters will highlight what interests and experiences have brought them to contribute to the efforts for improving services for Eating Disorders through the executive committee. nationally with the Royal College of Psychiatrists Executive. Later on

in this newsletter we describe some of the priorities for the committee currently.

Dr Helen Bould



I am a Consultant Senior Lecturer in Child and Adolescent Psychiatry, based at the University of Bristol and Gloucestershire Health and Care NHS Foundation Trust. My research focuses on the epidemiology of and underlying mechanisms in eating disorders. My work in this area has highlighted to me that eating disorders are under-recognised and underfunded, both in research and clinical settings. This lack of recognition and funding results in significant morbidity and avoidable deaths.

Working with the RCPsych. Eating Disorders Faculty will give me the opportunity to help raise the profile of eating disorders psychiatry within and beyond the Royal College. By helping to promote training, quality and research in eating disorders psychiatry we can work together to secure the best outcomes for people with eating disorders.

See later for Helen's introduction to the new Medical Emergencies in Eating Disorders document-MEED.

Dr Samantha Scholtz

I am a consultant psychiatrist specialising in the management of obesity and related disorders as well as the preparation of patients for metabolic surgery. I am also the Research and Development director for West London NHS Trust. I am employed by West London NHS Trust and work clinically at the Imperial Weight Centre, St Mary's Hospital. My career focus has been the facilitation of high-quality clinical research to develop and promote the role and responsibility of the consultant psychiatrist in the promotion of optimal physical health alongside mental health in people living with obesity. I would like to see parity in physical health amongst patients with severe and enduring mental illness and a reduction and eventual eradication of nutritional disorders.

Aside from the Faculty of Eating disorders, I sit on the Royal College of Physicians advisory group for weight and health. I hope that my contribution to the Faculty of Eating disorders will be to collaborate across the disciplines on the promotion of healthy weight management, promote the role of psychiatry and psychology in all areas where weight management is practiced, raise awareness of eating disorders, contribute to further

research in this area and contribute to facilitating healthy debate across the eating disorders and obesity worlds, to reach consensus on consistent, non-stigmatising and inclusive public health messaging and guidelines for weight management interventions. I advocate against stigmatisation of people living with obesity and serious mental illness through promoting the improved dissemination of scientific knowledge about the neuroendocrine physiology and psychology regulating appetite and weight control. I founded and chair a special interest group for bariatric psychologists and psychiatrists who work in weight management. I completed my PhD at Imperial College London, at the MRC Clinical Sciences Centre, funded by the Wellcome Trust Charity. My research examined appetite and food reward changes in patients who have undergone bariatric surgery using functional magnetic resonance imaging and I have also published on psychological factors influencing bariatric surgery and the clinical management of bariatric patients.

4. Being a patient representative...

by

James Downs

Patient Representative, Faculty of Eating Disorder Faculty Executive Committee

My name's James Downs and whilst I have been involved with the College for about a year in other roles (with the Quality Network for Eating Disorders and Psychiatric Liaison Accreditation Network), I am delighted to have been made a member of the Faculty for Eating Disorders this summer. I am also a Lived Experience Designer with Mind, leading research projects with people from diverse backgrounds in order to co-create Mind's services, a more participatory membership model and an organisational strategy that reflects the needs and motivations of the people Mind wants to serve. In other parts of my life I am a yoga and barre teacher, teacher trainer, and musician!

I am especially familiar with qualitative research methods and have used these extensively in the field of mental health policy and research since graduating from my Masters in Psychology and Education at Cambridge. For example, I'm currently part of the Scientific Steering Group for a study designing a virtual reality intervention for depression at UCL, and work with Manchester University on a project using

software to model "social networks" as an intervention for serious mental illness.

I've also been part of the PHSO "Ignoring the Alarms" report Implementation Group for several years; helped co-write the Whole Team Training for eating disorders services for children and young people; was a decision-maker for awarding the Government's Coronavirus Mental Health Response Funds for England and Wales; and was involved in the review of the eating disorders framework for Wales as part of the Cross-Party Group for Eating Disorders at the Welsh Assembly. I love writing and have been lucky enough to contribute chapters to international textbooks, write articles in the national press, and co-edit the upcoming "Practical Handbook for Eating Difficulties" (Pavilion, November 2021).

In the arena of campaigning I was the Voice of Mind for Wales for Mind's 2015 General Election campaign, which gave me great insight into the political determinants of mental health services and experiences. I've also undertaken substantial amounts of media engagement - from Panorama and BBC Breakfast to being a judge for the Mind Media Awards and BBC Radio 4's All In The Mind Awards.

My highest qualification for being able to undertake the work I do is my experience of living with eating disorders since my early teens, and the many and varied settings in which I have sought

and received care. I have experienced pockets of good care, which should be celebrated, shared and built upon. But I have also learnt a tremendous amount about what good care looks like from when it has been missing. Sometimes we know most acutely what we need from its absence - but this is knowledge nonetheless which can be shared in a helpful and constructive way. As someone who faced many barriers to accessing treatment, I know both the costs of systems which make treatment out-of-reach, and the huge personal and social rewards we can reap with improved quality and accessibility of services.

In the field of eating disorders, we have refined our ability to articulate the *problems* we face in services; the social drivers of eating difficulties; the increased pressures that services face as the number of patients needing care soars. Now we need to be better at articulating and implementing *solutions*, so that people no longer fall through the gaps and struggle unnecessarily as I did. My belief that we can do things differently - and better - is what drives my work as a Patient Representative.

Having "Expertise By Experience" is still poorly-defined, despite the professionalisation of lived experience we see emerging today. For me, being a Patient Representative isn't about telling my story, or having my voice heard. It's about facilitating others to have their voices heard, and to remind *everyone* I work

with that the patient perspective should be at the heart of decision-making, action and implementation, as well as something to consult and seek feedback from. Patients should be involved in the "doing", too, in a way which is reciprocal, transparent and not predetermined. This way we can tap the wealth of knowledge, experience and the skills of people like me who have so much to offer in improving the lives of others with eating disorders, and those who care for them both in personal and professional capacities.

There is so much we *can* do for people with eating disorders. We don't have to resign ourselves to inevitability, to anorexia having the highest mortality of any psychiatric condition, to the best treatment outcomes being only moderately effective. I am looking forward to being part of the Faculty of Eating Disorders to help make this progress a reality.

5. The Faculty Strategy 2021-2022

There are 5 domains that we are working within to find areas to develop and make improvements within. The first is to deliver education and training, and to promote research into ED Psychiatry. Within this we have helped worked on the RCPsych.

Curriculum revision, the AOMRC shared curriculum and now also we have to go ahead to work on a scheme for Credentialing in ED Psychiatry. The second domain includes working on an accurate workforce survey-often difficult to achieve, and working to increase our profile and influence in the wider RCPsych. The third domain is that of improving standards and quality where we have the targets of revising our emergency treatment guidelines, and revision of the Eating Disorders Services College Report-CR 170, and we have also help develop COVID guidance. The next overarching aim is being the voice of Eating disorder Psychiatry-this includes media work, political engagement, and working with external stakeholders. Finally, the last domain is to provide excellent member experience through conferences, prizes and bursaries to encourage development especially in trainees and finally in producing newsletters!



6. The Scottish National Review and Implementation Group

by

Dr Stephen Anderson

National Review co-lead and member Implementation Group.

Following the [Scottish Government national review of eating disorder services](#) which was published in March 2021, a short term Implementation Group has been set up to take forward some of the recommendations of the review. The Group is chaired by Dennis Robertson, a councillor and ex-MSP in Aberdeenshire whose daughter Caroline tragically died from Anorexia Nervosa, and Charlotte Oakley who was one of the leads of the national review. There are three consultant psychiatrists on the implementation group and we will be able to include others in the different working groups to ensure that we have input from CAMHS and adult services as well as from cities and remote & rural areas.

From the terms of reference for the Group, it has 'been established to develop, through consultation, the approach for taking forward the recommendations from the National Review of Eating Disorder Services. The aim is to

ensure that stakeholders, through collaboration and engagement, are empowered to provide their input, experience and expertise to play a leading role in the delivery of the recommendations.'

The aim is for the Implementation Group to hand over an Implementation Plan to a National Eating Disorder Network which will be funded by Scottish Government. Recommendation 3 of the Review is that the national network will continue to support the implementation of the recommendations on an ongoing basis. It will also be responsible for the coordination of national functions including training, national level service development, setting quality standards, and coordinating research and innovation networks for eating disorders.

Three initial working groups have been set up:

1. Eating Disorder Skills and Training - *Develop a skills and competency framework, and training strategy in partnership with NHS Education Scotland (NES) and Eating Disorders Education and Training Scotland (EEATS), for all staff, including third sector, who may see or work with people who have eating disorder symptoms or diagnosis.*
2. Eating Disorder Data - *Design as a priority a comprehensive plan for systematic data collection and ongoing analysis across Scotland, to address current lack of data. This needs to include planning and*

funding for appropriate staffing and IT infrastructure to be able to collect, analyse and report the data systematically across Scotland.

3. Eating Disorder Quality Standards - *Develop further and plan for implementation of quality standards of care across Scotland for all levels of treatment for eating disorders, in line with SIGN, MARSIPAN, and Scottish Government's Mental Health Transition and Recovery Plan, GIRFEC and other relevant policy documents.*

Further work of the implementation group will be to develop a Public Health Strategy and to review and finalise costings of the recommendations of the national review. This is largely related to Recommendation 11 about the development of a comprehensive workforce plan.

Another significant recommendation of the Review is to set up a permanent Lived Experience Panel to advise the Implementation Group and to work alongside the national network. We have agreed that there should be a lived experience joint lead on all of the working groups from the start which is fantastic.

The Implementation Group has now met a number of times and split for more work into its workstreams. There is a lot of work going on, and it is great to see the enthusiasm of everyone involved in taking forward the

recommendations of the national review to improve the support, care and treatment available for people with eating disorders and their families.

7. MEED Guideline Dissemination Lead

Dr Helen Bould has taken on the role of leading on the dissemination of our new guidance document, Medical Emergencies in Eating Disorders: Guidance on Recognition and Management.

Medical Emergencies in Eating Disorders replaces and extends the remit of the previous guidelines for this group of patients – MaRSiPAN and Junior MaRSiPAN. It is the result of a huge, sustained, team effort chaired by Dr Dasha Nicholls. The expert reference group comprised a multidisciplinary group of health care professionals skilled in treating people with eating disorders, working in collaboration with people with personal experience of eating disorders and carers for people with eating disorders. We hope that the application of the guidance by clinicians and commissioners across the UK and beyond will help to save the lives of people with eating disorders.

Medical Emergencies in Eating Disorders has been endorsed by the Council of the Academy of Medical Royal Colleges, which represents all the Medical Royal Colleges and Faculties in the UK. It will be formally launched at the [RCPsych Eating Disorders conference on 19 May 2022](#) – and you'll then be able to access it via the RCPsych website.

Helen is a Senior Lecturer in Child and Adolescent Psychiatry at the University of Bristol and Gloucestershire Health and Care NHS Foundation Trust.

8. The Faculty Spring Conference

Please find the [link here to the programme for the Spring conference](#), as mentioned above.

Look forward to joining you all for that!