Developing a Rural Based Pop up Specialist Eating Disorders Unit for the Care and Treatment of Anorexia Nervosa

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What is an eating disorder?

- Unhealthy eating and weight control habits.
- They almost always start out as diets yet they are not about food or weight!
- Food is used to numb, distract from, cope with, defend against or gain control of a situation.
- **Common characteristics / predisposing factors** present seem to be:
  - a supersensitive nature,
  - low self-esteem and
  - inability to respond/cope appropriately to feelings.
Morbidity and Mortality

- People with eating disorders, in particular those with anorexia nervosa are at high risk in terms of their own health & safety. They have the highest mortality of any psychiatric illness.

- The aggregate annual mortality associated with anorexia are more than 12 times higher than the annual death rate due to all causes for females 15-24 years old, and more than 200 times higher than the suicide rate of females in the general population

(Thiels & Garthe., 2000).
Eating Disorders in the Population

- In addition to girls and women, eating disorders can affect boys and men.
- Can occur in young children and older people.
- Can occur across all socio-economic groups and from all cultural backgrounds.
- Weight is not the only clinical marker.
- The medical consequences of eating disorders can go unrecognised even by the experts.
Eating Disorders

3 Main types:

- **Anorexia Nervosa** is characterised by self-starvation and excessive weight loss.

- **Bulimia Nervosa** is characterised by a secretive cycle of binge eating followed by purging or other compensatory behaviours.

- **EDNOS** – Eating Disorders Not Otherwise Specified

WHO(1992) (ICD 10)
Co-ordinated Treatment

- Eating disorders comprises of both physiological and psychological components.
- Management of eating disorders requires input from a number of disciplines, working together in a co-ordinated manner.
- Health professionals should have an understanding of the physiological, psychological and nutritional effects these disorders can have on patients.

(National Institute for Clinical Excellence, NICE (2017))
Multi Disciplinary Model of Care

- Care and treatment for patients with eating disorders should be tailored to the needs of the individual patient.
- Different clients presenting with similar symptoms at similar weights may have different treatment goals and care needs and their outcomes may be different.

(NICE) (2017)
Urgent Criteria
which was previously unmet by local services

- When anorexia and bulimia are severe
- BMI < 15
- Rapid weight loss (> 1Kg per week)
- Evidence of system failure
- Significant electrolyte imbalance
- Cardiac problems
Vision for Change (2006)? (10+ years on)

Mental health services for people with eating disorders

- 1 multidisciplinary CMHT per HSE region (4 in total nationally)
- To work closely with adult MHS and primary care
- 6 beds in regional in patient units to be available to teams
- A national tertiary referral centre for Children and adolescents with a full MDT should be developed.
Anorexia Nervosa and Risk

• According to the National Institute for Clinical Excellence, (2017) eating disorders have the amongst the highest rates of morbidity and mortality of any mental illness.

• The Department of Health estimates that up to 200,000 individuals in Ireland may be affected by eating disorders. Eating disorder have a high rate of mental health and general medical co-morbidity that can conceal the underlying eating disorder condition.

• “Anorexia Nervosa must be regarded as a very serious condition with mortality of 20% for patients followed up by services for a long time.” Research indicates that early interventions can lead to improved outcomes for individuals.

   (Government of Ireland, Vision for Change, 2006)
MARSIPAN
MANAGEMENT OF REALLY SICK INDIVIDUALS WITH ANOREXIA NERVOSA
MARSIPAN (Management of Really Sick InPatients with Anorexia Nervosa)
Urgent Criteria - Where to?

- Referral to the Sligo University Hospital for Physical assessment/biopsychosocial assessment.

- MARSIPAN (Management of Really Sick Individuals with Anorexia Nervosa.)

Royal College of Pathologists, Royal College of Physicians & Royal College of Psychiatrists, (2014)
Improving Services

Service Description:

- The inter-intra multidisciplinary team are alerted as soon as a patient with a diagnosis of anorexia nervosa is referred/admitted to Sligo University Hospital. A pop up team consisting of: Consultant Physician, Consultant Psychiatrist, Eating Disorders Practitioner and Dietician and trained nursing staff on specified medical ward work collaboratively whilst the patient is an inpatient. A complete package of care is provided locally.

- Pop Up Team: Dr Ed O’Mahoney Consultant Psychiatrist, Professor. Catherine Mc Hugh Consultant Physician & Endocrinologist, Patricia O’Connor, Senior Dietician, Mary Harron, Eating Disorders Practitioner.
A STEPPED CARE APPROACH

Referral Pathway

Following Level 1 Primary Care support GP refers client for Level 2 Adult Community Mental Health Team (CMHT) Service support

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Single Point of Entry MHS coordinator receives referral & discusses at appropriate CMHT clinical meeting (Response rate of 7 days)

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Initial screening assessment completed by Psychiatry / ED Coordinator (Response rate of 3 weeks)

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If appropriate Eating Disorders referral patient is offered CBT-E therapy as recommended by National Institute for Clinical Excellence (NICE).
Early Intervention is key.

- Early detection is more likely to occur in primary care settings as eating disorder patients often present to GPs with gynaecological or gastrointestinal complaints or concerns about weight loss before they present with psychological symptoms.

- However many patients may present to emergency departments or may be referred to acute services due to medical and or psychological complications associated with and Eating Disorder.
Meeting the needs of the individual

- The team provide individualised focused biopsychosocial assessment, treatment and care planning utilising integrated care pathways from inpatient to community based outpatient services.

- The inter-intra multidisciplinary team work closely with statutory and non statutory services providers in primary, secondary and acute services to provide a stepped care approach for patients, carers and families whose lives are affected by the diagnosis of eating disorders.
Collaborative Discharge Care Package

A collaborative inter-intra multidisciplinary approach involving, Sligo University Hospital, The Community Mental Health Team, Community Dietetic Service & General Practitioners provides specialist ongoing care. Providing a service in accordance with best practice guidelines to meet physical and mental health needs.
Discharge wellness recovery plan

After discharge from Sligo University Hospital, the patient immediately commences CBT-E therapy with the Eating Disorder Practitioner.
Consequences

- The costs are high.
- The burden of disease is in the top 10% of all illnesses.
- Treatment is often long-term and is costly
- Co-morbid conditions including anxiety, depression are very common.
- Physical health status may be challenged in a variety of ways.
- Anorexia nervosa has the highest mortality of psychiatric illnesses
Where to from here?

- The HSE is currently has established interdisciplinary working groups to develop a range of clinical programmes across health and person social services to improve care and reduce costs. One of the three programmes: Eating Disorders Programme.
- Planting Seeds Training Programme (Professional Leadership for Anorexia Nervosa Treatment & Specialist Education relating to Eating Disorders Symptomology).
- Service Evaluation completed as part of ANP masters
- Developing ANP Post
Thank you

Any questions?

Mary Harron CNS
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References and Bibliography


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