



Coffee and Chat

Disordered Eating and Eating Disorders



Brought to you with thanks to the Surrey Workforce Innovation Fund



WELCOME

EATING DISORDERS

UNDERSTANDING EATING DISORDERS AND
DIAGNOSIS.

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WHAT CAUSES EATING DISORDERS?

Genetics



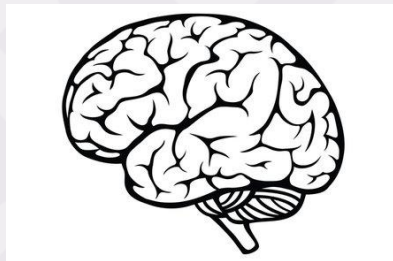
Environmental



Psychological



Biological



Social



Distorted cognitions

THREE MAJOR EATING DISORDERS

DSM-5



**Anorexia
Nervosa**



**Bulimia
Nervosa**



**Binge
Eating
Disorder**



Anorexia Nervosa

Highest mortality rate of all mental health conditions – physical and physiological damage, suicide.

Use food and weight to evaluate themselves and their worth.

INTENSE fear of weight gain

- Restrict food intake (can include fluids).
- Obsessively count calories.
- Food rituals such as cutting food into small pieces, using special crockery.
- Compulsive exercise.
- May constantly weigh themselves/their food.
- Avoid social situations.
- Keep busy, overwork, intense study. Perfectionist.
- Believe they're fat when they are very thin.
- Constantly compare themselves to others.
- **Subtypes:** Restricting and Binge-eating/purging type.



Bulimia Nervosa

Recurrent binge eating followed by compensatory behaviours to avoid weight gain at least once a week for three months.

- Body weight may be in normal range or fluctuating.
- Loss of control over binge eating episodes.
- Compensatory behaviours to prevent weight gain.
- May have dental, Oesophageal, Gastro-intestinal symptoms.
- May have low potassium.
- Feelings of shame associated with purge behaviours.
- Self-esteem is significantly influenced by weight and body shape.
- Body image disturbance.



Binge Eating Disorder

Sufferers binge on very large amount of food at least once a week for a 3-month period or more

- At least 43% of sufferers are men.
- Binges tend to occur in secret.
- Not influenced by feelings of hunger.
- Initial sense of relief followed by feelings of self-loathing, shame and guilt.
- May be overweight or obese.
- Do not purge 'I sit with the feelings of self-punishment'.
- Often leads to a period of diet restriction.
- Sufferers may have had a previous eating disorder.

OTHER EATING DISORDERS



OSFED



ARFID



Orthorexia



TIDE



Pica



Rumination

CONTROL, FOOD, WEIGHT, or SHAPE as a means of managing life

Over-controlled/under-controlled eating

Serious Mental Health Condition

Coping mechanism



Preoccupied: food, shape, weight

Maladaptive eating habits

Use it to deal with difficult emotions

WARNING SIGNS



Lips

Are they obsessive about food?



Flips

Is their behaviour changing?



Hips

Do they have distorted beliefs about their body size?



Kips

Are they often tired or struggling to concentrate?



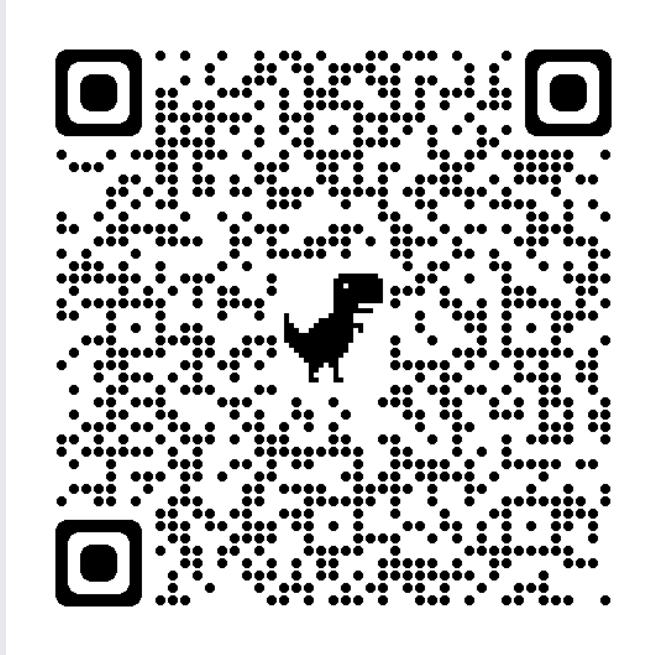
Nips

Do they disappear to the toilet after meals?



Skips

Have they started exercising excessively?



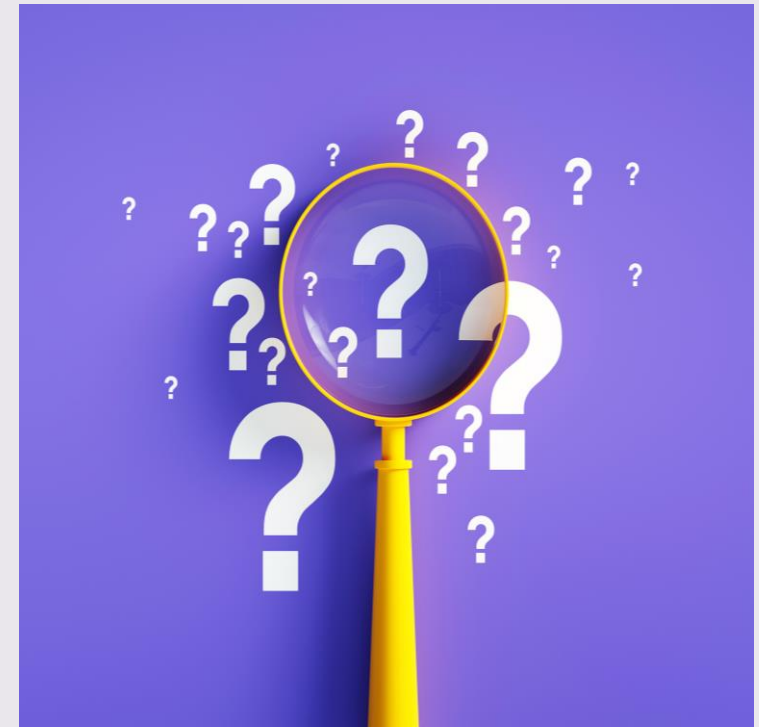
SCREENING TOOLS

1. **BMJ Primary Care infographic** on eating disorders. Initial assessment for YP.
2. **SCOFF** questionnaire.
3. **ESP** – Eating disorder screen for primary care.

SCOFF QUESTIONNAIRE

A score of 2 or more positive answers, ask more

1. Do you ever make yourself **S**ick because you feel uncomfortably full?
2. Do you worry you have lost **C**ontrol over how much you eat?
3. Have you recently lost more than **O**ne stone in a three-month period?
4. Do you believe yourself to be **F**at when others say you are too thin?
5. Would you say that **F**ood dominates your life?

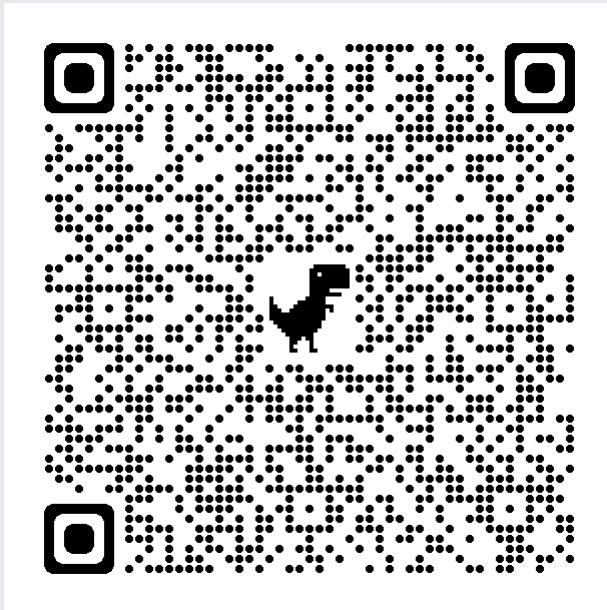


ESP – EATING DISORDER SCREENING FOR PRIMARY CARE

1. Are you satisfied with your eating patterns? *(A “no” to this question is classified as an abnormal response.)*
2. Do you ever eat in secret? *(A “yes” to this and all other questions is classified as an abnormal response.)*
3. Does your weight affect the way you feel about yourself?
4. Have any members of your family suffered with an eating disorder?
5. Do you currently suffer with, or have you ever suffered in the past with an eating disorder?



RISK MANAGEMENT GUIDELINES



•MEED RISK RATING POCKET GUIDE

- MEED: Guidance on Recognising and Managing Medical Emergencies in Eating Disorders.** Royal College of Psychiatrists (May 2022).
- A Guide to the Medical Risk Assessment for Eating Disorders.** Prof Janet Treasure(2009).
- A General Practitioner’s Guide to Eating Disorders.** Kings College London (2009).

BEAT SERVICES FOR FAMILIES AND CARERS:

(highlighted = Surrey commission, both but places are limited.)

Nexus One-to-one telephone coaching, over 12 weeks. An advisor will provide carers with practical skills to help their loved one achieve positive change.

Compass Ten weeks of individual coaching support for carers of young people (12-17) who are yet to start treatment for anorexia, bulimia, binge eating disorder or OSFED.

Endeavour An 8-week support group over Zoom for carers of people aged 5-15, who have either been diagnosed with ARFID or are presenting with symptoms. Up to two carers per young person can be supported in a safe space facilitated by a Programme Officer.

Developing Dolphins, A 5-week skilled based Training workshop facilitated by clinical trainers via Zoom to empower carers to provide the best possible guidance as they help a loved one towards recovery.

Raising Resilience: A 5-week skilled based Training workshop facilitated by clinical trainers via Zoom to help carers recognise and tackle common challenges when caring for someone with an eating disorder. With a focus on helping carers develop skills to care for themselves and their loved one.

Harnessing Hope A 5-week skilled based Training workshop facilitated by clinical trainers via Zoom for carers of those with an ED for 5+ years. Aimed to help carers challenge entrenched behaviours and support their loved ones to make steps forward in recovery.

BEAT SERVICES FOR THOSE WITH AN EATING DISORDER

Bolster Age 18+ Weekly telephone one-to-one coaching support for adults with emerging eating disorders who are not yet able to access treatment.

Momentum Age 18+ NICE-recommended treatment for adults with binge eating disorder using the guided self-help book *Overcoming Binge Eating*, delivered over 12 weeks.

Motivate Age 18+ Weekly scheduled phone calls and monthly moderated peer support groups to help adult service users remain motivated while waiting for treatment for anorexia or bulimia nervosa.

ShareED for young people aged 12–25. Six months of support from a Beat volunteer befriender with lived experience, in the form of one to three emails per week, moderated by a Beat Helpline Advisor.

BEAT RESOURCES

elearn.beateatingdisorders.org.uk

Sign in to your account

Schools Professionals Online Training



Beat's online training for school professionals

SPOT (Schools Professionals Online Training) has been designed to help support those working in schools to understand eating disorders and help build confidence when speaking to pupils about mental health.

School staff are ideally placed to spot the early signs of an eating disorder and potential factors in an eating disorder's development. SPOT encompasses different ways of learning including interactive e-learning modules hosted by clinical advisors and sections where you can access resources.

Create an account

POD

Peer-support
Online Development.



POD – Beat's support hub for carers

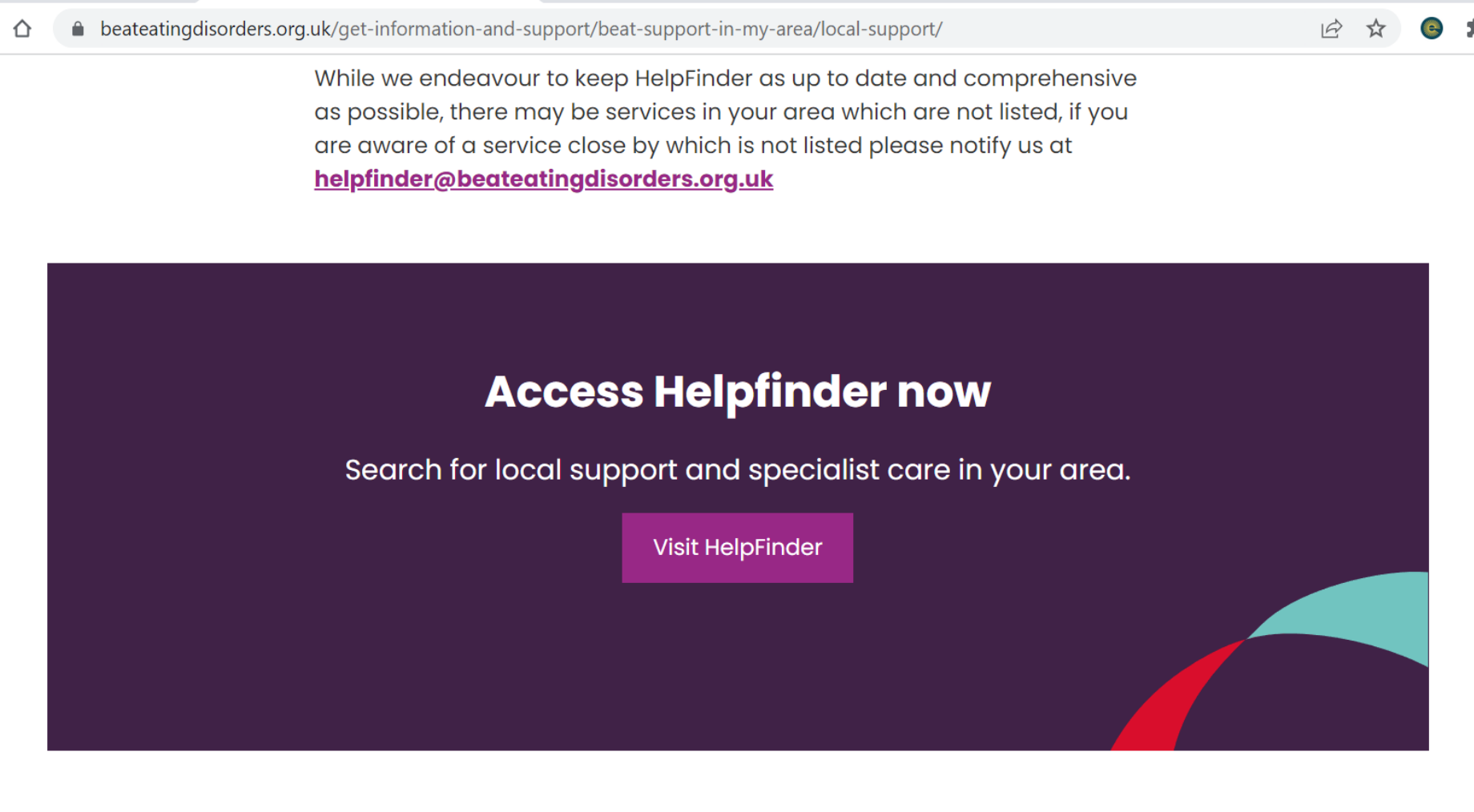
POD (Peer support and Online Development) is Beat's online learning platform designed to provide anyone supporting someone with an eating disorder with a space to learn, share experiences and find community through online courses, workshops and forums.

Through POD, you can access a wide range of interactive e-learning modules to learn more about the basics of eating disorders and useful tools to support your loved one in recovery.

You're not alone in supporting a loved one with an eating disorder. With POD, you can connect with others who have the same experiences and worries as you.

- **POD – Peer Support and Online development** platform. is our online platform for carers that provides easily accessible training and support. E-learning modules, recorded webinars, message boards and downloadable resources at your fingertips.
- **SPOT – School Professionals Online Training.**
- **BTS – Beyond the Symptoms** Tailored one day education package, facilitated by clinical trainers over zoom to help health professionals understand, be more informed and feel confident to work with eating disorders.
- **COPs – Community Of Practice Sessions.** Educating and supporting GPs and Primary care workforce to feel confident in understanding, supporting and treating ED.

HELPFINDER



While we endeavour to keep HelpFinder as up to date and comprehensive as possible, there may be services in your area which are not listed, if you are aware of a service close by which is not listed please notify us at helpfinder@beateatingdisorders.org.uk

Access Helpfinder now

Search for local support and specialist care in your area.

Visit HelpFinder

FURTHER BEAT RESOURCES

More about the **different types of Eating Disorders**:

<https://www.beateatingdisorders.org.uk/get-information-and-support/about-eating-disorders/types/>

Rights to health services for an ED: <https://www.beateatingdisorders.org.uk/get-information-and-support/get-help-for-myself/overturning-bad-decisions/>

Recovery & Self Help: <https://www.beateatingdisorders.org.uk/get-information-and-support/get-help-for-myself/recovery/>

Self Guided Self Help: <https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Disordered-Eating>

Our **support services**: <https://www.beateatingdisorders.org.uk/get-information-and-support/get-help-for-myself/>

Beat Impact Report 2022-23: <https://express.adobe.com/page/8f5O04BA1XcYZ/>



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Disordered Eating and Eating Disorders

Eating disorders & disordered eating

Michelle Sarachman (CYPS Dietitian)

Kay Halliday-Cook (CEDS Lead Nurse)

Children and Young
People's Services

For a better life

- What are eating Disorders
- Treatment in CEDS
- Disordered eating and CYPS Pilot



What are eating disorders?

Eating disorders are a range of psychological conditions characterized by unhealthy behaviours and attitudes towards food, weight, and body image. These disorders typically involve extreme and distorted eating habits that can have serious physical and emotional consequences.

Eating disorders are diagnosed based on criteria in the DSM-5



How do we diagnose an Eating disorder?

- We receive on average 44 referrals a month from GP's, professionals and self referrals. However, we only assess 22 per month.
- We complete a daily referral meeting where we screen all of our referrals and either accept a referral as we suspect they have an ED or we do not take the referral on and may suggest a referral to another service or ask for further information often a weight and height.
- You do not need to be underweight to meet threshold for an Eating Disorder; eating disorders are more complex than that. You can also be significantly under weight and not have an eating disorder.
- We look at behaviours, cognitions and physical symptoms. As well as the time frame for any changes. For example, 90% of 15 year old girls will have attempted to diet in the last 12 months, thankfully they do not all go onto develop eating disorders.
- As a team if we suspect an ED we ask them to attend an assessment within 15 days of referral (5 days for urgent cases).



Treatment pathway in CEDS

- Assessment- 3-4 hours with the whole family. This is an in-depth assessment and feedback session where we are able to complete a formulation, diagnosis and start treatment as part of the feedback session.
- Treatment is NICE concordant either: FBT (family Based Treatment), Systemic family Therapy, Individual Therapy or CBT and SSCM (Specialist Supported Clinical Monitoring).
- We have a separate pathway for our ARFID (avoidant restrictive food intake Disorder).
- FBT is the best evidence base for recovery; however this is still only 60% success rate.
- We provide regular reviews to consider care plans and trajectories, young people are often in our service for 6-18 months.
- We also offer groups for young people and families.



How to refer to CEDS

- GP referrals come to us via AAT.
- Internal referrals from sister services – CYPS.
- Self-referrals.

When to refer

Don't wait.

Evidence shows that the sooner EDs are treated the better chance of a full recovery the young person has.

Beat suggest:

- **Lips-** Are they obsessive about food?
- **Flips-** Is their behaviour changing?
- **Hips-** Do they have distorted beliefs about their body size?
- **Kips-** Are they often tired or struggling to concentrate?
- **Nips-** Do they disappear to the toilet after meals?
- **Skips-** Have they started exercising excessively?

Our current case load

Today we have 176 young people under our team. All in different stages and treatment:

- Anorexia Nervosa: **134**
- Bulimia Nervosa: **6**
- OSFED: **13**
- ARFID: **15**
- Binge Eating: **1**



What is disordered eating?

On the other hand, **disordered eating refers to a wide range of abnormal eating behaviours and attitudes that may not meet the diagnostic criteria for a specific eating disorder.**

It encompasses various unhealthy eating patterns, body dissatisfaction, and problematic thoughts and emotions related to food and body image.

Disordered eating can involve behaviours like restrictive dieting, occasional binge eating, excessive exercise, or engaging in other unhealthy weight control methods.

The term "disordered eating" is a descriptive phrase, not a diagnosis so there are no criteria, as there are for other Psychiatric diagnoses.



Disordered eating pilot in CAMHS

- What this is?
- Overview so far





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