

## **Guidance for the Use of the Mental Health Clustering Tool for Eating Disorders**

The glossary for the Mental Health Clustering Tool contains few examples of eating disorder (ED) symptoms and associated problems. The following guidance is designed to be used alongside the glossary to ensure consistency of rating of ED patients between clinicians.

### **Part 1: Current Ratings (HoNOS)**

#### **1. Overactive, aggressive, disruptive or agitated behaviour**

Include physical restlessness, fidgeting, not being able to sit down, overactivity, pathological exercise (driven by ED psychopathology) and behaviours that disturb family life (eg not letting others eat/cook/store or prepare food freely in kitchen & intrusive exercise regimes), circadian shift (eating at night), temper tantrums, head banging, problems with plumbing, stealing, etc

#### **2. Non-accidental self-injury**

No ED specific guidance

#### **3. Problem-drinking or drug-taking**

Include misuse of drugs/medicines that are associated with psychological/physical harm, addictive behaviour of the type associated with psychoactive substance misuse, and psychological/physical effects from withdrawal – examples include laxatives, thyroxine, caffeine, metabolic stimulant misuse.

[Rationale – this type of drug/medicine misuse is scored here rather than in scale 2 (non-accidental injury) because these behaviours are habitual and addictive in quality, and are associated with care needs are more closely resembling those associated with psychoactive substance misuse than deliberate self harm. Some patients will have both this type of drug/medicine misuse and deliberate self harm, with different care needs associated with each. There is therefore clear clinical utility in separating the scoring of these different behaviours between scales 2 and 3.]

#### **4. Cognitive problems**

Include those related to starvation, extreme rigidity & detail OCPD

#### **5. Physical illness or disability problems**

Include markers of acute physical risk and chronic medical problems (such as osteoporosis). Consider physical problems arising from starvation, bingeing and purging and obesity (which may be a problem with BN and BED).

Developed and agreed in partnership between the Royal College of Psychiatrists Eating Disorders Section and HoNOS and MHCT Project team.

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BMI < 15 is considered severe  
BMI > 35 severe.

(risk chart in the NICE guidelines or on [www.eatingdisorders.com](http://www.eatingdisorders.com) provides details about the range of severity caused by nutritional problems and purging)

#### **6. Problems associated with hallucinations and delusions**

No ED specific guidance

#### **7. Problems with depressed mood**

No ED specific guidance

#### **8. Other mental and behavioural problems**

Include in G, Eating: fasting/food restriction (*not* including religious fasting), bingeing, vomiting.

(The use of loss of control to rate severity whilst appropriate for e.g. anxiety is not helpful in ED. Therefore, severity ratings are guided by : 0 = none; 1= subclinical; mild = symptoms fit around life; moderate = life fits around symptoms; and severe = dominates all activities)

#### **9. Problems with relationships**

Consider problems, or lack of relationships with family, friends, intimate relationships and rate the most severe problem.

#### **10. Problems with activities of daily living**

Include difficulties shopping, storing or preparing food. Inability to eat socially. The need to have supervised/supported eating. Rigid routines around eating.

#### **11. Problems with living conditions**

Include lack of facilities eg fridge, cooker.

Include family or friends accommodating and enabling symptoms by reassurance giving, “fat talk”, dieting behaviour, over protection, overly permissive, overly authoritarian, rigid e.g. give money for binges, turning a blind eye to unacceptable behaviours etc.

#### **12. Problems with occupation and activities**

Include toxic work environments such as ballet, modelling, acting, food outlets, jockeys etc, and those that support or encourage over working and an inability to allow leisure time.

#### **13. Strong unreasonable beliefs occurring in non-psychotic disorders only**

No ED specific guidance

### **Part 2: Historical Ratings**

#### **14. Agitated behaviour/ expansive mood (historical)**

#### **15. Repeat self-harm (historical)**

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**16. Safeguarding Children & Vulnerable Dependent Adults (historical)**

Include difficulties (stress, anxiety and failure) of weight gain in pregnancy and parenting feeding/control difficulties, where these affect the well being of the unborn baby or child.

**17. Engagement (historical)**

Include eating disorder symptoms reducing adherence to treatment of other medical conditions e.g. insulin omission in diabetes mellitus, reduction of steroids in Crohns etc

**18. Vulnerability (historical)**

Include the acute and chronic (eg osteoporosis) disability caused by chronic malnutrition, purging, or obesity.