

# CAMBRIDGESHIRE & PETERBOROUGH CAMHS EATING DISORDERS SERVICE

Dr Penny Hazell,  
Clinical Psychologist & Clinical Lead

# Some reasons that people develop eating disorders

- ❑ Feeling out of control – feeling like their body is the only thing they have control over
- ❑ Believing if they are slim they will be more attractive/acceptable to other people or confusing slimness with success
- ❑ Carrying on without eating much after an illness has gone (eg. flu)
- ❑ Starting a diet but not being able to stop
- ❑ Not realising that a bit of body fat is normal and needed for health
- ❑ Feeling they aren't good enough – thinking that everything will be better if they are thinner
- ❑ Hating their body
- ❑ And there are many more.....

# Anorexia Nervosa

- Weight loss or unusual weight changes
- Missing meals, eating very little and avoiding 'fattening' foods
- Avoiding eating in public, secret eating
- Believing they are fat when underweight
- Exercising excessively
- Becoming preoccupied with food, cooking for other people
- Periods being irregular or stopping
- Going to the bathroom or toilet immediately after meals
- Using laxatives and vomiting to control weight

# Bulimia Nervosa

- ❑ Binge-eating
- ❑ Using laxatives and vomiting to control weight
- ❑ Sore throat and mouth infections
- ❑ Dehydration, and poor skin
- ❑ Sleeping problems
- ❑ Heart problems
- ❑ Muscle spasms (especially from using too many laxatives)
- ❑ Damaged teeth (from being sick)
- ❑ Going to the toilet after meals
- ❑ Changes in periods
- ❑ Swollen glands
- ❑ Isolating self
- ❑ Feeling helpless

## Psychological effects

- ❑ Sleep badly.
- ❑ Find it difficult to concentrate or think clearly about anything other than food or calories.
- ❑ Feel depressed.
- ❑ Lose interest in other people.
- ❑ Become obsessive about food and eating (and sometimes other things such as washing, cleaning or tidiness).

## Physical effects

- ❑ Find it harder to eat because the stomach has shrunk.
- ❑ Feel tired, weak and cold as metabolism slows down.
- ❑ Constipation
- ❑ Fail to reach full height
- ❑ Brittle bones which break easily
- ❑ Be unable to get pregnant
- ❑ Damage the liver
- ❑ In extreme cases, death. Anorexia Nervosa has the highest death rate of any psychological disorder.

# What to do if you think someone may have an eating disorder

- Take concerns raised by parents or peers seriously
- Raise awareness of others, consult colleagues, and watch for concerning behaviour (e.g. avoiding lunch, increased interest in sport, isolation)
- Inform school counsellor or head of pastoral care of your concerns
- Give the young person the opportunity to speak freely about their concerns, initially without focussing on ED
- Gently explore eating concerns with 1 or 2 questions – e.g. do you worry a lot about your weight?
- If the situation continues to deteriorate, tell the individual of your great concern and gain consent to involve their parents.

# If concerns persist:

## The SCOFF questionnaire:

- ▣ Do you ever make yourself sick because you feel uncomfortably full?
- ▣ Do you worry you may have lost control over how much you eat?
- ▣ Have you recently lost more than one stone in a three month period?
- ▣ Do you believe yourself to be fat when others say you are too thin?
- ▣ Would you say that food dominates your life?
- ▣ Guidelines suggest that further investigation is needed if someone answers 'yes' to 2 or more questions.

# When should I be worried about someone's medical risk?

- If your concerns persist, and/ or the young person indicates 2+ positive answers to the SCOFF, it is important to link up with a medical practitioner (GP) so the level of medical risk can be measured
- In part this risk relates to weight loss
- BUT methods used to compensate for eating, or weight control measures such as vomiting, laxative abuse and fluid restriction can cause serious and sometimes life threatening electrolyte imbalances leading to cardiac arrest or heart arrhythmias (even if normal weight!)
- A patient risk assessment based on BMI alone is therefore not enough

# Medical risk assessment

## Junior Marsipan guidelines

## Kings guide to medical monitoring (2009)

- Rate of weight loss/ %median BMI
- Risk of refeeding syndrome
- Hydration status
- Changes in blood pressure/ pulse/ irregular rhythms
- Abnormal blood test results
- Amenorrhea/ delayed puberty
- Squat test

# Aims of the CAMHS EDS

- To provide a single county wide service for children and young people with eating disorders (up until 18<sup>th</sup> birthday) offering timely access to appropriate evidence-based treatments, delivered in local clinics.
  - See all routine referrals within 28 days
  - See urgent referrals within 7 days
- To treat children and young people in the community where possible and to work closely with our local specialist inpatient unit when high levels of risk necessitate inpatient admission.
- Close links with core CAMHS teams, specialist inpatient unit and adult eating disorders service to facilitate transitions.

# Who are we?

**PETERBOROUGH  
(NORTH)**

**Clinical Lead  
(Clinical  
Psychologist)**

**Dieticians**

**HUNTINGDON  
(CENTRAL)**

**Consultant  
Psychiatrists**

**Administrator**

**Psychologists**

**CAMBRIDGE  
(SOUTH)**

**Family therapists**

**CAMHS Practitioners  
(nurses, social worker)**

# Referrals to the CAMHS EDS

- **Referrals via the CAMHS Single Point of Access (SPA)**
- Any concerned professionals who know the person well can refer (e.g. GPs, school nurses, other health professionals, schools, locality workers, social workers).
- Close liaison with clinicians in the SPA ensures all referrals are processed and seen for assessment as soon as possible.

# Referral criteria

Anorexia Nervosa	Bulimia Nervosa
<p>Extreme weight control behaviour</p> <ul style="list-style-type: none"><li>- dietary restriction</li><li>- excessive exercise</li><li>- self induced vomiting/ laxative misuse</li></ul> <p>Rapid weight loss &gt;0.5kgs a week for several weeks is concerning</p> <p>Low body weight (%median BMI)</p>	<p>Recurrent episodes of binge eating <u>and</u> a sense of lack of control</p> <p>Recurrent compensatory behaviours to prevent weight gain</p> <ul style="list-style-type: none"><li>- self induced vomiting</li><li>- laxatives/ diuretics/ diet pills</li><li>- excessive exercise</li><li>- dietary restriction</li></ul>

- Please give as much information as possible about weight/height (and history of these), eating patterns, exercise, frequency of purging (vomiting, laxatives), thoughts about weight and shape

# Intervention

- The majority of young people are offered family based treatment, as this is the first line of recommendation in NICE guidance (May 2017).
- Where family treatment is not appropriate, we offer individual work including specifically adapted cognitive behaviour therapy for eating disorders.
- We also offer advice, consultation and training within the Trust and to other agencies.

# Intervention

- ED-focussed family therapy for children and young people
  - ▣ usually 18–20 sessions over 1 year (6 months for bulimia)
  - ▣ emphasises the role of the family in helping the person to recover
- Treatment:
  - ▣ includes psychoeducation about the disorder (and nutrition/effects of malnutrition)
  - ▣ includes monitoring of weight, mental and physical health, and any risk factors
  - ▣ is multidisciplinary and coordinated between services

# Key points

- Eating Disorders are often secretive. Be open about your concerns: talk to the young person and, if they consent, their family
- The sooner someone accesses treatment, the better the outcome
- **If you're worried, contact us (CAMHS) for advice**
- NB You have an important role to play even once other services are involved: informal supportive social relationships outside the treatment setting have been identified as important in recovery in people with eating disorders

# Advice and Information

- **CPFT CAMHS Single Point of Access – for referrals & advice**
  - Tel: 01480 428115
  - Fax: 01480 428112
  - Email: [accesscamhs@nhs.net](mailto:accesscamhs@nhs.net) (preferred option)
  - E-referrals via System One (for Cambridgeshire GPs only)
- **CPFT CAMHS Eating Disorders Service – for advice**
  - Tel: 01480 445281
- **B-EAT** (working name of the Eating Disorders Association) –information and advice for professionals, young people and their families
  - <http://www.b-eat.co.uk>
  - Helpline: 0845 634 1414