Psychological Perspectives in Education & Primary Care

Supporting young people with eating disorders

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Aims of this Module

• To help you identify eating disorders in young people

• To help you better understand (a) what it feels like to have an eating disorder and (b) what can be helpful and unhelpful when talking to a young person

• To help you support young people and their families to access specialist treatment

• To provide you with an overview of what specialist treatment might involve
Overview

- What is an eating disorder?
- How do you spot an eating disorder?
- When should I be concerned?
- What can I do?
- How can I support access to specialist help?
- What does specialist treatment usually involve?
What is an eating disorder?
What is disordered eating?

- Can mean lots of different things
  - Dieting, selective eating, restrictive eating, food avoidant emotional disorder, poor appetite due to depression
- Eating disorders are defined using a set of criteria
- Young people do not always fit all of these criteria
- A key consideration is the extent of impact on a young person’s life
Definition of eating disorders

- Anorexia nervosa
- Bulimia nervosa
- Atypical eating disorders
Anorexia nervosa

- Body weight at least 15% below that expected for age and height
- Fear of weight gain
- Attempts to lose weight
- Self evaluation is overly dependent on weight or shape
  - Abnormal perception of body weight and shape
- Loss of menstruation
Bulimia nervosa

• Usually normal body weight
• Recurrent binge eating
• Purging behaviour (self-induced vomiting, laxatives)
• Self evaluation is overly dependent on weight or shape
Atypical Eating disorders

• May not meet all the criteria for Anorexia Nervosa or Bulimia Nervosa
• Eating disorder behaviours in the context of over concern about weight and shape
• Most common presentation
What is not covered

• Binge eating disorder

• Other eating problems that are not classified as eating disorders e.g. eating difficulties associated with ASD.
Frequency in young people?

- Worries about weight, shape and appearance are very common

- 30-70% of adolescents have engaged in dieting

- 1-2% of young women are diagnosed with anorexia or bulimia

- Around 10% of those diagnosed are male

- Average age of onset of AN is 15 and BN is 17
How does anorexia nervosa develop?

**Individual vulnerability**
- Perfectionism
- Low self esteem
- History of depression/obesity

**Family influences**
- History of dieting/eating disorder
- History of depression/alcoholism/
- Obesity
- Environment focused on weight/shape

**Negative thinking**
- Dietary restriction
- Low self esteem
- Poor body image
- Loss of control

**Adverse childhood experiences**
- Changes in puberty
- Stress in relationships
- Peer pressure to diet
- Pressure to achieve
- Comments about weight

**Sociocultural factors**
- Triggers

Maintenance of eating disorder

Low self esteem

Behavioral factors
Checking
Weighing

Internet

Starvation state
Narrowing of interests
Rigidity
Stomach fullness
Loss of hunger cues
Low mood, Poor concentration

Over-concern about
weight and shape

Psychological factors
Increased sense
of control and mastery
Low mood

Excessive dietary restriction

Avoidance
Uncertainty
Complexity
Feelings
Problems

Family factors
Attention
Control
Dependence

Calorie counting
Food avoidance
What does it feel like to be a young person with an eating disorder?
Letters to anorexia feedback

• What struck you about what you read?
• Did anything surprise you?
How to spot an eating disorder
Early intervention is key!

- Outcomes MUCH better if specialist treatment accessed early
- Primary care professionals have a crucial role in identifying and supporting access to specialist help
What might you notice?

• What are the things that you might notice if a young person has an eating disorder?

• What are the things the young person might notice themselves?

• Consider:
  – Physical
  – Psychological
  – Behavioural
  – Social
Physical signs

Others

- Loss of weight
- Fainting/dizziness
- Loss of energy
- Poor sleeping
- Swollen glands under jaw

Young person

- Feeling cold
- Loss of periods (females)
- Muscle weakness
- Constipation
- Feeling quickly full/bloating
# Behavioural signs

## Others
- Change in personality
- More withdrawn
- Change in eating habits
- Secretiveness/hiding food
- Wearing baggy/warm clothes
- Frequent visits to the toilet
- Over-exercising/activity
- Focussing more or less on school work

## Young person
- Early morning waking (effect of starvation)
- Arguing more
- Going out less
- Becoming more obsessional
- Doing better/worse at school
Psychological signs

Others
- Increased preoccupation with body size, weight and shape
- Fear of weight gain and eating particular foods
- Low mood/irritability
- Preoccupation with food, recipes, cooking for others

Young person
- Feeling happier (initially)
- Feeling unhappy
- Feeling confused/unsure
- Feeling detached/numb
- Thinking about food, weight and shape constantly
- Poor concentration
- Narrowing of interests
The brain and eating disorders

Brain needs 500kcal/day. (7 X caloric intake of muscle)
• For running costs
• To facilitate plasticity and new learning.
• To develop new connections.

Brain function can be damaged by irregular pattern eating as well as amount.
The brain and learning

Learning is like tobogganining.
- Repetition makes it easier
- Habits become automatic
- New learning takes time & persistence

• The brain is a plastic, changing organ and has large capacity for new learning but that takes energy.
• Eating disorders make the brain more rigid and less able to be creative
Emotions and eating disorders

- ED may enable the sufferer to manage their emotions.
- The emotions could be anger, fear, helplessness, a sense of being unlovable, a sense of not being ‘good enough’
- Strong emotions make life seem overwhelming, feeling numb is safe, predictable.
Social Signs

**Others**
- Becoming withdrawn
- Isolated from peers
- Difficult to engage
- Difficult to be positive with

**Young person**
- Concern from others
- Excluded from activities
- Feeling rejected
The social world of people with eating disorders.

- Vigilance to negative.
- Inattention to positive.
- Cardi et al (2012 a &b)
Social World

- Attention to judgment of others.
- High competition and striving.
- Low self esteem.
- Ignore compassion from others.
- Low self compassion.
- Less ability to understand the thoughts of others
- Less empathy towards others
The SCOFF questionnaire

• A simple five question test devised for use by non-professionals to assess the possible presence of an eating disorder

• A score of 2 or more positive answers should raise concern and indicate need for specialist assessment
The SCOFF questionnaire

• Do you make yourself **Sick** because you feel uncomfortably full?
• Do you worry that you have lost **Control** over how much you eat?
• Have you recently lost more than **One** stone in a 3 month period?
• Do you believe yourself to be **Fat** when others say you are too thin?
• Would you say that **Food** dominates your life?

• Score 1 point for every 'yes'. A score of 2 or more indicates a likely case of an eating disorder.
Assessing physical risk
Physical risk indicators

- Low body weight
- Rate of weight loss
- Minimal food/fluid intake
- Low blood pressure and pulse
- Purging (vomiting, using laxatives, diet pills)
- Excessively exercising
- Loss of periods (females)
- Complaints of dizziness/fainting
What is a healthy weight?

- CAMHS use percentage weight for height as a measure of health
  - excel file available to calculate this
- Weight deficit is calculated as a percentage (%) below an average (healthy) weight at a particular age and height.
  - more than 15% diagnostic
  - more than 25% serious cause for concern
- BMI is used for those over 16
When to be concerned?

• **Not just about weight**
  • Features that indicate medical risk are:
    – very low weight
    – inadequate fluid and food intake
    – frequent vomiting
    – excessive exercise with low weight
    – rapid weight loss (e.g. 1kg a week)
    – reduced muscle strength
    – dizziness/fainting
    – loss of energy

• For more details consult Junior MARSIPAN guidelines (RCP, 2012)
What to do if you suspect an eating disorder
What you can do

• Identify and resolve barriers to action
• Make a plan
• Speak to the young person
• Managing confidentiality
• Gather information to help assess risk
• Share helpful information
• Support access to specialist help
Scenario

• Group of girls approach you in your work setting
• Concerned about a friend who has lost weight (eating very little, mood changes, secretive)
• She does not think she has a problem
Barriers to action

• Consider this scenario. What might stop people (healthcare professionals, parents, peers) taking action when they suspect an eating disorder?
Making a plan

• Refer to school/organisation protocols
• Discuss with other key staff
• Agree who will approach the young person and explore their view
• Consider what further information might be useful
• Consult with Child and Adolescent Mental Health Service (CAMHS) if unsure
Speaking to the young person

Be curious rather than confrontational....
Speaking to the young person

Focus on feelings not food......
Speaking to the young person

Listen... ✔

Avoid appearance based comments ❌
Young person’s view
Managing confidentiality

• Be aware of the need for confidentiality and the situations in which it may be overridden

• Be explicit about what you can and can’t do

• Include the young person as much as possible in this process e.g. agree who, when, what, where
Scenario revisited

• Group of girls approach you in your work setting
• Concerned about a friend who has lost weight (eating very little, mood changes, secretive)
• She does not think she has a problem
Role play – approaching a young person with a possible eating disorder

• **You will need to be in groups of 3 (or 4):**
  – One person will play the young person
  – One person will play the Healthcare professional (HCP) or school staff member who it has been agreed will approach the young person
  – One (two) person will act as an observer
Role play – approaching a young person with a possible eating disorder

You have up to 15 minutes in total. Try to spend a few minutes reading your brief, 5-10 minutes on the role play and the remaining time to feedback within your group. (Observer should keep a note of timings)
Role play feedback

• How did it go?
• What was tricky and what did you learn from this?
• What worked well?
Information you can share

• See handout pack, including:
• Information sheet for young people about eating disorders
• Information sheet for parents about eating disorders
• Information sheet for school staff about eating disorders
How to refer to CAMHS

• **If in doubt refer!**
• Include as much information as you have been able to gather
• All referrals are screened for urgency the day they are received
• Urgent cases are seen within a week
• Contact CAMHS to discuss referral if you have questions
What does specialist treatment involve?
Treatment for eating disorders:

• National Institute of Clinical Excellence (NICE) published guidelines for the treatment of eating disorders in 2004
• Due to be updated in 2017
• Key recommendations remain valid
• New guidelines recommending early access to specialist treatment services published 2015 (NHS England)
Anorexia nervosa

- Early intervention and immediate access to specialist treatment leads to better outcomes
- A family-based treatment focusing on factors maintaining the eating disorder has the best evidence
- Treatment is likely to last 9-12 months, requiring weekly family based sessions at the outset, regular physical monitoring, and supervised meals to help initial weight gain
- Individual therapy is sometimes offered in addition/at a later stage
Bulimia nervosa

• Leading treatment is cognitive-behavioural therapy for bulimia
• Around 20 sessions, starting weekly
• Sessions more likely to be individual with some family involvement
• Family-based treatment can also be helpful
• Key features of treatment are to help regularise eating and target maintaining factors
Does treatment work?

• Family-based and cognitive behavioural treatment leads to recovery in between 30-50% patients at the end of treatment
• Follow-up studies indicate good maintenance of treatment benefits
• Treatment outcomes are poorer as the duration of illness increases
Summary
Summary and round up

Can you identify three things you have learned from this session?

What (if anything) might you try and do differently as a result of this training?

What problems do you anticipate and how might you overcome them?
Any questions?
Further information/advice

- CAMHS Eating Disorder guidelines for schools
- National Eating Disorder Charity website http://www.b-eat.co.uk/Home
- The MindEd website, launched in 2014, is a free e-learning resource to help adults to identify and understand children and young people with mental health issues.
- Junior MARSIPAN (2012) from Royal College of Psychiatrists covers physical risk assessment in detail